



Guidance for Local Steering Groups

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Organisational Audit

Guidance for Local Steering Groups

Quality Improvement Programme

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The King's Fund Centre is a health services development agency which promotes improvements in health and social care. We do this by working with people in health services, in social services, in voluntary agencies, and with the users of their services. We encourage people to try out new ideas, provide financial or practical support to new developments, and enable experiences to be shared through workshops, conferences and publications. Our aim is to ensure that good developments in health and social care are widely taken up.



The King's Fund Centre is a part of the
King Edward's Hospital Fund for London.

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МАСТЕРСТВО

ЧЕРНОГО РИКЕТА ЭНТ.

Чернокикета Энт. — это один из самых известных и популярных жанров в мире. Он основан на принципах мастерства, которые были разработаны в древней Азии. Важнейшими из них являются:

1. Умение управлять огнем.

2. Умение использовать огненные атаки.

3. Умение использовать огненные щиты.

4. Умение использовать огненные щиты.

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26. Умение использовать огненные щиты.

INTRODUCTION

Welcome to organisational audit. By taking part in the programme, your hospital has shown its commitment to providing good quality services. By working steadily towards the King's Fund Centre organisational audit standards your organisation will demonstrate that it can provide an environment within which a high quality of care can be achieved. We believe that you will find participation in the programme both worthwhile and stimulating.

These guidelines provide advice and suggestions for the steering group responsible for managing the organisational audit process, and will enable your hospital to make the most of participation in the programme. The success of the programme will depend in large part on how effectively the steering group communicates the standards throughout your organisation, and on its guidance for making any changes.

The guidelines begin with advice on how to set up a steering group, outlining the roles and responsibilities of that group. This is followed by a chronological progression through the organisational audit process looking at:

- the communication of the project within the hospital
- using the standards
- preparation for the survey
- managing the results of the survey to make sure that the hospital continues its progress towards meeting the standards.

The standards have been drawn from experience in the field, and any feedback that



you have on either the standards or the process will help us to develop the programme further. Please pass on any comments or suggestions to the survey manager from the King's Fund Centre.

1. *Survey standards*
2. *Survey process*

THE STEERING GROUP

Membership

The steering group has a vital role to play in making organisational audit successful. Each member will be making a long-term contribution to the quality of services provided by their hospital.

Membership of the steering group should be representative of the various functions of the hospital and be of sufficient seniority to enable implementation of beneficial changes prompted by the programme (you may want to use an existing body such as a quality assurance committee). The steering group will need to meet on a regular, probably monthly basis.

Typical membership:

- unit general manager
- two consultants
- director of nursing
- a manager from the professions allied to medicine
- hotel services manager

The steering group should nominate a survey coordinator to lead the hospital's preparation for organisational audit. The coordinator will need to be of sufficient seniority to act as the spokesperson for the steering group, and for the programme.

Roles and responsibilities

Steering Group

It is the responsibility of the steering group to make sure that the hospital gains maximum benefit from the organisational audit process. The tasks to be undertaken are outlined in the following sections. There are four broad areas of responsibility for the steering group, as follows:

- communication and education about organisational audit within the hospital
- evaluation and implementation of the standards
- preparation for the survey
- managing the impact of organisational audit after the survey

Individual members of the steering group will typically work most productively by taking on responsibility for different departments within the hospital. Each department will require a different approach and level of support.

Survey Coordinator

The survey coordinator nominated by the steering group will be responsible in particular for collating and returning the pre-survey documentation (i.e. the self assessment questionnaire and the hospital profile form), preparing a timetable of visits for the surveyors, and providing facilities and a guide during the survey itself.

Survey Manager

The King's Fund Centre survey manager will provide support and guidance during both the

preparatory stages and the survey itself. He/she will visit the hospital before the survey and will be able to make presentations to staff groups where required.

COMMUNICATION AND EDUCATION WITHIN THE ORGANISATION

The role of communication and education

For your hospital to get the most out of organisational audit, it is essential that the whole organisation is involved. The standards that you will be working towards concern the organisational basis upon which a department operates, and can only be met by the individual departments themselves. **If the organisational audit standards are to improve the management of your hospital, there will need to be an understanding of, and commitment to, the process at every level.**

Clearly then, a major role of the steering group is to communicate to the entire hospital what organisational audit is about, and why **your** hospital is taking part in the process. You will be supported by the survey manager from the King's Fund Centre in launching the project within the hospital, responding to the questions and concerns of members of staff, and maintaining a high profile for organisational audit. By keeping the programme on other people's agendas you will enable your hospital to gain the most benefit from participating in the programme.

