THE IMPACT OF BATHO-PELE PRINCIPLES AT KING EDWARD VIII HOSPITAL

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CHAPTER I

1.1 BACKGROUND TO THE STUDY

Prior to 1994, the South African political system was built on the segregation ideology and characterized by racial disparities, fragmentation, duplication, with lip service being paid to the primary health care approach. There were fourteen (14) different departments of health care each having its own objectives. Access to health care for rural communities was poor. The financial burden of finding and financing transport to health facilities and payment for health service acted as a barrier to access to health care.

The different health administrative officers which were operating were situated in Ulundi, Pietermariztburg and Durban. These Health Departments functioned separately from each other and very little co-operation took place. It became clear therefore that the problems encountered were a result of social and political factors. It created major divisions between racial groups, which resulted in large disparities in terms of solid-economic status.

Over the past few years, South Africa has been through a process of transformation. During this time, the Department has learnt from others the perspective of health that recognizes good health as both the pre-requisite for social and economic development as well as outcomes of that process and also that health must be considered as an investment rather than simply as an expenditure (Improving Health Service Delivery, 2000.5).

The democratization of South Africa is central to a coherent programme of reconstruction and development. Therefore society requires a process of transformation of both the State and civil society. Indeed practical progress has been made in filling in the details of this transformation. Hundreds of new clinics have been built or rehabilitated and health care has been made free at the point of delivery for pregnant women, young children under the age of six and all who use the public primary health care system.

One of many transformation mechanisms is the White Paper system on Transformation of the Public Service Delivery. This document puts service delivery into perspective with the emphasis on improving quality of service.

Service delivery in public service can be defined as:
A systemic arrangement for satisfactorily fulfilling the various demands for services, by understanding purposeful activity, with optimum use of resources, to deliver effective, efficient and economic services, resulting in measurable and acceptable benefits to the customers.

The improvement of service delivery is therefore the ultimate goal of the public service transformation programme (Senior Managers Service Delivery Programme:4).

According to the Public Service Regulations, (2001 Date 5 January 2001 (Part III (c) the service delivery improvement programme directs the executing authority to establish and

sustain a service delivery improvement programme for his or her department and shall undertake the following:

- Specifying the main services to be provided;
- Consultation arrangement with potential customers;
- Improve the customers' means of access to services and barriers to increase access, Also specifying the mechanisms or strategies to be utilized progressively to remove the barriers;
- Indicating standards for main services to be provided;
- Arrangements as to how information about the department services are to be provided, and
- Stipulating a system or mechanism for complaints.

1.2. **FOCUS OF THE STUDY**

Since King Edward VIII Hospital (KEH) is a highly respected health institution, both nationally and internationally, this investigation focuses on how it has implemented the prescripts pertaining to the improvement of service delivery. This discussion will also focus on the extent of improving service delivery (Batho Pele) in this hospital, Batho Pele meaning people first, was officially launched in December 1999 at the hospital as part of the provisions of the White Paper on the transformation of the public service.

1.3. THE OBJECTIVES OF THE STUDY WERE:

- To identify the impact of Batho Pele principles,
- To identify the incoporation of Batho Pele principles in service delivery,
- To discuss the role played by the Chief Medical Superintendent in transforming this organisation,
- To analyse the changes brought about as a result of the appointments of the Human Resource Manager, the Financial Manager, the Communications Officer and also the handling of complaints,
- To look critically at the historical background of this organization,
- To identify the way forward,
- To discuss the recognition of KEH for the improved service delivery and,
- The introduction of strategic planning.

1.4 RESEARCH METHODOLOGY

The methodology selected for the purpose of this study is the case study approach which include both qualitative and quantitative collection of data. Quantitative research is used to explain and describe facts and policy instruments relevant to stakeholders. Qualitative research provides an understanding of policies and relevant legislation, literature and documents. Both these types of research contributed to make this study. Observation, self-reporting and archival has enhanced the completion of this study.

The main primary sources of data used are publications of health, policy documents issued by the National and Provincial Departments of Health, books, various other materials relevant to maintenance of this organization, acts and also personal documents.

1.5 LIMITATIONS

Some of the documents were readily available, but some were giving only the positive side of the events in this organization, and there is no proper filing system of documents produced by this organization for future use. This made it difficult to access these documents.

1.6 OVERVIEW OF CHAPTERS:

In the second chapter, the policies related to Batho Pele will be outlined.

In the third chapter the issues on health development will be studied. These will be obtained from literature on health, the principles of the RDP and the World Health Organisation (WHO).

In chapter four the history of King Edward VIII Hospital will be outlined up to the current period.

In the fifth chapter, Batho Pele Workshops which were held at King Edward VIII Hospital, will be studied with regard to their effectiveness in the implementation of

Workshop Principles in the institution. Furthermore the effect of Batho Pele Principles will be studied on Human Resources, Finance and Communication.

In the last chapter the character and the type of leadership required will be studied, in addition the outstanding staff performance and the future status of this hospital.

CHAPTER TWO

REVIEW OF THE POLICIES OF TRANSFORMATION

2.1 INTRODUCTION

This is a Sesotho term meaning "People First". People are members of the community and they should be regarded as customers. In private sector, the principle that the customer is always right prevails. Likewise, in the public sector, public officials should at all times remember that the main purpose of their employment is to serve the people. They should, therefore, be encouraged to spend more time and effort in ensuring that the needs of the community are satisfied. It is well known that the needs of the community far exceed the resources at the public officials' disposal. But the resources which they have at their disposal, should be utilized as effectively and as efficiently as possible.

Batho Pele Principles as contained in the White Paper of Batho Pele are similar to the guidelines emanating from community values. The principles emanating from community values include ubuntu, religious doctrines, fairness and reasonableness, efficiency, balanced decisions, thoroughness, integrity, honesty and legality. The principles of Batho Pele should therefore be applied in conjunction with the guidelines emanating from community values and the Reconstruction and Development Programme (RDP) Principles.

2.2 TRANSFORMATION IN PUBLIC SERVICE

There is an emphasis on transforming the public service. The reasons are to improve the quality of life of all the communities of this country and to inculcate the principles

of democracy and place the constitution as the supreme law of the Republic of South Africa. Therefore transforming public service delivery requires a comprehensive document and much more which supports this change.

2.3 TRANSFORMATION

In the words of Lord Fulton in Britain "the civil service is no place for the amateur. It must be staffed by men and women who are truly professional". (quoted by Van Der Waldt and Du Toit 1996:21). According to Lucienne Abrahams and Barbara Adair (1997:347), the commitment to address the basic needs of the majority of South African people for the quality health care, education, sanitation and other services asks for radical changes of the public service. Public servants are now experiencing public demands for increased and improved services. Also, management demands greater efficiency and new skills.

2.4 SHIFT IN PUBLIC ADMINISTRATION

Paradigm Shift: Prior to 1994, the public service was rules-bound and not focused on service delivery. After 1994, the new public service focused on service delivery and customer satisfaction. According to Sing (1995:2) paradigms are functional in that they establish a set of rules and regulations that create boundaries and indicate how to act inside the boundaries. In order to solve problems, he further stipulates that a paradigm shift is a change to a new set of concepts, values, perceptions, beliefs, assumptions and practices.

With respect to the challenges which are facing health institutions, a paradigm shift is needed. In other words, there has to be a change from a narrow, clinical, individual, hospital-based perspective to a broader community and population-based public health (Sing 1995:5) where the health care workers and users will work in synergy to produce a truly people-centred quality service.

2.5 THE CONSTITUTION OF SOUTH AFRICA

According to Chapter 10 of the Constitution of South Africa, the requirements of public administration include the following:

That services be provided impartially, fairly and equitably and without any bias,

Must be development-orientated;

Resources to be utilized efficiently, economically and effectively;

Services should be responsive to peoples needs;

That the public sector participate in policy-making, and

An emphasis on accountability and transparency.

2.6 THE PRESENT SITUATION

There are huge disparities in predominantly African institutions than those historically White institutions who were advantaged by a system in the past. The emphasis of this new dispensation is that the service should be provided fairly and equitably.

2.7 BUREAUCRATIC AND RESOURCE MANAGEMENT

Redtape which has existed in public organizations has resulted in resources being used inefficiently, therefore transforming organizations will require flatter organograms and decentralization of responsibility. According to Wallis (1995:87) bureaucratic administration is based on legality, a quality that can easily be lost during times of transition and uncertainty. He further stated that this mode is hierarchical and centralized and is not for the type of organisation that wants to learn well from experience, nor does it adapt well to the changing environment.

The resources should be used efficiently and effectively. According to the World Development Report (1997:110) there should be better policies and programmes, which better reflect the aspirations of the society. Information and responding to citizens will raise the state's effectiveness by improving the monitoring of public goods and services and forcing greater transparency in decision making and encouraging wider participation in the design and delivery of these goods and services.

