

LIFE ESIDIMENI ARBITRATION

**HELD AT: EMOYENI CONFERENCE CENTRE, 15 JUBILEE ROAD,
PARKTOWN, JOHANNESBURG**

DATE: 15th NOVEMBER 2017 DAY

5

DAY SESSION 1 – 3.

BEFORE ARBITRATOR – JUSTICE MOSENEKE

10

WITNESSES:

ME. DIKELEDI MANAKA

Contents

	SESSION 1	2
15	SESSION 2	75
	SESSION 3	122

15 November 2017

SESSION 1

ARBITRATOR, JUSTICE MOSENEKE: Thank you. You may be seated. Well the cosiness is gone, isn't it? You guys are too far. I have done this for 15 years, sitting away from people, so I would rather have you nearer. Do repeat that the evidence that you will give today will be the truth and nothing but the truth, and if so, please raise your right hand and say so help me God.

ME. DIKELEDI MANAKA: So help me God.

ARBITRATOR, JUSTICE MOSENEKE: Put on the mic please and repeat that.

10 **ME. DIKELEDI MANAKA:** So help me God.

ARBITRATOR, JUSTICE MOSENEKE: Thank you. Counsel, in chief, is there anything else you would like to?

ADV. PATRICK NGUTSHANA: There is nothing else.

ARBITRATOR, JUSTICE MOSENEKE: You are done?

15 **ADV. PATRICK NGUTSHANA:** Yes, we are done. Thank you, Justice Moseneke.

ARBITRATOR, JUSTICE MOSENEKE: Yes. Counsel for Section 27.

ADV. ADILA HASSIM: Thank you Justice. Good morning Me. Manaka.

ME. DIKELEDI MANAKA: Good morning Counsel.

ARBITRATOR, JUSTICE MOSENEKE: Sorry, before you proceed, if they can switch off that one off, it would give us a little bit more silence. Thank you.

ADV. ADILA HASSIM: Me. Manaka, you said in your earlier testimony that you are a professional nurse. Is this correct?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: When did you qualify?

5 **ME. DIKELEDI MANAKA:** In 2004.

ADV. ADILA HASSIM: And are you registered with the Nursing Council?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: Are you registered as a psychiatric nurse, have you trained as a psychiatric nurse?

10 **ME. DIKELEDI MANAKA:** Yes Counsel.

ADV. ADILA HASSIM: Are you aware of the duties in law that govern the practice of professional nurses?

ME. DIKELEDI MANAKA: Yes Counsel.

15 **ADV. ADILA HASSIM:** I'd like to put the main and overarching basis for your qualification to you and then I'll ask you to respond. And that is in section 30 subsection 1 of the Nursing Act of 2005, and I'll just read that section to you.

ARBITRATOR, JUSTICE MOSENEKE: Thirty or one-three?

ADV. ADILA HASSIM: Thirty.

ARBITRATOR, JUSTICE MOSENEKE: Thank you.

ADV. ADILA HASSIM: Subsection 1. Nursing Act 2005. And it reads as follows:

“A professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in a manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice.” Are you

5 aware that that is the basis of your qualification?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: And you say that as a professional nurse, you were trained in psychiatric care.

ME. DIKELEDI MANAKA: Yes Counsel.

10 **ADV. ADILA HASSIM:** In the course of your practicing your profession as a professional nurse, is your first duty to the patients under your care or to the Department?

ME. DIKELEDI MANAKA: My first priority is the patient.

ADV. ADILA HASSIM: And would you say that you ensured that you cared first for
15 the patients rather than taking instructions from anybody else?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: You say that you put the patients first.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: In your earlier testimony you said you had no choice. If we
20 begin where we should at the beginning when you went to collect patients from Life Esidimeni, that’s where the problems began, isn’t it?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: You were meant to take 10 patients but you took 26.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: And you said you had to do so because you were under
5 instruction.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: You also said that you didn't think that it was appropriate to
take that many patients because of capacity to care for them at Cullinan.

ME. DIKELEDI MANAKA: Yes Counsel.

10 **ADV. ADILA HASSIM:** So did you put the patients first then or did you put some
other official first in taking instructions?

ME. DIKELEDI MANAKA: I put the patient first, Counsel, because I was able to tell
that I am not to take more than 10. And also, Counsel, I am in a dilemma of being
governed by somebody else and yet I know my duties, I have to take care of
15 patients and I need to provide care and I also have to protect their life, which is why
I acted first that I cannot take more than 10 patients. And again, I am also an
employee and I am being supervised by somebody above. And as a nurse, I am
also an employee who is also supervised and employed under somebody else.

ADV. ADILA HASSIM: So you say that you are in a dilemma, you had conflicting
20 duties. You had a duty to the patients and you had a duty to your employer.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: So the duty to your employer came first. You took the patients.

ME. DIKELEDI MANAKA: No Counsel, it didn't come first, because I refused to take more than 10.

5 **ADV. ADILA HASSIM:** But you took them in the end, did you not?

ME. DIKELEDI MANAKA: Remembers I said I am forced because that is not what I wanted.

ADV. ADILA HASSIM: So you were forced to do so, meaning you had to take the instructions of your employer.

10 **ME. DIKELEDI MANAKA:** Yes, but the Employer knew this is not what I believe in.

ADV. ADILA HASSIM: For now I am not going to what the employer knew or didn't know, there will be opportunity for that when those people come to testify. But you have said that you knew it was not in the best interest of the patients.

ME. DIKELEDI MANAKA: Yes Counsel.

15 **ADV. ADILA HASSIM:** You knew that you were under a duty as a professional nurse under the law and under your ethical codes, registered as you are with the Nursing Council ...intervened.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: To put the patient first.

20 **ME. DIKELEDI MANAKA:** Yes Counsel.

ADV. ADILA HASSIM: I am asking you in that scenario, ultimately you took the patients and you knew that they were not going to get proper care. Is that correct?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: You also said that they were transported in the bus to
5 Cullinan.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: The 26 patients and that many... or let me ask you ask this, how many of them had name tags to identify them, so that you knew who they were?

10 **ME. DIKELEDI MANAKA:** Nobody had name tags. As we said we relied on the photos that they had.

ADV. ADILA HASSIM: You relied on the photographs.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: Have you ever met these patients before?

15 **ME. DIKELEDI MANAKA:** No Counsel, most of them I didn't meet. A few that I knew from CCRC before, yes.

ADV. ADILA HASSIM: But none of them had name tags, all you had when they were handed over to you were photographs for you to identify them.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: So in the process of transporting them, would you have been able to communicate with them by name?

ME. DIKELEDI MANAKA: Yes, we did.

ADV. ADILA HASSIM: How did you know their names?

5 **ME. DIKELEDI MANAKA:** When they get into the bus, they would show us the picture this is, for example, this is Manaka getting in, so I would spot Manaka. Not all of them I knew at that time, but a few of them I was able to catch who is this and who is that.

ADV. ADILA HASSIM: A few of them you were able to catch.

10 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: And was it up to the patients to show you their photographs? Who showed you the photographs as they got onto the bus?

ME. DIKELEDI MANAKA: Me. Mashili was there with the file that contains those photographs. Each person has his/her own file with a photograph.

15 **ADV. ADILA HASSIM:** So all you saw were the photographs and you managed to catch a few, you say, but for the rest you didn't know their name, so you couldn't communicate with them on the bus, is that correct, by their name, you couldn't communicate... You see some of these patients couldn't speak, so they would not have been able to tell you their names themselves.

ME. DIKELEDI MANAKA: Some of them couldn't tell their names. But as I said I cannot know them at once. When a patient gets into the bus, the patient gets into the bus being called by name, so those I was able to catch a few of them.

ADV. ADILA HASSIM: You were able to catch a few of them.

5 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: Yes, you've said that already. As a psychiatric nurse, would you agree that it is important to reassure a mental health care user in the process of a transfer and in the process of these destabilising move.

ME. DIKELEDI MANAKA: Yes.

10 **ADV. ADILA HASSIM:** Do you think you can reassure a mental health care user when you can't even speak to them by name? In your professional opinion, in your practice, you are a psychiatric nurse you told us.

ME. DIKELEDI MANAKA: Yes. I cannot communicate to all of them by name, because I wouldn't know all of them. As I said they were 26 and even though we
15 were about seven in the bus as health workers, but one cannot know all of them.

ADV. ADILA HASSIM: You say there were seven health workers in the bus.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: Is that correct?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And you took 26 patients, was that a bus that could accommodate 33 people and the driver?

ME. DIKELEDI MANAKA: Some of us were not sitting. Because as a nurse I cannot stay there next to the driver and the patient is at the backseat.

5 **ARBITRATOR, JUSTICE MOSENEKE:** I think you want to tell first what the capacity of the bus was – that is what the question was.

ME. DIKELEDI MANAKA: The capacity of the bus was a 27 seater.

ADV. ADILA HASSIM: A 27 seater.

ME. DIKELEDI MANAKA: Yes.

10 **ADV. ADILA HASSIM:** But there were 33 people excluding the driver.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: So where did the overflow, how did you all fit into the bus?

ME. DIKELEDI MANAKA: As the health care workers, we were not all seated, but all the patients were seated.

15 **ADV. ADILA HASSIM:** So seven people were standing in the bus.

ME. DIKELEDI MANAKA: Six.

ADV. ADILA HASSIM: Six people were standing.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And you say all of these six people were health workers.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And they didn't know the names of the patients who were cramped into the bus with them. It is just yes or no, did they know the names of the patients?

5 **ME. DIKELEDI MANAKA:** No.

ADV. ADILA HASSIM: No. You then get to Cullinan.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And in order to accommodate these patients, you had to move others out of Cullinan.

10 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: And you say you assessed the patients who could go, and in your words, to the other side. Do you recall that? Do you recall in your earlier testimony you said you assessed patients who could go to the other side?

15 **ME. DIKELEDI MANAKA:** Not me specifically. When I go to fetch patients, those that are work, at the CCRC, are the ones who took the patients to the NGOs, but I went to Life Esidimeni.

ADV. ADILA HASSIM: Okay. At any point did you assess patients at Cullinan who you felt were ready to go to the, in your words, the other side?

ME. DIKELEDI MANAKA: No.

20 **ADV. ADILA HASSIM:** You never did.

ME. DIKELEDI MANAKA: No.

ADV. ADILA HASSIM: Me. Manaka.

ME. DIKELEDI MANAKA: I am saying no because ...intervened.

ADV. ADILA HASSIM: That contradicts your earlier statement.

5 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: Do you recall having said yesterday in your evidence in chief that you assessed patients who were ready to go to the other side?

ME. DIKELEDI MANAKA: Yes, I recall that, but I want to rectify it in saying as it is said you, I took it to be the institution not me per person. That is why I said yes,
10 because I knew if I am not there, there are other people to do that.

ADV. ADILA HASSIM: You also said you were the quality assurance officer, apart from being a professional psychiatric nurse, you were the quality assurance officer.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And you said that your duty was to ensure that the mental
15 health care users would receive quality health care. Is that correct?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: So what was your role then, your personal role, not the role of the institution, in sending patients to the other side, as you call it?

ME. DIKELEDI MANAKA: In sending the patients there, my role was to ensure
20 that they are assessed by the doctor, they are assessed by the psychiatric nurses

that are in the institution, they have medication and where they are going it is also feasible for them to be there.

ADV. ADILA HASSIM: And you can assure us that that process was followed in respect of each patient that was moved to the other side.

5 **ME. DIKELEDI MANAKA:** Okay, in terms of going to the other side to see if it is feasible.

ADV. ADILA HASSIM: Before we get to the other side, you said that your job was to make sure that the patients had been seen by a doctor.

ME. DIKELEDI MANAKA: Yes.

10 **ADV. ADILA HASSIM:** By a psychiatric nurse.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And that they were determined to be well enough or able to cope with going to the other side. So let's just leave the other side for now, that was the process. Are you ensuring us that that process was followed for every patient?

15 **ME. DIKELEDI MANAKA:** I wouldn't say personally yes, because when they were to be taken that side, most of the time I wasn't there. When they go that side, I am on the way to Life Esidimeni, so everything is being done in my absence. And when I get back I will find them being that side already, but that is the procedure.

ADV. ADILA HASSIM: So you are changing your testimony again, because I just
20 asked you what was your personal role as a quality assurance officer and you said your role was to make sure that the doctor had seen the patient, the psychiatric

nurse had seen the patient and the determination was made that they were ready to go to the other side. So that is what your personal role was. But you now saying that you did not do that, is that correct?

ARBITRATOR, JUSTICE MOSENEKE: Can we hear any answer?

5 **ME. DIKELEDI MANAKA:** Okay, what I am saying is that, yes, my role personally is to make sure that all those documents or all those tasks are being done. Yes, they were done.

ADV. ADILA HASSIM: But you just said you were not there.

ME. DIKELEDI MANAKA: I wasn't there, but ...intervened.

10 **ADV. ADILA HASSIM:** Then how do you know it was done?

ME. DIKELEDI MANAKA: As much as I am not there, I know for sure that those were done.

ADV. ADILA HASSIM: How do you know that, since it was your job and you were not there?

15 **ME. DIKELEDI MANAKA:** Because on the file of the patient it will be written that the patient is taken to the NGO with the doctor's report, medical report and the psychiatric nurse report and a prescription and the medication for a month.

ADV. ADILA HASSIM: So you looked at the files and that is how you established that it had been done, is that right?

20 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: And all of these files, you say, were transferred with the patients to the other side, were they?

ARBITRATOR, JUSTICE MOSENEKE: You understand that you are not required to give any answer, you only need to give a truthful answer.

5 **ME. DIKELEDI MANAKA:** Yes.

ARBITRATOR, JUSTICE MOSENEKE: You understand that?

ME. DIKELEDI MANAKA: Yes. What I know ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: And that is why you are sworn into oath.

ME. DIKELEDI MANAKA: Yes.

10 **ARBITRATOR, JUSTICE MOSENEKE:** So let's just think again and listen to the question so that you can answer it, right. Remember we've been here yesterday.

ME. DIKELEDI MANAKA: Yes Justice.

ARBITRATOR, JUSTICE MOSENEKE: And we even asked you whether your chief executive was a clinician, do you remember?

15 **ME. DIKELEDI MANAKA:** Yes Justice.

ARBITRATOR, JUSTICE MOSENEKE: You remember?

ME. DIKELEDI MANAKA: Yes Justice.

ARBITRATOR, JUSTICE MOSENEKE: And we asked you who signed the forms, you assessed and your clinician signed off. Now listen to Counsel. I am going to
20 hand you over to Counsel.

ME. DIKELEDI MANAKA: Thank you Justice.

ARBITRATOR, JUSTICE MOSENEKE: But your duty is to listen carefully and help us arrive at the truth. Counsel.

ADV. ADILA HASSIM: Thank you Justice. Me. Manaka, my question is, those
5 medical files, let me start again, did you see each and every one of those medical files of patients at Cullinan who had transferred to the other side?

ME. DIKELEDI MANAKA: No.

ADV. ADILA HASSIM: You did not.

ME. DIKELEDI MANAKA: Yes.

10 **ADV. ADILA HASSIM:** So you don't know whether the process had indeed been followed correctly.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: And do you know whether all of the medical files were transferred with the patients, when they went to the other side?

15 **ME. DIKELEDI MANAKA:** I don't know all of them. I am not sure if all of them went because I didn't go through each file.

ADV. ADILA HASSIM: So you don't know.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: Did you enquire after you returned and were back at the premises, did you enquire about the files? Did you ask to look at all of the files? Just yes or no, did you ask to look at the files?

ME. DIKELEDI MANAKA: No Justice.

5 **ADV. ADILA HASSIM:** Did you ask to check on the patients, those that had been transferred?

ME. DIKELEDI MANAKA: No Justice... No Counsel.

ADV. ADILA HASSIM: Why not?

ME. DIKELEDI MANAKA: Counsel, I was caught in the middle off everything. In
10 the meantime while I am going to go the patients at Life Esidimeni, there are people left behind.

ADV. ADILA HASSIM: But the Life Esidimeni patients were not your patients yet. You had patients under your care.

ME. DIKELEDI MANAKA: Remember I was instructed, Counsel.

15 **ADV. ADILA HASSIM:** You were instructed.

ME. DIKELEDI MANAKA: Yes, I was instructed to go and get patients from Life Esidimeni. And then when I got there, those that were left behind are the ones who took the patients to the NGOs and with the agreement that they need to take all those reports with the patients to the NGO.

20 **ADV. ADILA HASSIM:** And you are the quality assurance officer.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: But you did not enquire whether that indeed happened – that is what you just said.

ME. DIKELEDI MANAKA: I didn't enquire.

5 **ADV. ADILA HASSIM:** And you didn't go to check on the patients who have been moved to see whether they had settled in properly – that is what you said.

ME. DIKELEDI MANAKA: I did.

ADV. ADILA HASSIM: You did?

ME. DIKELEDI MANAKA: That I did.

10 **ADV. ADILA HASSIM:** But Me. Manaka, I asked you a few minutes ago whether you went to check on the patients and you said no.

ME. DIKELEDI MANAKA: Yes, to check on the patients I did, but the files I didn't.

ADV. ADILA HASSIM: So you are changing your testimony again. Earlier you said you did not check on them, now you are saying you did.

15 **ME. DIKELEDI MANAKA:** Maybe I don't understand, Counsel. Maybe I don't understand you.

ADV. ADILA HASSIM: You are not following my questions.

ME. DIKELEDI MANAKA: Yes, maybe I don't follow your questions.

ARBITRATOR, JUSTICE MOSENEKE: Do you need the help of an interpreter or
20 you are okay?

ME. DIKELEDI MANAKA: No Justice.

ARBITRATOR, JUSTICE MOSENEKE: Are you okay, ma'am, you'll proceed?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: I am quite comfortable if you do need.

5 **ARBITRATOR, JUSTICE MOSENEKE:** And will you follow what Counsel says?
Do you follow the English that she uses?

ME. DIKELEDI MANAKA: Maybe if she starts over. I don't remember saying that I didn't go and check the patients. The files I didn't, but the patients I did.

10 **ARBITRATOR, JUSTICE MOSENEKE:** I will ask you again to listen to the
question. And we are not looking for clever answers, we are looking for truthful
answers.

ME. DIKELEDI MANAKA: Yes.

ARBITRATOR, JUSTICE MOSENEKE: Do you follow that?

ME. DIKELEDI MANAKA: Yes.

15 **ARBITRATOR, JUSTICE MOSENEKE:** And that is why you were sworn in and that
oath binds you.

ME. DIKELEDI MANAKA: Yes Justice.

ARBITRATOR, JUSTICE MOSENEKE: And there are consequences if it can be
shown an intentional misleading of a body like this one. So I ask you again, please

listen to the question and give your truthful answers as you recollect them. If you don't remember something, say so.

ME. DIKELEDI MANAKA: Yes Justice.

ARBITRATOR, JUSTICE MOSENEKE: Shall we continue?

5 **ADV. ADILA HASSIM:** Thank you Justice. And if you don't, if my question doesn't make sense or you are not following my language, you can feel free to ask me to repeat the question, if you don't follow.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: My question was, did you check up on each of the patients
10 that had been moved from Cullinan to the other side to ensure that they had settled in?

ME. DIKELEDI MANAKA: Repeat again Counsel.

ADV. ADILA HASSIM: Did you go to where the patients had been taken, those from Cullinan, those who had been under your care... they were moved, you said.

15 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: You said you were not there.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: So you couldn't check the files and you couldn't oversee the process of transferring the patients.

20 **ME. DIKELEDI MANAKA:** Yes Counsel.

ADV. ADILA HASSIM: You also said it is your job as a quality assurance officer and as a psychiatric nurse to oversee it, correct?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: But you were not there and you didn't. When you returned,
5 did you then go to check, to meet, to talk to and observe all the patients who had been moved, to make sure that they had been transferred properly and they are settled in?

ME. DIKELEDI MANAKA: Yes Counsel, but not after every transfer, as I was in the process of going to fetch the patients.

10 **ADV. ADILA HASSIM:** So I understand you were not there because you were instructed to go and collect more patients and bring them to Cullinan, I understand that.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: I am asking about what you did when you returned. Did
15 you check on the patients who had been moved in order to make space for other patients?

ME. DIKELEDI MANAKA: I did go, but not the same time after every ...intervened.

ADV. ADILA HASSIM: When did you go? How long after did you go? How long after they were moved to the other side, did you go to check on them?

20 **ME. DIKELEDI MANAKA:** I don't remember.

ADV. ADILA HASSIM: A day or two?

ME. DIKELEDI MANAKA: A few days.

ADV. ADILA HASSIM: A few days later?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And when you did go a few days later, did you establish
5 whether they all had medical files?

ME. DIKELEDI MANAKA: No Counsel.

ADV. ADILA HASSIM: You said earlier you did not ask to see the medical files.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: You still maintain that, you did not ask to see the medical
10 files.

ME. DIKELEDI MANAKA: Yes.

ARBITRATOR, JUSTICE MOSENEKE: Why not?

ME. DIKELEDI MANAKA: I didn't request ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: You are the deputy chief (inaudible) and
15 you are the quality assurance person.

ME. DIKELEDI MANAKA: Yes.

ARBITRATOR, JUSTICE MOSENEKE: Why not?

ME. DIKELEDI MANAKA: I didn't ask the files from the NGOs because
...intervened.

ARBITRATOR, JUSTICE MOSENEKE: The question is why not? Why did you not do it?

ME. DIKELEDI MANAKA: Because I took the NGOs patients, mine was just to check whether the patients are settled.

5 **ARBITRATOR, JUSTICE MOSENEKE:** Why did you check whether the patients are settled?

ME. DIKELEDI MANAKA: To make sure that they are given the services that they need.

10 **ARBITRATOR, JUSTICE MOSENEKE:** How does that tie in with your first answer?

ME. DIKELEDI MANAKA: Say again Justice.

ARBITRATOR, JUSTICE MOSENEKE: Did you go to Siyabadinga and to, what is the name of the other?

ADV. ADILA HASSIM: Anchor.

15 **ARBITRATOR, JUSTICE MOSENEKE:** Anchor premises, where the patients had been transferred to?

ME. DIKELEDI MANAKA: Yes Justice, I did.

ARBITRATOR, JUSTICE MOSENEKE: Was it after you returned from Waverly?

ME. DIKELEDI MANAKA: Yes Justice.

ARBITRATOR, JUSTICE MOSENEKE: Why did you go to Siyabadinga and Anchor?

ME. DIKELEDI MANAKA: I wanted to check whether the patients are right, one. Two, to also witness the SASSA cards that the social worker had to hand over to
5 them.

ARBITRATOR, JUSTICE MOSENEKE: To witness the SASSA card, what do you mean by that?

ME. DIKELEDI MANAKA: When the patients were discharged, the grounds were activated by our social worker and then the cards were handed over to the NGO
10 managers.

ARBITRATOR, JUSTICE MOSENEKE: So what did that have to do with you? What did you want to see?

ME. DIKELEDI MANAKA: I didn't want to see per se, but I was just going with Daphne to assist her being a witness that she did hand over so many cards to the
15 NGO manager. And on the other hand mine was just to check the patients, whether they are settled or not.

ARBITRATOR, JUSTICE MOSENEKE: Did you and Daphne work with patients at Siyabadinga and Anchor?

ME. DIKELEDI MANAKA: No.

ARBITRATOR, JUSTICE MOSENEKE: Did you have an obligation to do that? Were they patients that you had a duty to protect and look after?

ME. DIKELEDI MANAKA: Yes.

ARBITRATOR, JUSTICE MOSENEKE: Were they?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: Thank you Justice. Me. Manaka, I just want to take you
5 back to the SASSA card. You say you went to witness, was your word, the
handover of the SASSA cards.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: Did those patients have SASSA cards while they were at
Cullinan?

10 **ME. DIKELEDI MANAKA:** No.

ADV. ADILA HASSIM: So when did the SASSA cards come into ...intervened.

ME. DIKELEDI MANAKA: The SASSA grants were activated just before they go to
the NGO.

ADV. ADILA HASSIM: Who activated their SASSA cards?

15 **ME. DIKELEDI MANAKA:** The social worker.

ADV. ADILA HASSIM: Which social worker?

ME. DIKELEDI MANAKA: Daphne.

ADV. ADILA HASSIM: Why?

ME. DIKELEDI MANAKA: The process of discharging patients, even if they are going home, the social worker has to activate the grant so that the parents get the card and the patient ...intervened.

ADV. ADILA HASSIM: But these patients were not going home, they remained in
5 the care of the State. Would you agree?

ME. DIKELEDI MANAKA: I didn't know they remained in the care of the State, because as I said yesterday, we were told that the NGOs are entities on their own and CCRC is an entity on its own. So going to a NGO with the grants.

ADV. ADILA HASSIM: Do you know who paid the NGOs?

10 **ME. DIKELEDI MANAKA:** No, I don't know.

ADV. ADILA HASSIM: So you say you were taking instructions.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: From your employers.

ME. DIKELEDI MANAKA: Yes.

15 **ADV. ADILA HASSIM:** And the employer's instructions were that patients from Cullinan needed to go to these NGOs.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And you were not aware as a result that they remained under the care of the State.

20 **ME. DIKELEDI MANAKA:** No, I wasn't aware because as I said ...intervened.

ADV. ADILA HASSIM: Did you think their families were paying for their care at the NGOs?

ME. DIKELEDI MANAKA: I don't know.

ADV. ADILA HASSIM: You didn't know who was paying for it.

5 **ME. DIKELEDI MANAKA:** No.

ADV. ADILA HASSIM: No. And you didn't know, so you were at no time aware that these patients were being, their care was being funded by the State.

ME. DIKELEDI MANAKA: I didn't know.

10 **ADV. ADILA HASSIM:** So you thought that these were private NGOs that were being paid by the families or somebody else.

ME. DIKELEDI MANAKA: Yes. Why I say so is, at some stage when we had a parents' forum at the institution, the manager of Siyabadinga was there and the manager mentioned that she would appreciate if parents who can also at some stage put an amount of R1 500 for the NGO to survive. So I didn't know who was
15 funding the NGOs.

ADV. ADILA HASSIM: You say the CEO of Siyabadinga asked the parents.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: To apply for social grants.

ME. DIKELEDI MANAKA: Hu-uh. The social grants already were applied by the
20 social worker for those that have IDs.

ADV. ADILA HASSIM: By the social worker for Cullinan.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: She had already applied.

ME. DIKELEDI MANAKA: Before the patient go to the NGO.

5 **ADV. ADILA HASSIM:** And you went to witness and to make sure that this grant process took place properly.

ME. DIKELEDI MANAKA: Not necessary the grants, but the cards are handed over, that is what I was there for, in terms of the cards.

ADV. ADILA HASSIM: So the cards were handed over, you say, to the NGOs.

10 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: Who handed over the cards to the NGOs?

ME. DIKELEDI MANAKA: The social worker, Daphne.

ADV. ADILA HASSIM: Can you repeat that please?

ME. DIKELEDI MANAKA: The social worker, Daphne.

15 **ADV. ADILA HASSIM:** Daphne Ndlovu?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And she worked for Cullinan.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: She wasn't a parent of anybody who was an in-patient in your care?

ME. DIKELEDI MANAKA: No.

ADV. ADILA HASSIM: Let's take a step back then. When you had referred, you
5 were talking about going to the other side, those were your words as I said, they went to the other side. The other side by that you mean Anchor and Siyabadinga, is that correct?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And was Anchor and Siyabadinga on the premises of
10 Cullinan Care Centre?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: Do you know how they came to make use of these premises?

ME. DIKELEDI MANAKA: I don't know.

ADV. ADILA HASSIM: Did you inspect the condition of the facilities before the
15 patients were transferred from Cullinan to those facilities?

ME. DIKELEDI MANAKA: No.

ARBITRATOR, JUSTICE MOSENEKE: Why not?

ME. DIKELEDI MANAKA: I didn't inspect the place before, because I was not
20 working at Anchor, I was not working at Siyabadinga.

ADV. ADILA HASSIM: But these patients were under your care at Cullinan.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: You testified earlier that you did go to check that they had settled in, even though it was a few days later.

5 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: Did you not think that the conditions within which they were placed were important to their care? Did it not matter?

ME. DIKELEDI MANAKA: Counsel, even if it matters, they were an entity on its own and a decision was already made that the patients are going there.

10 **ADV. ADILA HASSIM:** So you did not inspect the facilities.

ME. DIKELEDI MANAKA: No, I didn't.

ADV. ADILA HASSIM: When you visited the patients, was there anything about the condition of the facilities that you observed? Can you describe it?

ME. DIKELEDI MANAKA: I wasn't happy.

15 **ADV. ADILA HASSIM:** You were not happy?

ME. DIKELEDI MANAKA: Hu-uh.

ADV. ADILA HASSIM: Why not?

ME. DIKELEDI MANAKA: Because I didn't like the place the way it was. By the time I go there for the first time it was only Siyabadinga.

ARBITRATOR, JUSTICE MOSENEKE: You didn't like the place.

ME. DIKELEDI MANAKA: I didn't like the place.

ARBITRATOR, JUSTICE MOSENEKE: The way it was.

ME. DIKELEDI MANAKA: The way it was.

5 **ARBITRATOR, JUSTICE MOSENEKE:** Tell us how it was.

ME. DIKELEDI MANAKA: It wasn't neat.

ARBITRATOR, JUSTICE MOSENEKE: It was not neat?

