

Chapter Three

Accountability for and measuring of performance

3.1 Empower and assign responsibility

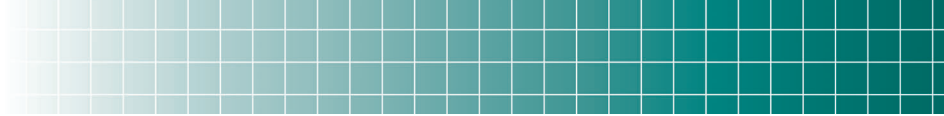
From a strategic plan, key performance areas are identified and allocated to managers and supervisors. Each manager on a higher level of a hierarchy must add value to the total aggregated effort. It is the organisational chart that determines who does what and it therefore needs to be clear about who is responsible for each key performance area in a strategic or business plan. Managers should be able to map their contribution back to the organisation's mission and see the contribution made by individuals and components. Appropriate powers should be delegated to the responsible manager.

Authority to implement should be accompanied by the allocation of resources for implementation to succeed. If a manager is to achieve an objective and the key actions that (s)he needs to take and the key success factors (s)he needs to address in order to achieve that objective are not under his/her control, then it can't be expected of him/her to achieve that objective(s).

FINANCE			
Objective	Measure	Target	Responsibility/ Accountability
Operate within established budget	Cost/expenditure	Expenditure to be within budget by the end of the year	Financial manager

HUMAN RESOURCES			
Objective	Measure	Target	Responsibility/ Accountability
Reduce employee turnover by 20%	% turnover in workforce	Reduce employee turnover by 20% by year end	Human resource manager

JOINT RESPONSIBILITY			
Objective	Measure	Target	Responsibility/ Accountability
Reduce waiting time for hip replacements by 20%	Waiting time in days	Reduce hip replacement waiting time by 20% within six months	Medical supervisor

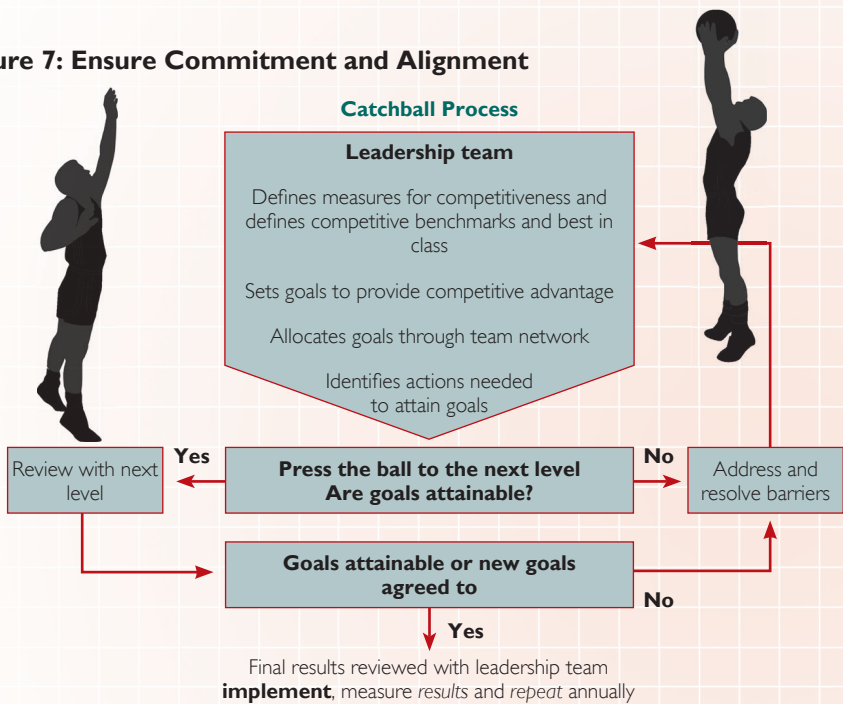


NURSING SERVICES			
Objective	Measure	Target	Responsibility/ Accountability
Reduce nursing workload	% patients to nurses	95% of nursing vacancies filled before year end	Nursing manager

3.2 Cascade accountability

Managers and leaders are not only found at the executive level but are present at every level in the hospital. In addition, hospital performance starts at the lowest level of the organisation where everyone contributes to the overall organisational performance. Performance agreements can be used to cascade objectives to subordinate managers. Accountability can be cascaded to each employee using their performance plans to document goals and objectives. Through cascading, organisational commitment and alignment can also be attained. Cascading requires a consideration of the cause and effect analysis between the different organisational levels. Ensuring this commitment and alignment could result from, among other things, the use of a technique called catchball. Through the catchball process of give and take between different levels in the hospital, ideas, needs, and strategies are thrown at and to management. The following diagram shows how this technique can be put to use:

Figure 7: Ensure Commitment and Alignment



Source: Baldridgeplus.com. The catchball process

3.3 Link organisational performance to performance agreements

Accountability for hospital performance first and foremost lies with the hospital Chief Executive Officer (CEO) and should be formalised through a performance agreement reflecting the hospital's goals and objectives. Once signed by the hospital CEO, the next level of hospital managers should also sign theirs with the hospital CEO. Everyone in the organisation's hierarchy is to be allowed to sign their performance agreements with their respective supervisors as the strategy is cascaded throughout the hospital. The Senior Management Service Handbook (Department of Public Services and Administration (DPSA), 2003) makes this easier by requiring senior managers to enter into and sign performance agreements that are linked to service delivery and include performance against the *Batho Pele* principles. This Handbook follows on the government's 2001 Batho Pele Revitalisation Strategy which aims at intensifying the implementation of Batho Pele in the Public Service. The following charts represent hospital organisational structures and indicate how different organisational levels relate to one another in terms of performance:

Figure 8: Central Hospital

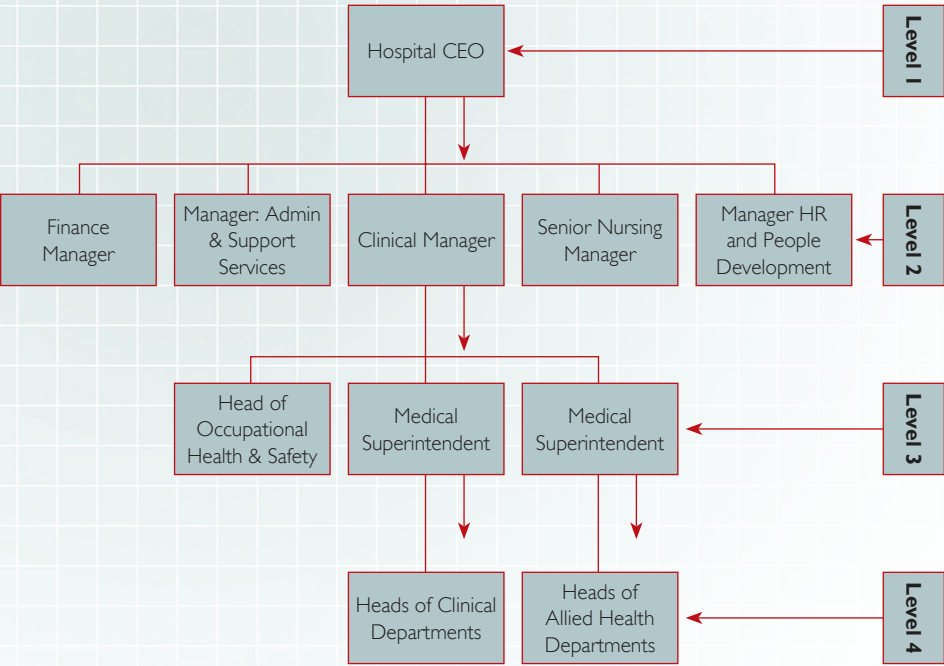




Figure 9: Regional Hospital

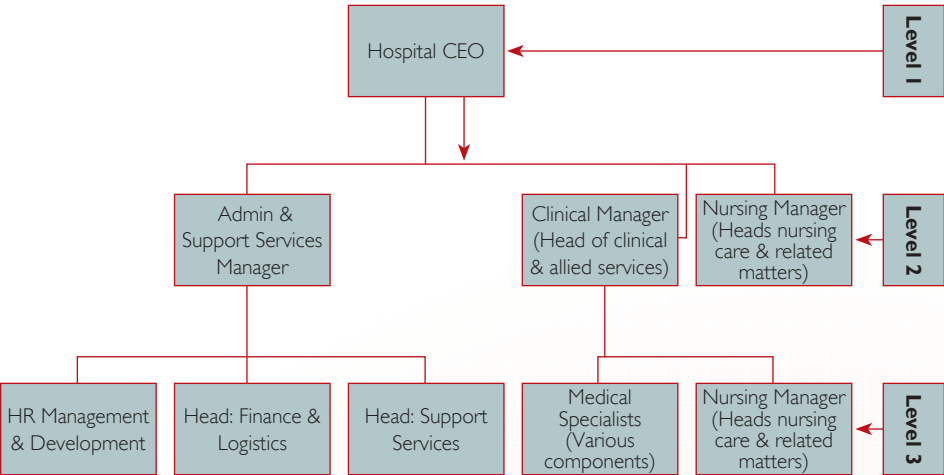
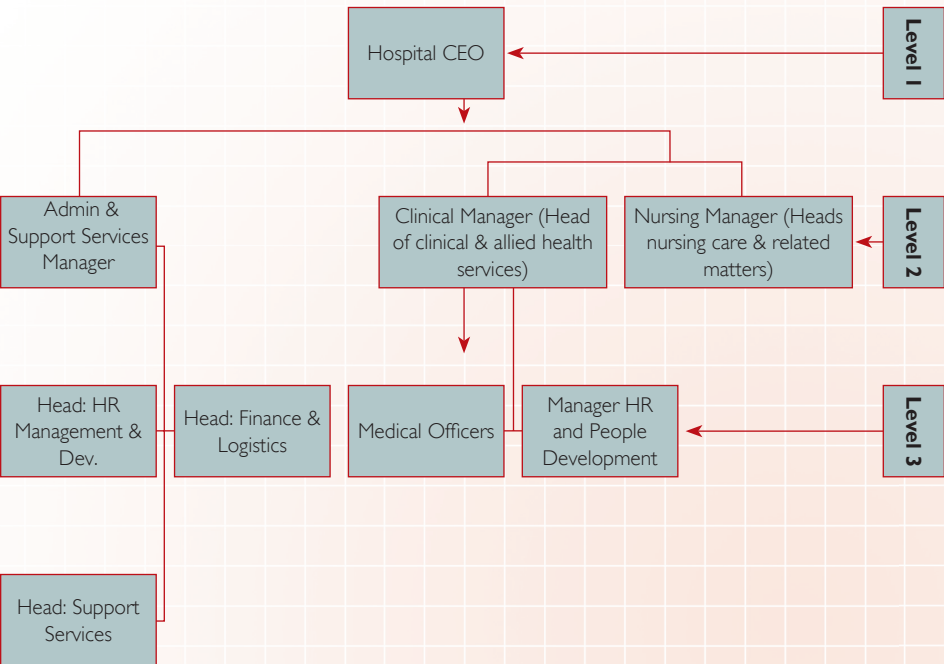


Figure 10: District Hospital



Source: Benchmark Job Description Document for Chief Executive Officer. National Department of Health's Hospital Management Directorate

Arrows (between organisational levels one and two, two and three, and three and four) represent the performance agreements that will be signed by those in levels above them with those in levels below.



3.4 Efficiency, accountability and delegation

No manager can be expected to improve efficiency without the power over personnel, finances, procurement and other critical management functions of the hospital being delegated. Appropriate delegation to all management levels should accompany all accountability requirements for performance improvement and management to occur.

3.5 Measure performance

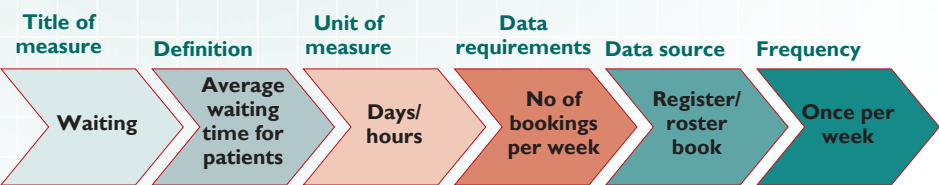
3.5.1 Collect, and analyse performance data