Key messages to communicate

The needs of each hospital are different, and you will want to decide which particular aspects of organisational audit to stress. However, there are a number of key messages to communicate:



- what organisational audit is
- why your hospital is participating
- what benefits individual departments can expect from the process
- what the survey will be like (in particular addressing the issue that the surveyors cannot see everybody, but that this does **not** invalidate work done that is not seen by the surveyors)
- the role of the King's Fund Centre, particularly the survey manager
- the attitudes of professional bodies
- how organisational audit fits with other quality assurance activities.

Suggested methods for communication

Just as the messages to be communicated will vary between hospitals, so will the most appropriate means of communication. The following is a list of methods that have proved particularly effective elsewhere:

- discussion/presentation from King's Fund Centre representative
- presentations to key groups; Heads of Departments, Medical Executive Committee, Unit Management Board etc.
- agenda item for team briefing
- news-sheet items/regular memos
- designated noticeboard for organisational audit
- discussion with other pilot sites (past and present)
- items in the local press.

Some common questions answered

What is organisational audit?

Organisational audit is the process of applying organisational standards to a hospital/acute unit which will improve the quality of services provided. Progress towards meeting the standards is evaluated through a survey conducted by an independent team of senior healthcare professionals.

By taking part in organisational audit, a hospital can develop an environment capable of supporting a high quality of clinical care.

How were the standards developed?

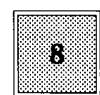
Originally taken from the Australian accreditation standards, they were adapted by the first nine pilot sites together with the King's Fund Centre. These were then amended following extensive consultation with professional and consumer groups.

Who will be the surveyors?

The surveyors are senior healthcare professionals chosen on the basis of their experience and credibility. Each survey team comprises a general manager, a consultant and a director of nursing.

What is in it for the hospital?

The benefits of organisational audit come from having an organisation-wide review against a set of established standards. As well as progress made before the survey, the hospital will be given recommendations for improving the organisation of services, and commendations for particularly good practice. By taking part in the programme, the hospital has demonstrated a



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commitment to providing a high quality of service.

What is in it for my department?

It will help each department to be more aware of where improvements can be made.

Furthermore, because the survey affects every department, it helps to improve the communication between departments.

Will the programme take up a lot of my time?

The documentation has been designed to be simple and straightforward so that each section can be completed easily. Where a department is implementing improvements that it has identified either from the standards, or from the surveyors' report, then this will be productive work with tangible benefits and the time well spent.

What is the attitude of my profession?

Every professional body has been asked to comment on the standards, and the majority are supportive of the aims of the project. The King's Fund Centre has formed an advisory council to guide the development of the programme which includes representatives from the Conference of Colleges, the Royal College of Nursing and United Kingdom Central Council for Nursing, Midwifery and Health Visiting, the Council for Professions Supplementary to Medicine, the Institute of Health Services Management and the National Association of Health Authorities and Trusts, and from consumer organisations.

How does this fit in with Total Quality Management and other Quality Assurance activities?

Organisational audit alone will not guarantee a high quality of healthcare. However, the programme does integrate well with other quality assurance activities, especially TQM, because it establishes a framework within which each department can work.

What is the King's Fund Centre?

The King's Fund Centre is a health services development agency which promotes improvements in health and social care. It is an independent charity.

Summary of action	Timescale
Communication and education is one of the steering group's principal tasks. The organisational audit programme should be launched and an on-going system to communicate the progress of the programme established.	Continuous throughout project.

USING THE STANDARDS

Communicating the standards

The more widely that you distribute the standards within the hospital, the more clearly your staff will understand the process of organisational audit. However, it will not be possible to give a copy of all the standards to each department. In distributing the standards to departments in sections, do ensure that each department sees **all the relevant** standards.