ME. DIKELEDI MANAKA: Yes.

ARBITRATOR, JUSTICE MOSENEKE: What do you mean by not neat? Or what
10 did you see that you did not like? You are the quality assurance person.

ME. DIKELEDI MANAKA: I am.

ARBITRATOR, JUSTICE MOSENEKE: You started so well in your opening
yesterday about what your obligations are.

ME. DIKELEDI MANAKA: But then the place to me ...intervened.

15 **ARBITRATOR, JUSTICE MOSENEKE:** Let's go step by step.

ME. DIKELEDI MANAKA: To me the place... the beds were not good, some beds
did not have mattresses.

ADV. ADILA HASSIM: Did not have mattresses? Did you say did not have
mattresses?

ME. DIKELEDI MANAKA: Yes, by the time I got there, some beds didn't have mattresses and it wasn't neat... clean, clean actually. Neat and clean and like ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: Tell us ma, you know all this, it is your
5 work, describe it. You are a nurse, a psychiatric nurse, tell us what were the conditions there.

ME. DIKELEDI MANAKA: It wasn't clean, some beds were and the mattresses... even if I can show you the mattresses now you will see what I am talking about.

ARBITRATOR, JUSTICE MOSENEKE: Were the rooms crowded?

10 **ME. DIKELEDI MANAKA:** At that time not yet.

ARBITRATOR, JUSTICE MOSENEKE: Was everybody sleeping on a bed?

ME. DIKELEDI MANAKA: No, they were outside, it was during the day, they were outside.

ARBITRATOR, JUSTICE MOSENEKE: But were there enough beds for the
15 patients? This is your job, you do it routinely, it is your work to make sure that they have proper facilities and care.

ME. DIKELEDI MANAKA: I don't know, Justice. I wasn't there, but mine was just to check for the patients, but by the time I got there the place was not ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: Describe the dirt that you told us about.
20 What was dirty?

ME. DIKELEDI MANAKA: The smell wasn't comforting, it was not comfortable in simple terms.

ARBITRATOR, JUSTICE MOSENEKE: Comfortable is a wide word. I want details.

5 **ME. DIKELEDI MANAKA:** As I said some ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: What was smelly, people, the floors, the rooms, the linen, the mattresses, what was smelly?

ME. DIKELEDI MANAKA: I wouldn't know. Maybe the mattresses, maybe the toilets, urine like... it wasn't smelling good and as I said it wasn't neat.

10 **ARBITRATOR, JUSTICE MOSENEKE:** Were your patients washed?

ME. DIKELEDI MANAKA: I don't know.

ARBITRATOR, JUSTICE MOSENEKE: Why don't you know? You see, you are not like any person, your work is to check the quality of care provided to patients.

15 **ME. DIKELEDI MANAKA:** I wouldn't know because I went there in the middle of the day, so I don't know whether they washed or not. And I wasn't based in the NGOs, so that is why I wouldn't know.

ARBITRATOR, JUSTICE MOSENEKE: But you had gone to see how your former patients were doing.

ME. DIKELEDI MANAKA: Which is why I am saying that I wasn't happy.

20 **ARBITRATOR, JUSTICE MOSENEKE:** And we are extracting your teeth here.

ME. DIKELEDI MANAKA: I wasn't happy, Justice.

ARBITRATOR, JUSTICE MOSENEKE: Just tell us what you saw, how did the place look like? Were the floors wash, were they clean? What about ablution? Were there bathrooms? Didn't you look at all those things? Did they have linen
5 these poor people? Did they have washing facilities? What are the answers to these?

ME. DIKELEDI MANAKA: When I got there, as I said as a quality assurance person, I wasn't based in the NGOs but I was based at the CCRC ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: We have heard that, you went there to go
10 and check.

ME. DIKELEDI MANAKA: But when I go there to check if the patients are settled, I didn't like the way the situation was.

ARBITRATOR, JUSTICE MOSENEKE: Now describe to us ...intervened.

ME. DIKELEDI MANAKA: As I said it wasn't smelling good, some beds were not
15 having mattresses on. Some beds were having mattresses on but were not made, some were made, but it was not neat.

ARBITRATOR, JUSTICE MOSENEKE: The patients, were there men and women?

ME. DIKELEDI MANAKA: They were both men and women.

20 **ARBITRATOR, JUSTICE MOSENEKE:** Were they in the same wards, men and women? You see ma, you are a senior officer and a head of nursing care and a...

you've told us what you are and you are a very important person. These people who are here from these families, that is why I am saying patients, I want to hear and see and understand the circumstances under which their loved ones had died. It is not about you, it is about what will help us understand under what
5 circumstances they died. You were paid to assess the quality of care and I want to hear from you, I want you to describe it. Please do help us.

ME. DIKELEDI MANAKA: Okay. In describing the, it was not neat, some beds were made but not to the standard. Some had mattresses and the mattresses were not clean. Some didn't have mattresses and the beds were old and the smell was
10 not good. So that is why I said I didn't like the place. But whether I liked it or not, it didn't matter, because the decision was already taken. But I did voice that I don't like the place to the CEO, that I don't like it.

ARBITRATOR, JUSTICE MOSENEKE: And these were patients that you knew, isn't it?

15 **ME. DIKELEDI MANAKA:** Yes.

ARBITRATOR, JUSTICE MOSENEKE: That comes from... they were under your care.

ME. DIKELEDI MANAKA: Yes Justice.

ARBITRATOR, JUSTICE MOSENEKE: Did you talk to them? Did you walk up to
20 them and say hey how are you doing here?

ME. DIKELEDI MANAKA: Yes, but remember they can't talk most of them, most of them can't talk.

ARBITRATOR, JUSTICE MOSENEKE: Doesn't that make it even more important for you to be their eyes and ears, to check for them, to protect them?

5 **ME. DIKELEDI MANAKA:** Yes Justice. As I said I did raise my concern that I am not happy.

ADV. ADILA HASSIM: With whom did you raise the concern?

ME. DIKELEDI MANAKA: I raised the concern to the CEO and also the matron that side.

10 **ADV. ADILA HASSIM:** The CEO of?

ME. DIKELEDI MANAKA: CCRC.

ADV. ADILA HASSIM: And who was the CEO at that time?

ME. DIKELEDI MANAKA: Me. Netlo (?).

ADV. ADILA HASSIM: Excuse me?

15 **ME. DIKELEDI MANAKA:** Me. Netlo.

ADV. ADILA HASSIM: And what did the CEO say in response?

ME. DIKELEDI MANAKA: She also didn't have anything to do because she was instructed also, there is nothing she can do.

ADV. ADILA HASSIM: So were you satisfied that the patients would be receiving quality care after you went and checked on them and you came across this dirt and smell? Did you think that they were going to get quality care?

ME. DIKELEDI MANAKA: No at that time. But as I raised it with the CEO, the CEO
5 said maybe after being funded, they will be up to standard, but who funds I don't know.

ADV. ADILA HASSIM: So you've told us about the condition of the facilities.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: I want to ask about the number of patients now. And you
10 said earlier in your testimony that Cullinan was forced to take more patients than you could handle. Is that correct?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: And you felt that this was wrong, is that correct?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: You felt that it was unfair on you, is that correct, and the
15 other staff.

ME. DIKELEDI MANAKA: And the patients too.

ADV. ADILA HASSIM: And the patients too.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: You felt that it would compromise the care of the patients, is that correct?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: Yet you inflicted the same experience on the NGOs, 5 Anchor and Siyabadinga... let me finish. They were required to take more patients than they had capacity for, one. Two, they didn't have adequate staff to take care of them. And three, they didn't have the facilities. Knowing this you inflicted the same experience on the staff of the NGOs, would you agree? When I say the same experience, you say... let me repeat... You said how frustrated, concerned you 10 were that you were being forced to take extra patients and you felt that it would compromise their care.

ME. DIKELEDI MANAKA: Yes Counsel.

ARBITRATOR, JUSTICE MOSENEKE: It is a long question, Counsel.

ADV. ADILA HASSIM: I am trying to break it down actually, Justice.

15 **ARBITRATOR, JUSTICE MOSENEKE:** Please do break it down.

ADV. ADILA HASSIM: And I am repeating it because the witness ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: (Inaudible).

ADV. ADILA HASSIM: Sure. I am repeating it because the witness seems to be not following it. So you had this experience at Cullinan because more patients were 20 transferred than you could care for, right. And you felt that it would compromise the care of the patients, correct?

ARBITRATOR, JUSTICE MOSENEKE: You have to speak.

ME. DIKELEDI MANAKA: Yes.

ARBITRATOR, JUSTICE MOSENEKE: Nodding your head can't be recorded.

ADV. ADILA HASSIM: Yet the NGOs were also required to take more patients
5 from Cullinan than they could manage.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: So would that not also have compromised the quality of
care of the patients at the NGOs, at Anchor and Siyabadinga? Cullinan transferred
those patients to the NGOs.

10 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: Under your watch. You knew that it would compromise the
care of those patients, is that correct?

ME. DIKELEDI MANAKA: We all knew that, Counsel.

ADV. ADILA HASSIM: And you are aware that it is professional misconduct to
15 compromise the care of your patients.

ARBITRATOR, JUSTICE MOSENEKE: Is she aware that to compromise the care
of a patient is?

ADV. ADILA HASSIM: Professional misconduct.

ARBITRATOR, JUSTICE MOSENEKE: Professional misconduct.

ME. DIKELEDI MANAKA: I know it to be misconduct if you do it deliberately, but that was not deliberately. One was under instruction. If I was to answer for my own sake, I was under instruction and everybody else, as I am talking for everybody now as representing the CCRC, everybody was under instruction.

5 **ADV. ADILA HASSIM:** You don't need to speak for anybody else. You were the professional psychiatric nurse and you were the quality assurance officer. You were a person in a senior position with extreme responsibility. But in addition to that, I read to you the section from the Nursing Act about the basis for the qualification as a professional nurse, and it specifies that it has to be somebody who
10 is competent to care for the patients and to assume responsibility for the patients and to be accountable.

ARBITRATOR, JUSTICE MOSENEKE: Again you need to formulate a question at the end.

ADV. ADILA HASSIM: In your view, did you comply with those requirements of a
15 professional nurse?

ME. DIKELEDI MANAKA: Meaning in the NGO or the CCRC?

ADV. ADILA HASSIM: The patients that were under your care from CCRC.

ME. DIKELEDI MANAKA: From the CCRC, yes, and then the NGO ...intervened.

ADV. ADILA HASSIM: They were no longer ...intervened.

20 **ME. DIKELEDI MANAKA:** They were not my responsibility but I have an obligation to look after them. But to ...intervened.

ADV. ADILA HASSIM: It was no longer your job.

ME. DIKELEDI MANAKA: Not necessarily no longer my job, because I went there to check, because they are human beings, I have been with them for so long.

ADV. ADILA HASSIM: But it was not your job, you say, once they moved away to
5 the NGOs, it was not your job.

ME. DIKELEDI MANAKA: Remember I was told that a NGO is an entity on its own and CCRC is an entity on its own. What they are doing in the NGO ...intervened.

ADV. ADILA HASSIM: Is their business.

ME. DIKELEDI MANAKA: It is their business and I don't have to question them.

10 **ADV. ADILA HASSIM:** So even though you knew that... but the patients you knew.

ARBITRATOR, JUSTICE MOSENEKE: There is an objection. Adv. Hutamo.

ADV. TEBOGO HUTAMO: Thank you Justice. The witness has just testified that she was accountable to those patients within CCRC. So she cannot be made to be accountable to an institution in respect of which she was not assigned to. So I think
15 the lines of questions should be limited to her responsibilities in the institution at which she was employed at. So it is really unfair now for the witness to be asked questions in relation to a different institution all together. It is common cause and we know by now that there was a CCRC which was separate from Siyabadinga. If the questions can be limited to her responsibilities within CCRC.

20 **ARBITRATOR, JUSTICE MOSENEKE:** Yes.

ADV. ADILA HASSIM: I take the point, Justice.

ARBITRATOR, JUSTICE MOSENEKE: Objection to your line of questioning.
What do you say to that?

ADV. ADILA HASSIM: I take the point and that is not my question. My question is not about the witness' accountability to the NGOs. My question is about the
5 witness' accountability to the patients under her care and who had been under her care ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: But you take the point. Do limit the questions to what she would properly be held to account.

ADV. ADILA HASSIM: Yes.

10 **ARBITRATOR, JUSTICE MOSENEKE:** It is a fairness cause issue.

ADV. ADILA HASSIM: I take the point. I am limiting the question to the patients who had been transferred from Cullinan.

ARBITRATOR, JUSTICE MOSENEKE: Very well.

ADV. ADILA HASSIM: The witness has already said that she thought it her duty to
15 check on them and to make sure that they had settled in.

ARBITRATOR, JUSTICE MOSENEKE: You had taken the point, so proceed.
Very well.

ADV. ADILA HASSIM: And so my question is, do you feel that those patients that you transferred... Do you feel that you complied with the prescripts of your
20 profession?

ME. DIKELEDI MANAKA: In the CCRC yes.

ADV. ADILA HASSIM: When they were transferred ...intervened.

ME. DIKELEDI MANAKA: At the NGO no. In the NGO no, it was not my responsibility.

ADV. ADILA HASSIM: Let's talk about a patient that was under your care.

5 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: Her name is Busisiwe Chabalala. There are some files next to you. Perhaps someone could assist you to locate file 9. Could you please turn to page 3003? This is a notice of death form, do you see it, for Busisiwe Chabalala, do you see it?

10 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: Busisiwe died on the 25th of July 2016 at Cullinan Care. Do you remember her?

ME. DIKELEDI MANAKA: Yes Counsel.

15 **ADV. ADILA HASSIM:** On part one of that... so on this page 3003 there is a section that says causes of death. Do you see it?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: And then part one it says the immediate cause of death is hypothermia. Do you see that?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: And below that it says the condition that led to the immediate cause of death was severe dehydration. Do you see that?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: As a professional nurse, what do you understand about
5 hyperthermia?

ME. DIKELEDI MANAKA: It is a low body temperature.

ADV. ADILA HASSIM: It is a?

ME. DIKELEDI MANAKA: A low body temperature.

ADV. ADILA HASSIM: A low body temperature?

10 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: And severe dehydration is obvious, it is somebody who did not get enough food and water.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. ADILA HASSIM: How do you explain this? How do you explain that
15 somebody under your care died of dehydration and hypothermia?

ME. DIKELEDI MANAKA: I would say... let me start with dehydration. Dehydration occurs when somebody is not given fluids or water for a long time and that somebody cannot run short of water today and dehydration sets in today. It is a prolonged deficiency of water.

ADV. ADILA HASSIM: Yes. So Busisiwe had a prolong deficiency of food and water.

ME. DIKELEDI MANAKA: According to this paper, yes.

ADV. ADILA HASSIM: Why? You said you know Busisiwe, she was at Cullinan.

5 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: Why was she deprived of food and water for so long?

ME. DIKELEDI MANAKA: In terms of Cullinan Care and Rehabilitation Centre, we had running water, we have food, we have tea, we are having juices, we have everything that a patient can need. But as I say this says... it cannot set today, it
10 must have been for days.

ADV. ADILA HASSIM: For days.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: Just to confirm you were employed in Cullinan in June 2016 and July 2016, is that correct?

15 **ME. DIKELEDI MANAKA:** Yes, I was there.

ADV. ADILA HASSIM: And Busisiwe was under your care while she was there, correct?

ME. DIKELEDI MANAKA: Remember at that time I was an operational manager, I didn't have a ward.

20 **ARBITRATOR, JUSTICE MOSENEKE:** At the time you were what?

ME. DIKELEDI MANAKA: I didn't have a ward, I was an operational manager.

ADV. ADILA HASSIM: Okay. You had been promoted, is that right?

ME. DIKELEDI MANAKA: How?

ADV. ADILA HASSIM: Sorry, are you asking me how?

5 **ME. DIKELEDI MANAKA:** I want to understand, I was promoted as...?

ADV. ADILA HASSIM: You said you were an operational manager.

ME. DIKELEDI MANAKA: At that time, yes, I was an operational manager.

ADV. ADILA HASSIM: Okay, in June/July 2016.

ME. DIKELEDI MANAKA: Yes.

10 **ADV. ADILA HASSIM:** And it takes days, you say, for this condition to occur.

ME. DIKELEDI MANAKA: Exactly.

ADV. ADILA HASSIM: It can't happen overnight.

ME. DIKELEDI MANAKA: Yes.

15 **ADV. ADILA HASSIM:** So Busisiwe Chabalala was at Cullinan Care for a full month, from 26 June until the day she died.

ME. DIKELEDI MANAKA: Yes. 26 June?

ADV. ADILA HASSIM: 23 June.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: So she was there from 23 June until the day she died, 25 July.

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: I am asking you, how do you explain that she was deprived
5 of food and water for days at Cullinan Care. You were the operational manager,
you were the professional psychiatric nurse, you qualified in all of these ways,
correct?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: You agree that severe dehydration comes about over a
10 period of days, correct?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: You agree that she was in your care at Cullinan, correct?

ME. DIKELEDI MANAKA: In my care personally or in the institution? Remember
this person was in a ward, cared for in a ward by professional nurses and other
15 nursing staff.

ADV. ADILA HASSIM: So you did not have any responsibility for the patients.

ME. DIKELEDI MANAKA: I wasn't directly involved with the patient, which is why
...intervened.

ADV. ADILA HASSIM: Did you have any responsibility for the care of the patients
20 at Cullinan?

ME. DIKELEDI MANAKA: Counsel, I didn't have a ward.

ADV. ADILA HASSIM: So you had no responsibility.

ME. DIKELEDI MANAKA: Which means I wasn't a unit manager for any ward.

ADV. ADILA HASSIM: So the answer is no, you had no responsibility for the care
5 of those patients.

ARBITRATOR, JUSTICE MOSENEKE: What are the duties of an operational
manager?

ME. DIKELEDI MANAKA: I said earlier I was an operational manager based in the
office of the quality assurance, which means I am not directly involved with the
10 patients in the wards, but there are professional nurses and other nurses,
(inaudible) nurses and auxiliary nurses.

ADV. ADILA HASSIM: But as an operational manager in quality assurance, you've
already told us that those duties involve ensuring that the patients get quality mental
health care services.

15 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: Yes.

ME. DIKELEDI MANAKA: But then this explains that yes this person had a
prolonged time without water.

ADV. ADILA HASSIM: As a quality assurance officer, why is that the case? Why
20 did that happen in this facility?

ME. DIKELEDI MANAKA: The possibility is somebody didn't give.

ADV. ADILA HASSIM: Somebody didn't give?

ME. DIKELEDI MANAKA: Yes.

ARBITRATOR, JUSTICE MOSENEKE: Somebody didn't do what?

5 **ME. DIKELEDI MANAKA:** Somebody didn't give the patient fluids and water.

ADV. ADILA HASSIM: Were you informed at any point of the death of Busisiwe?

Were you notified of Busisiwe's death?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: Did you know what the cause of her death was?

10 **ME. DIKELEDI MANAKA:** Yes, from the doctor I did.

ADV. ADILA HASSIM: Did you ask how that could have happened in your facility where you are the quality assurance manager?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And what answer was given to you? Who did you ask?

15 **ME. DIKELEDI MANAKA:** I asked in the wards that... actually even before asking that this is a severe dehydration, as a way forward it is not good, but as a way forward we got the bottles, what do you call them, the sort of urns in each ward.

ADV. ADILA HASSIM: Sorry the... oh... continue.

ME. DIKELEDI MANAKA: So that every patient is being given water an intervals of an hour or so and then needs to be written down that they did get water.

ADV. ADILA HASSIM: Oh so after Busisiwe there were urns that were then brought into the wards.

5 **ME. DIKELEDI MANAKA:** Yes.

ADV. ADILA HASSIM: Is that what I understand?

ME. DIKELEDI MANAKA: Mm.

ADV. ADILA HASSIM: Okay. And so when you asked them why that happened, what did they say? You say you asked the people in the ward, you asked the
10 nurses, is that correct?

ME. DIKELEDI MANAKA: Yes.

ADV. ADILA HASSIM: And what did the nurses who were caring for her tell you, what was the reason?

ME. DIKELEDI MANAKA: I don't remember. I don't remember, Counsel.

15 **ARBITRATOR, JUSTICE MOSENEKE:** Could Busisiwe speak?

ME. DIKELEDI MANAKA: No.

ARBITRATOR, JUSTICE MOSENEKE: She could not speak?

ME. DIKELEDI MANAKA: Hu-uh.

ARBITRATOR, JUSTICE MOSENEKE: Could she walk on her own?

ME. DIKELEDI MANAKA: No, she was bed bound.

ARBITRATOR, JUSTICE MOSENEKE: So for her to be hydrated, somebody had to come to her and give her food and water or other liquids, is it so?

ME. DIKELEDI MANAKA: Yes Justice.

5 **ARBITRATOR, JUSTICE MOSENEKE:** Did you enquire into all that? You are the operational manager. Something wrong has happened, did you find out how does this bed or this person incapable of walking, not even speaking to ask for water, can be so dehydrated over several days as you tell us?

ME. DIKELEDI MANAKA: I did Counsel. I did Justice but ...intervened.

10 **ARBITRATOR, JUSTICE MOSENEKE:** Ja, what did they say? What explanation did they give you? Who did what of the people who worked under you?

ME. DIKELEDI MANAKA: They didn't have any explanation but then ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: Who are they? Let's start off with their names, who are they?

15 **ME. DIKELEDI MANAKA:** All the nurses working in the ward. All the nurses working in the ward didn't have an explanation, but in terms of ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: And what did you do? You are the quality assurer. If somebody died out of dehydration, something that could easily be overcome, what did you do with no explanation? Did you write a report to explain
20 your concern detailing the exact names of who caused the death of another human being, did you do that?

ME. DIKELEDI MANAKA: No, but what I know we did was to have a meeting, a M&M meeting to establish actually what happened, what went wrong.

ARBITRATOR, JUSTICE MOSENEKE: What are the names of the specific nurses who were in that ward in which Busisiwe lived and was kept?

5 **ME. DIKELEDI MANAKA:** That I can't answer now, Justice, because ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: But you can get the names, right.

ME. DIKELEDI MANAKA: Yes.

ARBITRATOR, JUSTICE MOSENEKE: You've got your roster.

ME. DIKELEDI MANAKA: Yes.

10 **ARBITRATOR, JUSTICE MOSENEKE:** Including the nurses who were on duty the day she died.

ME. DIKELEDI MANAKA: Yes.

ARBITRATOR, JUSTICE MOSENEKE: You can get that.

ME. DIKELEDI MANAKA: Yes.

15 **ARBITRATOR, JUSTICE MOSENEKE:** Now let's follow that up. Once they did not tell you what had happened, what did you say you did?

ME. DIKELEDI MANAKA: Myself and the acting CEO... no not this one, but all the deaths that happened ...intervened.

20 **ARBITRATOR, JUSTICE MOSENEKE:** No, let's talk about Busisiwe. It is a patient who can't walk, who can't speak, who is under your care and she dies of

these causes that were written by one of your colleagues. I see this was completed by a registered professional nurse. One, you are going to get us the names, right, you are going to get us the names of the nurses who were in charge of the ward and those who were present the day she died, I want those names, right.

5 **ME. DIKELEDI MANAKA:** Okay Justice.

ARBITRATOR, JUSTICE MOSENEKE: Thank you. Now the second part is, what did you do once they did not want to be held to account, what did you do?

ME. DIKELEDI MANAKA: I didn't do anything, Justice.

ARBITRATOR, JUSTICE MOSENEKE: Didn't they owe you an explanation?

10 **ME. DIKELEDI MANAKA:** They do.

ARBITRATOR, JUSTICE MOSENEKE: Did you follow that up?

ME. DIKELEDI MANAKA: No, I didn't.

ARBITRATOR, JUSTICE MOSENEKE: Why not? You agree that you can't be more vulnerable, isn't it? You can't walk, you can't speak, you can't help yourself.

15 There are professional nurses around you that are paid by the State to look after patients and as a quality assurer ahead of them, she dies. And we don't have even a line of paper that explains the death, or is there one, is there a report about this?

ME. DIKELEDI MANAKA: I am not sure, Counsel. I am not sure, Justice.

ARBITRATOR, JUSTICE MOSENEKE: Or were you helping your colleagues to
20 cover up?

ME. DIKELEDI MANAKA: No, I can't do that Justice, I can't.

ARBITRATOR, JUSTICE MOSENEKE: You are going to get us the names of the people as I have asked you.

ME. DIKELEDI MANAKA: Yes, I will.

5 **ARBITRATOR, JUSTICE MOSENEKE:** And you must give them to the Counsel who brought you here, I would like to get those names here and you may be recalled on this particular aspect.

ME. DIKELEDI MANAKA: Yes Justice.

ARBITRATOR, JUSTICE MOSENEKE: And lastly, do you agree that this is a cruel
10 way of dying?

ME. DIKELEDI MANAKA: I do Justice.

ARBITRATOR, JUSTICE MOSENEKE: Out of thirst, inability to access fluids.

ME. DIKELEDI MANAKA: Yes Justice.

ARBITRATOR, JUSTICE MOSENEKE: Counsel.

15 **ADV. ADILA HASSIM:** Me. Manaka, do you take your job seriously?

ME. DIKELEDI MANAKA: Yes, I do.

ADV. ADILA HASSIM: But you can't explain why you didn't follow up with the nurses on this particular patient. Did you feel under pressure from anyone?

ME. DIKELEDI MANAKA: Yes, I was under pressure, indeed, because
20 ...intervened.

ADV. ADILA HASSIM: From whom?

ME. DIKELEDI MANAKA: Everything that happened in the institution just put pressure on me.

ADV. ADILA HASSIM: But did you feel fear for anyone? Did you fear anybody?

5 Did you fear your employer?

ME. DIKELEDI MANAKA: In some situations, yes, because if you are under instruction and you don't perform the instruction, you will be charged with insubordination.

ADV. ADILA HASSIM: So you feared insubordination, that you would be charged
10 with insubordination.

ME. DIKELEDI MANAKA: In some situations, not all of them.

ADV. ADILA HASSIM: But I am talking about this situation, I am talking about this specific ...intervened.

ME. DIKELEDI MANAKA: No.

15 **ADV. ADILA HASSIM:** You did not fear insubordination, if you did your job.

ME. DIKELEDI MANAKA: No, I didn't fear anything.

ADV. ADILA HASSIM: You just didn't do your job.

ME. DIKELEDI MANAKA: Not necessarily.

ADV. ADILA HASSIM: So and my final question to you is, as you said it takes a long period of time to die from starvation and cold and you agreed that this is an inhumane way to die, correct?

ME. DIKELEDI MANAKA: Yes.

5 **ADV. ADILA HASSIM:** How would you feel if it were one of our family members?

ME. DIKELEDI MANAKA: Counsel, it doesn't matter whether it was not my family member or it is my family member. One thing that protrude out of this is that death is never nice.

ADV. ADILA HASSIM: Yes of course, it is never nice. But there are some
10 circumstances under which it is particularly cruel and I am asking you to empathise. I am asking you to put yourself in the position of a family member of Busisiwe. Imagine you were her mother or her sister. How would you feel if your sister or your child died in this way?

ARBITRATOR, JUSTICE MOSENEKE: Do you want to object, Counsel? I see your
15 mic is on.

ADV. TEBOGO HUTAMO: Justice, this question cannot be persisted with. The witness has been called to account on her duties. The line of question goes beyond her responsibilities into her personal space. I think it would be very unfair for the question to be persisted, trying to enquire into the personal position of the witness.
20 So if the question can be limited to her role as ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: Why is that unfair?

ADV. TEBOGO HUTAMO: It becomes unfair in a sense like she is now being put in a position where she has to explain her own personal position in relation to the matter.

5 **ARBITRATOR, JUSTICE MOSENEKE:** No, death has occurred and she is asked how she would have felt, if death had occurred in her situation.

ADV. TEBOGO HUTAMO: But Justice, the question is sought to be made that like she has to make comparisons about what had occurred in relation to her own family. So what I am saying is like it would be unfair now to draw the personal life of the witness into the events which she has been called upon to testify.

10 **ARBITRATOR, JUSTICE MOSENEKE:** Ja, I don't think it is unfair. The family is here and Busisiwe has died and it is fair to say do you realise, it is another way to say do you realise how serious this is for Busisiwe's family. There is nothing unfair about the question, I think. You may proceed Counsel.

15 **ADV. ADILA HASSIM:** Justice, just to clarify, I am not asking about any specific member. I am asking the witness to empathise. She has already said that it is inhumane. So my question, just to repeat it, Me. Manaka, is how would you feel if it were one of your family members, if it were. I am not saying that you should be referring to a specific experience that has taken place in your family. If this was your sister or your child, how would you feel?

20 **ME. DIKELEDI MANAKA:** I said earlier it doesn't matter whether it is my family or not my family, death that happens, when it could have been prevented, it is never nice. And my feeling is the same, whether she is my family or whether... but in

actual essence she is my family, because the month that I spent with her still counts to be someone close.

ARBITRATOR, JUSTICE MOSENEKE: The question in essence is, do you empathise with the family that she died in such difficult circumstances?

5 **ME. DIKELEDI MANAKA:** Yes, I do.

ARBITRATOR, JUSTICE MOSENEKE: (Vernac).