2.8 UNRESPONSIVE STATE

The state which is unresponsive to the needs of the society will find it difficult to accommodate and be trusted by the society. There is therefore a need, according to the World Development Report (1997:111), (because of the spread of education and information and the growing pluralism of nations) to create new pressures on the state to listen and respond to the voices of their citizens.

According to the World Development Report (1997:119) responsiveness means changing not only the way state departments work with customers, but also the way state departments are organized and reward their workers. Resistance to working with customers can be high and can create an atmosphere that is incompatible with a more customer-based approach. Greater consultation and partnership with society will show improvements in the process of public policy making and in the quality of service delivery.

2.9 CHAPTER 2 OF THE CONSTITUTION OF REPUBLIC OF SOUTH AFRICA

Section 27 of the Bill of Rights emphasizes the rights of people of South Africa to Health Care Services which include reproductive health and stresses that no one may be refused emergency medical treatment, though the function of the state is to take reasonable legislative and other measures within its available resources to achieve the realization of these rights.

2.9.1 Just Administrative Action

This section 33 emphasises that just Administrative Action should be lawful, reasonable and procedurally fair and those people who are adversely affected by the administrative action must be given written reasons.

2.9.2 The RDP White Paper

This Paper seeks to mobilize all people and the resources towards the eradication of apartheid and also represents a vision for the fundamental transformation of South Africa which means:

Meeting basic needs;

Developing human resources;

Building economy;

Democratizing the state and society and;

Implementing RDP.

The important part to be deal with is the first two.

Basic Needs:

The basic needs of the people are given as follows:

- Jobs,
- Land,
- Housing,
- Water and Sanitation,
- Transport,
- Food and,
- Health Care

In creating the infrastructure to meet these needs, the RDP encourages and supports the participation of people in making decisions about how they should be managed.

2.9.3. Developing Human Resources

The RDP seeks to empower people through appropriate training and education programmes and specifically the recognition of previously disregarded skills and integrated approach to education and training which will make it possible to achieve maximum capacity. The other area is the unequal distribution of staff between provinces and also staff inadequacies at the primary health care level. The challenges are thus to retain health sector staff and to redistribute them between areas and levels of care.

2.10 AIMS OF RDP IN PUBLIC SECTOR

To rebuild a public service which is a servant of the people and is accessible, transparent, accountable, efficient and free of corruption. To reduce consumption and personnel expenditure while increasing capital expenditure. The problem of disparity and the need for affirmative action needs to be addressed.

2.11 THE ACHIEVEMENTS OF THE RECONSTRUCTION AND DEVELOPMENT PROGRAMME IN THE HEALTH SECTOR

Over the past six years the Health Department has successfully transformed from a fragmented racially divided department favouring the urban populations into an integrated comprehensive, coordinated service driven by the need to redress

historical inequalities, and to give priority to the provision of essential health care to disadvantaged people, especially those residing in rural areas.

In spite of the shortcomings, the Department of Health has successfully transformed from an old order department to a democractic institution, though there are still challenges lying ahead.

These are some of the achievements:

- The elimination of discriminative structures and practices in the public sector.
- Consolidation of 14 fragmented health administrations inherited from a apartheid system into one Department of Health, working closely with the provincial departments in the nine provinces.
- Transformation of the public health system from fragmented racial divided hospital centred service to an integrated, comprehensive national service that emphasizes the health needs of disadvantaged people, especially those living in rural areas.
- Expansion of the primary care infrastructure since 1994, 700 new clinics have been built and also 2298 existing clinics were upgraded and have received new equipment.
- Free services for pregnant women and children under the age of six years were introduced.
- The provision of primary school nutrition services through which 5 million children have benefited. This has created employment opportunities.

- The introduction of community service for newly graduating South African doctors.
- Prohibition of smoking in public areas and ban the advertising of tobacco products.
- Commencement of the system of inquiries into maternal deaths to ensure the prevention of unnecessary deaths.
- Implementation of the Choice on Termination of Pregnancy Act 1996 and training of midwives in terms of pregnant and post abortion counseling.
- Introduction to Hepatitis B Vaccine in April 1995 and HIB Vaccine in July 1999.
- Launch of "Partnership against AIDS" by the then Deputy President Mbeki in October 1998 to intensify efforts made in addressing the epidemic and the development of government AIDS plan under the auspices of Inter Ministerial Committee on HIV/AIDS.

2.12 BATHO PELE WHITE PAPER

The fundamentals of this White Paper on the transformation of the public service identify service delivery as one of the transformation priorities. But the most guiding principle of public service will be that of service to people. Therefore the fundamental shift is of culture whereby public servants see themselves first and foremost as servants of the citizens of South Africa, and also where the public service is managed with service to public as its primary goal.

The delivery of public service means redressing the imbalances of the past which means service delivery must focus on meeting the needs of 40% or more citizens living in poverty as well as other groups who have been previously disadvantaged.

The priorities of transformation are as follows:

- Human Resource Development,
- Rationalising and restructuring of resources, both material and human
- Professional service ethos,
- Improving physical facilities,
- Affirmative action,
- Employment conditions and labour relations.

The service delivery concept fits the policy of economic development, growth, employment and redistribution (GEAR) in that it seeks to improve:

- Growth, Employment and Redistribution,
- Reduction of unnecessary government spending or consumption,
- Release resources for productive investment and
- Redirection of resources to areas of greatest needs.

The White Paper on transforming public service delivery urgently seeks to introduce fresh approaches to service delivery and this puts pressure on:

- Systems.

- Procedures.
- Attitudes and behaviour to shape the public service in the customers' favour.

What is important about the Batho Pele White Paper is that it also sets out the following:

- A single set of national principles,
- Mechanisms for practical improvements which can be applied flexibly to meet varied circumstances,
- Creation of an enabling environment which encourages customer oriented systems and attitudes,

It is also important that to do the following when putting people first:

- Listen and consider their views,
- Treat them with respect and consideration,
- Provide them with services of the highest quality, and
- Respond when service delivery falls short of what was promised.

The term 'customer' is used interchangeably with citizen, when talking Batho Pele. A distinction can be made between internal and external customers. The former refers to staff in the employ of the department and the latter refers to citizens, the users of the service.

2.13 THE PRINCIPLES OF BATHO PELE

There are eight principles for transforming service delivery. They are as follows:

- Consultation,
- Service standards,
- Access,
- Courtesy,
- Information,
- Openness and transparency,
- Redress, And
- Value for money.

2.13.1 **Consultation**

This is about asking customers what their needs are and finding out how best their needs can be met. It is important to consult as many customers as possible and use the information received to help improve the service to them (Best Practice Report, 4:2001).

Citizens should be consulted about the level and quality of the public services they receive and wherever possible, should be given a choice about the services that are offered.

Consultation is important so as to foster a more participative and co-operative relationship between those who are being provided for (customers) and providers

(government departments). The basic values and principles governing public administration are found in chapter 10 of the Constitution of RSA 108 of 1996 and include that people's needs must be responded to, and the public must be encouraged to participate in policy-making Section 195(c).

2.13.2 **Service Standards**

If it is known what is important to customers, service standards can be set which must be measurable and be realistic depending on the resources available (Best Practice Report 4:2001).

Citizens should be told what level and quality of public services they will receive so that they are aware of what to expect.

Standards must be precise and measurable so that users can judge for themselves whether or not they are receiving what was promised.

The Constitution Chapter 10 195 (A) is in line with the service standards principle in that it requires a high standard of professional ethics which must be promoted and maintained.

2.13.3 **Access**

Access applies especially to the previously disadvantaged sector of community and to people with special needs. These needs include access to departments for the

physically disabled, or having services which is too far away for people to visit (Best Practice Report 4:2001).

All citizens should have equal access to the service to which they are entitled.

The Batho Pele principle calls for provincial and national departments to specify specific treatment for progressively increasing access to those who have not previously received it.

Chapter 10 of the Constitution of South Africa emphasizes that services should be provided impartially, fairly, equitably and without bias.

2.13.4 **Courtesy**

Courtesy is being polite to customers, friendly, helpful and treating everyone with dignity and respect. The manager should train and access staff in customer care also managers should monitor the relationship between front line staff and customers (Best Practice Report 4:2001).

Citizens should be treated with courtesy and consideration. Departments must specify the standards for the ways in which customers should be treated and these must be included in the department's codes of conduct.

- Greeting and addressing customers,

- Identification of staff by names when dealing with customers whether in person on the telephone or in writing,
- The style and tone of written communications,
- Simplification and "customers" friendliness of forms,
- The maximum length of time within which responses must be made to enquiries, and
- The conduct of interviews.