For example, the intensive care unit should be familiar with the standards for medical services, nursing services and the 'patients rights and special needs' standards within the management section, as well as the standards for special care services. Similarly, standards for departments such as radiotherapy which don't have their own specific section can be drawn from other sections; e.g. for radiotherapy, standards can be drawn from the sections on radiology, out patients, and the 'patient's rights and special needs' standards within the management section. A complete copy of the standards should be made available to which all staff may refer.

Along with the standards, you will distribute the self assessment forms which staff will complete as part of the pre-survey documentation that is returned to the King's Fund Centre six weeks before the survey.

As well as distributing the standards manual, the steering group will need to help colleagues with their interpretation of the standards. If you are unclear about any of the standards after discussion with the relevant department, please

contact your survey manager from the King's Fund Centre.

As outlined in the introduction to these guidelines, the standards are intended to be both comprehensive and nationally applicable. The organisational audit programme is constantly looking to update and revise the manual of standards. Please feedback to the King's Fund Centre any comments from either the steering group or individual departments which will help us to improve the standards.

Meeting the standards

The value of the survey process is in acting as a catalyst for change in your organisation both before and after the survey itself. For 6–12 months before the survey your organisation will have the opportunity to assess the applicability of the standards in its work, and take steps towards meeting them.

The steering group should encourage departments to do this. It is important to emphasise that the surveyors will not expect to see every standard met fully by the time of the survey; rather, they will be evaluating your progress towards the standards, and will be looking for plans to implement the standards where they are not currently complied with.

Approximately 8–10 weeks before the formal survey we recommend that you conduct some form of 'mock' survey. This will help you to ensure that all staff are fully aware of the organisational audit process, and to check that the self-assessment forms have been completed accurately. Moreover, a mock survey can be a spur to further activity within individual departments, and reassure those staff who might be anxious about the survey or the standards. A

mock survey might range from a full survey with an in-house team, to targetting selected areas by members of the steering group.

Summary of action	Timescale
Distribute standards to all departments.	Immediately
Feedback comments on the standards to the King's Fund Centre.	As comments arise
Conduct a mock survey.	8–10 weeks before the survey

PREPARATION FOR THE SURVEY

The pre-survey documentation

There are two parts to the pre-survey documentation:

- self assessment forms (included in the manual)
- hospital profile form (sent to you three months before the survey).

This documentation should be returned to the King's Fund Centre with your proposed survey timetable not later than **six weeks** before the survey. It will take longer than you think to complete the pre-survey documentation, so you should allow plenty of time for this. The self assessment forms should be signed by the person who completed them and countersigned by a senior member of staff (usually the unit general manager).

The King's Fund Centre survey manager will liaise with your survey coordinator to ensure that the documentation is returned on time. Clearly it is most important that the surveyors receive the documentation in time to prepare for the survey.

The survey timetable

Another important task for the survey coordinator is to establish a timetable for the survey. An outline timetable is included in Appendix I: this should serve as a guide only and will need to be amended to take into account the length of the survey, the range of hospital departments, and the number of beds.

Even before the survey timetable is prepared, it will be useful for members of staff to understand how the survey will work. Limits on the amount of time available mean that the surveyors will only be able to spend quite short periods in each department. Staff should be made aware that the visit is only part of the process of evaluating a department; the surveyors will also use information from the pre-survey documentation and the users of a department.

The survey timetable should reflect the functions of the hospital rather than its geography. Consequently the timetable for a split site unit need only take in peripheral locations where a department is solely, or principally located there.

The survey timetable should include an opening session and feedback session at the end. Usually these sessions are limited to the management board of the hospital. A second feedback session of more general points to a wider audience may also be arranged, but it may be more appropriate for the surveyors to feedback individually to heads of departments during the survey.

Logistics of the survey

The King's Fund Centre will make the necessary arrangements for hotel accommodation, but it would be helpful if the survey coordinator could send details of suitable hotels well before the survey date.

During the survey it helps if the surveyors have a member of staff to act as a guide to take them from place to place. The surveyors should also have a room within the hospital to use as a base during the day and for lunch. In this room should be the supporting documentation outlined below for the surveyors to use.