ME. DIKELEDI MANAKA: (Vernac).

ARBITRATOR, JUSTICE MOSENEKE: That is all you are invited to say so.

ADV. ADILA HASSIM: I have no further questions, Justice.

10 **ARBITRATOR, JUSTICE MOSENEKE:** Yes. Adv. Crouse.

ADV. LILLA CROUSE: Thank you, Justice Moseneke. Ma'am, myself and my learned friend, Mr. Skivvy, act for the survivors that were moved from the Life Esidimeni Hospital to other hospitals in this marathon project, do you understand that? I see you are looking at me. Can you hear me?

15 **ME. DIKELEDI MANAKA:** Yes I can hear you but I didn't hear you clearly towards the end.

ADV. LILLA CROUSE: Alright, I will just repeat it. We are acting for the survivors of the marathon project and their families. So I am just going to ask you ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: You are advocates of people that were transferred from Life Esidimeni under the marathon project but who have not died, they are called the survivors. So Counsel is explaining to you that she and her colleague are advocates for that class of patients. Do you follow that?

5 **ME. DIKELEDI MANAKA:** Yes Justice, thank you.

ADV. LILLA CROUSE: Thank you Justice. I am just going to ask you a few questions, most of the questions that I wanted to ask have already been asked. But the one thing that is not clear in my mind as yet is, how did the whole Siyabadinga, Anchor, CCRC, how did that fit in together? Was it in the same building, firstly?

10 **ME. DIKELEDI MANAKA:** Okay initially it was Cullinan Care and Rehabilitation Centre, which had a capacity of 298 bed.

ADV. LILLA CROUSE: Can you just repeat that number please? 298?

ME. DIKELEDI MANAKA: 298 beds.

ADV. LILLA CROUSE: Yes.

15 **ME. DIKELEDI MANAKA:** And then in 2006 some patients were discharged and some were placed in other institutions and the institution was now a 150 bedded institution.

ADV. LILLA CROUSE: 150?

ME. DIKELEDI MANAKA: Yes.

20 **ADV. LILLA CROUSE:** That was in 2016 you say?

ME. DIKELEDI MANAKA: No 2006.

ADV. LILLA CROUSE: 2006?

ME. DIKELEDI MANAKA: Yes. Most of the patients were discharged somewhere or placed in other institutions for example in Randfontein and in Waverly. And then
5 the institution was left with 150 beds. And then when the Life Esidimeni comes, the project comes in, Cullinan Care was still at 150. And then because, if I remember well, we had 116 patients ...intervened.

ADV. LILLA CROUSE: 116?

ME. DIKELEDI MANAKA: Yes, when Life Esidimeni project started. And that is
10 when came in Siyabadinga, though initially another NGO, Life Disciples.

ADV. LILLA CROUSE: Life Disciples?

ME. DIKELEDI MANAKA: Yes. Then Life Disciples obtained a certificate, a license to practice but they never practiced. Then ...intervened.

ADV. LILLA CROUSE: Okay you are giving a lot of detail. Let us just get to my
15 question. My question was, was it in the same building, these three entities together?

ME. DIKELEDI MANAKA: In the same yard.

ADV. LILLA CROUSE: Was it in the same building? Ma'am, I see you are looking at me again. Could you hear my question?

20 **ME. DIKELEDI MANAKA:** I am hearing it, but remember we are having buildings, many buildings in CCRC, it is not one building.

ADV. LILLA CROUSE: Yes, I understand that, ma'am.

ME. DIKELEDI MANAKA: Yes.

ADV. LILLA CROUSE: But you must also understand, we haven't seen it, so we need to see it through your eyes, so if you can just help me. You with CCRC and
5 Siyabadinga and Anchor, were you ever housed in the same building?

ME. DIKELEDI MANAKA: Can I ask a question?

ADV. LILLA CROUSE: Please just answer my question and then we will get somewhere.

ME. DIKELEDI MANAKA: Counsel, I don't want to answer where I don't
10 understand. I want to understand and ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: Okay, let's hear your question.

ME. DIKELEDI MANAKA: In my view a building is something like this and a yard it is land. We were in the same land, the same yard, not... if you talk about the building, there are many buildings in the institution. There are nine wards, plus the
15 (inaudible), the food services, those are the buildings.

ADV. LILLA CROUSE: I am going to repeat my question. Are you saying the, I am going to try and put it differently, that at no stage the patients of CCRC and Anchor and Siyabadinga was in the same building, a building as you understand a building.

ME. DIKELEDI MANAKA: No.

20 **ADV. LILLA CROUSE:** It was separate buildings in other words.

ME. DIKELEDI MANAKA: Yes.

ADV. LILLA CROUSE: And how far are these buildings from each other on this land?

ME. DIKELEDI MANAKA: How far in terms of meters or kilometres?

5 **ADV. LILLA CROUSE:** If it is kilometres I will be very surprised.

ME. DIKELEDI MANAKA: I am just asking, I want to understand so that I can give an answer.

ADV. LILLA CROUSE: I am asking how far is it, is it a soccer field, two soccer fields ...intervened.

10 **ARBITRATOR, JUSTICE MOSENEKE:** What distance are you asking, Counsel, between CCRC, the main facility and ...intervened.

ADV. LILLA CROUSE: The other two.

ARBITRATOR, JUSTICE MOSENEKE: The buildings where Siyabadinga and Anchor were in.

15 **ADV. LILLA CROUSE:** Yes, I am just trying to get a ball park figure.

ARBITRATOR, JUSTICE MOSENEKE: Okay, you can follow that, ma. They want to know what the distance was, if any, between the main CCRC facility and Siyabadinga on the one side and Anchor on the other.

ME. DIKELEDI MANAKA: They were close together.

20 **ARBITRATOR, JUSTICE MOSENEKE:** How close? Just help us.

ME. DIKELEDI MANAKA: They are not far apart.

ADV. LILLA CROUSE: Walking distance?

ME. DIKELEDI MANAKA: Yes, it is a walking distance.

ADV. LILLA CROUSE: You don't have to drive.

5 **ME. DIKELEDI MANAKA:** No, when I go to Anchor I don't have to drive, I just walk there.

ARBITRATOR, JUSTICE MOSENEKE: It is a few minutes' walk you say.

ME. DIKELEDI MANAKA: Yes, 2 to 3 minutes.

ADV. LILLA CROUSE: And did the patients use the same outside yard of these
10 three organisations?

ME. DIKELEDI MANAKA: Okay. All the institutions were in the same yard, but the NGOs were separated from the CCRC with a wall.

ADV. LILLA CROUSE: And how did you get through the wall, by a gate?

ME. DIKELEDI MANAKA: Yes there is a gate.

15 **ADV. LILLA CROUSE:** And Siyabadinga and Anchor, were they in the same yard?

ME. DIKELEDI MANAKA: Yes.

ADV. LILLA CROUSE: But they were separate from the patients of CCRC, is that what you are saying?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. LILLA CROUSE: Now when you spoke about the number of beds which is two short of 300 in 2006, were those beds in one building or were those beds in separate buildings?

ME. DIKELEDI MANAKA: As I said there are many buildings, each ward has its
5 own building.

ADV. LILLA CROUSE: So are you saying then the 300 minus 2 beds were on different buildings on the premises?

ME. DIKELEDI MANAKA: Minus 2 beds, Counsel?

ADV. LILLA CROUSE: The 298 beds that you referred to which was available in
10 2006.

ME. DIKELEDI MANAKA: Mm.

ADV. LILLA CROUSE: Were these beds in separate buildings on the premises?

ME. DIKELEDI MANAKA: Buildings meaning wards, Counsel?

ADV. LILLA CROUSE: Is each building a ward, is that what you are saying?

ME. DIKELEDI MANAKA: Yes Counsel.
15

ADV. LILLA CROUSE: So maybe we can understand each other better. So the 298 beds, were they in separate wards?

ME. DIKELEDI MANAKA: Yes.

ADV. LILLA CROUSE: How many wards?

ME. DIKELEDI MANAKA: At that time we had nine wards.
20

ADV. LILLA CROUSE: And when you had 150 beds left, in how many wards were those patients?

ME. DIKELEDI MANAKA: The patients were from any ward. They were not specifically coming from a single ward, but there was a combination from a few
5 wards.

ADV. LILLA CROUSE: So are you saying in 2006 when you scaled down to 150 beds, you were still using many wards in all the buildings?

ME. DIKELEDI MANAKA: No. The four wards that were used by the NGOs were not used by then because the patients fitted in the six wards that were left.

10 **ADV. LILLA CROUSE:** I just want to understand. So you say, and we are still at the 150 in 2006, they fitted into six wards, is that what you are saying?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. LILLA CROUSE: And when you only had 116 patients, just before the new patients came, how many wards did you use then?

15 **ME. DIKELEDI MANAKA:** Six wards.

ADV. LILLA CROUSE: Six. Now can you just explain to me, and it is just a query that I have, you say before 2006 there were nine wards, that's right.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. LILLA CROUSE: So just before the new patients came, your patients were in
20 six wards.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. LILLA CROUSE: And there were four wards for the two NGOs.

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. LILLA CROUSE: That makes 10 wards, do you agree?

5 **ME. DIKELEDI MANAKA:** Yes Counsel.

ADV. LILLA CROUSE: So where did the extra ward come from, because previously you only had nine wards.

ME. DIKELEDI MANAKA: Counsel, in our institution a ward could mean two buildings, which for example it will be Ward 5A and B, but they are still Ward 5. So
10 it means Ward 5 uses two buildings for their patients. So if I say two wards, for example in Anchor and in Siyabadinga they had four buildings but in our context they happened to be two wards with two wings each. So that is how we are composed.

ARBITRATOR, JUSTICE MOSENEKE: But where are we going, Counsel?

15 **ADV. LILLA CROUSE:** I am just trying to picture how this place worked and how many beds could get into a ward. I am just trying to do the maths. I will try to get there quicker.

ARBITRATOR, JUSTICE MOSENEKE: Nine wards before June 2016 and ...intervened.

20 **ADV. LILLA CROUSE:** 10 wards thereafter.

ARBITRATOR, JUSTICE MOSENEKE: And they were reduced to six wards and four wards were remaining, but the wards sometimes are wards with two sub-wards and that is what the witness explains. But as always, cross-examination is to get us somewhere.

5 **ADV. LILLA CROUSE:** Yes, I will try to.

ARBITRATOR, JUSTICE MOSENEKE: If you have a proposition, put it to the witness so that she can respond to it.

ADV. LILLA CROUSE: When you stopped utilising the other wards, did the beds remain there in 2006?

10 **ME. DIKELEDI MANAKA:** No.

ADV. LILLA CROUSE: What happened to those beds?

ME. DIKELEDI MANAKA: I am not sure because there is an asset management unit at the institution.

ADV. LILLA CROUSE: So when the NGOs moved into those four wards, where
15 did they get beds?

ME. DIKELEDI MANAKA: I don't know.

ADV. LILLA CROUSE: But it seems to me that there weren't enough beds. Is that what you are saying?

ME. DIKELEDI MANAKA: I didn't say enough beds, I said some beds had
20 mattresses and some didn't have. Some beds were made, some were not made, but they were not neat.

ADV. LILLA CROUSE: Could you tell us whether there were any renovations going on immediately prior or after the NGOs came to the premises?

ME. DIKELEDI MANAKA: The renovations were done.

ADV. LILLA CROUSE: Prior or after the NGOs came?

5 **ME. DIKELEDI MANAKA:** Before the NGOs.

ADV. LILLA CROUSE: In CCRC were the patients' families allowed into the wards where the patients slept?

ME. DIKELEDI MANAKA: Initially yes. But with the Life Esidimeni project, they were not allowed. The reason was that some family members would take other patients' photos without their parents' consent. And according to the act, Children's Act and Mental Health Care Act, they are not supposed to be taking photos.

ADV. LILLA CROUSE: Can you give us an example?

ME. DIKELEDI MANAKA: An example of?

ADV. LILLA CROUSE: Of that happening.

15 **ME. DIKELEDI MANAKA:** Okay. There was a time where a father to a patient came in and went to the ward and then in the ward that person took photos of other patients and we just saw them in the papers and some were sent to us to look at and other buildings and nobody gave them permission to do so.

ADV. LILLA CROUSE: So what made this happen now after the Life Esidimeni?
20 Why the photo taking that didn't happen before?

ME. DIKELEDI MANAKA: I wouldn't know.

ADV. LILLA CROUSE: I think you know. Isn't it that the situation was so bad that it shocked people? Isn't that the reason?

ME. DIKELEDI MANAKA: We are talking about the CCRC or the NGOs?

5 **ADV. LILLA CROUSE:** Well I am asking you at CCRC whether people could go to the rooms and you said no because they take photographs of other people.

ME. DIKELEDI MANAKA: Yes.

ADV. LILLA CROUSE: And you don't know why they are taking photographs.

ME. DIKELEDI MANAKA: Yes and the other thing... for us, I am talking about
10 CCRC. For us for not allowing them to go in, in the wards is that... Remember these patients are new and now that our admission criteria is overlooked, we are having patients who are Schizophrenia, who are psychotic and they are unpredictable. Anything can happen to anybody.

ADV. LILLA CROUSE: Okay so there are two reasons you say. One is they take
15 photographs and the other one is, they might not be safe.

ME. DIKELEDI MANAKA: Yes.

ADV. LILLA CROUSE: I'll come back to that.

ME. DIKELEDI MANAKA: But when a parent comes to visit the patient, then the patient is taken to the visiting room. The parent is allowed to take photos as many
20 as she/he like because it is her child after all.

ADV. LILLA CROUSE: But they are not seeing the place that their child is sleeping, is that so?

ME. DIKELEDI MANAKA: Yes. Because the child is not sleeping alone in the ward, there are other patients.

5 **ADV. LILLA CROUSE:** Now how do you ensure the safety of the child in the ward from the other patients, if the family is not safe?

ME. DIKELEDI MANAKA: In the wards there are nurses who are to supervise the patients all the time and to report if there is any change of behaviour.

ADV. LILLA CROUSE: Could you just repeat that ma'am, sorry?

10 **ME. DIKELEDI MANAKA:** In the wards there are nurses that supervises the patients.

ADV. LILLA CROUSE: So the nurses will be in the ward supervising these dangerous patients, so why can't the family members go in there? Do you have an answer?

15 **ME. DIKELEDI MANAKA:** No, I don't have. As far as what I have said that is what I know.

ADV. LILLA CROUSE: Can we just speak a little bit... Who is C.O. Ngobo, do you know who that is?

ME. DIKELEDI MANAKA: He is the CEO at CCRC acting.

20 **ADV. LILLA CROUSE:** He is the acting CEO at your CCRC.

ME. DIKELEDI MANAKA: Yes.

ADV. LILLA CROUSE: Because his name was on the list of witnesses.

ME. DIKELEDI MANAKA: I don't know.

ADV. LILLA CROUSE: And you don't know why you came instead of him.

5 **ME. DIKELEDI MANAKA:** I don't even know why did I come how did I come and I don't know who should come and who shouldn't come.

ADV. PATRICK NGUTSHANA: Justice Moseneke, I think there was a mistake. Ngobo is the person who arranged for the witness to come and attend. That his name appear there it was a mistake, he was not the witness who was called to
10 come and testify.

ARBITRATOR, JUSTICE MOSENEKE: Is Mr. Ngobo the current acting CEO?

ADV. PATRICK NGUTSHANA: Yes, all the witnesses from CCRC were arranged through the CEO, Mr. Ngobo, directly with him. So he is the one who released all the witnesses from CCRC.

15 **ARBITRATOR, JUSTICE MOSENEKE:** Very well. After that explanation, Counsel, you may proceed with your questions.

ADV. LILLA CROUSE: Thank you. Can you tell me how long Mr. Ngobo has been the acting CEO at your CCRC?

ME. DIKELEDI MANAKA: He started in March.

20 **ADV. LILLA CROUSE:** March?

ME. DIKELEDI MANAKA: March 2017.

ADV. LILLA CROUSE: March 2017.

ME. DIKELEDI MANAKA: Yes.

ADV. LILLA CROUSE: And your previous CEO, when was she suspended?

5 **ME. DIKELEDI MANAKA:** 5 July 2016.

ADV. LILLA CROUSE: And who was CEO in between?

ME. DIKELEDI MANAKA: Me. Manasa.

ADV. LILLA CROUSE: And where is she now?

ME. DIKELEDI MANAKA: I don't know.

10 **ADV. LILLA CROUSE:** Okay. It seems to me, if I read the evidence so far correctly that your first CEO was disciplined for allowing Siyabadinga to use the premises. Did you also understand it that way?

ME. DIKELEDI MANAKA: I don't know exactly, but the report was that it is in connection with the NGOs.

15 **ADV. LILLA CROUSE:** And Siyabadinga was closed in July 2016.

ME. DIKELEDI MANAKA: Yes.

ADV. LILLA CROUSE: What happened to those patients? Did they remain in those wards?

ME. DIKELEDI MANAKA: Yes.

ADV. LILLA CROUSE: After July 2016.

ME. DIKELEDI MANAKA: They remained for the wards.

ADV. LILLA CROUSE: And who cared for them?

ME. DIKELEDI MANAKA: Yes, we did.

5 **ADV. LILLA CROUSE:** Who... you cared for them?

ME. DIKELEDI MANAKA: CCRC did.

ADV. LILLA CROUSE: But did CCRC get more staff to care for these people?

ME. DIKELEDI MANAKA: Yes.

10 **ARBITRATOR, JUSTICE MOSENEKE:** These people being those moved back to
CCRC?

ADV. LILLA CROUSE: Maybe I can just clarify that.

ARBITRATOR, JUSTICE MOSENEKE: Yes.

ADV. LILLA CROUSE: Did they remain in the wards that were occupied by
Siyabadinga but CCRC staff serviced them, is that what you are saying?

15 **ME. DIKELEDI MANAKA:** No. Initially, Counsel, you said did they remain in the
ward and CCRC hire more staff and I said yes.

ADV. LILLA CROUSE: Okay you are conflating two questions. Let us try it again.
After in July 2016 when Siyabadinga left, did the patients remain in the same
wards?

ME. DIKELEDI MANAKA: Yes Counsel.

ADV. LILLA CROUSE: And who cared for them?

ME. DIKELEDI MANAKA: CCRC and the assistance from Weskoppies.

ADV. LILLA CROUSE: Okay we will deal with that. Sorry Justice, it is time to
5 ...intervened.

ARBITRATOR, JUSTICE MOSENEKE: Yes indeed, time to adjourn. We are going
to adjourn for tea until 12:00.

END OF SESSION 1

LIFE ESIDIMENI ARBITRATION

HELD AT: EMOYENI CONFERENCE CENTER, 15 JUBILEE ROAD,

10 **PARKTOWN, JOHANNESBURG**

SESSION 2 16 NOV 2017

15 **BEFORE ARBITRATOR – JUSTICE MOSENEKE**

WITNESSES:

DIKELEDI MANAKA

20

SESSION 2

ARBITRATOR JUSTICE MOSENEKE: You're still under your previous oath you may proceed council.

5 **ADV LILLA CROUSE:** Thank you, Justice. Ms. Manaka I am just trying to go back to where we were, you said that when Siadebinga closed on the 12th of July the patients remained in those wards. Can you confirm if that is correct?

DIKELEDI MANAKA: That is correct council.

10 **ADV LILLA CROUSE:** And CCRC staff were now attending to those patients, is that correct?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: When did you hear that Sia Dibenga was going to move away and leave their patients behind?

DIKELEDI MANAKA: I heard on the of 8th of July.

15 **ADV LILLA CROUSE:** A few days before they moved away, is that so?

DIKELEDI MANAKA: No.

ADV LILLA CROUSE: 8th of July you heard, 12th of July they moved, is that so?

DIKELEDI MANAKA: Yes.

ADV LILLA CROUSE: Ok. I'm going to ask you some more questions about that, but let us just go to Anchor. Anchor closed on the 31st of October 2016, do you agree with that?

DIKELEDI MANAKA: I'm not sure when.

5 **ADV LILLA CROUSE:** Did the Anchor patients remain behind when Anchor left?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: In the same ward?

DIKELEDI MANAKA: Yes, council.

10 **ADV LILLA CROUSE:** And did you attend to the Anchor patients or what happened?

DIKELEDI MANAKA: As CCRC yes we attended the patients.

ADV LILLA CROUSE: Did Anchor leave behind any staff?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: Did you take over those staff?

15 **DIKELEDI MANAKA:** No, council.

ADV LILLA CROUSE: So could you explain to us, you're working as well as the staff that were left behind. How did you serve those patients?

DIKELEDI MANAKA: In terms of Anchor I don't know why they were left behind but we as CCRC we were giving services as normal as in the CCRC.

ADV LILLA CROUSE: So what you are saying is that you didn't need the Anchor staff to assist you, is that what you are saying? Can I just put that in context I don't want to confuse you? When Anchor management left on the 31st of October 2016 are you saying they left their staff behind but you as CCRC did not need them and
5 you serviced those patients?

DIKELEDI MANAKA: I never said so; I am not the head of the establishment. So, therefore, I don't have any decision over them.

ADV LILLA CROUSE: Yes. I'm not trying to catch you out here. I'm trying to ask in terms of quality insurance. Who made sure that those patients were cared for, was
10 that you?

ARBITRATOR JUSTICE MOSENEKE: Once Anchor has been closed down the 31st of October 2016 who looked after the patients?

DIKELEDI MANAKA: CCRC did.

ARBITRATOR JUSTICE MOSENEKE: Did Anchor staff remain?

15 **DIKELEDI MANAKA:** Yes they did.

ARBITRATOR JUSTICE MOSENEKE: Where they coming onto duty every day?

DIKELEDI MANAKA: Yes, council. Yes, Justice.

ARBITRATOR JUSTICE MOSENEKE: Did you need them in the execution of your
20 work or could you have looked after the patients without them?

DIKELEDI MANAKA: I wouldn't say, even though we needed them or we don't need them but their categories do not match with our categories of staff in terms of nursing.

ADV LILLA CROUSE: So are you saying that you couldn't pay them for the work
5 that they were doing but they were there?

DIKELEDI MANAKA: I'm not into paying people I don't know.

ADV LILLA CROUSE: But it's a very easy question. I understand that you got structures but did they do work there or not?

ARBITRATOR JUSTICE MOSENEKE: I think the witness is saying the employees
10 of Anchor were not of equal professional standards as her people, I think that is what the answer is.

ADV LILLA CROUSE: I thought it was in terms of payment but I will accept that Justice.

ARBITRATOR JUSTICE MOSENEKE: She talks about professional capabilities. Is
15 that what you can see yourself why did you think people of Anchor were not of your class?

DIKELEDI MANAKA: Because in [inaudible] care the last category of nurses is nursing auxiliaries.

ARBITRATOR JUSTICE MOSENEKE: So there where nursing auxiliaries and
20 registered nurses like you and others?

DIKELEDI MANAKA: No, they were not registered, nurses.

ARBITRATOR JUSTICE MOSENEKE: And where they psychiatry nurses some of them?

DIKELEDI MANAKA: No.

ARBITRATOR JUSTICE MOSENEKE: And did they have their own social worker?

5 **DIKELEDI MANAKA:** The composition of their staff I don't know.

ARBITRATOR JUSTICE MOSENEKE: Ja, but earlier you said they were not of the same class as you.

DIKELEDI MANAKA: The care workers yes. But I don't know if they had a social worker or any other category.

10 **ARBITRATOR JUSTICE MOSENEKE:** Your answers council.

ADV LILLA CROUSE: Thank you, Justice, just to move off this to tie it down, so they were working but you did you need them or did you not need them?

DIKELEDI MANAKA: In terms of staff establishment even if I was to leave them we don't have that category in Cullinan. And if we need extra hands maybe the CO
15 would write a submission to request staff.

ADV LILLA CROUSE: I understand that, but I still can't get my head around it. You and establishment with a staff establishment yet there is a whole constituent of other workers coming in and working.

DIKELEDI MANAKA: But they were not working under me council.

ADV LILLA CROUSE: But you allowed them to work of patients of which you are in control. I just don't think I understand that if you could explain that?

DIKELEDI MANAKA: Council, I'm not the head of the establishment, therefore, the decisions was not made by me.

5 **ARBITRATOR JUSTICE MOSENEKE:** The original question was the staff that was left behind at Anchor, was it staff that you needed to look after the patients you have taken over? Did you need them or you just found them there and – but you did not strictly need them?

DIKELEDI MANAKA: We just want them in actual essence we did not need them.

10 **ARBITRATOR JUSTICE MOSENEKE:** Council, you may proceed.

ADV LILLA CROUSE: Thank you, Justice. When did you hear that Anchor was closing?

DIKELEDI MANAKA: I don't remember the exact date but in November even though we were still assisting. Even if they were there even if the manager of
15 Anchor was there we were still assisting.

ADV LILLA CROUSE: So you only heard after they close down that they were leaving?

DIKELEDI MANAKA: They left yes.

ADV LILLA CROUSE: Thank you. I want to please take you to volume 8 which is in
20 front of you. Do you have it, could you please turn to page 2779? Do you have that?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: It is a minute of a meeting between the department of health, delegation and Cullinan care and rehabilitation center executive committee staff for the wrapping up of all meetings, do you see that?

DIKELEDI MANAKA: Yes, council.

5 **ADV LILLA CROUSE:** It's dated 5 July 2016, do you see that?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: I'm going to refer you to this and two more minutes of the same date. But let's start with this minute were you part of this meeting?

DIKELEDI MANAKA: Yes, council.

10 **ADV LILLA CROUSE:** Can you please read the first paragraph under security?

DIKELEDI MANAKA: *" The security manager needs to work close to their acting CEO, the gate access control needs to be strengthened, anybody who does not work in the hospital must be screened properly. No cameras may be allowed into the facility, the families must be advised not to take photos whoever is visiting the patient must say what the name of the patient and what their relationship is."*

ADV LILLA CROUSE: Thank you, let's just stop there. This memorandum says, well this minutes says no cameras are allowed, no photographs are allowed to be taken. Do you agree?

DIKELEDI MANAKA: Yes, council.

20 **ADV LILLA CROUSE:** And if somebody were to say that cameras were allowed and they can take as many pictures as they want to. Would that be correct?

DIKELEDI MANAKA: Council, are you referring to what I said earlier?

ADV LILLA CROUSE: I am just asking you if somebody were to say that, would that be correct?

DIKELEDI MANAKA: Depending on where this person is. Earlier I said when the
5 parents are visiting and they have their loved ones with them in their visiting rooms they are allowed to take photos as much as they like. Because this patient is their family they have to, but this one doesn't...

ADV LILLA CROUSE: This does not correspond with what you said, do you agree?
And you tell us that you are a worker that follow instruction. So why is it that you
10 didn't know about this?

DIKELEDI MANAKA: Council, I am working at CCRC and I am saying it is allowed for parents to take photos with their families. That is what has been done currently yes, but this one maybe just referring to something else but what I'm saying is parents are allowed to take photos with the patients if they are families.

ADV LILLA CROUSE: But how do you take a photo if you're not allowed to bring a
15 camera into the facility and the security is blocking that, can you explain that?

DIKELEDI MANAKA: Council, remember this was at the time of change of routine this was on the 5th of July.

ADV LILLA CROUSE: Are you saying that the policy has changed since?

DIKELEDI MANAKA: I would say that the policy has changed but situations make
20 things to change.

ADV LILLA CROUSE: If you go a little bit down to page 2779, it says “ *Journalists must be referred to the central office*” what is the central office do you know?

DIKELEDI MANAKA: I just know that the central office is in Joburg.

ADV LILLA CROUSE: So it is not on CCRC’s premises?

5 **DIKELEDI MANAKA:** No.

ADV LILLA CROUSE: And it says that “ *Politicians are only allowed to come with the MEC’s permission.*” Do you see that? Ma'am, you were part of the meeting was it said at the meeting?

DIKELEDI MANAKA: Yes, council.

10 **ADV LILLA CROUSE:** Now all of that seems to me and I will argue it at the end. That everything in CCRC’s power was done to keep the real facts from the world, what do you say to that?

DIKELEDI MANAKA: Council, I was part of this meeting but as you can see the chairperson was DR. Mufenjani and those decisions were not taken by me.

15 **ARBITRATOR JUSTICE MOSENEKE:** What was DR. Fenjani’s position then?

DIKELEDI MANAKA: He came there on behalf of the HOD.

ADV LILLA CROUSE: So Ma’am...

ARBITRATOR JUSTICE MOSENEKE: The proposition put to you with what you should deal with is that every part of that minutes in the first paragraph, the second

and the third under the heading security, chose a decision to claim down on information. And to hide the facts as the institution do you want to respond to that?

DIKELEDI MANAKA: I don't have a response on that.

ADV LILLA CROUSE: But surely as the quality control person you would say ' why
5 do we need to hide anything, everything is going right here?' Isn't that what your
response at the meeting should have been?

DIKELEDI MANAKA: I didn't respond council and what I know is that the parents
is not allowed to take photos with their family members that is all.

ADV LILLA CROUSE: You didn't ask why politicians are not allowed, why are the
10 pass not allowed, we can get funding through the press. You didn't ask any of those
questions you were fine with no photos, no press, no politicians.

DIKELEDI MANAKA: Council, I am not the head of the establishment.

ADV LILLA CROUSE: No, I am talking about you Ma'am, please.

