



Batho Pele Skills Development Programme

**PROJECT KHAEDU**

Coal face deployment report

Greys Hospital

Pietermaritzburg

13 May 2005

SUBMITTED BY:

TA Masondo  
NT Nkosi  
KR Cele  
RR Badal  
P Majozi  
NI Gxagxisa

**TABLE OF CONTENTS**

**1. EXECUTIVE SUMMARY ..... 3**

**2. SERVICE EXCELLENCE AT GREY'S ..... 4**

**3. CHALLENGES ..... 7**

**4. POSSIBLE INTERVENTIONS..... 9**

## 1. EXECUTIVE SUMMARY

### **Situation**

Greys Hospital was established 150 years ago and is a historically advantaged hospital serving a population of 3.2 million. The catchment area includes Amajuba, Umzinyathi, Uthukela, Umgungundlovu and Sisonke districts.

It is considered to be one of the best hospitals within the province and it is recognized as a flagship hospital in the Western Seaboard. Facilities at Greys hospital are well maintained.

The hospital has been designated as a Tertiary Hospital in the Western Seaboard and currently provides 70% Tertiary services and 30% Regional services. The resource allocation however does not support this decision.

Some important processes such as employee morale need to be attended to as a matter of priority. Other key challenges are a shortage of staff at all levels.

While the unions appear to be having a good working relationship with management, they believe that there is room and capacity to improve the communication, which is sometimes flawed.

### **Complications**

At a macro level the decision by Provincial government to transform the Hospital to Tertiary is not aligned to the financial support and staffing strategy for the institution. For instance, the allocated budget is R 50 million short of the hospital's business plan.

Shortage of key professional and support staff is aggravated by the moratorium placed on the filling of posts.

### **Some suggestions**

The institution must strive to improve communication between management, union representatives and staff in general. Management needs to acknowledge excellence, especially at lower levels.

The hospital and Provincial department needs to sit for a strategic workshop and agree on the unfolding of the mandate.

**2. SERVICE EXCELLENCE AT GREY'S**

**2.1 RECOGNITION / AWARDS / INITIATIVES**

This flagship provides excellent service standards and well-maintained facilities and there are continuous improvements as evidenced by the following projects:

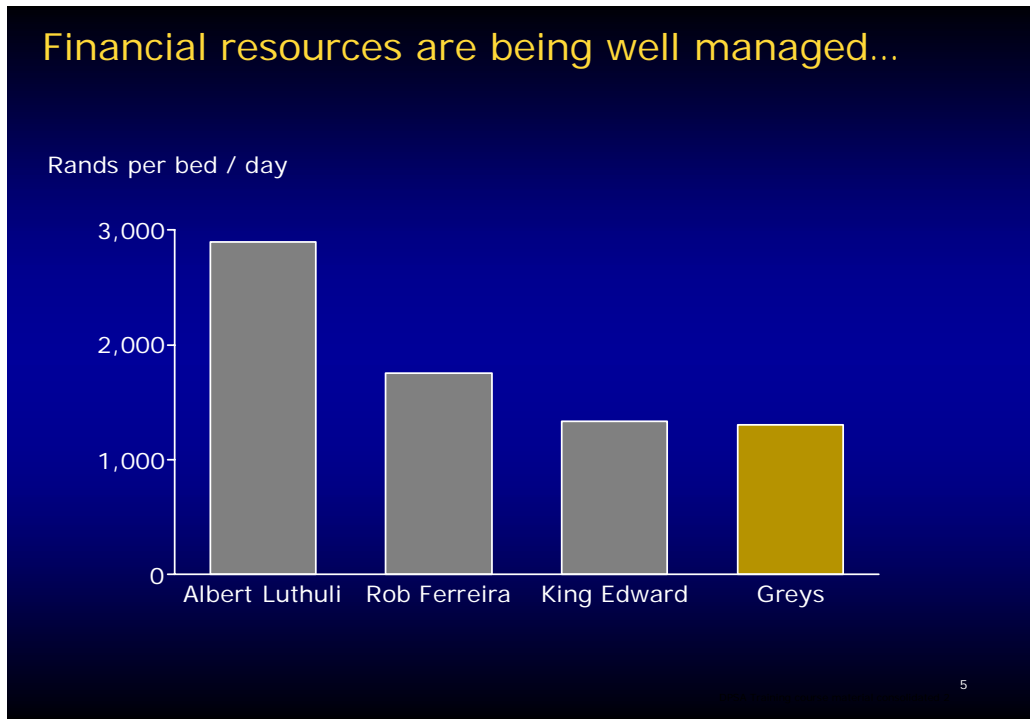
- COHSASA Quality Improvement Programmes
- Asset Management
- Performance Assessment Tools for Hospitals
- Baby Friendly Initiative
- Good Monitoring and Evaluation in the medical component
- Regular patient surveys
- Risk Management Committee

**2.2 GOOD LEADERSHIP**

There is good leadership at Greys. The infrastructure is solid and well maintained. There are excellent systems in place, especially in the OPD section. Service delivery to patients is of an outstandingly high standard as evidenced by what we was seen and what was heard from patients that were interviewed. The staff of the hospital is committed and goes the extra mile to ensure that service delivery is really up to standard. As one nurse said: "...we look at each patient as if he/she is a family member". There is a healthy relationship between management and organized labour.