The following documentation, with an index, should be made available to the surveyors:

Professional structures

- Organisational chart (showing management arrangements)
- Nursing structures and advisory committees
- Structure of medical divisions or clinical directorates
- List of advisory committees

Plans

- Business plan
- Strategic plan
- Service contracts
- Annual financial report
- Quality assurance plan

Policies

- Standing financial instructions
- Unit personnel policies
- Major accident policy and evaluation reports
- Internal incident plans (fire, bomb threats, etc.)
- Last three fire reports
- Complaints procedure and recent reports

Committee minutes

- Unit management board
- Heads of departments meetings
- Medical advisory committee
- Divisional/clinical directorate meetings

Ethical committee
Clinical audit committees
Quality assurance committee
Medical records committee
Theatre users committee
Nursing advisory meetings
Health and safety committee
Infection control committee

Rotas

Medical on-call rotas
Nursing shift patterns
Outline of a patient's day (e.g. meals, drug rounds)

Communication

Samples of information provided for patients
Standard letters for patients
Staff communications (e.g. newsletters)

The surveyors will arrive at their hotel the evening before the survey. It would be helpful if the survey coordinator could come to a short evening meeting at the hotel to go over the timetable and confirm arrangements for the survey.

Summary of action	Timescale
Send hotel details to the King's Fund Centre.	4–6 months before the survey
Return completed pre-survey documentation and proposed survey timetable.	Six weeks before the survey

Arrange a guide, a room and supporting documentation for the surveyors.

For the survey

Survey coordinator to meet the surveyors the evening before the survey.

Evening before the survey

BEYOND THE SURVEY

Feedback within the hospital

As these guidelines have stressed, the potential benefits of organisational audit to your hospital will be as part of a continuing process of evaluation and review. Having received the surveyors' report, successful participation in the project will follow from management action. Before the survey itself, the steering group has an important role to play in setting a framework for this action.

The surveyors' report (which you will receive within a month of the survey) will form the basis of your feedback to departments. Both recommendations for further action, and commendations for good practice will be included. Clearly, the sooner that the sections of the report are communicated to the appropriate staff the greater their impact will be on departmental practice.

Earlier surveys have shown a real need to sustain the momentum built up in the pre-survey phase. This can be done through:

- maintaining high levels of communication
- showing public appreciation of the work done by staff
- publicising the benefits of having taken part
- keeping the philosophy of organisational audit on departments' agendas.

Promoting change

Planning an action programme from the

surveyors' recommendations can be done before the report is received. Any central timetable for further progress towards meeting the standards would be likely to include:

- consultation with individual departments when the report has been received
- a period for departments to draw up proposals for action
- implementation of agreed proposals
- review of progress.

(Appendix II is an action sheet for you to photocopy and use after the survey.)

The review of progress might well take the form of an internal survey after a year, and feed into preparation for a re-survey by the organisational audit programme after three years.

Feedback to the King's Fund Centre

The King's Fund Centre would be grateful to receive any comments or suggestions you might have about either the process of organisational audit or the standards used. Approximately 4-6 months after the survey a representative from the programme will revisit the hospital to talk to the UGM and/or the original steering group about how the process worked. In this way the successes of organisational audit can be built upon and improved.

Organisational audit: the beginning not the end

By taking part in the organisational audit programme, your hospital has taken the opportunity of improving the quality of its

services for the future. Well after the survey itself, the programme can provide an impetus to beneficial changes which you will control. Organisational audit is the start not the finish; the programme provides a useful tool for setting in motion a process of improvement which continues long after the survey has been completed.

SUMMARY OF ACTION

Action	Timescale
Communication about the project.	Continuous
Distribute the standards to all departments.	Immediately
Feedback comments to the King's Fund Centre.	As they arise
Send hotel details to the King's Fund Centre.	4–6 months before the survey
Conduct a mock survey	8–10 weeks before the survey
Return the completed pre-survey documentation and proposed survey timetable	Six weeks before the survey
Survey coordinator to meet the surveyors.	The night before the survey
Arrange a guide, a room and supporting documentation	For the survey