DIKELEDI MANAKA: This minutes were shared by DR. Mufenjani maybe he is the
15 one to answer to this why was this and why was this.

ADV LILLA CROUSE: Ma'am I accept that but I'm asking from your side as a
person who were at CCRC that are going forward in quality. Did you not raise this?

DIKELEDI MANAKA: I didn't.

ADV LILLA CROUSE: And why not?

20 **DIKELEDI MANAKA:** I didn't have any reason to ask.

ADV LILLA CROUSE: I will leave it there. Let's go to the next paragraph, now we must remember that this minute was written before Siadibinga closed it was also before Anchor closed this minute, do you agree?

DIKELEDI MANAKA: Yes I agree.

5 **ADV LILLA CROUSE:** Now look at the first sentence under staff can you read it?

DIKELEDI MANAKA: " *They were shaken a bit but they were positive. The acting CEO and the S[in audible 18:25] was advised to keep it close to the staff and look after them. They were also advised to escalate their forms of communication*".

ADV LILLA CROUSE: Ok. So we can accept before Siabidinga closed before
10 Anchor closed the staff was already shaken. Do you agree with that?

DIKELEDI MANAKA: Yes.

ADV LILLA CROUSE: And then under support can you read that paragraph?

ARBITRATOR JUSTICE MOSENEKE: I'm sorry just before you go ahead. What is meant by the staff was shaken?

15 **DIKELEDI MANAKA:** The staff was shaken by the news that DR. Mufunjani gave us that the CEO was suspended.

ADV LILLA CROUSE: But the staff was also shaken because there was not enough resources, isn't that so? Look at the next paragraph.

DIKELEDI MANAKA: " *Dr. Malamelo and the team was asked to provide support to*
20 *the facility and Eskow as also...*

ADV LILLA CROUSE: Thank you, it's just the first sentence. Sow e have DR. Malamela being asked for support?

DIKELEDI MANAKA: Yes.

ADV LILLA CROUSE: So there were problems with staff supporting, don't you
5 agree, support staff yes?

DIKELEDI MANAKA: No. Because we were still having CCRC, Anchor and Siadibinga, therefore, the support they were talking about here was the support in terms of our CEO being suspended.

ADV LILLA CROUSE: Ma'am I put it to you that it is not so because you had
10 already at that stage asked West Koppies to come and assist you. Isn't that so?

DIKELEDI MANAKA: Yes.

ADV LILLA CROUSE: So why if you have all the support you need, why would you ask West Koppies to come and assist?

DIKELEDI MANAKA: Council, if I take it from the 1st of July up until this come up,
15 what happened is that the MEC came with dome officials and did a walk about the two NGO's that was on the 1st of July.

ARBITRATOR JUSTICE MOSENEKE: The MEC?

DIKELEDI MANAKA: Yes.

ARBITRATOR JUSTICE MOSENEKE: What is her name?

20 **DIKELEDI MANAKA:** Miss. Madali Manglango.

ARBITRATOR JUSTICE MOSENEKE: Repeat the date for me, please.

DIKELEDI MANAKA: On the 1st of July.

ARBITRATOR JUSTICE MOSENEKE: The 1st of July?

DIKELEDI MANAKA: Yes 2016.

5 **ARBITRATOR JUSTICE MOSENEKE:** Thank you, just tell us what happened then, the walk about the NGO's.

DIKELEDI MANAKA: Yes, in the two NGO's.

ARBITRATOR JUSTICE MOSENEKE: Yes, continue sorry.

DIKELEDI MANAKA: Ok. And then the CEO Miss. Neythlatwo called us in to go
10 with them for the walkabout and then at the end that is right now where the MEC
said and also Misses Moreen, they said they will organize people from West
Koppies to come and assist as the MEC requested that the two wards needs to be
assisted in terms of staff and everything. That was on the 1st of July and then on the
5th of July...

15 **ARBITRATOR JUSTICE MOSENEKE:** The two wards being the NGO wards?

DIKELEDI MANAKA: The NGO yes.

ARBITRATOR JUSTICE MOSENEKE: Now when you went there with the MEC,
what did she see and what did you see? In other words, why did she say they need
help?

DIKELEDI MANAKA: She asked in terms of their staff, in Anchor she didn't say much in Anchor. Patients was on the bed they were sleeping and what I can remember from that day she said that they had males and females in the same ward. And then she requested that the females be transferred to Precious Angels
5 the next morning because it was in the evening and then we proceeded to Siadibenga. And then in Siadibenga she noticed that they don't have nursing staff, therefore, the medication isn't going well and thereafter the walkabout she said that Cullinan care is to look after the two wards. And that is right when no CCRC and West Koppies came in to assist, but they were still there even their staff was still
10 there.

ADV LILLA CROUSE: Thank you, Justice. Can you tell me on this date the 1st of July that you are referring to now where there family members with the MEC there of the family grouping, the family committee of the patients were some of them with the MEC on that day?

15 **DIKELEDI MANAKA:** I don't remember.

ADV LILLA CROUSE: Did you see the MEC yourself?

DIKELEDI MANAKA: Yes, I saw the MEC I saw Misses Moreen, I saw I can't remember her surname but normally she is called MJ.

ADV LILLA CROUSE: Why does the date of the 1st July stand out for you, how do
20 you remember it now?

DIKELEDI MANAKA: I remember it because I was called in by the CEO.

ADV LILLA CROUSE: Surely that is not in itself something that didn't happen- was already happening. Surely you were called in by the CEO on many occasions?

DIKELEDI MANAKA: No. When she called, she called me and told me that the MEC is coming.

5 **ADV LILLA CROUSE:** You see the family members visited CCRC on the 12th of April 2016 before the patients was taken there.

DIKELEDI MANAKA: Say again council.

ADV LILLA CROUSE: The family members visited CCRC on the 12th of April 2016 and not on the 1st of July. So I'm just trying to establish whether you are talking
10 about the same meeting or not?

DIKELEDI MANAKA: Council, I'm talking about the 1st of July.

ADV LILLA CROUSE: Where you aware of...

DIKELEDI MANAKA: In relation to this minutes to say when the NGO's go out the CCRC and West Koppies were already assisting before this minutes.

15 **ADV LILLA CROUSE:** Can you remember that the family committee visited CCRC?

DIKELEDI MANAKA: Yes, I remember.

ADV LILLA CROUSE: Was the MEC there that day?

DIKELEDI MANAKA: Yes, but not MEC [inaudible 28:00] Mahlangu but MEC [inaudible 28:02].

20 **ADV LILLA CROUSE:** MEC who?

DIKELEDI MANAKA: Ok. Maybe I'm mixing things, are you talking about the MEC
12TH April 2016?

ADV LILLA CROUSE: I'm putting it to you that the meeting took place on that day,
but I want to see whether you remember it for that day?

5 **ARBITRATOR JUSTICE MOSENEKE:** Let's just add the year to it.

ADV LILLA CROUSE: 12th April 2016 as my instructions.

ARBITRATOR JUSTICE MOSENEKE: Do you remember that meeting, where the
family at least the visits of the MEC in April 2015 were also...

ADV LILLA CROUSE: 2016.

10 **DIKELEDI MANAKA:** I don't remember.

ADV LILLA CROUSE: And earlier when you said you remember what was that
what you were referring to?

DIKELEDI MANAKA: I'm referring, I'm talking in relation to this minutes of the 5th
where we are talking about DR. Malmela and the team were asked to provide
15 support for the facility. And also the staff was shaking a bit.

ADV LILLA CROUSE: Yes, what I'm trying to established you talked about another
MEC and I asked you who that MEC was. To whom where you referring to and what
meeting were you referring to?

DIKELEDI MANAKA: I'm referring to MEC [inaudible 29:35] Mahlangu, the one I'm
20 talking about the 1st of July.

ADV LILLA CROUSE: Ma'am I'm just going to try again when I asked you if you remember the meeting with the family members you said " Yes, the MEC was there but it was another MEC" and you said a name.

DIKELEDI MANAKA: Yes.

5 **ADV LILLA CROUSE:** What name did you say?

DIKELEDI MANAKA: I talked about MEC [inaudible30:02] Mahlangu, on the first of July 2016 but the MEC that I talked about now DR. [inaudible 630:22] it was this year 2017 in April.

ADV LILLA CROUSE: So it was another meeting that you are referring to?

10 **DIKELEDI MANAKA:** Yes.

ADV LILLA CROUSE: And Ma'am if we turn the page of the memorandum before you to page 2780 it says labour relations and HR department. It says " *Labour relations and HR department needs to visits the facility very urgently and attend to the issues relevant to them.*" What does that mean?

15 **DIKELEDI MANAKA:** I feel as if this question you are asking me council are not supposed to be answered by me, because I was not sharing this meeting. Although I was there I was not the one talking, so most of the thing your asking me I feel they are not belonging to me. Maybe if they were asked to the CEO, not me.

ADV LILLA CROUSE: But you are the person sitting there now. So I'm asking you
20 the question now, what did you understand by that?

DIKELEDI MANAKA: I'm going to give my understanding yes, council. But some of the things that you say what do they mean I might not be in the position to answer that.

ADV LILLA CROUSE: Yes, please give us your understanding.

5 **DIKELEDI MANAKA:** Ok.

ARBITRATOR JUSTICE MOSENEKE: Yes, advocate Hutamo.

ADV T HUTAMO: The witness clearly expresses her difficulties of matters beyond her knowledge and it can be persistent when she clearly says like these matters are beyond her. And after all like she has clearly indicated in what capacity was she
10 employed. Now she has been taken to task than to deal with labour relations issues.

ARBITRATOR JUSTICE MOSENEKE: Yes, you are correct council is bound by the answer. See the witness says I don't know what it means end of the inquiry. If the witness knows of course then the witness can say what it means, but if the
15 witness does not know what it means that is the end of the inquiry, the answer is binding. Council?

ADV LILLA CROUSE: Thank you, Justice Moseneke. My following up question was an which the witness said she want the answer is what she understood by that. And it seems to me she wants to answer that, so I'm not sure whether what the objection
20 is.

ARBITRATOR JUSTICE MOSENEKE: It is an entirely different inquiry, the first part of the objection is valid. I the witness says I don't know what it means that she must be taken for her word, if you want to persist and ask another question of course you are entitled to do so, provided that you don't take her back to another
5 answer that says I don't know what it means because she has answered that.

ADV LILLA CROUSE: Yes.

ARBITRATOR JUSTICE MOSENEKE: She has given an answer and the cross-examination is bound by that answer.

ADV LILLA CROUSE: Thank you, Justice. Do you want to give us your view on
10 what that means?

DIKELEDI MANAKA: No, council.

ADV LILLA CROUSE: So you are no longer prepared to give us your view. Can I give you my view then let's turn to page 2773. Do you see that minute, it's the minute with the organised labour, I suppose you were also part of that meeting as a
15 manager?

DIKELEDI MANAKA: Yes, I was part.

ADV LILLA CROUSE: You just forgot about that. Ok. Let us just go to the bottom of that first page at Nehawu, do you see that?

DIKELEDI MANAKA: Yes, council.

20 **ADV LILLA CROUSE:** Nehawu was not happy with the whole NGO issues, see that?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: Where you aware of that?

DIKELEDI MANAKA: Yes I was.

ADV LILLA CROUSE: And the staff, now let us just go a little bit back. Nehawu is
5 one of the labour organizations the unions?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: That represent the staff?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: And they speak for the staff at CCRC?

10 **DIKELEDI MANAKA:** Yes, council.

ADV LILLA CROUSE: So what they say you here is that we can take problems that
the staff has, your not answering Ma'am could you please answer the question?

DIKELEDI MANAKA: This are notes from the NGO's that were housed in the
institution everybody didn't want those NGO'S that immerged from that. I said
15 earlier that we were not happy with the NGO's coming into the institution.

ADV LILLA CROUSE: Ma'am you also said that the staff was shaking only
because their CEO was fired...

DIKELEDI MANAKA: That's another meeting.

ADV LILLA CROUSE: No its the same day Ma'am, its also the 5th of July.

DIKELEDI MANAKA: I agree with you, its the same day but different meetings.

ADV LILLA CROUSE: So what I am putting to you is that the staff was not happy, do you agree with that now?

ARBITRATOR JUSTICE MOSENEKE: Yes, but the witness has said everybody
5 was not happy and that must include the staff.

ADV LILLA CROUSE: I will leave that there then. The next sentence they say that they were not properly informed and they are concerned with consultation, did the staff say that?

DIKELEDI MANAKA: Yes, council.

10 **ADV LILLA CROUSE:** There are some spelling mistakes there, but they heard the roomer that the staff is going to do overtime in the NGO and will be paid through Persal, was that one of the issues that was raised?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: Nehawu indicated that the staff have a fear that the NGO
15 will take over the hospital, was that one of the issues that was raised?

DIKELEDI MANAKA: No, council.

ADV LILLA CROUSE: They did not understand why Life Esidimeni is closing and why the users are being taken to Siadibinga which is an NGO, was that one of the issues?

20 **DIKELEDI MANAKA:** Yes, council.

ARBITRATOR JUSTICE MOSENEKE: And besides the staff, you were also unhappy about that, isn't it?

DIKELEDI MANAKA: Yes, Justice.

ARBITRATOR JUSTICE MOSENEKE: You already told us so.

5 **DIKELEDI MANAKA:** Yes, Justice.

ADV LILLA CROUSE: According to them Life Esidimeni is an NGO and was sent to another NGO, is one of the questions that we have been raising as well in this arbitration, staff was concerned about that?

DIKELEDI MANAKA: Yes, council.

10 **ADV LILLA CROUSE:** Now Nehawu was going to remobilize for staff not to go to the NGO for overtime?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: It seems to me that the staff was complaining there are more work here and we must to overtime, would you agree with that?

15 **DIKELEDI MANAKA:** Yes, council.

ADV LILLA CROUSE: So there were labour issues involved?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: I'm going to ask you to then to go to page 2771 in bundle 8.

ARBITRATOR JUSTICE MOSENEKE: Just before you leave that council, at the bottom where it said that the department will provide written answers to organize labour. Did that answer ever come?

DIKELEDI MANAKA: I don't know, Justice. I haven't seen that.

5 **ARBITRATOR JUSTICE MOSENEKE:** You were the executive senior management that is why you went to these meetings right, they are things of executive management exhibit?

DIKELEDI MANAKA: Yes, but when the response comes in the form of written they are not being directed to me directly ,they go to the office of the CEO.

10 **ARBITRATOR JUSTICE MOSENEKE:** I see.

DIKELEDI MANAKA: Yes.

ARBITRATOR JUSTICE MOSENEKE: Here is a question don't try to anticipate the question, just tell us what you know [inaudible 40:06]. Do you know the concerns of Labour were not taken seriously firstly by your CEO? We have just
15 seen in the minute they opposed to people being brought from Life Esidimeni to come to CCRC who have opposed to working overtime because of that- our attention is drawn to that in this minutes. Do you know why as part of the executive management the workers was not or at least their grievances was not taken need of?

20 **DIKELEDI MANAKA:** One of the things that happened if I can take you a little bit back from the 1st of July, those NGO's, CCRC was requested to assist but the MEC.

But then there were no staff to come and work in those NGO's and that is then where the overtime issue came in. And in the mean...

ARBITRATOR JUSTICE MOSENEKE: You mean qualified staff?

DIKELEDI MANAKA: Yes, in the meantime as the CCRC and Wes Koppies were
5 working overtime the CEO was busy with the submissions to request staff and the first staff that were appointed were appointed on the 20th of July if I'm not mistaken. So in terms of staff she was doing something as I was...

ARBITRATOR JUSTICE MOSENEKE: But you as part of the executive management you knew that your workforce labour Nehawu, organised union labour
10 Union, was opposed to patients in Life Esidimeni being brought to CCRC?

DIKELEDI MANAKA: Yes, Justice. We all were opposing and all the time and everybody would get an answer, that is the directives.

ARBITRATOR JUSTICE MOSENEKE: Let's talk about the body, I always want to know names to bodies. Who gave the directive contrary to yourselves who you say
15 where unhappy, the labour union was unhappy. Why did you go ahead, who gave the instruction that you go ahead?

DIKELEDI MANAKA: The CEO gave instruction that we go ahead, we ...

ARBITRATOR JUSTICE MOSENEKE: The CEO?

DIKELEDI MANAKA: Yes.

20 **ARBITRATOR JUSTICE MOSENEKE:** Give us her name, there was at least three CEO's at the time.

DIKELEDI MANAKA: Miss Neyatlo, in terms of the NGO'S.

ARBITRATOR JUSTICE MOSENEKE: Ok. Miss Neyatlo said you must carry on?

DIKELEDI MANAKA: Yes.

ARBITRATOR JUSTICE MOSENEKE: Despite all of these objections and
5 unhappiness?

DIKELEDI MANAKA: Yes.

ARBITRATOR JUSTICE MOSENEKE: Do you know who gave her the
instructions?

DIKELEDI MANAKA: She said the MEC gave her instructions.

10 **ARBITRATOR JUSTICE MOSENEKE:** She said so to you?

DIKELEDI MANAKA: Yes.

ARBITRATOR JUSTICE MOSENEKE: And MEC Miss Manglangu?

DIKELEDI MANAKA: Yes.

ARBITRATOR JUSTICE MOSENEKE: Thank you, council. Sorry for the interrupt.

15 **ADV LILLA CROUSE:** Thank you, Justice Moseneke. Ma'am are you at page
2771?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: That is a minute of the meeting between the department of
health delegation and Wes Koppies hospital staff working at Cullinan care and

rehabilitation centre for clarifying the reasons for the delegation, and it is also on the same day of the two previous minutes that I referred you to named the 5th of July 2016.

DIKELEDI MANAKA: Yes, council.

5 **ADV LILLA CROUSE:** Where you at that meeting?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: And it seems to me that if one read it, Wes Koppies hospital in the first paragraph start with; “ *Thank you, for helping CCRC*” do you see that?

10 **ARBITRATOR JUSTICE MOSENEKE:** Council, it works fast if you use the reference the page reference.

ADV LILLA CROUSE: Thank you, Justice it is page 2771 and it’s the meeting with Wes Koppies hospital staff.

ARBITRATOR JUSTICE MOSENEKE: Thank you.

15 **ADV LILLA CROUSE:** Do you see the first paragraph that I’ve described the second sentence says: ‘ *Wes Koppies Hospital staff were thanked for helping the Cullinan care and rehabilitation centre*’?

DIKELEDI MANAKA: Yes, council.

20 **ADV LILLA CROUSE:** So if we understand that correctly Wes Koppies were asked to come and assist you in controlling or caring for the patients, would you agree with that?

DIKELEDI MANAKA: Yes, council.

ADV LILLA CROUSE: And the reason for that is that you accepted patients probably that didn't fit your criteria for admission, isn't that so?

DIKELEDI MANAKA: Yes, council.

5 **ADV LILLA CROUSE:** So you needed help? Your not answering Ma'am could you please answer, my question is did you need help?

DIKELEDI MANAKA: In the NGO's yes. Remember those was still the NGO's though who we were assisting, they were not assisting the CCRC personnel. But they were CCRC and Wes Koppies were both assisting in the NGO's.

10 **ADV LILLA CROUSE:** This minute makes no reference to NGO's, it makes reference to CCRC. But let us go I see your not answering, let us go to the middle of that page on page 2771 it says ' *Concerns from Wes Koppies staff*', do you see that?

DIKELEDI MANAKA: Yes, council.

15 **ADV LILLA CROUSE:** The first bullet point "*Patients identification, the identification builds and patients ID photos on their prescription sheet DR. Mamelolo an acting CEO will address this issue.*" Can you explain that to us, what is meant by that concern? Ma'am your not answering, were there a problem with the identification of patients?

20 **DIKELEDI MANAKA:** In the NGO's yes.

ADV LILLA CROUSE: And not with the new patients that came in to you without identification?

DIKELEDI MANAKA: In our institution, we had hand belt that was put on the patient.

5 **ADV LILLA CROUSE:** You had what?

ARBITRATOR JUSTICE MOSENEKE: Hand belts.

ADV LILLA CROUSE: So it seems to me that the identification belts that are we speaking about here was in concern with CCRC?

10 **DIKELEDI MANAKA:** Council, in CCRC our patients had name belt on their hands and in the NGO's there were no identifications of the patients.

ARBITRATOR JUSTICE MOSENEKE: This witness testimony is that all these differences occurred at the NGO's.

ADV LILLA CROUSE: Yes, and my submission...

15 **ARBITRATOR JUSTICE MOSENEKE:** So one might beat her up or beat down, or beat her up but her position is that CCRC was fine and these deficiencies occurred at the NGO's and they and Wes Koppies were invited to help.

ADV LILLA CROUSE: I understand that.

ARBITRATOR JUSTICE MOSENEKE: By the MEC on the 1st of June when she listed them.

ADV LILLA CROUSE: I understand that Justice, but our evidence is also that they received what she called bunches of patients who where unidentified and I'm testing that against us.

ARBITRATOR JUSTICE MOSENEKE: You want to go there and put it to her
5 ultimately.

ADV LILLA CROUSE: Yes. I am going to cut this short madam. I am just saying to you, you also had identification problems with the patients co you also said you couldn't recognize some of them from the photographs.

DIKELEDI MANAKA: I said we recognized them through their photographs.
10 But to make it easy for us, when they leave Life Esidimeni, I requested them to write something maybe on their chest or wherever they can write, somewhere written on their hands so that we tick them off. I would know this is Dikeledi, this is Jane.

ARBITRATOR JUSTICE MOSENEKE: Aren't you complicating this. You have already told us you discharged patients to the NGOs to admit new ones, you told us
15 that.

DIKELEDI MANAKA: Yes, Justice.

ARBITRATOR JUSTICE MOSENEKE: And once u admitted had no proper identification and/or badges. You have told us that already. now the 1st item of concern there talks about identification of patients. So, Counsel wanted to know
20 that, is that true? Did CCRC in particular have that problem with the new patients?

DIKELEDI MANAKA: No.

ARBITRATOR JUSTICE MOSENEKE: Explain that.

DIKELEDI MANAKA: In CCRC, e had name belts that we write the names of the patients and each patient has a name belt.

ARBITRATOR JUSTICE MOSENEKE: Including the new patients.

5 **DIKELEDI MANAKA**: I am talking about the new patients, those that are in Anchor and Siyabadinga. I am not talking about them. I am talking about this point here that says there was an identification problem in the NGOs. Yes, I agree.

ARBITRATOR JUSTICE MOSENEKE: Okay, you have got your answer Counsel.

ADV LILLA CROUSE: Thank you Justice. And when you discharge the patients
10 to the NGOs, did you send them with name belts?

DIKELEDI MANAKA: No, they didn't have.

ADV LILLA CROUSE: So, you discharged them without name belts.

DIKELEDI MANAKA: Yes.

ADV LILLA CROUSE: And why would you do that?

15 **DIKELEDI MANAKA**: I don't have an answer for that.

ADV LILLA CROUSE: Do you have medicine cups at CCRC?

DIKELEDI MANAKA: Yes.

ADV LILLA CROUSE: Have you made emergency medicine?

DIKELEDI MANAKA: Yes.

ADV LILLA CROUSE: Did you have medicine for people with schizophrenia for instance?

DIKELEDI MANAKA: If it is prescribed, even if it is not in the pharmacy. But it is the duty of the pharmacists to get it. But on that I won't give a clear answer
5 because I am not working at the pharmacy. But what I know is that all the patients had medication.

ADV LILLA CROUSE: What was the problem with the laundry?

DIKELEDI MANAKA: In the NGOs or the CCRC?

ADV LILLA CROUSE: I am asking you madam, what problems did the laundry
10 have?

DIKELEDI MANAKA: There were 2 laundries, I am not sure which one you are talking about.

ADV LILLA CROUSE: As a quality control person, you would surely make sure the linen, the bedding -

15 **DIKELEDI MANAKA:** In the NGOs -

ADV LILLA CROUSE: Let me just finish please madam. You would surely make sure that the linen, the bedding and the pyjamas and the towels are clean. So, you would check the quality of the laundry, would you not? So, I am asking you what was the problem with the laundry?

DIKELEDI MANAKA: When we assist in the NGOs the laundry was providing services, and if there was a problem, I don't know about it. I am not in the laundry. But what I know is the patients did get.

ADV LILLA CROUSE: But surely you say this list from VESCOPEs (sp) and
5 surely you saw this has got something to do with you because it is quality. Surely you would have enquired, what is the problem. Isn't that so?

DIKELEDI MANAKA: It is so.

ADV LILLA CROUSE: So, why did you not do that?

ARBITRATOR JUSTICE MOSENEKE: You can as well look at the entire list on
10 2771. Let us [indistinct 0:54:58]

DIKELEDI MANAKA: I am not denying what is written here, everything is true, yes.

ARBITRATOR JUSTICE MOSENEKE: But it didn't happen where you worked it happened there

15 **DIKELEDI MANAKA:** Not necessarily Justice, when we take over our laundry provided the NGOs also.

ARBITRATOR JUSTICE MOSENEKE: What is so difficult, it takes minutes for executive to gather somebody from head office and VESCOPR staff, is clear from the minutes raised these concerns. And your response is asked for. Are these
20 concerns true? That is all you have been asked.

DIKELEDI MANAKA: Yes, Justice. They are true.

ARBITRATOR JUSTICE MOSENEKE: Yes, let us not spend so much time.

ADV LILLA CROUSE: Thank you Justice. Madam, can I please ask you to turn to page 2781 in the same bundle. Do you see that, page 2781? It is minutes again from the same day still and it is between the department of health delegation and
5 CCRC executive committee for introduction of the acting CEO. Where you part of that meeting?

DIKELEDI MANAKA: Yes, Counsel.

ADV LILLA CROUSE: This meeting as we said before happened before the close of Siyabadinga and happened before the close of Anchor, do you agree with
10 me?

DIKELEDI MANAKA: Yes.

ADV LILLA CROUSE: Now, if we could just go to the 1st paragraph, the very last sentence in that paragraph, the very last sentence I am going to read to you. It says: many staff members are still needed and HR will be able to assist where
15 necessary. Do you agree with that?

DIKELEDI MANAKA: Yes, Counsel.

ADV LILLA CROUSE: So, be the closing down of the 2 NGOs on your premises, you had too little staff. Do you agree?

DIKELEDI MANAKA: Yes, Counsel.

20 **ADV LILLA CROUSE:** Thereafter these 2 NGOs closed down, do you agree?

DIKELEDI MANAKA: Yes, Counsel.

ADV LILLA CROUSE: And you needed to service these patients that you discharged before.

DIKELEDI MANAKA: Yes, Counsel.

ADV LILLA CROUSE: And after this meeting, you take in some other 3 groups
5 of patients. Not large groups but you take in other groups of patients still. Do you agree?

DIKELEDI MANAKA: I am not following, after -

ADV LILLA CROUSE: What I am putting to you basically, you got lots of
patients so much so that you had to discharge some of them. Is that so, to the 2
10 NGOs?

DIKELEDI MANAKA: No Counsel.

ADV LILLA CROUSE: That is the evidence before us, in order to make space
for the Life Esidimeni patients, you had to put patients into the NGOs, is that not
what happened?

15 **DIKELEDI MANAKA:** The discharge was done 1st before we admit.

ADV LILLA CROUSE: Madam, I am not trying to catch you out. I am just trying
to establish. In order to make space for the Life Esidimeni patients, you sent
patients to the NGOs?

DIKELEDI MANAKA: Yes, Counsel.

20 **ADV LILLA CROUSE:** Then when the NGOs closed down, you had to take
responsibility again for those patients.

DIKELEDI MANAKA: Yes, Counsel.

ADV LILLA CROUSE: And before the closing down, you already had too little staff? That is what I am putting to you.

DIKELEDI MANAKA: Yes, Counsel.

5 **ADV LILLA CROUSE:** So, the closing down of the NGOs would have caused great pressure on your staff.

DIKELEDI MANAKA: Yes, Counsel.

ADV LILLA CROUSE: And we can see the problems that arose because of that pressure.

10 **DIKELEDI MANAKA:** Yes, Counsel.

ADV LILLA CROUSE: Thank you. Justice, if I could have a moment.

ARBITRATOR JUSTICE MOSENEKE: Yes. Is it true that CCRC had 380 staff members at the time of this minute? Just look at the minute madam, 2781. There is no catch, it is a very innocent question. Is the minute right that your staff was that
15 big?

DIKELEDI MANAKA: Yes, Counsel.

ARBITRATOR JUSTICE MOSENEKE: And you had a budget of 100 million?

DIKELEDI MANAKA: Yes, Counsel.

ARBITRATOR JUSTICE MOSENEKE: That is quite striking of the 100 million, your salary costs were 80 million, is that correct? It is according to the minutes, do you know differently?

DIKELEDI MANAKA: No, I don't know any differently Justice.

5 **ARBITRATOR JUSTICE MOSENEKE**: 11 million you used for goods and services and only 1 million for capital. In other words in improving the facility, or investing in the facility.

DIKELEDI MANAKA: It could be Justice.

ARBITRATOR JUSTICE MOSENEKE: It is how you understand it too, is it?

10 **DIKELEDI MANAKA**: Yes, Counsel.

ARBITRATOR JUSTICE MOSENEKE: So, there is very little money to improve the facility itself.

DIKELEDI MANAKA: Yes, Justice.

15 **ARBITRATOR JUSTICE MOSENEKE**: Because so much money was spent on salaries. 80 million of the 100 was used on salaries.