2.13.5 **Information**

It is about reaching all customers to make sure they are well informed about the service being provided. This may be done in a number of ways for example through newspapers, posters, radio and leaflets (Best Practice Report 5:2001).

Citizens should be given full accurate information about the public service. They are entitled to receive information that must be provided in a variety of media and languages to meet different needs of different customers. There should be a name and contact number for obtaining further information and service.

2.13.6 **Openness and Transparency**

Batho Pele Principle encourage departments to be open and honest about every aspect of the work. The annual report should be published to tell citizens how resources were used, how much was spent on staff and equipment. It should also include how departments performed, if standards were met. During Open Days, departments

should invite members of the public to show the way the departments runs its business (Best Performance Report 5:2001).

Citizens should be told how national departments and provincial administrations are run and how much they cost and who is in charge.

Chapter ten of the constitution act 108-1996 SA section 195 (g) also deals with transparency which must be fostered by providing the public with timely, accessible and accurate information.

2.13.7 **Redress**

Redress is making it easy for people to speak if they are unhappy with service. Staff should be trained to deal with complaints in a friendly, helpful manner. Where the department went wrong they should apologize and put the problem right as quick as possible (Best Practice Report 5:2001).

If the promised standards of service are not delivered, citizens should be offered an apology. A full explanation and speedy and effective remedy should be given when complaints are made, citizens should receive a sympathetic and positive response.

2.13.8 **Value for Money**

This principle includes giving customers the best service using all available resources. it also means eliminating waste, fraud and corruption and finding new ways of improving service at little cost (Best Practice Report 5:2001).

Public services should be provided economically and efficiently, in order to give citizens the best possible value for money. Chapter 10 Section 195 (b) also deals with the fact that efficient economic and effective use of resources must be provided.

2.14 CONCLUSION

Transformation in public service delivery is important so that South Africa can truly reflect the democratic principles within its society. Before 1994, health systems in particular were built on apartheid and characterized by racial and demographic disparities, fragmentation and duplication with lip service paid to primary health care. This must change so that the needs of society are achieved.

The review of these documents shows the intent of the state to shift from the old order and place the new civilized order, where the constitution of the country supports policies on public service transformation and also the RDP objectives. The bottom line is to transform. Also begin to deliver services in a much more efficient manner in order to benefit the masses.

CHAPTER 3

DEVELOPMENTAL ISSUES OF HEALTH IN SOUTH AFRICA

2.15 INTRODUCTION

According to Stewart (1971:4) the evolving society calls for the provision of abundant food supplies, pure water, adequate shelter and satisfactory refuse and sewage disposal and this state of affairs is not always achieved. If these environmental requirements are non-existent or function in a limited way, then disease and resistance will flourish. Medical men with others have to come in and cure this situation. A strict policy approach should be adopted to control diseases.

Therefore, when examining development, it is a complex phenomenon which happens in different places at different levels and in different ways. It is dynamic and multi-dimensional and focuses on a changing inter-relationship between general forces for example political, social and economical forces bringing about or preventing development. The level of solid economic development is a critical determinant of political success or failure. Development should be orientated towards sustainable development that has as its core element, a commitment to equity and capacity building and creation of opportunities and also sustaining life and providing opportunities for the historically disadvantaged, meaning affording all individuals an opportunity to participate in policy choices.

Trust is also important among the public, private and civil society through the development of formal consultation processes, policy forums and joint marketing internationally.

According to Health System Trust (2000 viii), important areas of health care progress have been achieved. In particular is the development of detailed guidelines for a number of areas of specialty. The improved policy implementation, management of childhood illnesses has been adopted and the national programme to address acute childhood illness. Unfortunately these benefits in terms of health status which is expected to grow is being compromised by both the HIV/AIDS epidemic and by poor funding.

3.2 DEFINITION OF TERM "DEVELOPMENT"

It is the act or an instance of developing the process of being developed or a stage of growth or advancement (Tulloch 1993:396). According to Provisional Development (1995:5), the concept can be associated with growth, improvement, transformation, modernization and upliftment and other approaches will be to move away from poverty, housing, lack of food and other material resources.

3.3 EQUALITY

Activities in Science and technology (1988:1) stipulates that the ethical concept of equality constitutes an essential factor in development in relation to which it should be possible to conduct and assess economic growth. It appear that the real challenges

are not so much to get back to discover ways of attaining growth that is far from being directed or confined to economic field alone but which includes the objectives of cultural and human development and makes it possible to satisfy the overall needs and aspirations of humanity.

The four basic principles of RDP which play an integral part in the building of a democratic, non-racial country are as follows.

1. Programmes must be integrated and sustainable.
2. Peace and security must be promoted.
3. All citizens must work towards nation building by linking reconstruction and development.
4. The democratization of South Africa must be ensured.

Regarding Health Development in South Africa five historical phases can be identified. In the first phase 1910 - 1919) the Health Service was the responsibility of colonial governments. During the second phase (1919 to 1940) the central government was responsible for the prevention of infectious diseases, the Provincial Government responsible for curative medicine, while the local authorities were responsible for environmental health. During the third phase (1940 to 1950) the government had a vision of a unified, comprehensive and state funded national health service. During the fourth Phase (1950 to 1994), the government passed legislation on racial discrimination and segregation which badly affected health services in the

country. The fifth phase is characterized by demands for fundamental reform, defragmentation and deracialisation of government structures. The Reconstruction and Development Programme was introduced in order to strengthen the democratization of the country.

In support of the principles of Batho Pele and the RDP, the World Health Organisation (WHO) principles should be taken into consideration. Among these principles WHO emphasizes that there should be enjoyment of the highest standards of health and co-operation on the part of the public in health development.

The Health Systems Trust (2000: viii). South Africa Health Review is of the view that, the promotion of equity is a cherished ideal of key policy documents relating to health care though it is regrettable that in respect of the most basic pre-requisite for equity in the public sector, the trend towards increased equity which took place during the first few years of democratic government appears to have been reversed as a result of changes in mechanisms of funding. Resource distribution between public and private sectors remains the state of greatest inequity. The 1998 regulation of medical schemes was also aiming at contributing to the promotion of equity through encouraging risk pooling and avoiding referring private patients to the public sector. The transformation of local government creates the opportunity for successful establishment of district health systems, which have the potential to improve the quality of life of many people who are poor in South Africa.

According to Professor William Hsiao (quoted by the travelling seminar on the attainability and affordability of equity in health care (Franklin 1997:2), the attainability and affordability of equity in health care provision have a number of prerequisites for achieving greater equity. Noting the tendency of leaders to focus on financing strategies, he stressed that human resource development, management capacity and information systems were equally important factors in the attainment of equity. Adequate revenue generation and its allocation and used require leadership, political will and in turn these requirements depend on public support and satisfaction with the quality of service provision. David McCoy and Lucy Gilson (1997:3), quoted by Franklin (the traveling seminar on the attainability and affordability of equity in health care), see the development of systems for monitoring and evaluation which specifically identify and monitor change as key aspects of health care inequalities. They identified and selected indicators which include financial allocation, accessibility, provision of services, quality care, health care decision-making processes and population trends and they outlined factors to be considered in the selection of indicators both to measure, but more importantly for driving the process of change.

Gerald Bloom (1997:2) argues that the first step for government is to recognize their inability to ensure access to all health services so that they can concentrate on measures that yield the greatest benefits. Restructuring of the health sector is the first major task toward equity which entails:

- Placing equity at the centre of Strategic Plans,
- Setting clear objectives for improving access to basic health service,
- Formulating strategies for best use of available resources, and
- Monitoring progress.

3.4 COMPONENTS OF THE HEALTH SECTOR STRATEGIC FRAMEWORK

The National Health Department has come up with a core business strategic framework so as to strengthen the implementation of efficient and effective and high quality health services. There are ten components for development of a strategic framework in South Africa which are enumerated below. These set out health priorities of the department of health for the period 1999 – 2004 and this is for strengthening the implementation of efficient, effective and high quality health service (Buch 2000:58).

- Decreasing morbidity and mortality rates through strategic interventions. Combat infant morbidity and mortality. Poor nutrition and trauma,
- Revitalization of public hospitals. Provincial physical facilities planning framework,
- Accelerating delivery of an essential package of primary health care services. Training of staff in appropriate clinical and non clinical skills,
- Improving resource mobilization and management and equity allocation. Optimising the balance between personnel and operational expenditure,

- Improving human resource development management. Developing and implementing human resource policies,
- Improving quality care. Strengthening the Batho-Pele Programme. Currently being rolled out in the department incorporating the principle in the patient charter,
- Enhancing communication and consultation in health system and with communities. Building communication as a management competence,
- Legislative reform. Change of legislation to allow non-medical personnel to head hospitals,
- Re-organisation of certain support service. Restructuring and transformation of emergency medical services, and
- Strengthening co-operation with international partners. Liaising with CUBA with regards to medical officers.

