



The King's Fund
ORGANISATIONAL
Audit

Guidance for
PRIMARY HEALTH CARE
Teams

AMP:HU (Kin)

KING'S FUND LIBRARY

126 Albert Street, London, NW1 7NF

Class Mark

HMP: HU

Extensions

Kin

Date of Receipt

14 July 1994

Price

donation

CONTENTS

	Page
Introduction	1
The Steering Group	2-3
Membership	2
Roles and responsibilities	2
Communication and Education	3-5
The importance of communication and education	3
Key messages to communicate	3
Suggested methods of communication	3
Some common questions answered	4
Using the Standards and Criteria	6
Communicating the standards and criteria	6
Meeting the criteria	6
Preparation for the Survey	7-9
The pre-survey documentation	7
The survey timetable	7
Meeting with representatives external to the facility	7
Logistics of the survey	8
Beyond the Survey	11-12
Feedback of the survey	11
Promoting change	11
Feedback to the KFOA	12
Organisational Audit the beginning, not the end	12
Summary of action	13
Appendices	14-17
1 - Sample timetable	14
2 - Steering group - terms of reference	15
3 - Practice/Health centre action plan	16
4 - Guidelines for implementing change	17

INTRODUCTION

Welcome to the King's Fund Organisational Audit (KFOA). By taking part in Organisational Audit, your facility has shown its commitment to providing good quality services. (A facility constitutes a general practice, health centre or any other site offering a primary health care service.) By working steadily towards the organisational standards and criteria your facility will demonstrate that it can provide an environment in which a high quality of care can be achieved.

These guidelines provide advice and suggestions for the primary health care team and will enable your facility to make the most of participation in the KFOA. The success of your participation in Organisational Audit will depend on how effectively the standards and criteria are communicated throughout your primary health care team and on the guidance given 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 Organisational Audit within the facility
- using the standards and criteria
- preparation for the survey
- managing the results of the survey to make sure that you all continue your progress towards meeting the criteria.

THE STEERING GROUP

Membership

Depending on the size of your facility, you may wish to set up a steering group. This 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 your facility.

The steering group will need to meet regularly, probably every two weeks (you may want to use some of your existing primary health care team meetings).

The steering group should nominate a survey coordinator to facilitate the preparation for Organisational Audit.

Roles and responsibilities

Steering group

It is the responsibility of the steering group to make sure that the facility gains maximum benefit from Organisational Audit. The tasks to be undertaken are outlined in the following sections. There are four broad areas of responsibility for the steering group:

- communication and education about Organisational Audit within the facility
- evaluation and implementation of the criteria
- preparation for the survey
- managing the impact of Organisational Audit after the survey.

Survey coordinator

The survey coordinator nominated by the steering group will be central to facilitating the Organisational Audit across the facility. He/she will also be responsible for collating and returning the pre-survey documentation (that is, the self-assessment questionnaire and the facility profile form), preparing a timetable of visits for the surveyors, providing facilities for the team and a guide during the survey.

Survey manager

The KFOA survey manager will provide support and guidance during the preparatory stages and the survey. He/she will undertake visits to the facility before the survey to advise the steering group and to meet other members of staff or make presentations as appropriate.

COMMUNICATION AND EDUCATION

The importance of communication and education

For your facility to get the most out of Organisational Audit, it is essential that the whole primary health care team is involved. If the Organisational Audit criteria are to improve the management of your facility, there will need to be an understanding of, and commitment to, the process by all the members of the primary health care team.

A major role of the steering group is to communicate to the entire team what Organisational Audit is about and why your facility is taking part. You will be supported by your survey manager in launching Organisational Audit, responding to the questions and concerns of members of staff, and maintaining a high profile for Organisational Audit. By keeping Organisational Audit on everyone's agenda you will enable your facility to gain the most benefit from participating in this programme.

Key messages to communicate

The needs of each facility 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 facility is participating
- what benefits you can expect
- what the survey will be like
- the role of the KFOA, particularly the survey manager
- the attitudes of professional bodies
- how Organisational Audit fits with other quality activities.

Suggested methods for communication

The following is a list of methods of communication that prove particularly effective:

- discussion/presentation from the KFOA survey manager
- agenda items for primary health care team meetings
- news-sheet items/regular memos
- designated notice board for Organisational Audit

COMMUNICATION AND EDUCATION

- discussion with other facilities taking part
- items in the local press.

Some common questions answered

What is the King's Fund?

The King's Fund is an independent charity, incorporated in statute in 1897, which seeks to stimulate good practice and innovation in all aspects of health care and management through research and development, education, policy analysis and direct grants (but not for basic scientific or clinical research).

What is Organisational Audit?

Organisational Audit is applying organisational standards and criteria to a facility which will improve the quality of services provided. Progress towards meeting the standards and criteria is evaluated through a survey carried out by an independent team of health care professionals from the primary health care field.

By taking part in Organisational Audit, a facility can measure its own performance and develop an environment capable of supporting a high quality of clinical care.

How were the standards and criteria developed?

They were developed by the first nine pilot sites and the KFOA. The standards and criteria were then amended following extensive consultation with professional and consumer groups.

Who will be the surveyors?

The survey team will typically consist of a clinician and manager from primary health care backgrounds and a manager from a family health services authority (FHSA) or district health authority (DHA). A consumer may also be on the team.

What is in it for the facility?