DIKELEDI MANAKA: HR can attest to that.

20 **ARBITRATOR JUSTICE MOSENEKE**: Yes, this question is relevant when you look at the previous minute when you see the list of things which are not there like laundry, like linen, like gloves, needles. You know, very basic things, tags for patients and so on. In the face of the staff that is paid 80% of the budget. Anyway, you don't have to answer that now, Counsel, any more questions?

ADV LILLA CROUSE: Just a few, thank you JUSTICE MOSENEKE. can I just ask you to turn the page madam to page 2782. You would see in the 3rd paragraph, it says the executive committee and the Acting CEO where left to caucus and the bullet there under says they indicated that the staff is very difficult. Would you agree
5 with that?

DIKELEDI MANAKA: Yes, Counsel.

ADV LILLA CROUSE: And it was very important to address organized labour before the staff?

DIKELEDI MANAKA: Yes, Counsel.

10 **ADV LILLA CROUSE:** And then they also raise in the 3rd bullet point staff shortages.

DIKELEDI MANAKA: Yes, Counsel.

ADV LILLA CROUSE: And then in the last paragraph there is emphasis that the situation is an emergency and quality patient care that says it is prominent. I am not
15 sure whether that is the right word to use there. But there was an emergency.

DIKELEDI MANAKA: Yes, Counsel. There was.

ADV LILLA CROUSE: And there was some compromise

DIKELEDI MANAKA: Yes, Counsel.

ADV LILLA CROUSE: And that was even before you had to care for the 2
20 NGOs that closed down.

DIKELEDI MANAKA: We were already caring.

ADV LILLA CROUSE: No madam, you were not caring because all the questions that the Honourable Justice was asking you about why things went wrong you said it wasn't my duty to do it. But I will leave it at that, thank you Justice
5 Moseneke.

ARBITRATOR JUSTICE MOSENEKE: Thank you Counsel.

ADV DIRK GROENEWALD: I am the last one on behalf of the families to ask you questions. So, it seems like my colleagues have asked all the difficult questions. I feel like my questions are going to be easier. But I would like you to just
10 take cognizance of the fact that the State has already conceded the merits. They have already said that they were reckless and they were negligent. My purpose here today is the family members are sitting behind me, they want to know what happened to their loved ones. So, I would really like you to assist me to get to the truth and to give them some clarity on what happened there so that we can see if
15 we can find them some closure.

Now, the 1st issue I want to deal with is, I put it to you that there died more patients at CCRC than at Siyabadinga and at Anchor combined. What do you say about that madam?

DIKELEDI MANAKA: It's true.

20 **ADV DIRK GROENEWALD:** It's true. 4 patients died at Siyabadinga and 5 died at Anchor. And the remaining 11 died at CCRC. Those are the figures, you can agree with me?

DIKELEDI MANAKA: Yes, Counsel.

ADV DIRK GROENEWALD: Back to those figures again, because it's quite important because it turns around the whole issue of what was happening at CCRC. Now, 1st things 1st. How many patients where there at CCRC prior to any patients
5 being discharged to Siyabadinga, 150?

DIKELEDI MANAKA: The bed capacity was 150.

ADV DIRK GROENEWALD: Okay, and how many patients were they in total?

DIKELEDI MANAKA: If I remember well there were 116.

ADV DIRK GROENEWALD: 116.

10 **DIKELEDI MANAKA:** Yes, 116.

ADV DIRK GROENEWALD: 116.

DIKELEDI MANAKA: Yes, Counsel.

ADV DIRK GROENEWALD: Yes, so 116, you discharged 73 to Siyabadinga.

DIKELEDI MANAKA: Yes, Justice.

15 **ADV DIRK GROENEWALD:** 73 to Siyabadinga and then you take 159 in total 159 healthcare users were admitted. So, 142 in total because 10 passed and 4 discharged to Anchor and 3 discharged home. I can refer you to the documentation if you want me to. But the long and the short is you received 12 patients then from Life Esidimeni.

ARBITRATOR JUSTICE MOSENEKE: That much Counsel. No, I am not saying you are wrong, I am just expressing personal surprise. Please go ahead.

ADV DIRK GROENEWALD: Thank you very much Justice. We can clarify that Justice.

5 **ARBITRATOR JUSTICE MOSENEKE**: I am sure we can, please go ahead. Examination is a matter of concentration and a trend. We can come back to that now. Put it to the witness, she will probably agree with you. 142 patients were all admitted from Life Esidimeni to CCRC and she was in executive management, so she should be able to tell you that.

10 **ADV DIRK GROENEWALD**: Is that figure correct madam or wrong?

DIKELEDI MANAKA: I am not sure if I have the document, I will say yes.

ADV DIRK GROENEWALD: Yah, I can refer you to ELLA11, that is in the – I will assist you to get that. Page 5 of that document. Let us just firstly clarify the document. This document is a massive of Life Esidimeni healthcare users CCRC, 15 mental healthcare users received from Life Esidimeni. So, there you provide a breakdown of patients received. 10 May Randfontein, 12 May Waverley, 17 May Waverley, 19 May Randfontein, so we go on and on. Then we get to page 5, get to the bottom of page 5. You see there at the bottom of page 5, a total of 159 mental healthcare users admitted, 10 passed on, 4 discharged to Anchor, 3 discharged 20 home, 54 transferred to Waverley and 88 remained at CCRC. SO, 88 remained at CCRC.

DIKELEDI MANAKA: Yes, Counsel.

ADV DIRK GROENEWALD: But at some point in time it was more than that because you had 54 that was transferred to Waverley again.

DIKELEDI MANAKA: That could be because of those that were taken from Anchor.

5 **ADV DIRK GROENEWALD:** Yes, but madam I am not, you are not going to dispute the fact that it s more than 100 patients that you received from Life Esidimeni?

DIKELEDI MANAKA: I am not disputing that.

ARBITRATOR JUSTICE MOSENEKE: Well Counsel, on page 5 it tells us 159.

10 **ADV DIRK GROENEWALD:** Indeed so Justice.

ARBITRATOR JUSTICE MOSENEKE: It is just a personal impression, I always thought the number is smaller than that. But 159 is the number larger than the already existing bed capacity of 150. I am sure that is where you are going. Very well, go ahead.

15 **ADV DIRK GROENEWALD:** Indeed so, so madam you had left at CCRC patients that were there prior to May 2016 and that were not transferred to Siyabadinga. You had patients there left +/- 36-38 patients left. Then you get a total of 159 patients from Life Esidimeni. We know that Siyabadinga was closed down with 73n we know that Anchor had at some point in time over 60 patients and you
20 had to look after them as well. So, the long of the short is you had over 200 patients

that you needed to care for and you had capacity of 150. That is the long and the short of the argument, do you agree with me?

DIKELEDI MANAKA: No, I am not agreeing.

ADV DIRK GROENEWALD: Why not madam?

5 **DIKELEDI MANAKA:** After the expansion of Siyabadinga and Anchor, CCRC bed capacity was increased to 300, as I am speaking now, the capacity is 300.

ADV DIRK GROENEWALD: That might be the capacity now, but at that point in time you did not have the resources to look after those patients, do you agree with me?

10 **DIKELEDI MANAKA:** Yes, Counsel.

ARBITRATOR JUSTICE MOSENEKE: Before you go there Counsel, a little step by step for me. Once you discharge patients to the 2 NGOs, how many of your original patients remained? Counsel estimates around 36. We know you had 116 patients at the start of the Marathon project in a facility that had 150 beds.

15 **DIKELEDI MANAKA:** Yes, Justice.

ARBITRATOR JUSTICE MOSENEKE: And how many did you discharge to the NGOs?

DIKELEDI MANAKA: 73 Justice.

ARBITRATOR JUSTICE MOSENEKE: 73 of 116 you discharged to NGOs. And
20 where these patients below the age of 21?

DIKELEDI MANAKA: Not all of them.

ARBITRATOR JUSTICE MOSENEKE: And in their space you took in 159?

DIKELEDI MANAKA: Yes, Justice.

ARBITRATOR JUSTICE MOSENEKE: so, you really had 159 and the difference
5 between 73 and 116, 43. So, on 43 you added 159, is that correct? It is self-explanatory. It is simple arithmetic isn't it?

DIKELEDI MANAKA: We added 159, but in terms of the batches others would go out. But everybody who came in through CCRC is registered here. Not to say all of them were in CCRC at the same time.

10 **ARBITRATOR JUSTICE MOSENEKE:** I simply put these numbers are correct. The ones in ELLA11. I can rely on the numbers.

DIKELEDI MANAKA: Yes, Justice.

ARBITRATOR JUSTICE MOSENEKE: Then Counsel go ahead. Counsel's proposition is this place was obviously overcrowded, that is where I interrupted him.
15 CCRC -

DIKELEDI MANAKA: Justice, CCRC had a capacity of 150 but admitted 159 patients, but they were never at any given time 156 at the same time in the CCRC. We would admit as I can see in the 1st batch, it says from this batch we have got 26. From the 1st batch we got 26 and -

20 **ARBITRATOR JUSTICE MOSENEKE:** You are saying it is wrong to look at the total as if everybody was there present at the same time?

DIKELEDI MANAKA: They were not there at the same time. We got 26 on the 1st batch on the 10th of May. But these 26, 10 were transferred to Waverley and 1 was discharged to Anchor and 15 remained at the CCRC. So, if you want to get total number, you need to add the 15 remained, all the remains and then you will
5 get the total number of patients that we got from Life Esidimeni that are still in CCRC. This one is just to direct as to how many did come through CCRC.

ARBITRATOR JUSTICE MOSENEKE: I hear the explanation, Counsel.

ADV DIRK GROENEWALD: Thank you Justice. Madam, the long and the short is that you admit that CCRC was overcrowded and that had a negative impact on
10 service delivery and the care that you were supposed and obliged to provide to the mental healthcare users.

DIKELEDI MANAKA: Yes, Counsel.

ADV DIRK GROENEWALD: Thank you madam. Madam, as I pointed out, honesty is a very important issue in finding closure. So, I would like to take you back
15 to the issue of the patients being discharged to Siyabadinga. As I have understood your testimony correct, you were part of that process.

DIKELEDI MANAKA: Discharge and admission.

ADV DIRK GROENEWALD: Yes, the discharge to Siyabadinga. The patients, the 73 patients that were discharged to Siyabadinga, you were part of that process.

20 **DIKELEDI MANAKA:** No, I was part of the process of admitting. Physically taking patients to the NGOs, I didn't. Physically going to take patients, I did.

ADV DIRK GROENEWALD: Madam, Justice Moseneke asked you yesterday that the nurses, can they, may they discharge patients and you said yes. And we can play the recording if you want to. All I want to know is did you assess any of the patients that needed to go to Siyabadinga?

5 **ARBITRATOR JUSTICE MOSENEKE:** What is your answer?

DIKELEDI MANAKA: No.

ADV DIRK GROENEWALD: You did not, who assessed them?

DIKELEDI MANAKA: There were professional nurses that assessed.

ADV DIRK GROENEWALD: But they weren't assessed by a doctor?

10 **DIKELEDI MANAKA:** The doctor did assess them because there was a medical report that comes from the doctor.

ADV DIRK GROENEWALD: Madam, we received 3 patient files from you yesterday. We perused these files, we could get nothing other than a discharged form, your testimony yesterday was that the nurses assessed these patients and
15 that they recommended the discharge and that the CEO would sign the discharge.

DIKELEDI MANAKA: Okay, Counsel. Can I go back and say what I was meaning by that.

ADV DIRK GROENEWALD: Madam, you are clarifying a lot of your testimony of yesterday. That is going to bring me to another question, have you been
20 consulted by some or another attorney, have you been approached by the

government yesterday, have you consulted with any legal person after you testified yesterday?

DIKELEDI MANAKA: No.

ADV DIRK GROENEWALD: Nobody.

5 **DIKELEDI MANAKA:** Nobody.

ADV DIRK GROENEWALD: Madam, I am going to provide you the opportunity to clarify your testimony because it is very important.

DIKELEDI MANAKA: Okay, thank you Counsel. Prior the last batch that came in, all the people that went to NGOs were assessed by psychiatric nurses, were
10 assessed by the doctor. Hence, there is a medical report from the doctor.

ADV DIRK GROENEWALD: Where is that medical report?

DIKELEDI MANAKA: Those are the ones -

ADV DIRK GROENEWALD: Madam, if that is the truth show us. Provide us with the document.

15 **DIKELEDI MANAKA:** I don't have now.

ADV DIRK GROENEWALD: Do u deny that there is no doctor's report in this patient's files foe the discharge to Siyabadinga, do you deny that?

DIKELEDI MANAKA: I am not denying Counsel. I want you to understand what I understood when I was giving answers. The batches that went before, the
20 doctor was there. If she didn't write, I wouldn't say why. I don't know why she didn't

write. But I was speaking in terms of we didn't have a doctor. It is for the last batch that came in because it came in, the doctor was not there and there were more patients than we can accommodate and that is where now the CEO, Dr. Manamela said check those that are appear to be stable and check with the NGOs to take
5 them so that you accommodate all the patients that came in on the 23rd. those are the ones that I am talking about.

ADV DIRK GROENEWALD: Okay, madam. Listen to my question and try and answer my question. My question is simple. Did a doctor assess the patients that were transferred to Siyabadinga?

10 **DIKELEDI MANAKA:** Let me say -

ADV DIRK GROENEWALD: Madam, it is yes or no.

ARBITRATOR JUSTICE MOSENEKE: Please answer the question, will you.

DIKELEDI MANAKA: I am not sure if she assessed all of them but the procedure is she is supposed to assess and I know some of them she did. Though I
15 don't know if it is all.

ADV DIRK GROENEWALD: Who is this she you are talking about?

DIKELEDI MANAKA: Dr. Genosh (sp)

ADV DIRK GROENEWALD: Dr. Genosh (sp)

DIKELEDI MANAKA: Yes.

ADV DIRK GROENEWALD: Okay, let's go to pages 4 of ELLA9. You testified about this document, you okay about this document, you said yesterday that you assisted in drawing up this document. That is the report from

ARBITRATOR JUSTICE MOSENEKE: By the witness that is ELLA9, I think we
5 should take a break now. Just little over 13:30 until 14:30.

ADV DIRK GROENEWALD: Thank you Justice.

ARBITRATOR JUSTICE MOSENEKE: We are adjourned.

15 NOVEMBER 2017

SESSION 3

10 **ARBITRATOR JUSTICE MOSENEKE JUSTICE MOSENEKE:** Thank you, you may be seated. DIKELEDI MANAKA, you are still under your previous oath. You can, proceed Counsel.

ADV DIRK GROENEWALD: Thank you Justice, thank you Mrs Manaka. We're still on document ELA9 Page 4 of the document we are still at the issue of the discharge
15 of the patients from CCRC to Siyabadinga. So there, in bold its Life Esidimeni Project Discharge and Admission Process. I am going to read that to you. There was an agreement between the Marathon and CCRC LE project teams, that they would discharge some functions from CCRC patients to the NGO to create space for patients from LE. Now this we know. The discharged patients were patients
20 that were stable and they were assessed to require further treatment in a less restrictive environment. They were assessed by a medical doctor psychiatric nurse

from CCRC. The following were taken along with the mental healthcare users on discharge. I want you just to confirm the following, what's stated here, is that the patients were assessed by both the medical doctor and psychiatric nurse and when they were sent to Siyabandinga, they were provided with a number of documents.

5 Is that correct?

DIKELEDI MANAKA: Yes Counsel.

ADV DIRK GROENEWALD: Alright now in that documentation you say you gave to the patients to go to Siyabandinga, was according to you, included the discharge report from the medical doctor, discharge summary from the psychiatric nurse, copy of medication, prescription chart, copy of Form 3, the discharge form and one
10 month's supply of prescribed medication. Is that correct?

DIKELEDI MANAKA: Yes Counsel.

ADV DIRK GROENEWALD: Now was that indeed given to the patients?

DIKELEDI MANAKA: Yes Counsel.

ADV DIRK GROENEWALD: Alright okay Mam, now I put it to you that in the 3 files
15 that we have for Kgotso Mpofo, Thabo Manyane and Jaco Stoltz, there is no discharge report from a medical doctor, there is no, discharge summary from the psychiatric nurse. There is indeed a medication prescription chart, there is a discharge form and in respect of the one month supply- okay let's pause there.
20 What is your response to that?

DIKELEDI MANAKA: Counsel, these files are files from CCRC only. There is no file from Siyabandinga or Anchor. Therefore, all the notes that are in here are from CCRC. The file is with Siyabadinga. We never received the files.

ADV DIRK GROENEWALD: You never received the files?

5 **DIKELEDI MANAKA**: Yes back.

ADV DIRK GROENEWALD: Okay perhaps let's deal with that issue. You never received the files from Siyabadinga?

DIKELEDI MANAKA: Yes Counsel.

10 **ADV DIRK GROENEWALD**: Okay but you took over the patients from Siyabadinga?

DIKELEDI MANAKA: Yes Counsel.

ADV DIRK GROENEWALD: Those patients remained in the wards where they were at Siyabadinga?

DIKELEDI MANAKA: Yes Counsel.

15 **ADV DIRK GROENEWALD**: So why didn't you receive the files? What happened with the files, because Mrs Nyoli testified that you took over everything?

20 **DIKELEDI MANAKA**: Counsel I want to say this, the patients were not handed over procedurally as we hand over, as much as we handed them over to Siyabadinga, they were never handed back to us, which is why we don't have records.

ADV DIRK GROENEWALD: Alright that we will deal with in a minute. What I would just like to confirm that you testified earlier that according to you in indeed it is so that a doctor did not assess all the patients? Do you agree?

DIKELEDI MANAKA: Yes I do.

5 **ADV DIRK GROENEWALD**: So it's not correct that the doctor indeed assessed all the patients, it's not correct?

DIKELEDI MANAKA: Okay.

ADV DIRK GROENEWALD: No Mam we want the truth-

DIKELEDI MANAKA: And the truth is that the doctor did not assess.

10 **DIKELEDI MANAKA**: I am telling you the truth. I remember yesterday when I talk about the patients that were seen by the doctor, are the patients that came on the 23rd of June 2016. Those were discharged in the evening the doctor was not there, so that we create space for the ones that came in.

ADV DIRK GROENEWALD: So the patients that were, if I am correct, the patients
15 were transferred from CCRC to Siyabadinga on the 9th of May and on the 23rd of June 2016?

DIKELEDI MANAKA: Counsel if you can check this document that we were on it previously and even this one, has dates as to when did the patients come and I want us to correlate this admissions with the discharges. There was never 159
20 patients in our institution, then the patients that went out on the 23rd, yes they were not seen by the doctor.

ADV DIRK GROENEWALD: Patients that went out on the 23rd of June 2016 from CCRC to Siyabadinga, they were not seen by a doctor, they were not assessed by a doctor prior to being discharged by CCRC?

DIKELEDI MANAKA: Yes Counsel.

5 **ADV DIRK GROENEWALD**: Alright okay.

ARBITRATOR JUSTICE MOSENEKE JUSTICE MOSENEKE: How many were they?

DIKELEDI MANAKA: 38 patients were discharged to Anchor and Siyabadinga.

ARBITRATOR JUSTICE MOSENEKE JUSTICE MOSENEKE: Thanks Counsel.

10 **ADV DIRK GROENEWALD**: Well Justice perhaps we can clarify that. If we can go again to ELA11 and if we can, go to the list of discharge of mental healthcare users from, CCRC to Siyabadinga. There is a discharge date do you have the document Mam? Unfortunately it's not numbered. Do you have it?

DIKELEDI MANAKA: Yes Counsel.

15 **ADV DIRK GROENEWALD**: Alright now it says numbers, surname, age, file number, previous ward, discharge date. Now this is the date the patients were discharged from CCRC to Siyabandinga, correct?

DIKELEDI MANAKA: Yes Counsel.

ADV DIRK GROENEWALD: Now there we can see the dates. Now unfortunately
20 this document doesn't refer to the 23rd of June 2016, but there are other documents that indeed refer to the 23rd of June 2016.

ARBITRATOR JUSTICE MOSENEKE: But are we still at ELA11?

ADV DIRK GROENEWALD: ELA11.

ARBITRATOR JUSTICE MOSENEKE: Because ELA11 does show the date of discharge, but the contention is, or the witness testified that the patients that were
5 discharged on the 23rd of June 2016 which were around about 38, they weren't assessed by a doctor, but this document doesn't make mention of any patient that was discharged on the 23rd of June 2016.

ARBITRATOR JUSTICE MOSENEKE: Well it does Counsel, look at ELA11. There are the discharge dates all the way 23rd June to Anchor. You page over a
10 little more and then they start all over again 23rd June Anchor on Page 2 of the spreadsheet. Are we looking at the same document?

ADV DIRK GROENEWALD: Yes indeed Justice. My question was in respect of Siyabadinga specifically.

ARBITRATOR JUSTICE MOSENEKE: I follow.

15 **ADV DIRK GROENEWALD**: So Mam, can you then clarify that to us? I don't want to belabour the point, but it's quite important. It's a requirement that the doctor needs to assess the patient. Now is it your testimony that it was only the patients that were transferred to Anchor on the 23rd of June that were not assessed by a doctor?

20 **DIKELEDI MANAKA**: Yes Counsel.

ADV DIRK GROENEWALD: Are you sure about that Mam?

DIKELEDI MANAKA: Yes Counsel.

ADV DIRK GROENEWALD: Because I am going to be persistent in the fact that we do not have and we haven't received any document that suggests that the patients that were transferred to Siyabandinga was indeed assessed by a doctor.

5 **DIKELEDI MANAKA**: The documents were handed over to Siyabadinga or Anchor when they are going to the NGO's.

ADV DIRK GROENEWALD: And the fact is Mam that you took over the facilities, you took over, you testified to that.

DIKELEDI MANAKA: Yes.

10 **ADV DIRK GROENEWALD**: So why don't you have the documents?

DIKELEDI MANAKA: But we don't have the documents.

ADV DIRK GROENEWALD: And that, per say, Mam I suggest is negligent, but let's move on Mam, I want to take you to that same- we are back at ELA9-

ARBITRATOR JUSTICE MOSENEKE: Counsel before you go to ELA9, 11 (vii)
15 there is a whole schedule there of discharges to Siyabadinga, did you see that? In other words, the last 2 pages, no, the last 4 pages have names and dates of discharges to Siyabadinga, starting from [Abercumbie]. The dates are less consistent than in the case of Anchor, but they are all around mid-May if you look at that. It doesn't change the point you were making. I was just saying that they do
20 have a schedule of discharges, but it doesn't tell us whether they were seen by a doctor or not, so it doesn't change your point.

ADV DIRK GROENEWALD: Indeed so Justice, because we had the evidence of the CEO of Siyabadinga and her testimony was that they did not receive any report from a medical doctor, that they did not receive a summary. They did receive the prescription chart, but it was not complete and they did receive the discharge form, 5 but they only received 2 weeks' worth of medication. That was her testimony.

ARBITRATOR JUSTICE MOSENEKE: I remember that, but this witness says to you that the lot that went to Siyabadinga were seen by a doctor and the files were transferred and the files were transferred to Siyabadinga and their CEO came here and said no, it didn't happen and that is what Counsel is trying to debate with you 10 Mam. Which doctor saw them?

DIKELEDI MANAKA: Dr Kenoshi Makoma.

ARBITRATOR JUSTICE MOSENEKE: They were all seen by Dr Kenoshi Makoma?

DIKELEDI MANAKA: Yes Justice.

15 **ARBITRATOR JUSTICE MOSENEKE**: And your evidence under oath is that they were seen by Dr Kenoshi Makoma?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: How does that tie in with your evidence yesterday that patients were discharged by the CEO?

20 **DIKELEDI MANAKA**: Justice the final Form 3, that is the discharge form-all the Form 3's are being signed by the head of the establishment which is Mrs [Nyatu] at

that time and the ones that went in the NGO's without medical report from the doctor, are the ones that went there on the 23rd of June 2016.

ARBITRATOR JUSTICE MOSENEKE: Should we believe the CEO of Siyabadinga when she says she received no medical reports except what Counsel has detailed
5 now?

DIKELEDI MANAKA: If she can produce the files and we see that indeed in those files that she has, those documents are not there?

ARBITRATOR JUSTICE MOSENEKE: Were they files of this size? Were they thick files like this?

10 **DIKELEDI MANAKA**: No.

ARBITRATOR JUSTICE MOSENEKE: What did you transfer to them?

DIKELEDI MANAKA: These documents that are written here on ELA10 are the ones that were taken there.

ARBITRATOR JUSTICE MOSENEKE: And you are one of the people that
15 compiled this document right? You said so the other day?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: Okay Counsel.

ADV DIRK GROENEWALD: Thank you Justice. Now Mam we heard evidence of
20 as I indicated the CEO of Siyabadinga testified that they had no clinician or dietician. You being a professional nurse, having an ethical duty to act in the best

interest of your patients, how do you transfer patients to an institution that does not have a clinician?

DIKELEDI MANAKA: It was no my decision to be made.

ADV DIRK GROENEWALD: It's not your decision?

5 **DIKELEDI MANAKA**: Yes.

ADV DIRK GROENEWALD: It was the CCRC's decision and Dr Manemela's decision?

DIKELEDI MANAKA: Yes Counsel.

ADV DIRK GROENEWALD: And you will commit to that under oath?

10 **DIKELEDI MANAKA**: Yes Counsel.

ADV DIRK GROENEWALD: Because the last thing we want to have is Dr Manemela telling us that you acted in direct contradiction to her instructions, do you agree?

ARBITRATOR JUSTICE MOSENEKE: But how could you on one day, wake up
15 and displace 38 patients who are your core target of care that you told us about without a doctor, without a proper assessment and you basically throw them to very risky circumstances, how did that happen?

DIKELEDI MANAKA: Justice as I said earlier, that we were sent to get 10 patients
and that was what we were told in the beginning that we are going to get patients in
20 small groups that we would be able to manage and-

ARBITRATOR JUSTICE MOSENEKE: I am talking about discharging patients who would have settled into your institution, isn't it so who are your core target of mental healthcare. How do you one day take 38 of them on an afternoon because the bus has arrived and just throw them out to the other side?

5 **DIKELEDI MANAKA**: Yes Justice I don't know what happened because I was just notified that they are on their way about to be there and ours was just to act.

ARBITRATOR JUSTICE MOSENEKE: But that you know goes against every principle you were taught in psychiatric nursing, is it not so?

10 **DIKELEDI MANAKA**: Yes Justice on the contrary, we were not in the stand to throw them away.

ARBITRATOR JUSTICE MOSENEKE: Did you ask any of these patients for their consent those who you could talk to, to ask for their permission?

DIKELEDI MANAKA: No Justice.

15 **ARBITRATOR JUSTICE MOSENEKE**: Did you ask the permission of their families? I mean here you are making a very drastic decision to take people out of State institution in your words, an NGO was something different from the State and you take them there. Did you tell their families? The answer is no isn't it?

DIKELEDI MANAKA: Not me Justice, but I know there were meetings held between the CEO, the parents and the social workers.

20 **ARBITRATOR JUSTICE MOSENEKE**: I am talking about the 38 patients.

DIKELEDI MANAKA: Those ones Justice, they were brought. We didn't go and fetch. They were brought and those that went remember it was supposed to be 29 patients, but then they came in being extra, being 38.

ARBITRATOR JUSTICE MOSENEKE: Just get back to my question please I say
5 did you tell the family members of the patients you discharged without a doctor's assessment and consent? Did you tell their family members that you are going to do that beforehand?

DIKELEDI MANAKA: Justice that question I can't answer, but the social worker is in the correct position to do-

10 **ARBITRATOR JUSTICE MOSENEKE**: No I am asking you factually before the act happened, were they told? I am not saying you are responsible, I just want the facts. Do we have an answer forthcoming?

DIKELEDI MANAKA: Justice I know for sure there were meetings-

ARBITRATOR JUSTICE MOSENEKE: Were the families of those who were
15 moved, on the specific day, to somewhere else, a place which you say you didn't like, were their families told that it is going to happen? Those were at your institutions. I am not talking about those at Esidimeni.

DIKELEDI MANAKA: For that day, no.

ARBITRATOR JUSTICE MOSENEKE: And when they were returned to you after
20 the bad treatment they got from Siyabadinga and Anchor, did you tell their families?

DIKELEDI MANAKA: I don't remember Justice.

ARBITRATOR JUSTICE MOSENEKE: Why don't you remember, you worked there, you are part of the executive management of the institution?

DIKELEDI MANAKA: Yes Justice at some point, I am not every day at work, but I remember there was a meeting, I don't have those minutes, then I can confirm.

5 **ARBITRATOR JUSTICE MOSENEKE**: And why did you deal with those people like cattle, like you put them on a truck and take them somewhere else or a bus and you wake others up out of their beds and shift them to some other part of the institution? Why did you people behave like that?

10 **DIKELEDI MANAKA**: I don't have an answer for that Justice, though I said I wasn't happy with all this thing from the beginning was not what we were looking for.

ARBITRATOR JUSTICE MOSENEKE: But with your psychiatry nursing training, you have been asked this many times and I haven't heard you answer. Why didn't you say no? Why didn't you stand up to what is obviously unfair, unprofessional treatment of vulnerable patients?