3.5 WORLD HEALTH ORGANISATION DEVELOPMENT STRATEGY

The World Health Organisation (1990:8) throughout the world has chosen the primary health care strategy for health development and providing a programme for the progressive establishment of a five-tier health service comprising of the following:

- One primary health post in each village,
- One health and social action centre for every 15 000 to 20 000 inhabitants, serving a maximum radius of 20 km,
- One medical centre for every 15 000 to 20 000 inhabitants,

- Ten regional hospitals and
- Two national hospitals.

The objectives are:

- Access to health care for all.
- The establishment of maternal and child health care.
- Stepping up of immunization campaigns to combat communicable diseases.
- Health education for the masses.

The South Africa Health Department has come up with the strategic planning to improve health in this country.

3.6 MEETING THE OBJECTIVES OF STRATEGIC PLANNING FOR DEVELOPMENT IN SOUTH AFRICA

According to Buch E (2000:59) the operational plan for the 2000-2001 year has been developed. This strategy offers useful insights into the steps that top managers envisage the national department must undertake towards achieving the strategic frameworks objective and will allow the department to track short term progress over and above this short term plan. There is a broader implementation plan for the five year period and for prioritization of elements of the framework and this plan will enable provinces and local government to better align their efforts with the priorities of the strategic framework.

3.6.1 **The Areas of Strategic Interventions**

The strategic framework covers intervention aimed at reducing morbidity and mortality (Buch 2000:59).

- Amongst children and youth,
- Communicable diseases including HIV/AIDS, tuberculosis, malaria and immunisable diseases,
- Improving nutrition and food security,
- Non communicable diseases including chronic diseases, substance abuse, cancer and mental health, and
- Improved emergency services

Buch (2000:59) believes that the strategic framework and the national guidelines emerging for various health problems are in line with what is considered best practice internationally. There has been clear progress, though there have been questions about the ability to size up success because some programmes have insufficient evidence that they are emerging at the scale required for example.

- 10% reduction of substance abuse over a period of five years,
- Nutrition targets of reducing wasting to 1% and underweight children to 5%, over the period of five years,
- Poverty alleviation and food security programmes,
- The targets of reducing under 5 mortality, especially because of its link to HIV/AIDS,

- The use of anti-retrovirals to stop vertical transmission seems an essential under 5 mortality intervention,
- Empowering parents to identify and know what action to take in the face of major killers of children e.g. pneumonia, diarrhoea. These are emerging but very slowly, and
- Scaling up the successful plan of HIV/AIDS especially in achieving effective home base care.

According to Buch (2000:60), the integrated management of childhood illness initiatives and community based monitor care are examples of services that depend on having a Primary Health Care foundation. Upping immunization to 90% full coverage up one year olds and cure rates for tuberculosis to 85% are bold and appropriate targets, that not only require strong primary health clinics but also depend on the ability of services to reach those with greatest need; the poorest. The evidence suggest that they remain under-funded. Addressing this equity gap is critical to success.

3.6.2 **Revitalisation of Public Hospital Services**

The strategic framework sees the goals as the following:

- National Planning.
- Rehabilitation of hospital stock, and
- Uniform patient billing system.

It has been noted that work has progressed in all these areas. Though time frames were ambitious, the national planning framework envisaged mechanisms for co-ordinating planning of affordable service packages across levels of care which means setting targets for the following.

- How many public hospitals should there be in the country.
- How many beds at different levels of care.
- Where should they be allocated? and
- What technology should be available?

The truth is that, even if there is optimal efficiency, Health Departments cannot immediately afford to give all citizens the number of hospital beds they would like to and what modern medicine has to offer. In a country like South Africa, the issues are around consistent improvement of the baseline. South African issues are still around providing services for all who were historically disadvantaged. Therefore, South Africa needs to accelerate the implementation of the decision to decentralize management authority for improved efficiency and quality care. Strategies need to be designed that can hold all these revitalization elements together and combine them into the fabric of organization function, build loyalty and morale amongst staff and ownership of responsibility by management.

3.6.3 **Providing Primary Health Care through the District Health System**

According to Englebrecht (2000:1), the new health system in South Africa is now six years old and the envisaged national health system will have district health

systems as basic building blocks and this is the vehicle for providing primary health care as an important pillar to the reform process. DHS allows managers to take charge of services and available resources. Only when health budgets are managed at district level, will South Africa be able to say that it has a DHS. For this to happen, districts and provinces require decision-making powers and capacity away from the centre. Decentralization is therefore a key concern in district development.

Nicholson (2001:26) is of the opinion that the primary health care approach should emphasize general health care rather than curative health care and this approach is based on the following:

- Resources must be distributed equitably.
- Communities should be involved in the planning, provision and monitoring of their health service.
- Greater emphasis should be placed on services that help prevent diseases and promote good quality health.
- Technology must be appropriate to the level of health care, and
- There should be a multi-sectoral approach to health

Buch (2000:63) argues that, in considering the current shortfalls, achieving the equity targets of the full essential package of primary health care in all facilities seems unlikely, unless there is a major review of financing and human resource strategies.

3.6.4 **Resource Mobilisation and Management**

Engelbrecht (2000:15) is of the opinion that people with knowledge and skills of the various administrative systems in operation were acknowledged by districts and that the managers on the other hand were often not aware of how the system could assist them in their tasks as managers.

Districts such as Mount Currie listed the range of resources on the operational support systems for example:

Finance	Financial Management System (FMS)
Human Resources	Persal (Personnel Salary System)
Store Provision	PAS (Provisioning Administration System)
Equipment	Asset Management System
Vehicles	First Auto System

Although most staff were aware of what they should be doing, they did not have updated job descriptions and the other aspect was that the roles and relationships between line function and support service staff were unclear.

Buch (2000:63) believes that the strategic framework highlights a number of other aspects. It is important to improve resource mobilization and management and also the equity allocation. This is broadly related to four areas which are funding and budgeting, financial and resource management.

3.6.5 **Improve Human Resource Development and Management**

Buch (2000:65) believes that a number of activities of human resource development and management were outlined in the strategic framework. The targets which were set are the following:

- Postgraduate training,
- Community service,
- Incentives, and
- Doctor support in primary health care.

He also believes that much has been done to set the base for transformation of professional education and practice. This includes identifying core competencies, curriculum change and continuing professional development and admission policies. The implementation of community service for pharmacists and dentists with all benefits is on the way. Incentive packages for scarce personnel such as doctors and those who work in disadvantaged areas including retention of primary health care nurses should be negotiated by 2001.

The strategic framework also identifies a set of needs for more effective human resources management including the following:

- Skills and systems,
- Streamlining discipline,
- Supportive supervision, and
- Retention of staff.

It is important to note that skills development in human resource management is critical not only at the managerial level but also at the operational level.

The development outlined above will yield the necessary flurry and more detailed effort in this critical field of human resources development and management which without it, little in the strategic framework can succeed (Buch 2000:66)

3.6.6 **Quality Care Improvement**

Buch (2000:66) believes that most of the strategic framework ultimately impacts on service quality and also that better wages have not brought greater staff commitment to Batho Pele and that finding sustainable ways of living up to Batho Pele still remains a key challenge. The sustainability of quality initiative in the face of the financial pressures failed by provincial and local government will remain a major challenge and therefore a systematic effort, innovative approaches and allocation of resources will be required for improved quality service.

3.6.7 **Improving Communication and Consultation**

Clarke (1999:5) believes that communication in a district occurs in many ways. It occurs face to face between health workers and patients, health workers and managers, managers and their superiors and this occurs over telephone, fax machine, e-mail and even community radio. There are many forms but the basic principle is the same to convey a clear message, the person receiving the message

understands it and that one of the key elements of good communication is to ensure communicating with the right people.

Buch (2000:67) argues that the commitment to becoming a communicating organization is not strong enough and also that improving communication and consultation is not an easy task. Approaches which have proven their worth in large private corporates, need to be applied and innovative methods tested.

3.6.8 **Re-Organisation of Support Services**

Buch (2000:67) agreed that there are areas in which have received attention for example the office of registrar of medical schemes has been re-organised for greater effectiveness and the establishment of the National Health Laboratory Service. Also the transfer of Forensic Mortuaries from Police to Health has been agreed on.

In terms of the development of information systems, very little has been done to link government departments, introduction of tele-medicine and district health information systems. There is a big challenge to further develop the health information system so that both can be used by managers to enhance decision making.

3.6.9 **Legislative Reform**

Nicholson (2001:32) argues that since 1994 the responsibility of health has been in the hands of the provincial health departments who have taken a lead in transforming health. They have drawn up their own legislation, setting out how their health districts should be governed and administered with the help of legislation on a national policy – the White Paper for the Transformation of Health Care in South Africa.