**2.3 FINANCIAL MANAGEMENT**

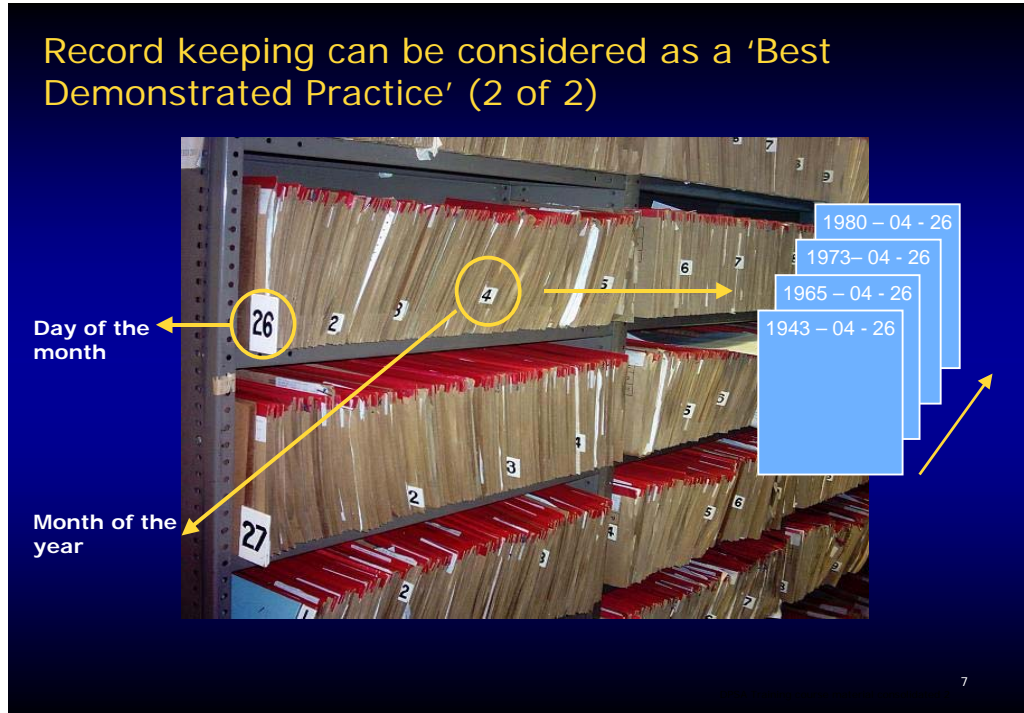
Although there are insufficient funds that are allocated to Greys, management succeeds in utilizing these funds properly. The graph below shows how well Greys compares with other Tertiary Hospitals:



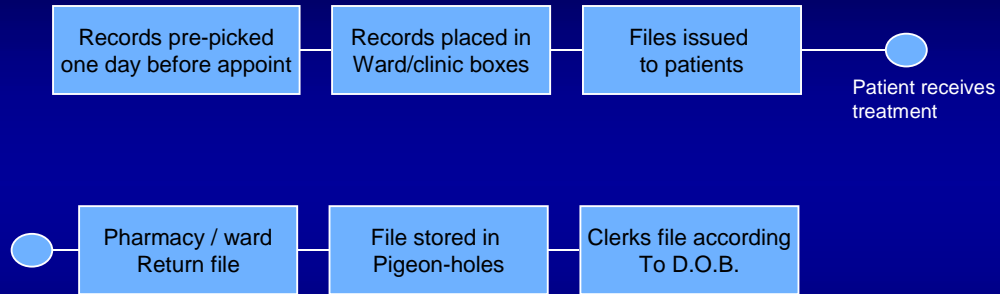
## 2.4 RECORD KEEPING

Record keeping at Greys can be described as the "best demonstrated practice". Files are pre-picked one day before and placed in numerical order in relevant ward/clinic boxes. This works perfectly to fast track drawing and issuing of files to patients as they arrive in the morning. It also minimizes waiting time for patients at the out patients department.