APPENDIX I SURVEY DAY 1

	MANAGER	DOCTOR	NURSE	
09.00	EXECUTIVE BOARD			
09.30	INTRODUCE TEAM TO HEADS OF DEPARTMENTS			
10.00	WORK ROOM - REVIEW DOCUMENTATION			
10.30				
11.00				
11.30	MEDICAL RECORDS	MEDICAL RECORD CONTENT	ACCIDENT AND EMERGENCY	
12.00				
12.30	LUNCH			
13.00				
13.30	MEDICAL RECORDS	MEDICAL RECORD CONTENT	ACCIDENT AND EMERGENCY	
14.00				
14.30	laundry / linen	RADIOLOGY	OUTPATIENTS	
15.00			infection control	
15.30				
16.00	chaplain	library	ccu	
16.30	mortuary			
17.00	social worker			
17.30				
21.00	NIGHT VISIT: A&E, CATERING, ON-CALL FACILITIES, PHARMACY, PORTERS, SECURITY, SWITCHBOARD, WARDS			

SURVEY DAY 2

	MANAGER	DOCTOR	NURSE
09.00	estates	PATHOLOGY	DIRECTOR OF NURSING
09.30			QA MANAGER
10.00	domestics		WARDS
10.30			
11.00	patient services		
11.30			
12.00	UNIT GENERAL MANAGER	UNIT GENERAL MANAGER	
12.30	LUNCH		
13.00			
13.30	chairman of medical advisory committee		WARDS
14.00			
14.30	personnel	chair of audit committee	
15.00		chair of ethical committee	
15.30	finance	PHARMACY	director of midwifery
16.00			
16.30	fire, health and safety		obstetrics
17.00			
17.30			

SURVEY DAY 3

	MANAGER	DOCTOR	NURSE
09.00	support services	clinical tutor	day care
09.30		a & e	
10.00	cssd / tssu		theatres
10.30	speech therapy		
11.00	dietetics		
11.30	catering (including following trolley to wards)	itu	
12.00			director of nurse education
12.30			LUNCH
13.00			
13.30	outpatients	selection of wards - meet junior medical staff	physiotherapy
14.00			occupational therapy
14.30			chiropody
15.00	REVISITS AND REPORT PREPARATION		
15.30			
16.00			
16.30			
17.00			
17.30			

SURVEY DAY 4

	MANAGER	DOCTOR	NURSE
09.00		PRESENT REPORT TO EXECUTIVE MANAGEMENT TEAM	
09.30			
10.00			
10.30			
11.00			
11.30			
12.00			
12.30		INFORMAL BUFFET OR COFFEE TO SAY GOODBYE TO HEADS OF DEPARTMENTS	
13.00			

KEY: **UPPER CASE** - Sessions which must take place at times shown.

Lower case - Sessions which need not be timed exactly as shown.

NOTES:

1. This timetable serves only as a guide. Surveys will vary in length according to the size of the hospital.
2. The surveyors should visit departments independently where possible.
3. Please allow for 'travelling time' of the surveyors between departments.