Buch (2000:67) is of the opinion that a number of pieces of legislation have been passed over the past five years and also that now is the time to replace the 1977 Health Act which has its roots deep in the apartheid era. A Health Bill has been in existence in the form of various drafts for five years but is still not law.

3.6.10 **Co-operation with International Partners**

Buch (2000:68) believes that South Africa has played a significant role in the World Health Organisation, more importantly by its contribution in developing the Southern African Development Community Health Desk though this seems to be developing well, it will require greater capacity to become fully effective.

3.7 CONCLUSION

Although a lot of work has been done to develop the South African Health, much wok still lies ahead, but much has been done. The most important issue is to build primary health care which can be sustained, the problem of funding still creates

problems in initiating development to address health issues in this country. A strong decisive move by the health ministry is needed to see to it that the strategic framework is implemented and evaluated if it is to yield better results to uplift rural communities who are still disadvantaged and to improve existing structures.

The evaluation of the strategic framework should be continuous, so that it achieve better results to uplift rural communities who are still disadvantaged and the improvement of existing structures is also important if it's to achieve equality in Health Care.

CHAPTER 4

THE ESTABLISHMENT OF KING EDWARD VIII HOSPITAL HISTORICAL PERSPECTIVE

4.1 INTRODUCTION

King Edward VIII Hospital is situated in Congella, Durban. It was officially opened by the Earl of Clarendon, on December 3rd 1936. Exactly one week later King Edward VIII of UK abdicated and it is therefore one of the few in the world which bears his name.

In the early years much of the work was being done by the mission hospitals. An example was McCords Zulu Hospital, which was established in 1906. African and Indian patients were both inadequately catered for in existing provincial hospitals. McCords Hospital also provided both medical care and facilities for the training of African Nurses.

Prior to the building of King Edward VIII Hospital, African, Indian and Coloureds were treated at Addington Hospital where accommodation was grossly inadequate. They were housed in old military huts of the 1914-1918 war. The medical and surgical cases were mixed. Children were also housed with adults. The epidemic of malaria between 1931 and 1932 highlighted the shortage of hospital beds.

The 1925 Vos Committee and Thorton Committee of 1929 stressed the need for a national health service, the expansion of facilities for all races, in particular for Black patients. Both committees never considered that Addington Hospital could be rebuilt

to meet modern requirements. The African accommodation was poor beyond description (Golden Jubillee 1986:5).

4.2 BUILDING OF KING EDWARD VIII HOSPITAL (KEH)

This hospital was built next to the City Fevers Hospital on its present site. There was an increase in the number of hospitals in the then Natal after 1930. The hospital comprised two large separate blocks of general ward referred to as N (Native) Block and I (Indian) Block, a theatre complex, an X-ray department and surgical and medical outpatients departments. A maternity section and resident doctor's quarters were also built along with the maintenance building.

At the opening of the hospital the staff consisted of a medical superintendent, his deputy, a matron in-charge of nursing staff, seven resident doctors, one dental surgeon, four honorary visiting surgeons and honorary visiting physicians.

While the opening was welcomed by most people, it was confronted by many problems. The first problem was the lack of funds, which prevented the purchase of necessary equipment. This problem was alleviated by second hand equipment from Addington Hospital. Nurses used their initiative making mattresses out of grass from the grounds and also using trolleys from the kitchen to transport equipment. The other major problem was the shortage of bed space.

Deteriorating conditions in rural areas and rapid industrialization saw the population increase in Durban between 1930 and 1940. This was accompanied by many socio-economic problems associated with poor health.

Dr Stevenson (1986:6), the first medical superintendent at KEH quoted in Golden Jubliee wrote that "an enormous amount of work arises from preventable causes, hospital and public health work are intimately connected, the health of non-European people is deplorable and this is mainly because of poverty and the inadequacy of public health measures. Nearly all native patients are grossly undernourished and infected with intestinal parasites, the incidence of TB and venereal disease in fantastic".

The figures below show how much the hospital expanded in those early years (Golden Jubilee 1986:6).

Table 1

The Expansion of Number of Patients from 1937 to date

Average No. of:	**1937**	**1940**	**1944**	**1950**	**1995**	**1998**	**2001**
Occupied Beds	500	820	1100	1636	1913	1913	1384
Patients Admitted	13350	27125	36345	45447	1560	68817	56093
Outpatients	29100	69000	302315	415293	1392986	635333	933336
Births	300	2000	3520	6347	9413	7558	7425

4.3 DEVELOPMENT BETWEEN 1940 TO 1956

In 1948 the City Fever Hospital adjacent to King Edward VIII was taken over and was moved to Wentworth. In 1949 Point Hospital was taken over from the Indian Immigration Bureau. In 1956, the World War II Imperial forces transit camp at Clairwood Hospital was acquired to build 1400 beds. In 1940 the Beatrice Street Clinic which was formerly the Indian-African Clearing Station was donated by the Indian and African Line. This was part of extending the out-patient facilities away from this hospital.

In 1947, the Medical School was established in Durban as part of the University of Natal. It was approved in principle by the cabinet and the treasury approval was granted in 1950. The official opening was in 1951, which saw a first group of students start training in 1955. These developments culminated in King Edward VIII being designated a teaching hospital. The agreement between the University and the Province was entered into, in terms of which the Natal Provincial Administration has over the years made financial contributions towards maintenance and development of the Medical School. With the inception of the Medical School, major expansion of the building resulted. The creation of the Medical School also brought about changes at King Edward Hospital from purely a service type of hospital. The emphasis was on teaching as well as on service.

4.4 THE PASSING OF THE GROUP AREAS ACT

The Group Areas Act 36 of 1966 caused gloom and despondency. The Natal Provincial Administration policy was not to extend patient accommodation but to move King Edward VIII Hospital out of the White zone, a system of non-white hospitals was developed.. Only one hospital was built out of this system which was RK Khan for Indians in Chatsworth and for Africans this plan never materialized until Prince Mshiyeni Hospital in Umlazi was built. These initiatives were to lighten the load on King Edward VIII Hospital. But all problem cases were still transferred to this hospital on a daily basis to seek medical expertise provided there. As King Edward VIII Hospital became well known, patients were referred there from all over Natal.

In early 1980s there were changes in the policy, which resulted in improvement of some facilities e.g. psychiatry block, eye clinic, laboratory and catering department. However despite these efforts there were still some very unsatisfactory facilities remaining. With all the shortcomings this hospital remained one of the major training hospitals in the country for both undergraduate and postgraduate students. Also paramedics were given training in such fields as physiotherapy, radiotherapy, nuclear medicine, ultrasound, pharmacy, speech and therapy and medical technology (Golden Jubilee 1986:7).

4.5 PRE-TRANSFORMATION

Between 1994 and 1995 the hospital was characterized by series of strikes and disruption of services, which saw the appointment of late Chief Justice Mall to

intervene and investigate these events. Part of Justice Mall's Commission findings were that the:

- Organisational Structure was dysfunctional;
- He recommended the appointment of Human Resources Manager and Finance Manager.

The Kwazulu Natal Accounts Committee and Auditor General Report's (1998) was concerned at the lack of administrative and financial capacity of this hospital.

4.6 STRATEGIC PLANNING INTRODUCED

When Dr SA Mhlambi was appointed in May 1999 as the first ever African Chief Medical Superintendent, he realised that the recommendation by the Mall Commission had not been implemented since its recommendation in 1996. By applying a simple strategy of stopping the bleed and rot, he managed to rescue the sinking ship and revive the once respected and famous hospital. He also championed the process of drawing a strategic document for the hospital in order to ensure that workers operate within a specified vision and mission statement.

In summary, this was the strategic plans main features:

4. 6.1. Vision Statement

The vision statement, which was adopted is as follows:

To be the leader in provision of an innovative quality health service in the spirit of Ubuntu and thereby contributing to a healthy nation.

4.6.2. Mission Statement of Intent

To provide a sustainable integrated health service within the district health system through incorporating the principles of Batho-Pele in daily practices, developing, recruiting and retaining a generation of appropriately skilled and motivated health workers and also to create a culture that promotes unity in diversity and good human relations and also to create a safe environment for the hospital.

4.6.3. The Projects of the Strategic Business Imperatives

The strategic business imperatives were allocated to a section which can properly handle them and which can make sure that they are successfully implemented. They were as follows:-

Human Resources

The Human Resource Manager was committed to the following:

- To conduct skills audits on the defined areas in the establishment.
- To formulate a communication system with management and employee organizations for better organization and labour relations, measured by an 80% reduction in labour related incidences.
- To develop programms to manage diversity for improved tolerance measured by a 50% reduction in human resource diversity cases.