Once the files are returned to OPD they are sorted out into pigeonholes in terms of patients' birth dates. This facilitates easy filing by the clerks. The filing system is organized in accordance with the date of birth as follows:



## Record keeping can be considered as a 'Best Demonstrated Practice'

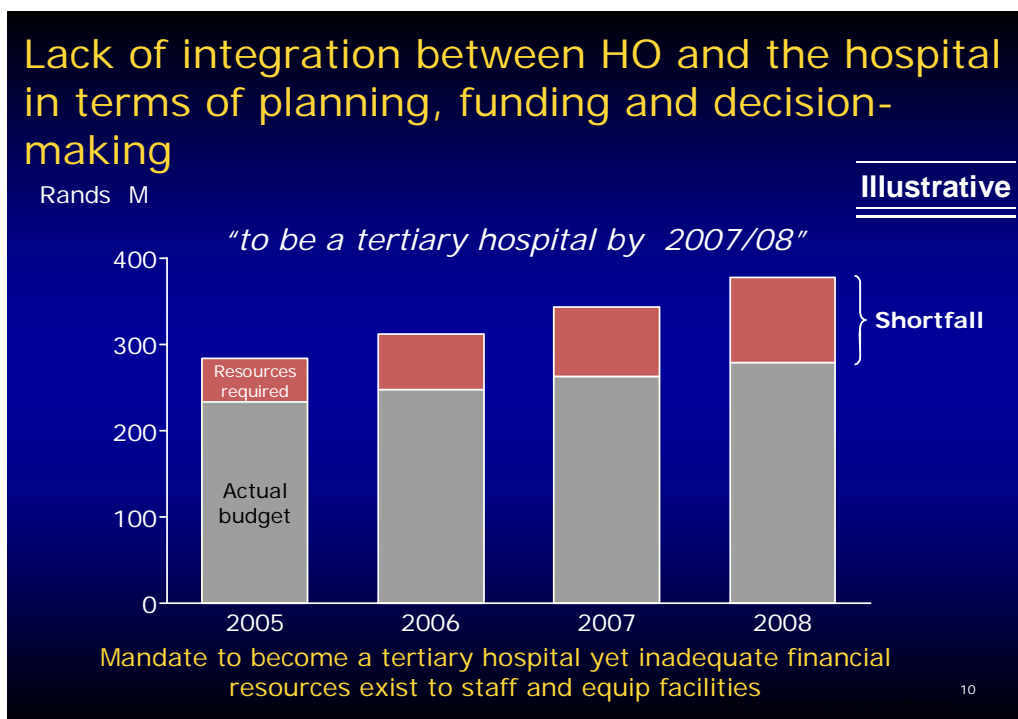


- Files archived once a year to clear OPD section

### 3. CHALLENGES

#### 3.1 LACK OF INTEGRATION BETWEEN HEAD OFFICE AND THE HOSPITAL

At a macro level the decision by Provincial government to transform the Hospital to Tertiary is not aligned to the financial support and staffing strategy for the institution. For instance, the allocated budget is R 50 million short of the hospital's business plan.



Shortage of key professional and support staff is aggravated by the moratorium placed on the filling of posts.

#### 3.2 COMMUNICATION

While there are good relations between management and organized labour it was identified that there are identifiable communication gaps that exist. These communication problems exist within the entire structure especially at lower levels.

#### 3.3 STAFF MORALE

Challenges exist in motivating staff because of a number of reasons. There are staff shortages that result from a limited budget; moratorium placed on filling of posts and the length of time it takes to create a post. Staff at the lower levels feel that they are not recognized for the additional and hard work that they do. They are often not informed about critical decisions taken by management and issues that relate to their conditions of service (leave credits).

Performance appraisal is not done consistently. Doctors are not "visible" in the wards once they have finished their rounds – this puts pressure on the senior nursing staff. Staff development and training at lower level is inadequate. There is also the challenge of a basic skills gap for nurses who come to further their training at Grey's Hospital.

**3.4. CURRENT ORGANISATIONAL STRUCTURE**

Under the current structure the motivation levels of GA's is very low, and this seems to be attributed to the fact that there is no designated manager for this category of staff. When there is a shortage at the unit level, the unit manager is at pains to fill the gap while there are GA's somewhere else.

