

Chapter Five

Mechanisms for implementation

5.1 Introduction

Performance management should be implemented with consideration of other human resources policies/systems such as organisation culture, organisation design, communication and reward systems. Ownership of the performance management system is highly critical for it to succeed. Ownership requires effective communication, careful facilitation, flexibility, focus, and purpose.

5.2 Capacity building

If performance management is to succeed, staff needs to be knowledgeable about what is expected of them and be adequately trained for the tasks at hand. Without training, the system and performance will not improve. Different phases of implementation namely workshops, pilots and roll-out with pilot and roll-out coupled with mentorship are proposed.

A workshop of the National Hospital Co-ordinating Committee members will be held by the National Department of Health (NDoH) to familiarise managers responsible for hospital performance with the Guide.

The second phase will be the piloting of the system by the NDoH in a sample of four revitalised hospitals, and five others made up of one central hospital, three regional hospitals, three big district hospitals, one small district and one specialised hospital. This pilot phase, which will include mentoring, will run for a period of three months before the system is rolled-out.

The roll-out phase will follow the pilot after the necessary concerns, modifications and lessons have been incorporated into the Guide. The following is a Gantt Chart depicting activity for implementation:

Figure 14: Plan implementation

Activity	Month 1	Month 2	Month 3	Month 4
Presentation & buy-in from hospital managers	Active	Active	Active	Active
Pilot in selected sites	Active	Active	Active	Active
Evaluation of the pilot and modification of approach	Active	Active	Active	Active
Roll out in selected provinces and sites	Active	Active	Active	Active

5.3 Performance management and reward

Rewards are a result of performance and having a performance management system will assist in determining the level of performance and therefore the level of reward or bonus. Key performance areas, including the accompanying indicators, are a basis for assessing performance and rewarding it.

It does not make sense to find a manager allocated a performance bonus while this is not reflected in the organisational performance and sometimes the very component (s)he is heading. Both individual and organisational performance need to be considered before a judgment is made.

5.4 The importance and role of communication

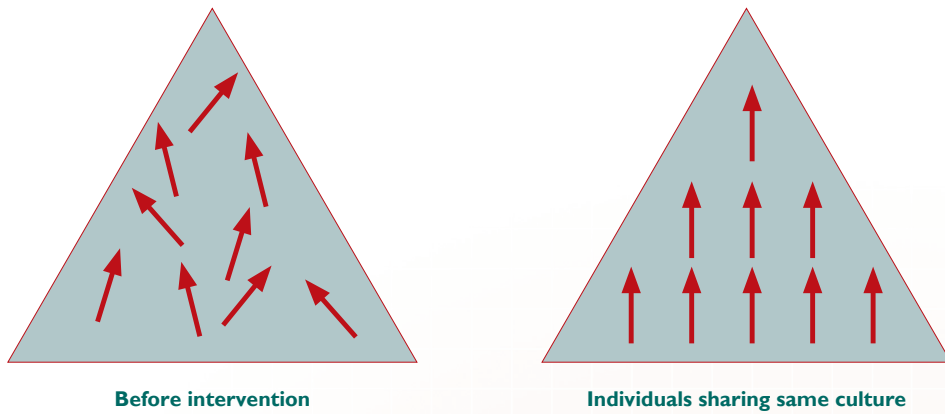
A hospital must have a communication strategy, part of which should be about performance. Such a strategy should identify the different audiences, both internal and external. Besides the need to share and communicate information, ownership of any programme results from continuous communication. Further communication and consultation with other stakeholders, such as employee organisations will also increase the chances of successful implementation.

All internal communication should include performance as a standing item on the agenda while externally, a hospital has to decide together with external stakeholders including the Hospital Board members, what is important and of interest to the community and patients.

5.5 Organisation culture and change

Having a performance management system is considered a change from the normal way of conducting business and requires an appropriate intervention. Behaviour change at the level of the individual requires more complex changes than simply an elegant way of communicating goals and assessing achievement. Culture change has to be both within the job description and management processes for change to be sustainable. When culture change takes place the organisation should be able to focus on similar issues as shown below:

Figure 15: Alignment through culture change




5.6 Link to other performance management systems

Provinces have Premier's Awards, that are based on the performance and innovation in particular projects within the provinces. This normally results from looking at and assessing how processes have been improved and comparing and Benchmarking against other similar processes. The performance management system does not intend to replace this approach but to complement any other systems that already exist.

Other popular systems are the Batho Pele White Paper approach to performance improvement using eight principles (consultation, service standards, access, courtesy, information, openness and transparency, redress, and value for money). Treasury prefers the Activity Based Costing while some hospitals have opted for the Cost Centre Management system. Again, the introduction of performance management will complement existing systems including the human resources performance management system.