Data is an important aspect in performance management because it is difficult for managers to make clear decisions based on inaccurate data or information. Adequate and reliable performance data is indispensable to decision-makers. With data, a single version of the truth is required for it to be reliable. Collection, analysis, and transformation of data are the areas where resources may be required for the system to provide appropriate intelligence for decision-makers. Data collection may be costly and require extra resources and this factor needs to be considered when deciding when and how data will be collected. Different types of information coming from the same measurement are unacceptable for measuring performance.

3.5.2 Convert data to information

Performance data is mostly available and needs only to be analysed and packaged appropriately. Besides determining what raw data is required, there is a need to determine where it is located, who will collect it, how it will be collected, and thereafter utilise the data to measure performance. The regularity and frequency of measurement should also be determined. Setting targets ensures that there is some idea at the end of each reporting period on whether the processes are on target or not. The diagram below indicates possible steps for ensuring that appropriate data is collected:

Figure 11: Convert data to information



Continued from Figure 4



3.5.3 Keep information relevant

Data collected and used should be real time and not be outdated for it to be useful. For example, if data is collected quarterly, it might take management a year to know whether plans are on target or not because of the time it takes to analyse and review performance. At this point performance measurement data might be a simple historical record rather than a useful aid. Timescales to understand data are driven by the time it takes to:

- (a) make sense of data,
- (b) decide what actions to take,
- (c) implement those actions, and
- (d) see the results emerge in practice.

Different organisational or institutional levels have different information needs. Each unit and hierarchical level of the hospital and sometimes the district and the Department of Health have different needs for data gathered. These differences may be reflected in the collection process and may be (i) operational, (ii) tactical, or (iii) strategic. The design of information will have to take into consideration these needs as well.