**3.5 CREATION AND FILLING OF POSTS**

There are staff shortages, which force people to carry heavy loads. This comes about as a result of the moratorium on non-clinical staff, the insufficient budget and length of time that it takes to fill a post. The fact that there is no approved structure for the hospital worsens the situation. The graph below the process of filling the post:


**And filling vacant post remains challenging**

- Moratorium placed on all non-clinical staff
- Insufficient budget for filling vacant positions
- No approved organogram
- Post approval is a lengthy process

Process map for filling structured post

```

    graph LR
      A[Post Creation] --> B[Post Evaluation]
      B --> C[Advertise Post]
      C --> D[Interview and appointment]
  
```

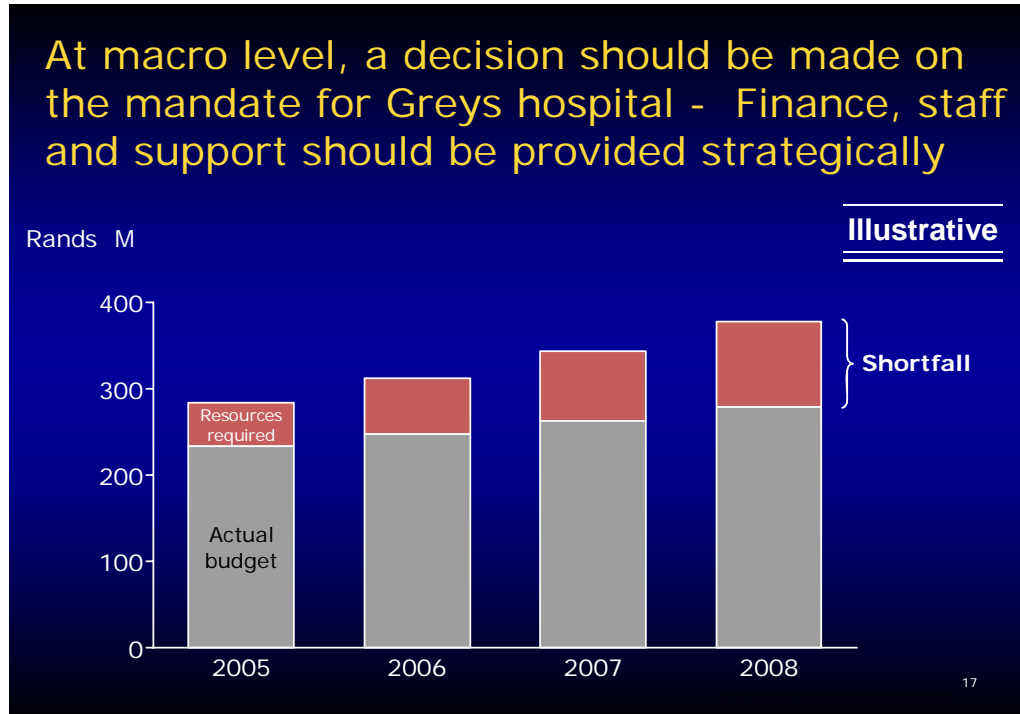

  
**15 Months**

15

## 4. POSSIBLE INTERVENTIONS

### 4.1 ALIGNMENT BETWEEN HEAD OFFICE (HO) AND GREY'S RE FINANCES AND STAFFING

The graph below illustrates that in the subsequent years the shortfall would increase if HO does not provide proper financial support. It is therefore, crucial that HO takes the business plans of Greys Hospital seriously, so that, the hospital can succeed in carrying out its mandate of becoming a fully fledged tertiary Hospital.



### 4.2 IMPROVE COMMUNICATION WITH UNIONS AND STAFF

Communication between management and union representatives needs to be improved. This can be done by having more frequent Integrated Management and Labour Committee (IMLC) meetings. The committee needs to consider reviewing the chair for the IMLC's as he has a busy schedule. This will facilitate the frequency and regularity of the IMLC meetings. An annual planner must be drawn up and strictly adhered to.

To improve communication between management and staff, Senior Management needs to ensure that supervisors regularly meet with staff at lower levels.

Monthly reports should reflect the proceedings of meetings between supervisors and staff. This process will ensure not only that meetings take place, but ideas of staff from lower levels filter up to senior management. To improve access to information at all levels it is recommended that circulars be translated into appropriate languages where necessary. It is also recommended that induction programmes be put in place, especially for incoming nurses.

### 4.3 IMPROVE STAFF MORALE

The motivation of staff can be improved in various ways, e.g., by introducing "GA/Nurse of the month" awards, certificates and letters of appreciation and gift rewards wherever possible. Management must be more visible to staff at all levels. The Hospital Manager should have motivational meetings with

different staff groups at least once a year. Staff can also be motivated by the display on staff notice boards of letters and cards of appreciation from patients.

#### 4.4 REVIEW CURRENT STRUCTURE OF GAs

It is recommended that management investigate the possibility of introducing the pooling system for GAs. The benefits of this system are that it provides a more flexible work force. The general orderlies would have a single manager to plan and monitor their development and also handle their concerns. In this system unit heads would have recourse to a single manager to handle their issues.

This can be addressed by considering a pool situation for all general orderlies managed by one supervisor (Ndunankulu), as depicted below: BUT this has to be well planned and clearly communicated.