APPENDIX II

ACTION SHEET

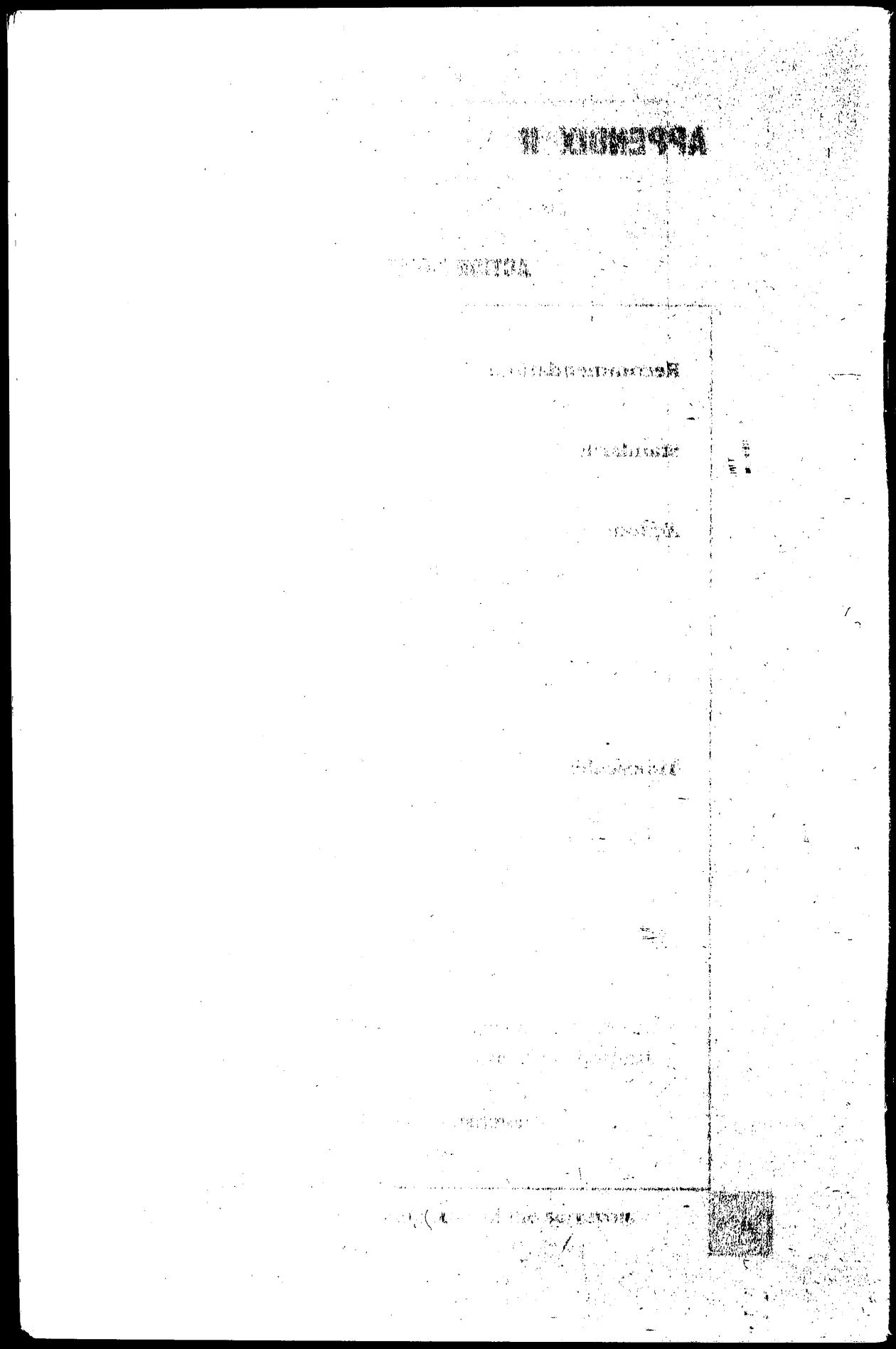
Recommendation:

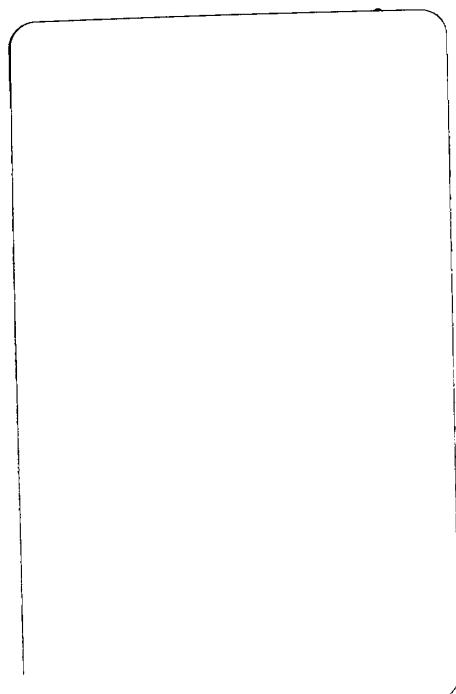
Standard:

Action:

Timescale:

By:





Guidance for Local Steering Groups provides information and advice for members of steering groups responsible for implementing organisational audit. From joining the programme to assessing the surveyors' recommendations, this booklet clarifies the whole process and explains how it's done.

"We all enjoyed participating in the survey and I know we all learnt a lot from it."

- Unit General Manager (N.H.S Hospital)

"My subsequent talks around the hospital following the visit confirmed my impressions of the worth and value of the process."

- Executive Director (Independent Hospital)

"...many heads of service have said how they learnt a great deal about good practice described or suggested by the surveyors."

- Unit General Manager (N.H.S Hospital)

"...our surveyors were most helpful. We had some useful suggestions from them for which I was grateful."

- Consultant Cardiologist

"As well as being extremely valuable, my colleagues and I found the week very enjoyable."

- Unit General Manager (N.H.S Hospital)