- To conduct a human resource retention strategy on the existing staff resulting in a reduced turnover by 50%.
- To conduct and adopt an objective recruitment plan in 100% right skilling task and in doing so reducing staff turnover by 50%.
- To implement an employment equity action plan.

4.6.4. Nursing Section: HIV/AIDS Issues

To obtain standard treatment guidelines for HIV/AIDS in conjunction with the Department of Health. To develop HIV/AIDS education programmes including prevention, treatment and counseling, developing referral pathways from hospitals to community and support structures encouraging home based care and also to identify resources required to carry out a comprehensive management plan.

4.6.5. Management of Information System (MIS)

The medical superintendent was to motivate and obtain approval for an integrated hospital management information system and appoint the systems manager who will implement an integrated MIS giving accurate, relevant timeous information in a user-friendly format.

4.6.6 Security Issue

To improve security by reducing incidents by 80%:-

- Theft of equipment, medical supplies provide patients security and staff.

4.6.7. Finance Section

What was important about the finance section was the appointment of a Cost Accountant, formulation of the internal financial management instructions and to conduct in-house financial management training to all managers based on internal financial management.

4.6.8. Improvement of Quality Care

The performance standards for health service providers in quality areas was to be developed. Also needed was the development of patient management protocols and a system of clinical audit to measure whether there are optimal outcomes.

4.6.9. Batho Pele

The appointment of a Batho-Pele project team and development of an educational programme, covering all the Batho Pele principles to all categories of staff within this organization, resulting in service improvements was also very important.

4.6.10. Physical Environment

Assess and improve the state of the buildings, quality, cleanliness, furnishing and ventilation.

Assess and improve the state of the equipment.

Assess and improve the guidelines on topping up surgical sundries and pharmaceuticals.

4.6.11. Health and Safety Act (Occupational Health)

The appointment of a full time OH Specialist to market OH plan throughout this hospital and also monitor and evaluate the processes and outputs.

4.6.12. Communication

The task was brief to:-

- Establish links internally,
- Establishing links externally, including media
- Establishing and agreeing on the mechanism for communicating,
- Identifying and approving resources and budget for communication,
- Reviewing and transforming the role and functions of the hospital boards in compliance with provincial health.

4.7 CONCLUSION

The hospital has come a long way since its early days. The introduction of strategic planning under Dr SA Mhlambi was an important step in transformation after the end of apartheid. However, what remained was the important task of implementation. This will be reviewed in the next chapter.

It was important that when implementing the strategy people are committed in its success. Therefore alleviating problems, which might be encountered. Communicating the strategy both in English and Zulu so that all staff members understand what the institution wants to achieve.

CHAPTER 5

TOWARDS A STRATEGY FOR IMPROVING SERVICE DELIVERY

5.1 INTRODUCTION

The hospital has come a long way and has, within a relative short space of time, effected a dramatic turn around in all facets of administration and service delivery. It must be pointed out that unlike the relatively well endowed neighbours of this hospital, which served the ruling class and non-African communities who suffered less discrimination, the transformation process which began in May 1999 was faced with a non-existent management and dysfunctional support structure.

The changes which have been made should be viewed within context, e.g. of a dysfunctional institution where anarchy ruled and most attempts at transformation were viewed as threats by those who benefited from the state of chaos. An example is the resistance from some quarters to the attempt to put in place a democratically elected transformation committee, which subsequently had to be abandoned. Through the new management in 2000, task teams were set up to achieve the same objective.

This management has positioned this hospital not only as a centre of excellence in the clinical domain, but has set new standards on how the hospital industry should be managed. It has come up with innovative ways in implementing the new organizational structure with the appointment of Finance, Human Resource Managers and the Community Liaison Officer.

5.2 BATHO PELE WORKSHOPS:

These started in July 2000. There were six facilitators comprising of different categories of staff. These workshops were conducted in both isiZulu and English. Notices were distributed, inviting staff members to attend a one-day workshop. About thirty people attended these workshops three days a week. Currently there are about 983 people who have attended them which include all categories of staff within the hospital. The number which still needs to attend is 2617. From the beginning of 2001, no workshop has been conducted because there has been a lot of other activities happening e.g. demolishing of wards, Hut 1, 2 and 3. Also the issue of personal profiles, staff were assessed and received rewards which was not received by the majority of the staff resulting in antagonistic relations suggest that there is still a lot of work ahead of this institution regarding implementation of Batho Pele.

5.3 IMPLEMENTATION OF BATHO PELE PRINCIPLES

5.3.1. Consultation

This is about asking customers what they want and finding out how can the best meet their needs. It is important to consult as many of customers as possible and use the information received to help improve the service to them (Best Practice Report, 4:2001).

When there is a major change in hospital operations, the press is invited and notices are strategically placed for customers to be informed about the proposed changes. Because of the nature of the hospital business, and the fact that the hospital service is

mainly of a highly specialized nature providing a service to not only this province but also a significant part of the Eastern Cape as well as the South Eastern Mpumalanga Province, consultation in the true sense is not always possible.

This hospital, from time to time, agrees to accommodate hospitals and clinics which are outside its catchment area for the convenience of patients for example Kwa Dabeka Clinic is supposed to be referring to St Mary's Hospital in Marrianhill. This was achieved through consultation between management of the two institutions as well as the departments by telephone and letters. (Price Waterhouse Cooper Premiers Good Governance Award Evidence 2000/2001)

5.3.2 Service Standards

If it is known what is important to customers, service standards can be set which must be measurable and be realistic depending on the resources available (Best Practice Report 4:2001).

This hospital has formulated a vision, mission, core values and patient charter, all of which were unveiled at the Batho Pele launch in December 1999. Other programmes like Hospital Accreditation, Batho Pele Workshops for frontline staff as well as a service improvement task team have been initiated to audit services rendered and also to perform customer surveys in order to provide a benchmark of service improvements. A service improvement delivery committee has been established to ensure continuous improvement of service and uphold the service standards.

What should be noted is that an independent survey of national hospitals, both private and public, listed this hospital in the top 10 and it came second only to Groote Schuur in the public sector hospitals. (Good Governance Award Evidence 2000/2001).

5.3.3 Access

Access especially applies to the previously disadvantaged sector of the community and to people with special needs. These needs include access to Department for the Physically Disabled, or having services which is too far away for people to visit (Best Practice Report 4:2001).

This hospital has always been accessible to all members of the community especially the previously disadvantaged community. This has unfortunately led to clogging of the system through inappropriate utilization of these services by patients who could be adequately treated elsewhere.

The hospital management has introduced stringent sorting out of non-emergencies in an empathic manner. This hospital has resisted the pressure from clinicians to extend this screening process to acutely ill patients even if un-referred, irrespective of their original catchment area. King Edward VIII Hospital is therefore still the last port of call for desperate patients who cannot get assistance from elsewhere. (Good Governance Award Evidence 2000/2001).

Therefore, there are no barriers for all patients to utilize King Edward Hospital. Considering that almost 80% of the patients speak African languages, management has introduced a policy that makes it mandatory for any communication to be in isiZulu and English. (Good Governance Award Evidence 2000/2001).

5.3.4 **Courtesy**

Courtesy is being polite to customers, friendly, helpful and treating everyone with dignity and respect. Managers should train and assess staff in customer care. Also managers should monitor the relationship between front line staff and customers (Best Practice Report 4:2001).

At various meetings of staff, courtesy is emphasized and the Batho Pele principles are constantly reinforced and prominently displayed in the institution. Disciplinary action is taken against undiscipline staff.

Managers are encouraged to visit the hospital after hours and weekends in order to assess first hand what other problems are experienced by the patients (extended customers). Telephoning the institution also provides invaluable feedback as to the level of service offered in this institution.

Also, the head of this institution believes in leading by example by walking about at all given times even after hours and weekends to lend moral support to staff and most importantly, to experience first hand any problems that may be experienced by the

patients. For example if patients are receiving care and they are attended timeously by doctors. (Good Governance Award Evidence 2000/2001).

5.3.5 Information

It is about reaching all customers to make sure they are well informed about the service being provided. This may be done in a number of ways for example through newspapers, posters, radio and leaflets (Best Practice Report 5:200)

A flyer has been prepared, both in English and isiZulu, which comprehensively sets out what this hospital's services are and how they should be utilized. (Good Governance Award Evidence 2000/2001).

This hospital has also issued press statements and invited members of the press to view its services and also to discuss services. This has assisted in publicizing services. Also the introduction of music on hold, provides information about the services for those who telephone this institution. (Price Waterhouse Cooper Premiers Good Governance Award Evidence 2000/2001).

The hospital service commitment charter is displayed at all hospital service points in English and Zulu languages.

The first ever Health Promotion Week of this hospital was held on 25-29 September 2000. This was an open week, which gave an opportunity to members of the public to also visit various departments and enquire about all aspects of business.

