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ASSESSMENT OF ROLES AND RESPONSIBILITIES OF HOSPITAL BOARDS IN A PUBLIC HOSPITAL IN THE LIMPOPO PROVINCE

by

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"A research report submitted to the School of Public Health, University of Witwatersrand, Johannesburg, in partial fulfillment of the requirements for the degree of Master of Public Health: Hospital Management"

JOHANNESBURG, MAY 2011

DECLARATION

I declare that this report is my own unaided work. It is being submitted for the Degree of Master of Public Health: Hospital Management at the University of Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

Signature of Candidate……

On the ……Day of …….of 2011

DEDICATION

This piece of work is dedicated to my wife, Phathutshedzo, three children; Gundo, Unarine and Ndivho, mother Balanganani Grace, and three sisters; Mushaathoni, Milingoni and Rendani, also dedicated it in memory of the late brother, Robert Nndanduleni and my late father, Ishmael Tshifhumulo and the late colleague/classmate and former C.E.O of Seshego Hospital, M. Putuka of the Limpopo Province's Department of Health and Social Development, whose cruel demise left a huge void which can not replaced.

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- To all Chief Executive Officers (in the province and outside) I say bravo and forward with the quest: "towards better managed public hospitals" and an improved quality of life for the people they serve**.**

ABSTRACT

Introduction: This study sought to assess the roles and responsibilities performed by hospital boards in the public hospitals in the Limpopo Province since 2004. The rationale for embarking on the study is due to the fact that most public hospitals boards are characterized by role ambiguity resulting in squabbles and conflicts with health facility management, functionality crises or challenges, poor representation of communities being served, lack of personal commitment and will to the detriment of service delivery.

Objectives: To determine the roles and responsibilities of the hospital boards in the Limpopo Province since 2004, to establish the main challenges that are experienced by public hospital board members which hinder good performance and to determine the qualification criteria for those appointed to be members of the hospital boards.

Methodology: This is a qualitative study where the researcher interviewed board members of Tshilidzini Regional Hospital in the Vhembe District appointed in 2004 by the Provincial Member of Executive Council (MEC) for the Department of Health and Social Development in the Limpopo Province in terms of Northern Province Health Act of 1998. The study has been conducted from August to September 2008.

Study Sample: The sample is a purposive one made up of 18 members from six district hospitals and 5 members from Tshilidzini Regional Hospital, all found in Vhembe district. The respondents were interviewed, using both open-ended and a closed-ended questionnaire.

Data analysis and interpretation: As the study is a descriptive, the collected data was analyzed, taking into consideration the views and inputs as presented by different participants in the study. The researcher developed some themes or topics in accordance with the main focus areas of study and from what had been learnt via the literature

reviews on the roles and responsibilities of hospital boards in the country and internationally.

Results: The study found out that board members were not adequately performing the expected roles and responsibilities. Furthermore, the study shows numerous challenges and difficulties hindering board members in the execution of said roles and responsibilities that need to be addressed by the Department. The respondents also gave recommendations and inputs on the issue of criteria to consider when selecting community members
interested to being hospital board members.

Recommendations: A substantive recommendation is made for **t**he Department of Health and Social Development in the Limpopo province including other provinces and the national Ministry of Health in South Africa to engage in a systematic review of the National Health Act, 61 of 2003. The study has evidence of the problems in the implementation of the Act which perhaps needs intervention through appropriate recruitment and appointment process, capacity building and clarification of roles and responsibilities. To address challenges pertaining to incentives for board members, it is further recommended that a policy needs to be developed. In order to enforce accountability, monitoring guidelines and reporting mechanisms should be developed in the form of regulations in the provinces. The appointed hospital board members should have background in financial management, financial accounting, strategic management, community development, human resource management, clinical matters, legal environment, quality assurance and risk management so that they can enhance good governance in a public hospital.

ABBREVIATIONS AND ACRONYMS

CEO : Chief Executive Officer
DHS : District Health System
MEC : Member of the Executive Council
HOD : Head of Department
HSP : Hospital Strategy Project
NHS : National Health System
PHC : Primary Health Care
PFMA : Public Finance Management Act

DEFINITIONS OF TERMS

- **Chief Executive Officer (C.E.O):** A health facility manager appointed to run the day to day affairs of such health care facility.
- **District hospital**: A first level non-specialist public hospital to which patients from nearby clinics or health centre maybe referred..
- **Health centre**: A community based structure that excludes a private hospital, usually providing a 24-hour health facility with a greater variety of services that are not provided at clinic.
- **Hospital board:** A hospital board established in terms of the Northern Province Health Act 5 of 1998 and National Health Act 61 of 2003.
- **Hospital**: A health care institution with an organized medical, professional and support staff and with in-patient beds available around the clock. Its primary function is to provide medical, nursing and other health related services to in-patients for both surgical and non-surgical conditions and other services and emergency care to out-patients.
- **Primary Health Care (PHC):** Often abbreviated as PHC, is "essential health care based on practical, scientifically sound and socially acceptable methods and

technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination"(**Alma Ata** international conference definition)

- **Regional hospital**: A secondary public hospital to which patients are referred from a district hospital. The hospital serves several district hospitals by providing more specialized services.
- **Tertiary Care:** A specialized consultative care, usually provided after a referral from primary or secondary medical care personnel, by specialists working at a center that has personnel and facilities for special investigation and treatment. It is also related to secondary medical care that medical care provides through a physician who acts as a consultant at the request of a primary physician.