15 **DIKELEDI MANAKA**: Justice you know at some point, if you are talking and you are not alone, I was not the only one who raised this. Many of us raised this, that this is not good, we don't understand-

ARBITRATOR JUSTICE MOSENEKE: With whom did you raise it?

20 **DIKELEDI MANAKA**: With the CEO from the beginning Justice, from the beginning, we raised that this thing of NGO's, we don't go with it, but the CEO kept on it's an order, it's an order and we have to do that and it went once, twice, thrice

up until for the last batch that we didn't go and fetch, but they were brought and brought in excess of 9.

ARBITRATOR JUSTICE MOSENEKE: And you know now people died as a result of that conduct?

5 **DIKELEDI MANAKA**: I know, that was not our intention and that is not what we wanted and we said as the institution, not necessarily me alone, all of us, we said this is not a good road to take, but we were not listened to. As much as the CEO herself says I don't like it, but it's an instruction, so we were acting under her instruction with her acting under instruction again.

10 **ARBITRATOR JUSTICE MOSENEKE**: And had you observed your ethics and your duty of care and your duty not to cause harm, do you agree most of those patients would not have died?

DIKELEDI MANAKA: Those patients, at some point I just talked to Dr Malemela to say but why didn't you at least increase the capacity of Cullinan rather than bringing
15 the NGO's in, but her response was that the CEO refused.

ARBITRATOR JUSTICE MOSENEKE: Do you agree that if they were given proper care that you were trained to offer as a psychiatric nurse and a registered nurse, the probability is that those patients would not have died?

DIKELEDI MANAKA: Yes Justice I do.

20 **ARBITRATOR JUSTICE MOSENEKE**: Counsel?

ADV DIRK GROENEWALD: Thank you Justice. It is 48 patients that were discharged to Anchor, do you agree with that? Do you need some assistance Mam?

ARBITRATOR JUSTICE MOSENEKE: Would you refer the witness to the page
5 which supports the question you are posing?

ADV DIRK GROENEWALD: I will do so just now Justice if I can also just get the page.

ARBITRATOR JUSTICE MOSENEKE: Is this about the transfer to Siyabadinga?

ADV DIRK GROENEWALD: This is to Anchor specifically. The witness testified,
10 well the 38, that were transferred to Anchor, they weren't assessed and I just wanted to confirm that it was indeed 48 patients that were discharged to Anchor on that day. Do you dispute that Mam?

DIKELEDI MANAKA: I said 38 to Anchor and Siyabadinga.

ADV DIRK GROENEWALD: 38 to Anchor and Siyabadinga?

15 **DIKELEDI MANAKA**: Yes.

ADV DIRK GROENEWALD: Mam we know now that there were no patients transferred or discharged to Siyabadinga on the 23rd of June, but let's leave it, at least according to your testimony, you know of no less than 38 patients discharged to either Anchor or Siyabadinga that was not assessed? That is the crux of your
20 testimony am I correct?

DIKELEDI MANAKA: Yes Counsel.

ADV DIRK GROENEWALD: Okay. Mam I want to stay there at ELA9 and I want to take you there to Page 20 of that document, more specifically Page 22. Now just to confirm, this is the patients who died, it starts off with CCRC, the patients that died at CCRC on Page 20 and on Pages 22, it is the Siyabadinga NGO. Jabulani
5 died in June 2016 indeed so at Siyabadinga. Jan de Necker died at Siyabadinga indeed so the CEO confirmed that. Fredericks Ilsa died on the 3rd of July. Thabo Monyane died, it isn't the 23rd, that is the date that he was laid to rest, but he died in August 2016. At that point in time, Siyabadinga was already closed, he didn't die there you can confirm that?

10 **ARBITRATOR JUSTICE MOSENEKE**: He died on the 12th of August 2016.

DIKELEDI MANAKA: Yes.

ADV DIRK GROENEWALD: So that's incorrect, he didn't die at Siyabadinga?

DIKELEDI MANAKA: No he didn't die at Siyabadinga.

ADV DIRK GROENEWALD: Alright next page Mam, Jaco Stoltz, 14th of October
15 the last name there, he didn't die at Siyabadinga he died at CCRC.

DIKELEDI MANAKA: Yes I agree.

ADV DIRK GROENEWALD: He was a CCRC patient at that point in time.

DIKELEDI MANAKA: Yes I agree.

ADV DIRK GROENEWALD: Now Mam why would you say that he died at
20 Siyabadinga when in fact he died at CCRC? These family members want closure, they want to know what happened to their loved ones and then you produce a

document to this arbitration and these proceedings, that tells us no, they didn't die at CCRC they died at Siyabadinga, why would you do that?

DIKELEDI MANAKA: Well I am aware that they died after Siyabadinga went out.

ADV DIRK GROENEWALD: So why didn't you tell the families that they died at
5 Siyabadinga? That is what I want to know and that is what the families want to know.

DIKELEDI MANAKA: Okay they were not admitted in terms of the Form 4 and the Form 5 after going to Siyabadinga and therefore, in our system, they were not yet registered.

10 **ADV DIRK GROENEWALD**: Let's deal with that issue Mam and I am going to assist you with that submission of yours. I want to take you to ELA62. ELA62, we have numbered the bundle, I want to take you to Page 12. Now this is, correct me if I'm wrong, but this is a Cullinan Care Rehabilitation Centre monthly audit record keeping, am I correct?

15 **DIKELEDI MANAKA**: Yes.

ADV DIRK GROENEWALD: The date there is the 19th of October 2016, correct?

DIKELEDI MANAKA: Yes.

ADV DIRK GROENEWALD: We know that Mr Stoltz had already passed away at that point in time, but if you turn the page, you will see there are handwritten notes
20 there, the date is still the 19th of October 2016, comments, mental healthcare user was not yet re-admitted to the institution. There is no hospital number and

admission information still outstanding. So am I correct to state that this is exactly what you are saying to us, those patients that were sent to Siyabadinga and Siyabadinga was kicked out, but you never went into a process of re-admitting them to CCRC.

5 **DIKELEDI MANAKA**: We were in the process. They cannot just go once all of them, but we were taking the forms along in bunches and the doctor could not do all the Form 5's in a day for them.

ADV DIRK GROENEWALD: Well I mean it says here that no hospital number yet.

DIKELEDI MANAKA: Yes.

10 **ADV DIRK GROENEWALD**: So how did you know which patient is which? On your system and I put it to you, that you in fact attempted to manipulate these statistics so that it looked like these patients died at Siyabadinga and not CCRC. What do you say about that Mam?

DIKELEDI MANAKA: I wouldn't say we were trying to manipulate. As I agree that I
15 am aware that these patients passed on after Siyabadinga was out, but they were not yet admitted in terms of the Mental Health Care Act, which is why this document says so.

ADV DIRK GROENEWALD: So there was a total non-compliance with the law in respect of those patients that were, as the Ombud put it, sacrificed to the NGO's?

20 **DIKELEDI MANAKA**: Yes Counsel we didn't comply on that.

ARBITRATOR JUSTICE MOSENEKE: How did you identify these sacrificial lambs?

DIKELEDI MANAKA: For the ones that came on the 23rd Justice?

ARBITRATOR JUSTICE MOSENEKE: No, those that you decide to discharge to
5 Siyabadinga and Anchor, how did you, dot them? What did they have to have to be moved in that way?

DIKELEDI MANAKA: Okay what happened was that in order to discharge a patient, the procedure is that a patient is being admitted, a patient goes through rehabilitation treatment and care and then, after 6 months being admitted, the
10 doctor or psychiatrist will come and review the patient and write a –

ARBITRATOR JUSTICE MOSENEKE: Please tell me what happened on that day, the facts – I don't want to hear about the normal ordinary procedure please. How did you decide? How did you decide these are the people who must be taken to Anchor and Siyabadinga?

15 **DIKELEDI MANAKA**: The CEO Mrs [Nyatu] directed the social worker Daphne to draw up a list of patients that it can be possible for them to go to the NGO and Daphne drew up that list with the order of-

ARBITRATOR JUSTICE MOSENEKE: So it happens between radiographer and the social worker?

20 **DIKELEDI MANAKA**: Yes Counsel.

ARBITRATOR JUSTICE MOSENEKE: They take the poor patients and say you are the ones who are going to go to the NGO's? The answer is yes?

DIKELEDI MANAKA: Yes Counsel.

ARBITRATOR JUSTICE MOSENEKE: And who certified your patients to be dead,
5 those who were part of the Life Esidimeni and were brought to you and died in your hands? I have seen a number of forms that show that a nursing sister certified them dead? I have seen one with the name of Dr Kenoshi, but the others appear to be nursing sisters? Who did that function?

DIKELEDI MANAKA: No Dr Kenoshi would certify them or the EMS that resides in
10 our premises, come and certify.

ARBITRATOR JUSTICE MOSENEKE: What is EMS?

DIKELEDI MANAKA: Emergency Medical Services.

ARBITRATOR JUSTICE MOSENEKE: Are they resident at Cullinan?

DIKELEDI MANAKA: Yes Counsel.

15 **ARBITRATOR JUSTICE MOSENEKE**: And you are not one of the sisters who certified those death notices?

DIKELEDI MANAKA: No Justice.

ARBITRATOR JUSTICE MOSENEKE: And EMS, are they registered nurses?

DIKELEDI MANAKA: No Justice.

20 **ARBITRATOR JUSTICE MOSENEKE**: Why did they certify people to be dead?

DIKELEDI MANAKA: I don't know. I just know that we called them to certify the patients dead if they are in the absence of the doctor.

ARBITRATOR JUSTICE MOSENEKE: As far as you know, is that lawful for a member of EMS? Are they entitled to certify somebody dead at a hospital or a
5 facility that provides mental healthcare?

DIKELEDI MANAKA: Justice I haven't looked into that, but we have been using the EMS all the time.

ARBITRATOR JUSTICE MOSENEKE: And what about the mortuaries, who looked after the mortuaries? You are in the executive team it must have been something
10 that is dealt with jointly? Excuse me Counsel, I know I have interrupted you, but you can look at your notes and come back to the witness.

DIKELEDI MANAKA: The mortuary is being looked after by the facility management unit.

ARBITRATOR JUSTICE MOSENEKE: Did your mortuary work?

15 **DIKELEDI MANAKA**: Yes it did work, but at some point, the manager told me that the mortuary is not working therefore he is calling in services to come in and repair.

ARBITRATOR JUSTICE MOSENEKE: But you see why I ask you this question, is one that has worried me for quite some time, you are the quality assurance manager?

20 **DIKELEDI MANAKA**: Yes Counsel.

ARBITRATOR JUSTICE MOSENEKE: And was it your duty to make sure that the service that you provide at Cullinan is a quality service you told us, why wasn't the mortuary repaired?

DIKELEDI MANAKA: It was repaired Justice.

5 **ARBITRATOR JUSTICE MOSENEKE**: For how many months didn't it work?

DIKELEDI MANAKA: For the period that I knew, it was not even a month, because there were patients in there and after them being taken-

ARBITRATOR JUSTICE MOSENEKE: There were patients in there, you mean deceased people?

10 **DIKELEDI MANAKA**: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: In the mortuary?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: At a time when the mortuary was not working?

15 **DIKELEDI MANAKA**: It was working and then only this one time when it was reported not working and then the-

ARBITRATOR JUSTICE MOSENEKE: How long was this one time?

DIKELEDI MANAKA: I can't remember the date, but it was in August.

ARBITRATOR JUSTICE MOSENEKE: Was it a month, two months, five months?

20 **DIKELEDI MANAKA**: For the period for which –

ARBITRATOR JUSTICE MOSENEKE: I want you to think carefully. The facility people will be here to tell us about the mortuary, so I want you to think carefully.

DIKELEDI MANAKA: Yes which is why I'm saying I am not sure, but it was less than a month after it was not functional.

5 **ARBITRATOR JUSTICE MOSENEKE**: And it was part of your duty to make sure that it works is it?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: And for whatever period it didn't work, why was it so, why didn't you correct that?

10 **DIKELEDI MANAKA**: No it was reported to me that it's not working because the manager is the one who checks it every day and since it was not working, he saw to it to bring along service people to come and correct that.

ARBITRATOR JUSTICE MOSENEKE: We have evidence here from the CEO of Anchor that they had to take bodies to AVBOB because the mortuary was not
15 working.

DIKELEDI MANAKA: Justice that I don't know because if-

ARBITRATOR JUSTICE MOSENEKE: Is that a good answer, you don't know?

DIKELEDI MANAKA: Justice.

ARBITRATOR JUSTICE MOSENEKE: You are in charge you are the person who
20 must make sure the mortuaries work.

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: We have evidence of bodies that went bad in that mortuary and evidence that bodies had to be taken to AVBOB in order to find a place for those bodies, you don't know about that?

5 **DIKELEDI MANAKA**: Justice if I can talk about CCRC deceased patients, but the Anchor ones and the Siyabadinga ones, I wouldn't know how, do they go about in terms of deceased patients.

ARBITRATOR JUSTICE MOSENEKE: Okay Counsel.

ADV DIRK GROENEWALD: Thank you Justice. Mam I'm still on the point that you
10 at CCRC or Provincial Health Department, they manipulated the facts and they presented to the family members, that your loved ones died at Siyabadinga, not at CCRC. I am still on that point and I've shown the document that was provided to us ELA9 that said they died at Siyabadinga when in fact we know that they didn't die there and I raised the question but why, why would they do that and I would just like
15 to take you to Page 15 of ELA62 Page 15, can you tell us what document is this?

DIKELEDI MANAKA: This is the discharge report originally, but it was cancelled somehow and notice of death report.

ADV DIRK GROENEWALD: Is it a discharge report that was then converted into a notice of death, am I correct?

20 **DIKELEDI MANAKA**: Yes Counsel.

ADV DIRK GROENEWALD: The word discharge is erased and notice of death is inserted there and we know that it pertains to Jaco Stoltz and print, initials and surname, M. Malaza, who is that?

DIKELEDI MANAKA: It was the Acting CEO at that time.

5 **ADV DIRK GROENEWALD**: Who is currently suspended Acting CEO.

DIKELEDI MANAKA: No.

ADV DIRK GROENEWALD: She was the previous Acting CEO and she is suspended now, is it correct?

DIKELEDI MANAKA: I don't know if she is suspended.

10 **ADV DIRK GROENEWALD**: Okay so she signed a signature, who is that PP, who is that?

DIKELEDI MANAKA: It's the nursing service manager.

ARBITRATOR JUSTICE MOSENEKE: Sorry you have to get me there Counsel, is it Page 9?

15 **ADV DIRK GROENEWALD**: Its ELA62 and its Page 15.

ARBITRATOR JUSTICE MOSENEKE: Thank you, mine goes up to 13.

ADV DIRK GROENEWALD: My apologies Justice, we can- ELA62 Page 15.

ARBITRATOR JUSTICE MOSENEKE: I have Page 15 now.

ADV DIRK GROENEWALD: Thank you Justice.

ARBITRATOR JUSTICE MOSENEKE: Notice of death?

ADV DIRK GROENEWALD: Yes notice of death, a discharge form.

ARBITRATOR JUSTICE MOSENEKE: Written on a discharge form?

ADV DIRK GROENEWALD: Yes.

5 **ARBITRATOR JUSTICE MOSENEKE**: I see that.

ADV DIRK GROENEWALD: Now what I wanted to find out is at the top, it's written there "not for Review Board". What does that mean?

DIKELEDI MANAKA: It means it is not supposed to be submitted to the Review Board as a discharge form, because the patient was not yet admitted in terms of the
10 Mental Health Care Act.

ADV DIRK GROENEWALD: And that confirms what is written just below that, "discharge to Siyabadinga on 9 May 2016."

DIKELEDI MANAKA: Yes Counsel.

ADV DIRK GROENEWALD: And no reference is made that the patient was indeed
15 re-admitted to CCRC?

DIKELEDI MANAKA: Yes Counsel.

ADV DIRK GROENEWALD: And lastly Mam while we are on that point, Page 13-

ARBITRATOR JUSTICE MOSENEKE: But why didn't you record it that he had been re-admitted to your facility?

DIKELEDI MANAKA: Justice when you re-admit a patient, you need to have a Form 4 and the Form 5's and they need to go to the Review Board and then a response should come back to say okay continue or re-admit this patient. So in this case, because of the situation, that route was not followed.

5 **ARBITRATOR JUSTICE MOSENEKE**: Well let's just follow this step by step. When did Mr Stoltz die?

DIKELEDI MANAKA: On the 14th of October 2016.

ARBITRATOR JUSTICE MOSENEKE: When was he transferred to Siyabadinga? The form tells us right, on the 9th of May 2016?

10 **DIKELEDI MANAKA**: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: When was he re-admitted to CCRC?

DIKELEDI MANAKA: He was not re-admitted. All those patients were taken over from Siyabadinga when Siyabadinga was expelled.

ARBITRATOR JUSTICE MOSENEKE: When, in October?

15 **DIKELEDI MANAKA**: On the 12th of July 2016.

ARBITRATOR JUSTICE MOSENEKE: I'm sorry in July, not October sorry, on the 12th of July. Now between July and October when he passed on, was he just floating around?

DIKELEDI MANAKA: No we were in the process Justice of re-assessing them and
20 re-admitting them. Some forms already went to the Review Board.

ARBITRATOR JUSTICE MOSENEKE: Why did it take 2 months to re-admit him?

DIKELEDI MANAKA: Justice.

ARBITRATOR JUSTICE MOSENEKE: Well its 3 months from July 12th when Siyabadinga was shut down, August, September October when he died. For 3
5 months, he belonged to no institution?

DIKELEDI MANAKA: Yes Justice and that was the situation Justice with everything that happened at that time. We were working on a crisis mode. We were going there, very slowly, but we were going there.

ARBITRATOR JUSTICE MOSENEKE: But with all those entries of this patient
10 being ill, taken to hospital, coming in and out and sent to hospital by yourselves to Mamelodi and back, he had no formal CCRC number and was not one of your patients?

DIKELEDI MANAKA: Yes Justice, what I can say, is that in that crisis mode we were in, all the patients were- it was difficult for us Justice, it was difficult for us
15 because we took over everybody in the NGO's, but then our capacity as personnel, could not reach, though we were going there with the absence of a doctor who was a sessional doctor that comes and sometimes she doesn't come and all those things, in the absence of the psychiatrist, in the absence of the doctor, absence of a complete multidisciplinary team, even the psychiatrist that was didn't have at that
20 time, everything was just in there, but as the months went, we were assisted by Dr [Labelo] from Mamelodi.

ARBITRATOR JUSTICE MOSENEKE: So Mr Stoltz died without being connected or admitted under the law to any institution?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: And why do you keep this away from the
5 Review Board?

DIKELEDI MANAKA: They didn't have a number so there the decision was not mine.

ARBITRATOR JUSTICE MOSENEKE: But why didn't you report his case to the Review Board and why do you specifically endorse that not to be referred to the
10 Review Board?

DIKELEDI MANAKA: Hey Justice, that one, endorsing thereof, I don't have an answer for it.

ARBITRATOR JUSTICE MOSENEKE: And if he had no particular institution that he belonged to, why does Page 15 say suggest that he was from Siyabadinga?

15 **DIKELEDI MANAKA:** Justice the thing is Justice, the patients were taken over by CCRC in that [inaudible] movement and things were not done properly, thus the situation was very uncomfortable and everybody was working around the clock and at this time, was when we were trying to find our feet as a department in the institution.

20 **ARBITRATOR JUSTICE MOSENEKE:** We have already heard evidence, you know that?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: About how ill this patient became?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: And how the sister intervened to try and
5 save his life and how he was even taken to private doctors because you had no
doctors?

DIKELEDI MANAKA: Yes Justice we didn't have a doctor that comes almost every
day, but when we see the situation being beyond our capacity, we refer to Mamelodi
irrespective of the patient is in our system in terms of the Mental Health Care Act or
10 not.

ARBITRATOR JUSTICE MOSENEKE: And not even the decency to be allocated a
number that is one of your patients. Counsel?

ADV DIRK GROENEWALD: Thank you Justice. Also on this specific point, Page
13 of the same ELA62, can you confirm what that document is? It reads Cullinan
15 Care and Rehabilitation Centre morbidity and mortality report, what kind of
document is that?

DIKELEDI MANAKA: It's a morbidity and mortality report.

ADV DIRK GROENEWALD: Sorry Mam, unfortunately my parents sent me to law
school and not medical school, so I don't understand what does it mean, what is it
20 supposed to tell us?

DIKELEDI MANAKA: It is supposed to tell us what happened to the patient and from that.

ADV DIRK GROENEWALD: Alright, if we got there, name, address, contact details, admission date, transfer date to Siyabadinga and then you had written in
5 there a new transfer date 08-07-2016 back to CCRC, so Mr Stoltz was in fact back at CCRC not formally re-admitted, but back at CCRC on the 8th of July 2016 and not the 12th. So the long and the short, from the 8th of July up until his death, he wasn't formally re-admitted.

DIKELEDI MANAKA: Yes Counsel.

10 **ADV DIRK GROENEWALD**: Yes and Mam seeing that I am on this document, I am going to stay here because, or I am just going to refer you to one other thing, I will get back to it, but if you turn the page to Page 14, history leading to death, what will that tell us? Will that tell us well before the patient died he was suffering from X Y and Z?

15 **DIKELEDI MANAKA**: Yes.

ADV DIRK GROENEWALD: Okay and in this instance, it tells us history leading up to death, vomiting?

DIKELEDI MANAKA: Yes Counsel.

ADV DIRK GROENEWALD: Okay I will get back to that, so that was the history
20 leading up to his death, because you provided us with a document as I indicated. Mam I just want to take you back, we heard evidence here that on the 18th of June,

Dr Manemela came to Siyabadinga and physically moved some of the beds and moved 2 of the wards into 1.

DIKELEDI MANAKA: Sorry Counsel at what date?

ADV DIRK GROENEWALD: 18th June 2016, I stand to be corrected, but that's how
5 I recorded it in my notes.

DIKELEDI MANAKA: Yes.

ADV. DIRK GROENEWALD: Okay, and in this instance it tells us history leading
up to death vomiting.

10 **DIKELEDI MANAKA**: Yes Justice. Yes Counsel.

ADV. DIRK GROENEWALD: Okay. I will get back to that, but so that was the
history leading up to his death, because you provided us with a document as I
indicated to which I will return, but ja. Madam, I just want to take you back. We
heard evidence here that on the 18th of June Dr Manamela came to Siyabadinga
15 and physically moved some of the beds and moved two of the wards into one.

DIKELEDI MANAKA: Sorry Counsel, at what date?

ADV. DIRK GROENEWALD: 18th June 2016. I stand to be corrected, but that is
how I recorded it in my notes. 18 June 2016. Were you, do you know of that?

DIKELEDI MANAKA: I do not know Counsel.

20 **ADV. DIRK GROENEWALD**: You were not there.

DIKELEDI MANAKA: She came to Siyabadinga?

ADV. DIRK GROENEWALD: Ja, she came to CCRC. She came to CCRC. She went to Siyabadinga and she moved one of the wards into another one.

DIKELEDI MANAKA: That I do not know Counsel.

5 **ADV. DIRK GROENEWALD:** Well, so you do not know it but we heard evidence and testimony that indeed she came and she moved. Let me put it like this. Do you know that Siyabadinga had four wards and it was reduced to two, because the other two was given to Anchor?

DIKELEDI MANAKA: Yes Counsel.

10 **ADV. DIRK GROENEWALD:** You know that?

DIKELEDI MANAKA: Yes.

ADV. DIRK GROENEWALD: Alright.

DIKELEDI MANAKA: But how did it come I do not know.

ADV. DIRK GROENEWALD: Alright.

15 **DIKELEDI MANAKA:** Yes.

ADV. DIRK GROENEWALD: Did Dr Manamela often visited CCRC often?

DIKELEDI MANAKA: No.

ADV. DIRK GROENEWALD: No. Of what dates and what times can you recall that Dr Manamela was there at CCRC?

DIKELEDI MANAKA: Counsel, I cannot remember, but she was not coming for a social visit when she comes. The first time she came, it is when she came to tell us about the Siyabadinga that needs to, no not Siyabadinga. CEO being suspended.

ARBITRATOR JUSTICE MOSENEKE: Which CEO?

5 **DIKELEDI MANAKA:** CEO Nyatlo.

ARBITRATOR JUSTICE MOSENEKE: Thank you.

DIKELEDI MANAKA: Ja, but on the 1st of July when she came in, she did not come specifically for CCRC. She came for NGO's because we never went through CCRC wards. We went through NGO wards and then on the 5th of July when she
10 came, she came from notifying us that CEO Nyatlo is suspended and on the 8th of July she came to tell us that Siyabadinga has been expelled.

ADV. DIRK GROENEWALD: Okay.

DIKELEDI MANAKA: And the other time when, I cannot remember the date when she come, she went to check the NGO's only.

15 **ADV. DIRK GROENEWALD:** Are you, you can confirm that both the previous MEC and Dr Manamela was fully aware of what was happening at CCRC?

DIKELEDI MANAKA: They were Counsel, they were.

ADV. DIRK GROENEWALD: Okay.

ARBITRATOR JUSTICE MOSENEKE: Did you say Dr Manamela was aware?

20 **ADV. DIRK GROENEWALD:** Indeed so.

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: Was the MEC aware?

DIKELEDI MANAKA: Yes Justice.

ADV. DIRK GROENEWALD: Madam, my colleague has referred you to minutes of
5 meetings and she has, she has made the point there is just one outstanding issue
which I wanted to deal with and you are more than welcome to stop me if she did
refer you to that document, but I do not think so. I want to take you back to volume
File 8. I think it is the file in front of you. Page 2776. File 8. I think it is the file right
in front of you. Pages 2776. Okay. Before, ja before I address you on that I just
10 want to get the facts clear. We know that Siyabadinga was closed down in totality.
The CEO and the staff and everybody was sent away on the 12th of June. Your
evidence was that the MEC came to CCRC, visited the NGO's on the 1st of July.

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: MEC said well, there is some intervention needed.
15 We need personnel to also look at the patients at the NGO's. Is that correct?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: So at what specific date did CCR staff either from
CCRC itself or from Weskoppies, on what date did they start to intervene and to
assist the NGO's?

20 **DIKELEDI MANAKA:** They started on the very same day.

ADV. DIRK GROENEWALD: On the very same day?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: So how did that work? Did you tell the nurses well okay, half of you go to Siyabadinga, or a quarter of you go to Siyabadinga and another quarter of you go to Anchor and half of you stay here. How did you do
5 that?

DIKELEDI MANAKA: No Counsel. What happened was that those that were on leave were called in to come and assist.

ADV. DIRK GROENEWALD: Okay.

DIKELEDI MANAKA: Yes.

10 **ADV. DIRK GROENEWALD:** So those that were off were on leave?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: Okay. I get back to that point but ja. So page 2776, that is minutes of the meeting between the Department of Health Delegation and Cullinan Care and Rehabilitation Centre clinical staff. Clinical staff, that would be?
15 Who would be included in the clinical staff?

DIKELEDI MANAKA: Which paragraph Counsel?

ADV. DIRK GROENEWALD: No, I am asking you perhaps I am not reading it correctly, but it seems like this discussion is with the clinical staff, am I correct? It is minutes of a meeting of the department with the clinical staff so to introduce the
20 acting CEO. Page 2776, the heading there, underlined in bold.

DIKELEDI MANAKA: Okay. The clinical staff in CCRC consist of the nursing and the allied.

ADV. DIRK GROENEWALD: Nursing and the, sorry?

DIKELEDI MANAKA: Nursing and allied.

5 **ADV. DIRK GROENEWALD**: Allied. Sorry, what is, sorry what is that? Nursing and?

DIKELEDI MANAKA: Allied includes the pharmacist, the doctor, physiotherapist, OTE's, social worker.

ADV. DIRK GROENEWALD: Okay. So that is, ja. So that includes everybody.

10 Now I want to take you there to the first paragraph, last sentence.

"It was also said to the staff that when the patients are in their area of care and are suffering. The staff will be requested to assist."

Now I put it to you madam that as a care facility, mental health facility, your obligation as clinical staff, cannot only be to assist patients in when they are
15 suffering, you are indeed there to prevent and see that they do not suffer. Do you agree with me?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: But this document tells us that the crisis was so extreme that says well at least just assist those that are suffering. Do you agree
20 with me?

DIKELEDI MANAKA: No Counsel.

ADV. DIRK GROENEWALD: My instruction is ... [interjects]

DIKELEDI MANAKA: No Counsel.

ADV. DIRK GROENEWALD: No. Okay, explain it to me madam.

DIKELEDI MANAKA: I am saying no, because at this date Siyabadinga was still in
5 process and Anchor was still in process. Therefore the order was to assist in terms
of giving medication and health wise, hygiene wise.

ADV. DIRK GROENEWALD: But why would the instruction then be, it was also
said to the staff that when the patients are in their area of care and are suffering that
staff will be requested to assist. It is not if you see a patient in need kindly assist. It
10 is if a patient is suffering in your area, you need to assist.

DIKELEDI MANAKA: Counsel, in this context Siyabadinga was still there, Anchor
was still there. Hence the assistance.

ADV. DIRK GROENEWALD: Hence the assistance, but the point I was making
madam, is a simple point. Is this just shows us that the situation became so critical
15 that the instruction was simple, well at least assist those that were suffering.

ARBITRATOR JUSTICE MOSENEKE: The patient has already said ... [interjects]

DIKELEDI MANAKA: Yes.

