

# Leadership and Governance - Challenges

## Commission 7

- Poor implementation of policies
- Under budgeted, dysfunctional and under capacitated Institutions
- Lack of policy clarity between national, provincial and institutional authority
- Blurring of separation of powers between role of politicians and administrators
- Management and clinicians need discretion to operate
- Communities, including youth, are insufficiently involved
- Poor training for clinicians on leadership, ethics and governance and for management on patient centered care
- Inadequate delegations of authority
- Insufficient co-operation between different departments impacting on healthcare
- Lack of co-operation with the private sector
- The role of unions is not clear, nor is it consistently aligned with patient care outcomes
- Corruption is eroding the ability to deliver health care
- Poor functioning, transparency of appointment, and accountability, and standards for clinic committees and hospital boards
- DG should not be political appointments, and should be stable regardless of changes in administration.

# Leadership and Governance – Solutions

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- 1. Implement policies that are in place**
- 2. Strengthen governance, leadership and management capacity**
- 3. Enhance the role of clinic committees and hospital boards**
- 4. Address corruption decisively**
- 5. Restore values**
- 6. Separation of powers within the healthcare system**
- 7. Strengthen institutions**
- 8. Enhance IT systems**
- 9. Expanded War room activity to address the immediate crises in healthcare**

# Leadership and Governance – Solutions

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### 1. **Implement policies that are in place**

- Start with an analysis of the NDP and existing policies with a view to implementation
- Ability of the Minister to exercise authority in implementing policy at provincial level
- Streamlining of policy within the provinces
- Policies to be evidence based and involve all affected parties
- Politicians must have oversight, but not get involved in the execution of policies

### 2. **Strengthen governance, leadership and management capacity**

- Training, education of management in leadership and governance to be strengthened, and cascaded down
  - starting at with undergraduate training,
  - Utilise existing capability through leadership training e.g Albertina Sisulu Leadership Academy, and
  - ensuring that management KPIs are patient centered and part of induction on appointment
- Professionalise the public service - employment based on ability and care, not political affiliation and include the youth at all levels as part of succession planning
- Professionalise the management of healthcare, including appropriate financial and human resource skills to ensure good management
- Enhance training of all health professionals with clinical governance, human rights and medical law
- Performance assessment to be based on patient outcomes e.g. waiting times, health outcomes
- Ethical leadership should be a key area of focus

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### **3. Enhance the role of Clinical Committees and Hospital Boards**

- Set up a structured and transparent process and criteria to appoint people.
- Capacitate the people and the structures according to standardized guidelines
- Ensure involvement of affected people, including the youth
- Ensure that they are sufficiently empowered to act within clear accountability frameworks
- Advisory committees in universal coverage, including the NHI, should be inclusive of all relevant constituencies
- Ensure inclusive structures that bring in all relevant voices

### **4. Address Corruption Decisively**

- Prevent corruption at source with systems in place to do so, and segregation of responsibilities in the supply chain
- Establish anti-corruption forum in the Healthcare system
- Expand Special Investigations Unit - Anticorruption task team in programme 4, to analyse corruption in vulnerable sectors – detection, reporting, and independent investigations and actions and ensure consequences – criminal, civil and disciplinary actions as appropriate.
- Harness existing skills and resources, with appropriate and competent oversight
- Act on reports, and ensure consequence and punishment of offenders

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### **5. Restore values**

- Restoring the priority on patient care
- Focus on ethics training and capacitation
- Include leadership and ethics in the curriculum of healthcare professionals
- Change the culture of institutions to one that is inclusive and patient – centered

### **6. Separation of powers within the healthcare system**

- Put patient care first
- Resolve accountability at national, provincial and institutional level within the current Constitutional Framework.
- Apply clear separation of powers and ensure clear delegations of authority is in place
- Appoint administrators, from the DG down and people in provinces based on capability
- Consider innovative business models
- Resolve and respect the lines of authority and accountability between trade unions and management, while still engaging staff in solutions – bring staff and unions to the table, including service delivery, accountability and ethics.
- Understand and implement collective agreements
- Provide clear systems of support, accountability and authority to operate ensuring consequences for non-performance
- Empower people from the bottom up

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### **7. Strengthen Institutions**

- Bring in new and fresh thinking
- Appropriate budgeting and capacitation of Institutions
- Ensure office bearers understand their roles, including through induction processes
- Do not ignore training and capacitation of institutions
- Tap into private sector expertise
- Leverage partnerships between Higher Education and Health, and also with the private sector
- Strengthened cooperation between departments e.g. public works to build hospitals and clinics

### **8. Enhance IT Systems**

- Improve systems for aligned performance management, monitoring and measurement
- Single healthcare patient information system across public and private sector e.g. India registered close to a billion people in 1 year onto a common system

### **9. Expanded War Room Activity to Address the Immediate Crisis in Healthcare**

- Focus on the outcomes and ensure delivery of Summit outcomes
- Solutions need to recognize the failure in leadership and management that has resulted in the current crisis, focusing on short, medium and long term interventions
- Inclusive of all groups instrumental to implementation and key stakeholders
- Should not undermine legitimate accountability and processes, but deal with the crisis