A tri-monthly newsletter which is edited by the hospital Public Relations Officer is issued in both languages and serves to provide a regular source of information about events taking place.

5.3.6 Openness and Transparency

Batho Pele Principle encourages departments to be open and honest about every aspect of work. Annual reports should be published to tell citizens how resources were used, how much everything cost including cost of staff and equipment delivery. It should also include how well departments performed. Also to keep its promises to deliver on time. (Best Practice Report 5:2001).

This institution holds Hospital Board Meetings every 2nd month where progress reports and bi-monthly financial statements are presented. Members of public are also invited to discuss service related issues. These include retired staff members who are invited to give their views regarding the service related. The chairperson of the Health Portfolio Committee, editors of most newspapers as well as some complaints. (Good Governance Evidence 200/2001).

Management acknowledges in writing all written complaints within seven days and provides a definite response within 30 days of receipt of the complaint and all the responses are served by the Chief Medical Superintendent in order to keep him abreast of the nature and disposal of such complaints. If complainants are still not satisfied they are invited to meet with the unit and if all fails they are assisted in submitting the matter to the Departmental Ombudsman. (Good Governance Award Evidence 2000/2001).

Hospital reports are furnished to the Superintendent-General, the Chief Director as well as the MEC on a bi-monthly basis. The first annual report was produced this year and sent to the above as well as the Chairperson of the Portfolio committee as well as the National Minister of Health and also various editors of newspapers were furnished with this document. (Good Governance Award Evidence 2000/2001).

The annual report covered a comprehensive analysis of the critical success and failures under four major headings:

Customer (patients),

Finances,

Business process,

Learning and growth.

5.3.7 Redress

Redress is making it easy for people to speak if they are unhappy with the service. Staff should be trained to deal with complaints in a friendly, helpful manner. Where departments went wrong they should apologise and put the problem right as quick as possible. (Best Practice Report 5:2001).

A Complaints Unit is in place. Though it is under-staffed, plans are afoot to increase the staff allocation. Wards and Departments should also appoint staff from their sections so as to do service in the complaints unit.

It is manned by an Assistant Nursing Manager as well as the Community Liaison Officer. It covers all clinical and non-clinical complaints. It is based in the foyer of the Administrative Block and plans are afoot to improve the direction pointers and information desk at various strategic points for this purpose.

The Unit sees all complaints as they come. It also encourages written complaints so that perpetrators can be afforded an opportunity to respond and subsequently be counselled as necessary.

A spreadsheet is kept and analysed monthly to identify areas that require attention urgently. Most complainants are satisfied with hospital responses and interventions. (Good Governance Award Evidence 2000/2001).

5.3.8 Best Value for Money

This principle includes giving customers the best service using all available resources. It also means eliminating waste, fraud and corruption and finding new ways of improving service at little cost (Best Practice Report 5:2001).

This Hospital has defined its core function, re-routed primary care patients to clinics near their homes in line with the district health policy of the government. This has placed much needed resources to allow the hospital to recommence more specialized services such as lens extraction and hip replacement, which had been stopped prior to the appointment of Dr SA Mhlambi.

The hospital's best successes were the restructuring of its Intensive Care Unit which resulted in a savings of R 2.8 m and phasing out Minor Ailment Clinic making room for the establishment of an Occupational Clinic and HIV/AIDS Clinic and also the consolidation of pharmacy outlets by closing one outlet. This has resulted in rationalization of staff and saving R 1.2 m from last years budget.

Budgetary control has been structured with the appointment of the Finance Manager. There has been a decrease in hospital budget deficits from a projected R 57 million to R 23 m through intensive staff audit and savings of R 7 m in the operational budget. In addition the implementation of cost centres has been completed.

Security has improved with the closure of all gates except 2 after 5 pm and this was a response to the rampant theft of medicines, equipment, linen and food from the hospital. The procurement procedures have been tightened up and a commitment register has been established. Buying and payment sections has been separated to curb fraud and corruption. An asset register has been established as part of compliance with the Public Financial Management Act (Good Governance Award Evidence 2000/2001).

5.4 OBJECTIVES OF FINANCIAL MANAGER TASK

Functions of Financial Management Division within King Edward VIII Hospital:

a. Functions of Financial Management Division within KEH

- Reviewing the organizational structure.

  The present organization structure consists of the Hospital Manager, Medical Director, Nursing Services Manager, Finance Manager, Human Resources Manager and Systems Manager. Appointing an Internal Auditor at a Deputy Director level could be considered as it has been seen to strengthen internal control in other institutions.

- Assigning the managers to key positions.

  In the section which forms part of the Department of Finance, managers have to be assigned with the full responsibility of the section thus increasing accountability and responsibility. They should report directly to the Finance Manager.

- Establishing continued communication through regular meetings.

The meetings in the departments should be regular where the staff are given a chance to express their feelings with regards to work or personal issues affecting work performance personal or work related. The Manager deals with those cases in his/her department. If unable to handle, those matters are then related to the Finance Manager.

The Finance Management Executive Meeting is arranged such that it is on the same day as the Hospital Executive Management so that any issues that were discussed there, can be conveyed to the managers of each section in finance while they are still fresh.

b. Balancing of the Budget

- Restructuring and chairing the Cash Flow Committee.
    - Review the composition of the committee looking at the contribution of each member.
    - Training General Managers on how to handle the budget and the importance of PFMA and the constitution.
- Ensuring regular financial reporting.
    - Draw expenditure report regularly and update the financial reports.
    - Compile/draft the financial statements monthly.
    - Check if the expenditure shown in the expenditure report is budgeted for an in the correct objectives and item codes, if not ensure that the necessary journal entries are done.
- Balancing the financial and patient interests.

- Ensure that the expenditure incurred is within available resources allocated to this function.

c. Increasing Revenue Collections

- Reviewing the internal audit report.
  - Check if there is any report indicating a difference between the revenue collection according to the Financial Management System report and the reports compiled by the revenue section.
- Conducting workshops on private hospital patients.
- Reducing the debt follow up period.
  - To do regular calculations of the debtors collection period/rate.
  - Motivate the staff dealing with the setting up of accounts and follow up to speed up the process and review the results. If there is no improvement outsourcing the debt collectors could be considered.

d. Decentralizing Financial Management

- Completing the cost accounting reporting system.
  - The expenditure for each department/directorate for the previous year is collected. This expenditure is used to allocate the budget for the following financial year (historical basis method). Each directorate is formed by cost centers (small departments). A General Manager is appointed in writing who is in charge of that directorate. Orders for equipment and non-stock items are authorized by the General Manager. Each general manager is given a budget for buy-outs (non-stock items), which is totally in their

control. The finance department advises them about their budget status for example whether they still have any funds available. On appointment of the general managers a workshop was conducted on accountability on the Public Finance Management Act (PFMA) and the sections in the constitution that deal with the budget.

- The Assistant Accountant work hand in hand with the general managers as part of the capacity building for the managers to advice them on how to look after their budgets and ways of controlling expenditure in the departments.
- The General Managers are advised to do periodic stock takings in their department and identify items which are cost drivers and those which have to be purchased monthly. This helps them in the projection for the following year/months expenditure.

e. Strengthening Internal Control

- Separating the payment and supplies function.
  - The function of placing orders, buying and paying has been separated. This is in line with the PFMA and it reduces the risk of fraud. The duties are segregated also in the revenue section to avoid embezzlement of funds i.e. one person cannot be a cashier, balance the books and reconcile the bank statements. These duties have been separated. The supervision in the revenue section has been strengthened. This resulted in the increase in revenue collection for the past financial year.
- Appointing signatories for FMS forms.

- The Accounting Manager has been delegated the task of authorizing the payments on the FMS forms. The orders above R 50 000.00 are authorized by the Finance Manager.

- Facilitating the audits of pharmacy and supplies.
  - An audit has been conducted in the Supplies and Pharmacy sections. Fraud has been detected in stores resulting in one staff member being terminated from service and another suspended. This has improved the accuracy and the staff members are delivering in their sections.

f. Implementing the PFMA

- Presenting the PFMA to Executive, Extended and Nursing Management.
  - The presentation of PFMA and accountability was undertaken. The duties of an Accounting Officer were highlighted. The issue of the internal contracts was discussed and it was decided that for all requisitions of equipment and non-stock items the authority of the head of the directorate would have to be obtained.
  - The importance of Section 38 of the PMFA was addressed for example each Head of Department must ensure that the department has and maintains effective efficient and transparent systems of financial and risk management and internal control. These systems include guides, processes, procedures and departmental prescripts. The criteria for the system evaluation was covered i.e.
    - It has to support the spirit of PFMA.
    - Pro-active.

- Be formulated after in-depth study of the situation regulated;
- Tested with stakeholders;
- Understandable to all users;
- Support related systems;
- Achieve goals with minimum resources; and
- Ensure accessibility to information.