ADV. DIRK GROENEWALD: Ja.

ARBITRATOR JUSTICE MOSENEKE: Three times. That in her view that is
20 reference to giving assistance to the NGO's.

ADV. DIRK GROENEWALD: Well ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: And it is not indicative of the bad in her view. The bad conditions at CCRC

ADV. DIRK GROENEWALD: Well Justice, I have issue with that for a number of
5 reasons.

ARBITRATOR JUSTICE MOSENEKE: Sure.

ADV. DIRK GROENEWALD: The one is on the 1st ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: But you are bound by her answer.

ADV. DIRK GROENEWALD: Yes.

10 **ARBITRATOR JUSTICE MOSENEKE:** That is her answer. You may argue later that she is not to be believed.

ADV. DIRK GROENEWALD: That was her answer to my colleague Justice. Hopefully her answer to me would be something different, but ja. No madam, I am just trying but let us move on with that point. I am taking you there is a question and
15 answer ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: You put it thrice and she gave you answers thrice. The answer is no. Not where I worked. It happened there. Whether you believe her, it is another matter for argument.

ADV. DIRK GROENEWALD: Madam, is it then indeed your testimony that there
20 was no crisis at CCRC?

DIKELEDI MANAKA: At CCRC the crisis began after taking over the two NGO's.

ADV. DIRK GROENEWALD: Okay, alright. Now we are getting to a point. So you will agree with me that after you were instructed to now also take care of Siyabadinga, there was a crisis. You had 73 extra patients, and you did not have
5 the capacity.

DIKELEDI MANAKA: That is what I said. The crisis began after taking over. Not after assisting, but after taking over.

ADV. DIRK GROENEWALD: Thank you madam, no hundred percent.

DIKELEDI MANAKA: Yes.

10 **ADV. DIRK GROENEWALD:** Now this is exactly just further down the page questions and answers. The clinical staff raised the question of ethical dilemma. For example if one has an urgent matter to attend to and the NGO has an emergency as well and both need assistance, what should happen? Now this is, I mean to be quite honest, I would not like to be in the shoes of these staff members,
15 because their concern is I have a ethical dilemma. You want me to do something and I know that ethically I am going to be in a dilemma, because I would not be capable of doing my work that I am obliged to do. You agree with me?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: Thank you madam. Madam, I would now like to take
20 you just to the specific patients that were at Siyabadinga and then CCRC who we represent in these proceedings. Now the first patient is Jaco Stoltz, and his

documentation is at ELAH62. Now we know that, we now know that Jaco was transferred to Siyabadinga in May and then back at CCRC in July, was never re-admitted. The long and the short is that the family does not have any clarity as to what exactly, because up until today we have not received any autopsy reports or anything. So the family just would like to know what was Jaco's medical condition. Did you know Jaco Stoltz?

DIKELEDI MANAKA: Yes, I did.

ADV. DIRK GROENEWALD: And according to you, what was his cause of death?

DIKELEDI MANAKA: According to the records, Jaco vomited and he was taken to Mamelodi several times, up until the last time he went to Mamelodi and he was diagnosed with a CA of the oesophagus.

ADV. DIRK GROENEWALD: Let me refer you to page 9 madam of the ELAH62. Can you just state to us what document is this? This, what document is this madam?

DIKELEDI MANAKA: This is a referral letter.

ADV. DIRK GROENEWALD: Referral letter.

DIKELEDI MANAKA: Yes.

ADV. DIRK GROENEWALD: So it is a letter that CCRC completes and they send it with the patient to the hospital.

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: So the hospital knows what is wrong or what is the symptoms and so on. Am I correct?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: Now let us just quickly look at what does, clinical
5 history and result of special investigation. Patient clinically deteriorating. Losing weight. From 60 kilograms now mass 36 kilograms. Unwell for the plus minus two weeks. This is on the 26th of September 2016.

DIKELEDI MANAKA: Yes Justice.

ADV. DIRK GROENEWALD: But Jaco was not admitted, he came back on the
10 same day. He was returned to CCRC.

DIKELEDI MANAKA: Yes Justice.

ADV. DIRK GROENEWALD: Yes, so he was not admitted. So now ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: Do you know why he was not admitted?

DIKELEDI MANAKA: I do not know Justice.

ARBITRATOR JUSTICE MOSENEKE: If I remember well we were told that it is
15 because he had no ID number or something like that. Somebody vomiting for two weeks has had a radical loss of weight. From 60 to 36, and he has not had his blood pressure monitored for quite a long time and previous occasions it is recorded there, gets to hospital and he is not admitted. Can you get the documents and help
20 us understand that?

ADV. DIRK GROENEWALD: Well, in fact Justice if I can refer the witness to page 10 as well. This is also a transfer document. This one is for the 3rd of October 2016. Now we heard the evidence that at this day Jaco was admitted at Mamelodi Hospital and he never returned from Mamelodi. He died there and the notes this 5 time tells us that mental health care user has a history of vomiting brownish colour substance for the past plus minus four weeks. Now I have perused the nursing notes last night. Now I can tell you madam that that is indeed correct. He was consistently vomiting for four weeks. As a professional nurse, if somebody is vomiting a brownish fluid, what does that mean? Is there any medical warning 10 signs that you should detect?

DIKELEDI MANAKA: Yes.

ADV. DIRK GROENEWALD: What warning signs?

DIKELEDI MANAKA: One of them, one of them could be internal bleeding and then that patient needs to be referred.

15 **ADV. DIRK GROENEWALD:** Indeed so madam. I am not mistaken they call it a coffee ground vomitus or something like that is the medical term. But the long and the short is as you testify now that person should be referred and be admitted.

DIKELEDI MANAKA: Yes.

ADV. DIRK GROENEWALD: Now Jaco started as far back as August of 2016 to 20 vomit a brownish substance.

DIKELEDI MANAKA: Yes.

ADV. DIRK GROENEWALD: Yet he was only attempt was made to admit him on 26 October, ag 26 September and then again on 3rd October. We heard the testimony of Mrs de Villiers that she intervened and she ensured that he was admitted.

5 **DIKELEDI MANAKA:** He was also seen by Dr Genoshi. Before he was transferred. He was seen by Dr Genoshi who prescribed, hence the referral letter said he was being seen by Dr Genoshi on medication but still vomiting.

ADV. DIRK GROENEWALD: Ja, but that is what the notes also tells us. Dr Genosi did see him. Dr Genoshi did prescribe medicine, but Mr Stoltz continued vomiting.

10 You will agree with me?

DIKELEDI MANAKA: Yes, hence he was referred.

ADV. DIRK GROENEWALD: After four weeks. But you do not know the exact medical cause of Mr Stoltz's death. Am I correct madam?

DIKELEDI MANAKA: No, I would not know.

15 **ADV. DIRK GROENEWALD:** You do not know.

DIKELEDI MANAKA: Yes.

ADV. DIRK GROENEWALD: Your records shows it is because of excessive vomiting.

DIKELEDI MANAKA: Yes.

20 **ADV. DIRK GROENEWALD:** Now just one last issue ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: How often did Dr Genoshi come to your facility? You called her what, a sesional doctor or something like that?

DIKELEDI MANAKA: Yes, he was coming for four hours in a day.

ARBITRATOR JUSTICE MOSENEKE: Four hours only in a day.

5 **DIKELEDI MANAKA:** Yes.

ARBITRATOR JUSTICE MOSENEKE: Was it a man or a woman?

DIKELEDI MANAKA: A woman.

ARBITRATOR JUSTICE MOSENEKE: A woman.

DIKELEDI MANAKA: Yes.

10 **ARBITRATOR JUSTICE MOSENEKE:** So she would give you four hours a day. With what population of patients? For all the facilities?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: And she also looked after the patients in Siyabadinga and Anchor?

15 **DIKELEDI MANAKA:** Whilst they were in existence.

ARBITRATOR JUSTICE MOSENEKE: Yes.

DIKELEDI MANAKA: If she was requesting ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: Like Mr Stoltz who you said was registered nowhere and the paper says she was admitted at Siyabadinga. She saw him.

DIKELEDI MANAKA: Yes ... [interjects]

5 **ARBITRATOR JUSTICE MOSENEKE:** So I am trying to understand the expanse of her responsibilities.

DIKELEDI MANAKA: Justice, after all the patients were taken over, they were all seen by Dr Genoshi.

10 **ARBITRATOR JUSTICE MOSENEKE:** Who gave you four hours a day. Did she work over weekends?

DIKELEDI MANAKA: No.

ARBITRATOR JUSTICE MOSENEKE: Counsel.

ADV. DIRK GROENEWALD: Thank you Justice.

15 **ARBITRATOR JUSTICE MOSENEKE:** And once the other additional patients came in, it was still Dr Genoshi only.

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: Those that came from Esidimeni and those that ultimately were re-admitted at CCRC.

DIKELEDI MANAKA: Yes Counsel.

20 **ARBITRATOR JUSTICE MOSENEKE:** Still have the same doctor?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: But you testified that the doctor there was not enough. Was insufficient to look after all the patients. The doctor could not manage with all those patients. That is the long and the short.

5 **DIKELEDI MANAKA:** The doctor could not manage Counsel.

ADV. DIRK GROENEWALD: Yes. Now madam, I want to refer you to ELAH63. ELAH63, this is the documents that we obtained from the patient file of Thabo Monyane. Now there is a few things I would just like to highlight there. On page 3 the nursing notes it seems like the 16th of July at least. The first entry is the 9th of
10 July. I would like you to assist me in what is written there.

“User received from wards care giver. No current report on user’s physical and mental condition.”

Are you also reading that?

DIKELEDI MANAKA: Yes Counsel.

15 **ADV. DIRK GROENEWALD:** So that is some of these patients you did not have a file or a report on the physical and the mental condition of the patients. This is what the notes tells us. I just want to confirm.

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: Yes. Now if we move on, to the next page, page 4.
20 Once again we know Siyabadinga closed down on the 17th of July. The nursing

notes, the last one is the 7th of August. Am I correct? 7th of August 2016. Page 4, the last entry there. Are you there?

ARBITRATOR JUSTICE MOSENEKE: Are you there? Have you got it?

DIKELEDI MANAKA: Page?

5 **ADV. DIRK GROENEWALD:** Page 4.

ARBITRATOR JUSTICE MOSENEKE: The highlighted part of page 4 at the bottom.

ADV. DIRK GROENEWALD: Yes. You got it?

DIKELEDI MANAKA: Yes.

10 **ADV. DIRK GROENEWALD:** Mental health care user wheeled in the sick bay. Escorted by something nurse and a nurse from NGO, and a nurse from NGO. They gave a history of the user being weak since lunchtime. On assessment the user could not open his eyes, he could not walk on his own or respond to any something. Vital signs monitored and recorded as follows. Now we know that he was at
15 Siyabadinga. We know that there was no personnel of Siyabadinga anymore. Where does these nurses now from the NGO come in?

DIKELEDI MANAKA: Remember, from the 1st of July the nurses from CCRC and from Weskoppies ... [interjects]

ADV TEBOGO HUTAMO: Justice.

20 **ARBITRATOR JUSTICE MOSENEKE:** Yes Counsel.

ADV TEBOGO HUTAMO: With regards to reference this document, I think it might be prudent that my learned friend should try and establish who made the entries in this document, so that like the witness should be able to provide proper answers, because now she is being called upon to give comments on notes made by other
5 officials. She has already testified that there were nursing staff who were allocated to specific units. So I think like if first it can be established who made the notes, probably questions would be posed thereafter.

ARBITRATOR JUSTICE MOSENEKE: Yes.

ADV. DIRK GROENEWALD: Thank you Justice.

10 **ARBITRATOR JUSTICE MOSENEKE:** I agree. It is a good practice to all Counsel. I say it all the time. Qualify the document and then ask the questions.

ADV. DIRK GROENEWALD: Madam, you can confirm that you provided us with the patient files. You were requested to provide us with the patient files. Is that correct?

15 **DIKELEDI MANAKA:** Yes Counsel.

ADV. DIRK GROENEWALD: Yes madam. Nursing notes are part of patient files.
Yes.

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: Alright. So here we have a date. Page 4, a date, a
20 time, a report, print name and surname, signature and rank. Now the last entry it seems like Shabalala. Am I correct? Do you know such a nurse? I hope so

because ja. Because that is the nurse that should have made the entry. Am I correct?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: Do you know this nurse?

5 **DIKELEDI MANAKA:** Yes Counsel.

ADV. DIRK GROENEWALD: Okay. So this nurse confirms that on the 7th of August 2016 Thabo was taken to the sick bay. He was unable to open his eyes, he could not walk, he could not respond. Do you know what happened to Thabo thereafter? I am asking you just a general question madam. Do you know Thabo

10 Monyane? Did you know him?

DIKELEDI MANAKA: Yes, I know him.

ADV. DIRK GROENEWALD: Did you know how he died?

DIKELEDI MANAKA: It was reported that he was taken to Steve Bikho.

ADV. DIRK GROENEWALD: Is that all you know?

15 **DIKELEDI MANAKA:** Yes Counsel.

ADV. DIRK GROENEWALD: Let us move on to page 5. We are still with the nursing notes. At the 8th of August, entry there I cannot make out. It seems like Ringer or something. Do you know the nurse that made this entry?

ARBITRATOR JUSTICE MOSENEKE: It looks like Finger.

20 **ADV. DIRK GROENEWALD:** Finger perhaps Justice.

ARBITRATOR JUSTICE MOSENEKE: What is the name of the nurse concerned?

Can you identify that signature?

DIKELEDI MANAKA: No Justice.

ARBITRATOR JUSTICE MOSENEKE: So you do not know who made the entry?

5 No.

ARBITRATOR JUSTICE MOSENEKE: Okay, Counsel?

ADV. DIRK GROENEWALD: It is recorded there:

“The doctor notified as the report was given to the operational manager about the user’s condition. Doctor came and see the user and examined him and prescribed then now different medicine, but it was out of stock at pharmacy.”

10

Do you know who is the operational manager?

ADV TEBOGO HUTAMO: Justice.

ARBITRATOR JUSTICE MOSENEKE: Yes Counsel.

ADV TEBOGO HUTAMO: The question arise from a document which has not been established. I mean like we have raised this objection. All that we say is that for any questions arising from these notes, my learned friend is called upon to establish the document first.

15

ARBITRATOR JUSTICE MOSENEKE: Ja, I thought we had been there. It is out of a file provided by the witness and it is an extract from the file that the witness provided of hospital records, and these are nursing notes and the nursing notes

20

refer to an operational manager, and this witness is an operational manager. So she is asked do you know if the note refers to you. Answer may be yes or no.

DIKELEDI MANAKA: I do not know or who is the operational manager that was reported to. Maybe if the operational manager was, the name was written here I
5 would know.

ADV. DIRK GROENEWALD: So you do not know, but you can confirm that according to this note, you know of Thabo's condition. Doctor was called. Doctor prescribed some medicine. The pharmacy did not have it and then we turn the page madam. We go to page 6. There is the entry the 9th and the 10th. Seems
10 overnight. Again nursing notes. Do you know the nurse there that made the entries there?

DIKELEDI MANAKA: On page?

ADV. DIRK GROENEWALD: Page 6.

ARBITRATOR JUSTICE MOSENEKE: The 6 is written in black on the left top
15 corner and you are referred to that entry.

DIKELEDI MANAKA: Yes.

ARBITRATOR JUSTICE MOSENEKE: You can see that. It is highlighted. Do you know the nurse who made the entry or can you identify that signature?

DIKELEDI MANAKA: Yes.

20 **ARBITRATOR JUSTICE MOSENEKE:** You can. Who is that nurse?

DIKELEDI MANAKA: Momosa.

ARBITRATOR JUSTICE MOSENEKE: Momosa.

DIKELEDI MANAKA: Yes.

ARBITRATOR JUSTICE MOSENEKE: Okay. Go ahead Counsel.

ADV. DIRK GROENEWALD: Thank you Justice.

5 **ARBITRATOR JUSTICE MOSENEKE:** What is the question?

ADV. DIRK GROENEWALD: Now it is basically the third, the highlighted portion.

Nappy changes done during the night observed to develop pressure sores on his right thigh which looks red and pulling of the skin. Now Mrs Monyane will come and testify that in fact it was a burn wound. Do you have any response? Can you give

10 us any clarity on that?

DIKELEDI MANAKA: The record said it was observed to be a pressure sore.

ADV. DIRK GROENEWALD: Observed to be a pressure sore. On your thigh. As a nurse madam, can you explain how is it possible that a person can get a bedsore on his thigh? Thigh is the upper front leg. Am I correct?

15 **ARBITRATOR JUSTICE MOSENEKE:** We do not know whether it is an inner thigh or outer thigh Counsel.

ADV. DIRK GROENEWALD: Well, perhaps the evidence let me put it like that Justice.

ARBITRATOR JUSTICE MOSENEKE: Ja, the evidence will say, put it to the
20 witness. She has not made the record.

ADV. DIRK GROENEWALD: The evidence will show that he had a burn wound on his upper thigh, front.

ARBITRATOR JUSTICE MOSENEKE: Do you know that or do you not know that? In other words can you dispute it or can you not?

5 **DIKELEDI MANAKA:** I do not know of the burn wound.

ARBITRATOR JUSTICE MOSENEKE: Ja.

ADV. DIRK GROENEWALD: You do not know.

DIKELEDI MANAKA: Of the burn wound.

ARBITRATOR JUSTICE MOSENEKE: Ja.

10 **ADV. DIRK GROENEWALD:** You do not know.

DIKELEDI MANAKA: I do not know of the burn wound Counsel.

ADV. DIRK GROENEWALD: QQuality care madam is your work. Do you agree?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: So you should in fact know whether, if a patient
15 sustains a burn wound, you should know about it. Am I correct?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: And in fact if a person sustains a bedsore you should know about it, because that is not quality care. Am I correct?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: Indeed so. Especially if it is quite clear that this is not a bed ridden patient. They said he could not walk anymore. So he could walk. So if such a person then sustains something that looks like a bedsore, again there must be red lights going off. But let us move on madam. The long and the short is
5 and the evidence will show that, and this is the portion that I would like to take you with. Is that ... [interjects]

DIKELEDI MANAKA: But Counsel, can I ask something?

ADV. DIRK GROENEWALD: Yes madam.

DIKELEDI MANAKA: How do you know it is a burn wound?

10 **ADV. DIRK GROENEWALD:** Well, his mother will come and testify that it is a burn wound and she will say that she knows the difference, because ja. The day that he was discharged when she took him home, and we will get to that. She bathe him and looked after him and she then established this burn wound. So she will come and testify and say it was a burn wound.

15 **DIKELEDI MANAKA:** But the record says it is a pressure sore.

ADV. DIRK GROENEWALD: Exactly, and that is why I say it is not correct and we do not agree with that, but that ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: It is put to you that a witness will come, the mother of Thabo Monyane, to come and say that she knows that that is a burn
20 wound. Now your answer could only be the nursing records say it is not, but I do not know personally. Is it not so?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: If you know personally of course you can refute that. They are giving you an opportunity to refute it.

DIKELEDI MANAKA: Okay Counsel. Justice.

5 **ARBITRATOR JUSTICE MOSENEKE:** If you think it is unlikely you can also say I think it is unlikely for him to have a burn wound.

DIKELEDI MANAKA: Yes Justice, it is true. I think it is unlikely to have a burn wound. The nursing record said it was a pressure sore.

ARBITRATOR JUSTICE MOSENEKE: And ... [interjects]

10 **DIKELEDI MANAKA:** And I did not see it. I cannot say it was a burn wound. .

ARBITRATOR JUSTICE MOSENEKE: Ja.

ADV. DIRK GROENEWALD: Okay.

ARBITRATOR JUSTICE MOSENEKE: Okay. You got an answer Counsel.

15 **ADV. DIRK GROENEWALD:** Thank you Justice. Now madam, page 7 is the entries again marked the 10th of August 2016. The last entry there. Do you know the nurse that made those entries?

DIKELEDI MANAKA: No Counsel, I do not know who this is.

ADV. DIRK GROENEWALD: But you have no reason to dispute these entries? It is your file. CCRC's file. Am I correct?

DIKELEDI MANAKA: Counsel, if I had the list of everybody who was in there, and the specimen of signatures thereof, I would say I know, but now that we do not have specimen and the names thereof, I would not say yes, some of them I can recognise this is so and so, this is Manaka, this is who. But this one I cannot
5 confirm who is this.

ADV. DIRK GROENEWALD: Hundred percent. What is recorded there is that at quarter past ten, 22h15, user went home for LOA. Leave of absence. Am I correct? That is what LOA stands for. Am I correct?

DIKELEDI MANAKA: Leave of absence.

10 **ADV. DIRK GROENEWALD:** Ja. User went home for leave of absence in the care of his mother. She said she will bring him back when he is well. General condition he was weak, unable to walk. This is consistent, except for the timing it is consistent with the evidence of Mrs Monyane that in fact she was phoned by a staff member of CCRC, told that Thabo was not well. She said well, in that event I will
15 go to CCRC. She got her son and took him home that evening, and the next morning she admitted him to hospital on the 11th and on the 12th of August 2016 he died. If you go and look madam at page 8 of the document, can you confirm what kind of document is that?

DIKELEDI MANAKA: This is the document that we use to do an external physical
20 examination of the patient when the patient is being taken home.

ADV. DIRK GROENEWALD: Madam, ja. It is a leave of absence document. It says in whose care he is released and so on. Am I correct? There at the bottom

signature, family member, Mrs M Monyane, staff member signed, 10th of August, medication taken yes. It is the leave of absence form.

DIKELEDI MANAKA: No.

ADV. DIRK GROENEWALD: No. Okay, sorry then what is it?

5 **ARBITRATOR JUSTICE MOSENEKE:** Let us save some time, look at the heading of the form.

DIKELEDI MANAKA: This document was created by CCRC. It is being attached to the leave of absence document, which is mental health care act form number 27. This form it is for us to know how the patient was when he or she was taken home.

10 **ADV. DIRK GROENEWALD:** Okay.

DIKELEDI MANAKA: But the leave of absence form from the mental health care act does not provide this. That is why we did this.

ADV. DIRK GROENEWALD: Okay.

15 **ARBITRATOR JUSTICE MOSENEKE:** So it is not a form as prescribed under the act.

DIKELEDI MANAKA: No.

ARBITRATOR JUSTICE MOSENEKE: But it is a form for domestic use. That is the one you use internally.

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: But still its heading is leave of absence of mental health care user. You at least agreed about that.

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: And you use it to record the condition of
5 the mental health care user before she or he leaves your facility.

DIKELEDI MANAKA: Yes Justice.

ADV. DIRK GROENEWALD: And what was your, what was CCRC's opinion of the condition of Thabo Monyane on the 10th of August 2016 from this document?

DIKELEDI MANAKA: Okay. Thabo Monyane was taken over from Siyabadinga
10 in a weak condition, emaciated and as time goes on he deteriorated more.

ADV. DIRK GROENEWALD: So it was Siyabadinga that caused him, caused his condition. Is that what you are saying madam?

DIKELEDI MANAKA: I would not want to pinpoint fingers, but we took him like that. Not only him. Most of the patients were emaciated. They were sick.

ARBITRATOR JUSTICE MOSENEKE: [Vernacular 01:46:07], did they get food?
15 That is what I have just said.

DIKELEDI MANAKA: To us it appears even if they were getting food, the food was not enough for them. Even if they were getting, it was not enough.

ARBITRATOR JUSTICE MOSENEKE: And most patients were losing weight.
20 They were getting thinner and thinner.

DIKELEDI MANAKA: Yes Justice, and also to add on their treatment. Most of the psychiatric treatment increase appetite and if the patient does not get full, the results will be emulciation.

ARBITRATOR JUSTICE MOSENEKE: I understand, but look at Thabo Monyane.

5 He was back with you for at least a month.

DIKELEDI MANAKA: Justice ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: And he goes weaker and weaker and weaker.

DIKELEDI MANAKA: Yes.

10 **ARBITRATOR JUSTICE MOSENEKE:** The mother comes and fetches him, and it is recorded there that he was weak. Within the day he dies. Why could not in a month somebody intervene and feed him and find medication for him and give him care? Why did that not happen?

DIKELEDI MANAKA: I do agree with you Justice, but what we must make note of
15 is the repercussions of prolonged hunger takes time to be corrected. As in now ...
[interjects]

ARBITRATOR JUSTICE MOSENEKE: [Vernacular 01:47:36]

DIKELEDI MANAKA: As in now, Justice it could be.

ARBITRATOR JUSTICE MOSENEKE: Was he killed by hunger you think?

20 **DIKELEDI MANAKA:** It could be Justice.

ARBITRATOR JUSTICE MOSENEKE: Could be.

DIKELEDI MANAKA: It could be.

ARBITRATOR JUSTICE MOSENEKE: Counsel?

ADV. DIRK GROENEWALD: Hunger and he was, you agree that he was nearly a
5 month he was at CCRC?

DIKELEDI MANAKA: Yes Counsel. As I said the repercussions of prolonged
hunger takes time to correct.

ADV. DIRK GROENEWALD: Madam, Mrs Monyane will come and testify that she
saw her son at the end of June and in that point in time he was still in a good
10 condition. It was when she saw him a month after that when he was wheeled out of
the ward in a bed they had to assist her to get him into the car, and she was so
shocked and she will testify that the doctor explained to her that he was totally
dehydrated and that they do not think he is going to make it.

DIKELEDI MANAKA: Counsel, as I said earlier the repercussions of prolonged
15 hunger are very difficult to reverse.

ADV. DIRK GROENEWALD: Do you want to take responsibility, do you take
responsibility for the death of Thabo Monyane madam or do you want to lay it at the
feet of Siyabadinga alone?

DIKELEDI MANAKA: I will not take responsibility. As I said, he was taken over in
20 not a good condition and not only him.

ARBITRATOR JUSTICE MOSENEKE: But for a month why could you not feed him for a month when he was with you? Why could you not hydrate him for a month?

DIKELEDI MANAKA: We were Justice. We were giving, we are giving water.
5 Even now we are giving water. We even ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: No, no let us have no hurdling please. We have already agreed. Please.

DIKELEDI MANAKA: We even tried to resuscitate with an ensure, which we were not even giving as a fluid, but as a mixture of porridge and ensure, just to boost up
10 the body.

ARBITRATOR JUSTICE MOSENEKE: Why was he on nappies?

DIKELEDI MANAKA: He has been on nappies all the way since I knew him.

ARBITRATOR JUSTICE MOSENEKE: Could he walk on his own?

DIKELEDI MANAKA: With assistance, because he was blind.

15 **ARBITRATOR JUSTICE MOSENEKE:** So he could not reach food and water on his own, could he?

DIKELEDI MANAKA: He would not Justice.

ARBITRATOR JUSTICE MOSENEKE: And would survive only if he is in fact given food and water?

20 **DIKELEDI MANAKA:** Yes Justice, and enough and for a longer period.

ARBITRATOR JUSTICE MOSENEKE: It reminds me of the previous patient also, Stoltz. He was severely mentally disabled, is it not so?

DIKELEDI MANAKA: Yes Justice. Even now, it is now that we see a little progress from how we got them.

5 **ARBITRATOR JUSTICE MOSENEKE:** So even again he was totally defenceless.

DIKELEDI MANAKA: Justice, all these questions ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: He could not defend himself. He did not have the mental capacity. That is why he was institutionalised.

DIKELEDI MANAKA: They cannot express themselves Justice.

10 **ARBITRATOR JUSTICE MOSENEKE:** Yes.

DIKELEDI MANAKA: They cannot.

ARBITRATOR JUSTICE MOSENEKE: [Vernacular 01:51:36]

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: Completely they are in your hands.

15 **DIKELEDI MANAKA:** Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: And whether they live or they die, depends on what you do. Is it not so?

DIKELEDI MANAKA: Yes Justice.

ADV. DIRK GROENEWALD: Madam, I put it to you ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: Counsel.

ADV. DIRK GROENEWALD: My apologies Justice. I put it to you I have perused the nursing notes and the first entry that I received where I could identify a medical crisis or where it was mentioned that there was an issue, was on the 7th of August 5 2016. There is nowhere in the patient files recorded that the patient was received from Siyabadinga in a desperate state or whatever. I put it to you.

DIKELEDI MANAKA: They were never received formally. We just took over to care for them.

ADV. DIRK GROENEWALD: Yes, but why do you not record. If you receive a 10 patient, you see this patient might die or his condition is so bad. Why do you not record that? Why do you not record that? I tell you why you did not record it. Because that was not the situation. That was not the fact. Any response to that statement madam?

DIKELEDI MANAKA: In all the files, even the one that I have of Jaco Stoltz here, 15 starting from the 1st of July, they were never received from Siyabadinga.

ADV. DIRK GROENEWALD: Yes madam. My point is simply ... [interjects]

DIKELEDI MANAKA: But it is written how they were when people get there.

ADV. DIRK GROENEWALD: Exactly.

DIKELEDI MANAKA: Yes.

20 **ADV. DIRK GROENEWALD:** My point is simply you say that he was in such a desperate state when you received Thabo from Siyabadinga, but why is it not

recorded in any of the nursing notes? From the 1st of July there is no entry that suggest that his, that Siyabadinga is to be blamed for his death and that I put to you.

DIKELEDI MANAKA: That I agree. There is no record of that.