5.7 Monitor the performance management system

Organisational strategy, and the performance management system that implements it, should be evaluated to assess their effectiveness. Performance management's ability to focus attention is its major co-ordinating role, in which it directs attention to the organisation's primary and secondary activities. Its focus is directed at ensuring that effectiveness, systems, and processes within the institution are applied in the right manner to achieve results and ensure that the strategic plan is on track. All of the results throughout organisations will continue to be aligned to achieve the overall results desired. Performance management needs to play a monitoring role in which it measures and reports performance in meeting



stakeholder and policy requirements. It has a diagnostic role in which it promotes an understanding of how the performance of the processes affects organisational learning and performance.

5.8 Define roles in the system

For purposes of this Guide, particular stakeholders, their roles and responsibilities regarding this Guide have been identified. These stakeholders are the NDoH, Provincial Department of Health (PDoH), the PSC, the hospital board, the hospital CEO, the Hospital Performance Management Task Team, and heads of the different hospital departments, supervisors and employees. The roles and responsibilities stated in the Guide only relate to performance management in the hospital and exclude other unrelated roles and responsibilities. These roles and responsibilities are not cast in stone but in some areas consensus may be necessary to reach agreement on who does what when, depending on the circumstances.

5.8.1 National Department of Health


The NDoH is, among other things, responsible for the formulation of health policy, production of national health plans and regional and local health planning guidelines to assist hospitals. Its responsibility is to see to it that the Guide is well understood by all Hospital Managers, and to provide support for its implementation. It will also be the responsibility of the NDoH to provide technical advice on the implementation of the Guide, and update it if and when the need arises. The NDoH also has a responsibility for the monitoring of policy implementation, especially by provincial and local health bodies.

5.8.2 The Public Service Commission

The PSC is constitutionally mandated to monitor, evaluate and ensure that services are delivered in an efficient, effective and economical manner. As developers of the Guide, the PSC will, without compromising its position and role of monitoring and evaluation, assist in piloting the Guide.

5.8.3 Provincial Department of Health

Hospitals fall under the PDoH which is also responsible for their performance. The PDoH is an implementer of national and provincial health policy decisions and sees to it that hospitals deliver efficient and effective health services. Through performance agreements, the PDoH is able to enter into some form of agency agreements with the Hospital CEOs. The nature of these performance agreements should be such that the province, in collaboration with the hospital concerned, states what is required of the Hospital CEO while (s)he agrees to deliver what is expected given particular resources and decision-making powers. With the introduction of the Performance Management System in hospitals, such performance



agreement should be in line with the proposals in the Guide through stating indicators and targets that the hospital has set for itself and agreeing and working towards their attainment.

5.8.4 The Hospital Board

Hospital board members are involved in strategic planning and at the level of setting priorities. The board's aim is to advise hospital management in technical areas where board members have particular expertise. It is also responsible for overseeing the general performance of the hospital including waiting times and patient satisfaction.

Through quarterly performance reports using the broad areas as a guide, a hospital board should be able to monitor progress using a different set of indicators rather than those utilised by management, focusing more on outcomes, monitoring and evaluation and community satisfaction.

5.8.5 The Hospital CEO

Overall performance of the hospital rests with the hospital CEO. After the measures have been identified and targets set, (s)he should, together with his/ her senior managers, ensure that mechanisms are in place to monitor progress towards the attainment of the set goals. (S)he also needs to monitor the performance of his/ her senior managers and ensure that their performance contributes and is aligned to the overall success of the hospital. This, (s)he does through the management of performance contracts in terms of the Performance Agreements and Performance Management and Development System (PMDS) and through the implementation of and cascading of the strategy as proposed in this Guide.

5.8.6 Hospital Performance Management Task Team

This is a task specific team formed to ensure that performance management is central to everything that the hospital does. It is proposed that it be made up of all members of the executive or senior management, heads of departments and units especially in areas where academic work takes place, all supervisors and representatives from organised labour. This task team should ensure that all understand the requirements of the Guide, are aware of its benefits and intentions, discuss and deliberate whatever matter with performance management in mind. The task team should also be able to deal with all problems related to performance management and ensure that the concept, idea and intentions are well understood and supported by all.

5.8.7 Heads of different hospital departments

Hospitals have different departments besides the traditional human resources, finance, clinical services, nursing and administration. Most of these departments are in academic hospitals and have dual reporting structures e.g. university and hospital. The role of the heads of departments should be to ensure that they have their own performance agreements signed, set their department specific goals, measures and targets which are aligned to and in line and are done in consultation with the CEO. They, in turn, enter into performance agreements with their subordinates who also develop their own goals, measures and targets based on what they have set.

5.8.8 Supervisors

Supervisors should develop their individual component goals, measures and targets based on what their superiors have set for themselves. They, in turn must then enter into agreement with their subordinates in terms of the departmental and hospital PMDS.

5.9 Conclusion

Performance management implemented without the due consideration for other systems, especially those dealt with in this chapter, will not deliver the intended results. There may be other systems that this Guide has not considered which may be important. The process of developing the system should be able to identify those and, accordingly, they will have to be made part of the performance management system.