- Introducing the Asset Register.
  - The Assets Register was introduced for the purpose of recording all the equipment items in the institution. An intensive stocktaking was conducted by the equipment office and the supplies section. The records are kept by the Assets Manager. If an equipment item is condemned, the Assets manager is notified.
- Ensuring regular financial reporting.
  - The Assistant Accountant and the Chief Bookkeeper are responsible for the requisition of the financial report from the FMS system weekly, updating the financial report and compilation of the monthly financial statements for record purposes and presentation to the Executive Manager.
  - The financial statements for the financial year 2000/2001 were published in the Daily News Newspaper.
- Publishing the annual financial report.
- Enforcing adherence to contracts.
  - The procedures and principles of regulations of procurement have been brought to the attention of the staff dealing with contracts. The Contract

Manager, Suppliers Manager and the Chief Buyer were sent for a course on procurement. The members of the tender committee were given the document containing the rules and regulations of the tender board.

5.5 HUMAN RESOURCES DELEGATED FUNCTION

The critical task of the new HR Manager was to develop an HR organizational structure and strategy in keeping with the provisions on White Paper on Human Resource Management in the public sector as well as White Paper on HR Development.

The delegated functions were as follows:

- Employee misconduct – discipline function. To appoint Labour Relations Officer to deal with misconducts, complaints from staff and processing of disciplinary hearings.
- Processing and finalizing of leave administration. The new leave system which was put in place on 01:07:2000, it is important that everyone utilizes his/her entitlement leave, not like before where individual carry forward his or her leave. If it is not utilized it is forfeited. Human Resources has to update leave records for the new procedure.
- Appointment from level 1 to 8 of all categories. With high number of people resigning, the Human Resources has to speed up the process of appointing people to fill these posts.

- Resignations and retirements. Human Resources should process leave gratuity in three months advance for people who are resigning so that they receive their lump sum and leave gratuity immediately after leaving the service.
- Releasing of staff for seminars and congresses within the province. Staff should be encouraged to attend seminars so that they are updated with new information and improve service delivery.

People Centred Approach

- Employee participation in achieving results. The purpose of involving employees in the decision making process of the organization is to improve the efficiency of the organization, to harness the skills, knowledge and energy and create the ability of individuals.
- Job descriptions. Employees should understand what is expected of them and have up-to-date job descriptions. They should agree with their line manager. The overall purpose of their job in relation to organization objectives, the key performance areas, the extent of their authority attributes and skills.
- Setting objectives. Managers and line managers should assist employees to set objectives and plans for work programmes. Objectives that are understood and accepted, as being worthwhile and achievable will best serve to guide and direct the actions of employees.
- Appraisal and review procedures. Progress towards achieving of objectives should be reviewed regularly. This enables the employees to modify and improve their performance. Employees should be given feedback on how are they doing.

- Teamwork development. Managers should form effective workteams whenever and wherever it is expected to do so. In the past the emphasis is in organization tended to be on the individual and leader. It is being realized more and more that the management is a team process. For example a process based on the integration of the contribution of team members.
- Employee communication. The importance of two-way communication is vital, decisions taken by executive management relating to organisation's general policy or activities must be communicated to employees without delay. Free and timeous transmission of information must take place deliberately through the formal channels.
- Human relations. Changes in labour regulations, increased unionization of workers and gains of Black workers who constitute to the majority of employees. The institution, through the application of progressive laws, policies and practices, intends sound human relations and maintenance of labour peace and prosperity in the institution to the benefit of employees as well as institution.
- Fair and equitable treatment of employees. The institution is committed to fair and equitable treatment of all its employees, all employees must be informed of their rights in terms of the Labour Relations Act and disciplinary procedures and Line Managers must apply the procedures uniformly and consistently.
- Organized labour. The institution accepts the principle of freedom of association for all its employees, which means that employees may join any union of their choice with the assurance of protection against victimization because of union membership or participation in normal union activities. The institution will have a

dialogue with all reorganized unions, which are representatives of one or more defined categories or employees.

- Employee development. For employees to play their full role in the achievement of personnel objectives, it is essential that a comprehensive and effective training system for all levels of employees exist.
- Skills and training. All employees should be given training that will ensure that they can do their jobs efficiently and effectively. This means that there should be a training programm or skills development plan for all jobs. The program should have a set of learning objectives and both trainers and the trainee to ascertain progress and determine when training is complete.
- Equal opportunity and job advancement. In support of stated principles, which emphasize equal opportunities for all employees, a job advancement program will be developed together with national regulation. As has been made clear in the sections of this document, it is essential to treat the development of skills as topmost priority.

5.6 COMMUNICATION (COMPLAINTS MANAGEMENT UNIT)

This unit was established in May 1999, as an effort aimed at affording patients a right to table freely complaints about services received at this hospital.

What is noted is that prior to the establishment of this unit, complaints were dealt with in a very inappropriate defensive manner and the response rate was ashamedly low.

5.6.1. Nature of Complaints

Complaints that are received can be analysed to include the following

- Negative attitude and behaviour.
    - Asking patients to come back the following day because it is not their clinic day irrespective of where one comes from, how much money one would have spent on transport.
- Unsatisfactory patient care.
    - Patients not given adequate care due to shortage of staff, for example a ward of 35 patients is looked after by a staff complement of less than five nurses.
- Waiting time.
    - Longer waiting periods at the pharmacy for example, because of fewer Pharamacists on duty, sometimes patients waits up to six hours for their medication.
- Patients rights.
    - Again because of limitations in resources, both human and physical, some of the rights as enshrined in the Patients Rights Charter are not upheld for example, right to choice of health services.
- Policy (e.g. referral system).
    - District Health System states that patients must use their local clinics and hospitals first, before proceeding to a regional health facility. This does not go down well with many people hence they complaint.
- Potential Medico-legal.

CHAPTER 6

KING EDWARD TODAY AND THE WAY FORWARD

6.1 INTRODUCTION

The main question is whether King Edward VIII has thrived or atrophied under the new management that took over leadership in May 1999. The testimony of this hospital thriving is that for the first time in 64 years its contributions towards achieving service excellence has been recognized by being awarded "a silver trophy" during the Premier and Price Waterhouse Coopers good governance awards for service excellence in May 2001. Through collective effort and teamwork, the staff and management have achieved the goals of building on winning hospital.

6.2 STRONG LEADERSHIP

The unfortunate situation is that Dr SA Mhlambi, under whose leadership this hospital turned the learning curve, left at the end of September 2001. The question is will the successor be strong as he was? The question is to consolidate what has already been started. If this hospital is to win, a strong leader, with a clear vision should be appointed who is of the calibre of Dr Mhlambi. Otherwise this hospital would be 5 years back where it was. What the King Edward case clearly demonstrates is how important it is to have a 'champion' to steer the institution forward.

6.3 WHAT ARE THE KEY ISSUES WHICH NEEDS TO BE ADDRESSED?

The following are some of the issues which need to be addressed.

- Poor information technology system and related skills.

- Inadequate accounting systems.
- Inadequate specialized and general management skills.
- Lack of administrative capacity.
- Clinical directors not fully involved.
- High turnover of staff.
- Shortage of critical staff.
- Poor delegations of Human Resource and Finance Departments.

6.4 STAFF PERFORMANCE

The numerous letters of appreciation have shown how well various categories of staff are performing. The hard work of these men and women has finally paid off with the achievement of the Silver Award.

South African Nursing Council Inspection on July 05, 2001 evaluated the perfomance of this hospital and found to be exceptionally good. These sentiments were also echoed by Dr SA Mhlambi in his congratulatory message when he said "Indeed you the staff have put another feather in King Edward's Cap, ladies and gentlemen you are indeed on course towards achieving a gold award next year" Mercury 11/07/01.

6.5 REDUCING THE STATUS OF THE HOSPITAL

What is bitter is that after all the good work this Hospital has done over 64 years its status will be reduced from being a teaching or tertiary hospital into being a second level hospital. This has been a major shift. The Nkosi Albert Luthuli Central Hospital

will be a tertiary hospital taking over from this historically Black hospital. As painful as it may sound, it is true. The status of King Edward VIII will be equal to the Prince Mshyeni Memorial Hospital.

6.6 CONCLUSION

No matter what happens in the future, this hospital prides itself for being able to cater for the majority of poor people in its area. Its achievement, in reversing the decline it faced only a few years ago, is a remarkable demonstration of what is possible if there is committed and solid leadership.

This institution has achieved to be within the budget for the first time in its history in the 1999-2000 financial year. It is the reflection of the dedication of managers and staff at this institution by achieving this without compromising patient care. Delivery at this hospital is in fact in line with the vision of KwaZulu Natal Health Service which, is "to provide optimal health status in the province of KwaZulu Natal".

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