5 **ADV. DIRK GROENEWALD:** Yes. Now madam the next page that I want to refer you to is ELAH64 and that is the David Gotso Mpofu. ELAH64. Do you recall this patient?

DIKELEDI MANAKA: Yes Counsel.

10 **ADV. DIRK GROENEWALD:** The, this document, first document page 1, what document is that? I see it is stamped on the 11th of October 2017. Right. It is the Ombudsman that made a request to the acting CEO of CCRC. Is that correct?

DIKELEDI MANAKA: Yes Counsel.

15 **ADV. DIRK GROENEWALD:** And your CEO confirms that he was admitted. David was admitted at CCRC on the 9th of May 2011. Was transferred to Siyabadinga on the 9th of May 2016. On the 8th of July 2016 he was part of the group that was taken back to Cullinan Care after Siyabadinga ... [inaudible] on the same date. Taken back. Not re-admitted and he died on the 3rd of August 2016 in Mamelodi Hospital. He had been referred there on the same day due to vomiting and appearing weak. Now I want to refer you to page 3 madam. You will see there this
20 document, do you know what document this is?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: What document is this?

DIKELEDI MANAKA: This is part of a list of patients that were deceased.

ADV. DIRK GROENEWALD: Part of a list of patients that were deceased.

DIKELEDI MANAKA: Yes.

5 **ADV. DIRK GROENEWALD:** Okay. So Gotso Mpofo at the right hand side started to vomiting, given medication and then at 15h30 given medication and vomited a brownish fluid once again. Another patient vomiting a brownish fluid. Now you admitted him. Page 4, you admitted him to Mamelodi Hospital. Sorry, not page 4. Page 4 was another incident to which we will get, but you admitted him and he died
10 at Mamelodi Hospital on the same day. Do you agree? Can you confirm that?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: Do you agree that you did not phone the family and informed them of that? You only informed them that he died later on. Phoned the uncle that is in Kimberley. Confirm?

15 **ARBITRATOR JUSTICE MOSENEKE:** Did you know him personally?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: So Mr Mpofo, what kind of mental health care user was he?

DIKELEDI MANAKA: He was profoundly intellectually disabled. Severe to
20 profound.

ARBITRATOR JUSTICE MOSENEKE: He was profoundly intellectually disabled.

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: Yes. Was he mobile? Could he ambulate?

5 **DIKELEDI MANAKA:** Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: So he walked himself?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: Could he see? Did he have a vision?

DIKELEDI MANAKA: Yes Justice.

10 **ARBITRATOR JUSTICE MOSENEKE:** Could he speak?

DIKELEDI MANAKA: No Justice.

ARBITRATOR JUSTICE MOSENEKE: He could not speak?

DIKELEDI MANAKA: No Justice.

ARBITRATOR JUSTICE MOSENEKE: Could he hear instructions?

15 **DIKELEDI MANAKA:** Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: You know why I ask that questions, because his cause of death of course is recorded as natural as you can see on ELAH64. When you go to page 3 which Counsel referred you to, those same features come up again, is it not so?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: Emaciation, under hydration, vomiting continuously brownish stuff, a high pulse. Like in the previous two cases. A very high pulse. Transferred to Mamelodi Hospital and dies. Same day he dies. Now
5 the question must be what do you know about, if anything, of interventions that were made? Once they were back from Siyabadinga to save their lives. To save his life, Mr Mpofu.

DIKELEDI MANAKA: The interventions that were done Justice, was that CCRC will provide food for all of them one, and or to boost them we also sought to ensure
10 that was not given as a fluid at that time, but as a mixture of soft porridge and the ensure.

ARBITRATOR JUSTICE MOSENEKE: But he too was with you over a month. Why did your food and hydration not help save him?

DIKELEDI MANAKA: I do not know Justice. What I know is that it took us time to
15 get them right. Those that survived, it took us time for them to be okay.

ARBITRATOR JUSTICE MOSENEKE: Again severe intellectual disability.

DIKELEDI MANAKA: Yes.

ARBITRATOR JUSTICE MOSENEKE: And inability to speak.

DIKELEDI MANAKA: Yes Justice. When we ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: He ends up dehydrated, ends up emaciated, he vomits continuously and he dies. Why could you not rest this within a month?

DIKELEDI MANAKA: As I said Justice, when we got in there, we tried to boost
5 them with ensure, though the food was coming as the diet from the food services. But we also sought to boost them with the ensure and also water. They were given water.

ARBITRATOR JUSTICE MOSENEKE: What is ensure madam?

DIKELEDI MANAKA: Ensure is a powder that had nutrients in it. It is being
10 mixed with milk or water to supplement food.

ARBITRATOR JUSTICE MOSENEKE: And why did Mr Mpofu continue to be weak, continue to vomit, and continue to be dehydrated?

DIKELEDI MANAKA: As I said Justice, the repercussions of prolonged hunger takes time to correct. That is the basis, because we tried. We would ask even, we
15 would ask even the ... [inaudible]. Remember the NGO did not have the resources. We asked the ... [inaudible] to give them water every now and then.

ARBITRATOR JUSTICE MOSENEKE: His case too like the other previous mental health care users, do you think the starvation and the low hydration would have had a lot to do with his death?

DIKELEDI MANAKA: I think so Justice, because as I said all of them that we got
20 them in a severe, severe emaciated status. It took us a long time to correct. Even

now, they are still not, we are not very satisfied that they are correct, but we are carrying on.

ARBITRATOR JUSTICE MOSENEKE: It just worries me that they were so vulnerable. Mr Mpofu could not speak and mentally severely disabled. So he could not tell you what ... [interjects]

DIKELEDI MANAKA: Yes Justice, he could not speak. Most of them could not speak. All of them that we got, they could not speak. It is only a few that can tell you one word or so.

ARBITRATOR JUSTICE MOSENEKE: And why do you take them or keep them, again instructions?

DIKELEDI MANAKA: Justice, what we do have done just to throw them out, we could not. We could not.

ARBITRATOR JUSTICE MOSENEKE: You could have screamed very loud.

DIKELEDI MANAKA: Justice.

ARBITRATOR JUSTICE MOSENEKE: You could have demanded that they give you more doctors, more regularly. You could have drawn attention to their weak state. All three ... [interjects]

DIKELEDI MANAKA: Justice, we cried.

ARBITRATOR JUSTICE MOSENEKE: Mr Stoltz, Mr Monyane, Mr Mpofu. All three were very, very weak and they were vomiting over long periods.

DIKELEDI MANAKA: We cried Justice. We cried. Even taking them over to us, though it was an extra task on us, with that little staff that we had we could not just throw them away. We just had to take care of them and in the meantime while caring for them but crying on the other hand this is not good. We did. We did so many times, but from its inception it was, it was seen not to be good and it was never good and we could see when we pass ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: From inception of what? The marathon project?

DIKELEDI MANAKA: Yes Justice.

10 **ARBITRATOR JUSTICE MOSENEKE:** Counsel.

ADV. DIRK GROENEWALD: Thank you Justice. You see madam, we have heard evidence here of amongst other the CEO of Siyabadinga as well as the social worker, Mrs Daphne Ndlovu from CCRC. Now both of them said that CCRC had food for the patients. Even Mrs Daphne Ndlovu from CCRC.

15 **DIKELEDI MANAKA:** At CCRC?

ADV. DIRK GROENEWALD: Ag, at Siyabadinga.

DIKELEDI MANAKA: I would not talk for Siyabadinga. I would talk for CCRC.

ADV. DIRK GROENEWALD: You see madam, we are struggling to get to the truth, because you are telling us, you are telling the families your son died, because the NGO where we put him, did not give him food and water and unfortunately we could not fix the damage. That is what we hear, but we have already heard evidence of

the CEO from Siyabadinga testifying no, we always managed. There as food. We asked for assistance. We asked for donations. We had received food. Yes, we had difficulties. There was issues, but there was food. Daphne Ndlovu how was it at Siyabadinga, was there food? Yes there was food and so on. Now you tell us no
5 well, it was Siyabadinga's fault.

ARBITRATOR JUSTICE MOSENEKE: You have to ask the question some time Counsel.

ADV. DIRK GROENEWALD: My apologies Justice.

DIKELEDI MANAKA: Counsel, I will not talk for Siyabadinga. By the time I
10 started working in Siyabadinga and Anchor, CCRC was providing food. So from Siyabadinga what they were eating, I would not know but I would know in CCRC what they were eating.

ARBITRATOR JUSTICE MOSENEKE: No, what Counsel is simply saying is that is really what he should have put to you, and he had me intervene. You say they
15 came emaciated and underfed and under hydrated. The CEO of Siyabadinga claimed that she fed them, looked after them and gave them food and liquids and so on. So he is saying to you there is a tension between what you tell us and what she tells us. Do you want to deal with that? You have a response?

DIKELEDI MANAKA: I have never been to Siyabadinga when they are being fed.
20 So I do not know what they were feeding them, and even if they were feeding them, to me it appears it was not enough.

ARBITRATOR JUSTICE MOSENEKE: Yes. Sure, Counsel.

ADV. DIRK GROENEWALD: You will agree with me that you cannot give an opinion on whether or not the people had sufficient food or water at the NGO's when you admit that you do not know what kind of food and water they received. You must admit that madam.

5 **DIKELEDI MANAKA:** Counsel, I said I do not know what food were they getting, one.

ARBITRATOR JUSTICE MOSENEKE: Yes.

DIKELEDI MANAKA: If they were getting, it appears to me it was not enough.

ADV. DIRK GROENEWALD: Alright.

10 **DIKELEDI MANAKA:** If there was. I do not know if there was food or there was no food. I have never seen them ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: You are bound by that answer Counsel. The witness has said so a few times too.

ADV. DIRK GROENEWALD: I will abide by that, thank you Justice. Madam, then
15 on page 4 there is another admission application for transfer of patient document. Now David Mpfu's mother will testify or his uncle, that when they were informed, they were informed that he had already died. They were not informed and said
listen here, he is going to hospital with some or other condition. We do not know
what it is, but get us at the hospital. They were just phoned and they were informed
20 that he died and his uncle said that when they get to get his body and they washed
his body they found bruises on his chest and his lips was abnormally swollen and

they did not know what happened to him. Well, we know now to some extent what happened to him, because page 4 tells us that on the 20th of July he fell and he bumped his head against the floor and sustained a cut inside his upper lip. Do you know anything about this? About this incident?

5 **ARBITRATOR JUSTICE MOSENEKE:** Can you see that entry in page 4?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: That is what you are being referred to. Application for transfer of a patient. There is Dr Genoshi's name there and Dr Mokonza's name there, and seemingly signed by the superintendent. So you are
10 being referred to the entry that records the fall.

DIKELEDI MANAKA: Yes, I see it Counsel.

ADV. DIRK GROENEWALD: Do you know about that, do you have knowledge of the incident?

ARBITRATOR JUSTICE MOSENEKE: Yes.

15 **DIKELEDI MANAKA:** Yes Justice.

ADV. DIRK GROENEWALD: So you have knowledge of the incident?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: So why did you not phone his family and tell them about it?

ARBITRATOR JUSTICE MOSENEKE: Could the witness tell us about the fall?

What do you know about the fall?

DIKELEDI MANAKA: This form is a referral letter to Mamelodi after the patient fell, but then the question of the family not knowing ... [interjects]

5 **ARBITRATOR JUSTICE MOSENEKE:** No, let us you can go back to in a moment. I want to know did you know that he fell and landed on his head?

DIKELEDI MANAKA: Yes Justice.

ARBITRATOR JUSTICE MOSENEKE: Against the floor?

DIKELEDI MANAKA: Yes Justice.

10 **ARBITRATOR JUSTICE MOSENEKE:** How did you come to know of this?

DIKELEDI MANAKA: It was reported to me Justice.

ARBITRATOR JUSTICE MOSENEKE: It was reported to you.

DIKELEDI MANAKA: Yes Justice.

15 **ARBITRATOR JUSTICE MOSENEKE:** Was he alone when he fell, according to the report?

DIKELEDI MANAKA: It does not state whether he was alone or not.

ARBITRATOR JUSTICE MOSENEKE: Counsel.

20 **ADV. DIRK GROENEWALD:** Thanks Justice. Do you agree or well, the family will testify that they received no phone call from CCRC informing them that he was going to be sent to the hospital or that he fell and when they saw his body for the

first time, they were shocked because they did not know what happened to him.

The long and short, you can confirm you did not phone them madam.

DIKELEDI MANAKA: This form.

ADV. DIRK GROENEWALD: Yes.

5 **DIKELEDI MANAKA:** This form.

ADV. DIRK GROENEWALD: Yes madam.

DIKELEDI MANAKA: Is not completed by me, it was reported to me. So I would not say yes, I know the, I know why they were not called.

ADV. DIRK GROENEWALD: Whose work was that to phone the families?

10 **DIKELEDI MANAKA:** An operational manager on duty.

ADV. DIRK GROENEWALD: Operational manager on duty.

DIKELEDI MANAKA: Hence the one who signed here.

ADV. DIRK GROENEWALD: But we do not know why they did not phone the family.

15 **DIKELEDI MANAKA:** The report does not say.

ADV. DIRK GROENEWALD: Who is the one, sorry. Who is the one that signed here. Do you know the signature?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: You, sorry madam. Do you know who was the person?

DIKELEDI MANAKA: Yes Counsel, it is Mr Masinya.

ADV. DIRK GROENEWALD: Sorry?

5 **DIKELEDI MANAKA:** It is Mr Masinya.

ADV. DIRK GROENEWALD: Mr Masinya.

DIKELEDI MANAKA: Yes.

ADV. DIRK GROENEWALD: And he was supposed to phone the family to tell them.

10 **DIKELEDI MANAKA:** Yes Counsel.

ADV. DIRK GROENEWALD: Now madam, before I just finish off. You provided us with a document ELAH60 yesterday. It was a complaint form. You remember that?

DIKELEDI MANAKA: Yes Counsel.

ADV. DIRK GROENEWALD: Yes. You provided us, later on you provided us with
15 the cover page ELAH60, and I have spoken with Mrs de Villiers. It is in respect of
Jaco Stoltz. She said well, she never opened a complaint. She never filed a
complaint. She did go to the SAPS and opened a case with them, but she never
filed a complaint and she said that this complaint was in respect of a different
patient. It was in respect of an Erwin Myburgh. You can note there from the top it is
20 also name of complainant is Sunet Rensburg. Do you have any comment on that?

DIKELEDI MANAKA: Yes Counsel. The report was compiled by the nursing manager acting.

ADV. DIRK GROENEWALD: Acting senior.

DIKELEDI MANAKA: Not acting, but the nursing manager at that time.

5 **ADV. DIRK GROENEWALD:** Well, in Jaco Stoltz's file I actually got one that was signed by yourself. Do you remember that?

DIKELEDI MANAKA: No Counsel.

ADV. DIRK GROENEWALD: No. Okay, but so you do not know, so it might be that this document is not in respect of Jaco Stoltz. Is that what you are telling us?

10 **DIKELEDI MANAKA:** That one was signed by the matron herself.

ADV. DIRK GROENEWALD: Okay, but just listen to me. I say that I have spoken with Mrs de Villiers who is the sister of Jaco Stoltz. She says she did not file a complaint, and she did not receive any feedback on a complaint. She did indeed open a case at the SAPS and this name of complainant, Sunet Rensburg, she is not
15 Sunet Rensburg. It is in respect of a different patient. Can you confirm or deny that? I am just disputing that this document, you say that it is in respect of Jaco Stoltz and it was the complainant is Sunet Rensburg, but we say Mrs de Villiers says she never filed a complaint after Jaco's death. She opened a case at the SAPS. If you can just say you do not know, because you are not ... [interjects]

20 **DIKELEDI MANAKA:** I do not know.

ADV. DIRK GROENEWALD: You are not the author of this document.

DIKELEDI MANAKA: I do not know Counsel.

ADV. DIRK GROENEWALD: Okay. Thank you Justice. Thank you very much madam. Thank you for coming and testifying. We appreciate that.

ARBITRATOR JUSTICE MOSENEKE: Yes. Despite all the many questions, you
5 have been a helpful witness. You have helped us understand a number of things
we did not understand up to now, so do not feel all terrible. Just after further
questions, we will give an opportunity to lay bear your heart. We will give you an
opportunity to speak. I accept this is a difficult time for you and for where you
worked. The time is five o'clock. What we do will be conditioned by your
10 anticipation of the, of questioning Counsel. The witness has been here for two
days. So I would like to help her away. That is why we are still sitting. But if you
have many questions then she might have to come for the third day.

ADV TEBOGO HUTAMO: Thank you Justice. From our side we do not have
questions to the witness. She might be helped by the evidence leaders.

15 **ARBITRATOR JUSTICE MOSENEKE:** Yes. Thank you Counsel. Any re-
examination?

ADV. PATRICK NGUTSHANA: Thank you Justice. Just one annexure in relation
to the, there is annexure that is ELAH52, in relation to the mortuary. Can you go to
ELAH52?

20 **ARBITRATOR JUSTICE MOSENEKE:** Could somebody help Mrs Manaka.

ADV. PATRICK NGUTSHANA: Are you on the annexure?

DIKELEDI MANAKA: Yes Counsel.

ADV. PATRICK NGUTSHANA: On the annexure which is, it is a letter dated 25 October 2016. The subject is state of the mortuary at Mamelodi Hospital. 2016/2017 and the deceased it refers to Joseph Gumede. I am sure you are aware
5 of Joseph Gumede, having moved through CCRC.

DIKELEDI MANAKA: Yes Counsel.

ADV. PATRICK NGUTSHANA: And the letter is dated 25 October 2017, under the name of Ms Mashaba. Do you know this person?

ARBITRATOR JUSTICE MOSENEKE: But is Ms Mashaba not from Mamelodi
10 Regional Hospital?

DIKELEDI MANAKA: This is from Mamelodi Counsel.

ADV. PATRICK NGUTSHANA: From Mamelodi, okay. But the reference I want to take you to, on that document, is a reference to Cullinan. That is, there are bullet points there on the first page of ELAH52. The second bullet point. Let us start with
15 the first bullet point. It says the deceased died on 24 July 2016 at Cullinan and was transferred to Mamelodi for storage purposes. Then bullet point 2. According to the mortuary supervisor, Mr Buda, the deceased came already decomposed. Because Cullinan indicated the challenge on their side of the mortuary not functioning well. Do you still recall you were asked about the state of the mortuary earlier on in your
20 cross-examination?

DIKELEDI MANAKA: Yes Counsel.

ADV. PATRICK NGUTSHANA: Ja, then lastly, the third bullet point. The deceased body was transferred from Cullinan on the 15th of August 2016 to Mamelodi Hospital. From my calculation it, that is from 25, no from 24 July to 15 August it is about 22 days inbetween.

5 **DIKELEDI MANAKA:** Yes Counsel.

ADV. PATRICK NGUTSHANA: There was a lapse of 22 days for the, that particular body to have been transferred from the date of death to Mamelodi Hospital.

DIKELEDI MANAKA: Yes Counsel.

10 **ADV. PATRICK NGUTSHANA:** Do you know what was the reason for this delay?

DIKELEDI MANAKA: I do not know Counsel.

ADV. PATRICK NGUTSHANA: And what was the state of, yes.

DIKELEDI MANAKA: The FMU manager is the one maybe who can tell why was this, but the report ... [interjects]

15 **ARBITRATOR JUSTICE MOSENEKE:** What if FMU?

DIKELEDI MANAKA: Facility Management Unit. But the report that the mortuary is not working well did reach my office and means were done to request storage from Mamelodi Hospital and the patient went and the services were sought to come and correct the situation.

20 **ADV. PATRICK NGUTSHANA:** And what state was your mortuary in, as at the time when it was reported to you?

DIKELEDI MANAKA: They said it is, it has a leading pipe, so they did not notice it earlier. So that is why they had the longer time that the patient spent in there, but after being noticed, means were done to shift the ... [interjects]

ADV. PATRICK NGUTSHANA: Or could it be the results of this leaking pipe that
5 the body of this patient ended up being decomposed whilst it was ... [interjects]

DIKELEDI MANAKA: It could be. It could be.

ADV. PATRICK NGUTSHANA: And any other reason? Were the fridges working? I will tell you this. There was evidence from one of the witnesses that it was, she knows the mortuary but that did not look like a mortuary. It was hot.

10 **DIKELEDI MANAKA:** Okay. The state of our mortuary at that time, it was working initially. Up until when it was spotted at this time of Joseph Gumede that it has a leaking pipe.

ADV. PATRICK NGUTSHANA: Yes.

DIKELEDI MANAKA: That ... [interjects]

15 **ADV. PATRICK NGUTSHANA:** Before you attended to it, how long was that pipe leaking?

DIKELEDI MANAKA: I do not know Counsel.

ADV. PATRICK NGUTSHANA: Okay. So okay, no it is fine. So you cannot assist us about the state of the mortuary at the time.

20 **DIKELEDI MANAKA:** What I know is that the before this Gumede come in, the mortuary was working.

ADV. PATRICK NGUTSHANA: Okay.

DIKELEDI MANAKA: All the patients that had, were deceased, were taken to our mortuary though it was never filled to the brim. We only have three storages and it was never full.

5 **ADV. PATRICK NGUTSHANA:** Okay, thank you. You have also stated that a prolonged exposure to hunger would ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: Before you step off that point. In this case alone it seems Mr Gumede was in your mortuary for three weeks.

DIKELEDI MANAKA: Yes Justice.

10 **ARBITRATOR JUSTICE MOSENEKE:** And his body became decomposed at the time it arrived in Mamelodi.

DIKELEDI MANAKA: So they say, but what I got from the facility, the FMU manager was that he was the one who handed over the corpse, and he did not see it being decomposed. So maybe his report as I said would be the one that is
15 needed.

ADV TEBOGO HUTAMO: Justice, Justice I tried to restrain myself with the line of questioning pertaining to the mortuary. These questions did not arise from cross-examination. The witness at no stage during cross-examination testified on the state of the mortuaries.

20 **ARBITRATOR JUSTICE MOSENEKE:** Well, if you had listened well Counsel, the witness did. I asked all those questions about the mortuary. You remember or not?

ADV TEBOGO HUTAMO: From the directive of the Justice it has been put to us that we make arrangements for the witnesses to deal with those specific matters relating to the state of the mortuaries.

ARBITRATOR JUSTICE MOSENEKE: Do you want to revisit the mortuary issue?

5 You are welcome to do so, but I ask the witness questions. Several questions about the mortuary.

ADV TEBOGO HUTAMO: What we say is that like we have made arrangements to get the relevant officials to deal with that topic.

ARBITRATOR JUSTICE MOSENEKE: No, that is fair. It is a different objection.

10 It is fair. He is really saying do not text this witness because the real mackoy are on their way. It is a fair point. You say I am bringing people with first hand information, so let us not waste time on her. That is fair enough. Counsel, what do you say to that?

ADV TEBOGO HUTAMO: Thank you Justice.

15 **ARBITRATOR JUSTICE MOSENEKE:** The state will call the real people.

ADV. PATRICK NGUTSHANA: Correct, but the witness has already indicated that it was reported to her, so it is a function that falls within her capacity to deal with as well. Otherwise it would not have been reported to her. So ... [interjects]

ARBITRATOR JUSTICE MOSENEKE: Ja, you are on your way moving anyway.

20 You want to get the next question?

ADV. PATRICK NGUTSHANA: Yes, I am moving to the next question Justice. I do understand. That is why I ended up by saying that she cannot assist us on that. So I appreciate the difficulties that she has.

ARBITRATOR JUSTICE MOSENEKE: Yes. If it is a witness with direct
5 knowledge, obviously you refer to that witness.

ADV. PATRICK NGUTSHANA: Correct Justice.

ARBITRATOR JUSTICE MOSENEKE: Okay.

ADV. PATRICK NGUTSHANA: You have stated that for those patients who were exposed to, that is to hunger for a prolonged period of time, it took you time to
10 correct their conditions.

DIKELEDI MANAKA: Yes Counsel.

ADV. PATRICK NGUTSHANA: On average, how long did it take you to correct this if ever you succeeded in correcting it. We know that some of these patients like Stoltz and so on, he was there for a month after being transferred from Siyabadinga
15 back to you. So I want to know on average how long does it take you to correct if ever that was corrected?

DIKELEDI MANAKA: It depends on the severity Counsel one. Two, it depends on the metabolism of each patient.

ADV. PATRICK NGUTSHANA: Yes. Okay, thank you and lastly it has been
20 suggested to you that you were trying to conceal some facts and so on, with reference to ELAH11. When it was recorded that for example these patients when

they died you had already taken over this NGO's and so on, and what I want to find out from you, you had already stated that it took you some time to correct the situation. You were in a crisis situation and so on. Is it correct that they are reflected under these NGO's because that was the facility under which they were
5 registered.

DIKELEDI MANAKA: Yes Counsel.

ADV. PATRICK NGUTSHANA: And in fact I do note that even the health Ombud's report it makes reference to the fact that they were registered under Siyabadinga, specifically these two other patients.

10 **DIKELEDI MANAKA:** Yes Counsel. But I admitted that since we took over, but because we do not have the admission or re-admitted them correctly into the system.

ADV. PATRICK NGUTSHANA: Yes, thank you Justice. I have nothing further to take this witness on.

15 **ARBITRATOR JUSTICE MOSENEKE:** Thank you. [Vernacular 02:31:55]. Thank you. We have asked you many, many questions because we really wanted to get to the truth and you are somebody important. Somebody who was executive management and who knew a lot about that rehabilitation facility so I must thank you for coming and being available for two days and also making available a
20 number of documentation to Counsel who asked for it.

DIKELEDI MANAKA: Thanks Justice.

ARBITRATOR JUSTICE MOSENEKE: We have a practice here where we invite the witness on her own or his own motion to say whatever they might want to say at the end of their evidence. I wonder whether you would like to take that opportunity and whether there is anything you want to say without being questioned by anybody
5 on your own.

DIKELEDI MANAKA: Okay, thank you Justice for the opportunity. Just to ventilate. Though I know possibly this might not be the correct platform, but I will say it anyway. I know for sure that this Life Esidimeni project, ... [inaudible] us all of us irrespective of you being a parent, irrespective of me being a nurse, a
10 psychiatric nurse, an acting matron it does not matter, but what I want to highlight is that maybe looking at a different angle, someone has to learn and I believe a lesson is taught in that mental health has been having difficulties globally and this one put a rubber stamp on it and the decision makers thereof, just poured us with the ... [inaudible] blood. We are suppose to care for the patients, yes which we are doing
15 and we are also being loaded with something that put us in the middle. In Sepedi they will say [vernacular 02:35:30]. Means I am the meat inbetween the two teeth, because one make a decision and I am directed. Everybody, but I believe this situation taught us something. Maybe from this process the government or the world as a whole will learn that even if a person is disabled, however disabled the
20 person is must not be discriminated one. Two even us as health care givers we are stigmatised by this project. When you go out, now that everybody is seeing me, when I go out everybody will be recognising me as a murderer. We know Cullinan

kills people, but in actual essence it would not be me, and maybe mental health in the whole world will be taken seriously from this process. Thank you judge.

ARBITRATOR JUSTICE MOSENEKE: [Vernacular 02:36:59]. We thank you for coming and we thank you for your views which are recorded and I am sure you know many the nation are listening to you as you say what you say. We have come to the end of the process and you are released from the chair if you want to move from there. Counsel, is there any housekeeping matters that we ought to talk about before we adjourn?

ADV. LILLA CROUSE: Nothing from our side, thank you Justice Moseneke.

ADV ADILA HASSIM: Justice, just one thing from our side. We have a witness schedule that has been circulated to the parties and for the purposes of making any amendments that are necessary as timorously as possible. We are trying to keep to quite a tight schedule. So in light of that, Counsel for the government has referred to a witness that will come to testify on the question of the mortuaries. Could we please ask that we are informed as to who will be coming and when so that we know how to prepare.

ARBITRATOR JUSTICE MOSENEKE: Yes. I have no doubt Counsel you will make that available and known timorously.

ADV TEBOGO HUTAMO: Indeed so Justice.

ARBITRATOR JUSTICE MOSENEKE: Yes, sure. And the next would be about Advocate Groenewald, are we all set for tomorrow to go?

ADV. DIRK GROENEWALD: Indeed so Justice. The families were here today as well, so but they we will arrange and everything will be in order for them to testify tomorrow.

ARBITRATOR JUSTICE MOSENEKE: Yes, and if they are done early there will
5 be three witnesses, not so?

ADV. DIRK GROENEWALD: That is correct Justice.

ARBITRATOR JUSTICE MOSENEKE: Ja, then we should be able to move over
to your first witness or so Advocate Crouse?

ADV. LILLA CROUSE: Thank you Justice. We have spoken to our learned friends
10 for those families. We have one witness that will not be available next week, and
we have tentatively agreed that we will slot him in tomorrow, in order to assist him
and my colleagues have agreed to that. My colleagues for ... [inaudible].

ARBITRATOR JUSTICE MOSENEKE: Yes. Very well, that sounds good. Look
like we are set to do some work tomorrow. A notice will be given as and when it is
15 appropriate. You are looking at me Advocate Ngutshana.

ADV. PATRICK NGUTSHANA: No, I am just listening Justice.

ARBITRATOR JUSTICE MOSENEKE: You are listening, okay. It is so. Some
people's eyes get bigger and bigger as they listen you know, but thank you. We are
done for the day. We are adjourned.

20

5

10

15