The benefits of Organisational Audit come from having an organisation-wide review against a set of established criteria. As well as progress made before the survey, the facility will be given recommendations for improving the organisation of services, and particularly good practice will be highlighted. By taking part in this project, the facility has already demonstrated a commitment to providing a high quality of service. This will be enhanced through the audit process.

COMMUNICATION AND EDUCATION

What is in it for me?

It will help you be more aware of where improvements can be made. Furthermore, because the survey affects everyone, it helps to improve the communication between professionals and with patients.

Will this 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 you are implementing improvements that have been identified either from the criteria or from the surveyor's 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 criteria and they support the aims of Organisational Audit. The KFOA has formed an advisory group to guide the development of the programme which includes representatives from the Royal College of General Practitioners, the Royal College of Nursing, the Health Visitors' Association, the National Association of Health Authorities and Trusts, public health, regional and district bodies, Professions Allied to Medicine, the Audit Commission and independent and voluntary organisations.

How does this fit in with other quality activities?

Organisational Audit alone will not guarantee a high quality of health care. However, the work will integrate with other quality activities because it establishes a framework within which to work.

Summary of action

Communication and education is one of the steering group's principal tasks. The Organisational Audit should be launched and an ongoing system established to communicate progress.

Timescale

Continuous throughout the year.

USING THE STANDARDS AND CRITERIA

Communicating the standards and criteria

Do ensure that every primary health care team member sees all the relevant standards and criteria.

Each member of the primary health care team will work with the core organisational standards and criteria detailed in Section 1. In addition they will be expected to comply with the criteria relating to their respective professional group (Section 2 - primary health care team members and Section 3 - health records). The standards and criteria for minor surgery (Section 4) are relevant to staff involved in any aspects of supporting or performing minor surgical procedures.

Along with the standards and criteria, you will distribute the self-assessment forms which staff will complete as part of the pre-survey documentation that is returned to the KFOA six weeks before the survey.

As well as distributing the criteria, the steering group will need to help colleagues with their interpretation of the criteria. If you are unclear about any of the criteria, please contact the KFOA survey manager.

Meeting the criteria

The value of the survey is in acting as a catalyst for change in your organisation, both before and after the survey. For six to eight months before the survey, your organisation will have the opportunity to assess the applicability of the criteria and take steps towards meeting them.

The steering group should encourage staff to do this. It is important to emphasise that the surveyors will not expect to see every criterion met fully by the time of the survey; rather they will be evaluating your progress towards meeting the criteria and will be looking for plans to implement the criteria where they are not currently complied with. The weighted criteria will assist with prioritising your workload.

Approximately eight weeks before the formal survey we recommend that you conduct some form of 'mock' survey. This will help to ensure that all staff are fully aware of the Organisational Audit and to check that the self-assessment forms have been completed accurately. Moreover, a mock survey can be a spur to further activity and reassure staff who might be anxious about the survey or the criteria. A mock survey might range from a full survey with an inhouse team to targeting selected areas by members of the steering group.

Summary of action

Distribute standards and criteria to all staff
Feedback comments on the criteria to the KFOA
Conduct a mock survey

Timescale

Immediately
As comments arise
Eight 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)
- profile form.

A single assessment form should be completed for the primary health care team. You should discuss with your survey manager where you intend to complete more than one submission for any given section of the manual. If some but not all members meet criteria this should be indicated in the space for comments on the self-assessment form.

This documentation should be returned to the KFOA with your proposed survey timetable and facility profile 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. Other useful pre-survey documentation is a copy of the practice leaflet, annual report and local public health annual report for each of the surveyors.

The survey manager will liaise with your survey coordinator regarding the return of joint documentation. 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 example of a timetable can be found in Appendix 1; this should serve as a guide only and will need to be amended to take into account the length of the survey and the range of services. 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 with each service. Staff should be made aware that the visit is only part of the process of evaluating a service. The surveyors will also use information from the pre-survey documentation and the users of a service.

The survey timetable should include an introductory session where possible and a feedback session at the end.

Meeting with representatives external to the facility

It has proved useful for the surveyors to meet representatives external to the facility the evening prior to the survey. These representatives should include a manager from the FHSA, the community unit manager, hospital contract managers, and members from the community health council and patient participation groups. They will meet with the surveyors for an hour. The purpose of this meeting is to provide background

PREPARATION FOR THE SURVEY

information on the local area and an external perspective of the facility. The survey coordinator will be asked to fill in a form two months before the survey with nominations for this meeting which the KFOA will arrange.

Logistics of the survey

The KFOA will make the necessary arrangements for hotel accommodation for the surveyors but it would be helpful if the survey coordinator could send details of suitable hotels well before the date.

The surveyors will need a room within the facility to use as a base during the day and for lunch. The supporting documentation outlined below should be in this room for the surveyors to use.

The following are examples of documentation which should be made available to the surveyors:

Professional structures

Organisational chart (showing management arrangements)

Nursing structures and advisory committees

List of advisory committees

Statistics for staff absence and turnover

Plans

Business plan

Strategic plan

Service contracts

Annual report

Annual financial report

Quality assurance plan

Policies and procedures

Standing financial instructions

Policy for continuity of care

Personnel policies

Internal incident plans (fire, bomb threats, and so on)

Last three fire reports

Complaints procedure and recent reports

Procedure for filing letters, reports and results and action taken

PREPARATION FOR THE SURVEY

Committee minutes

Partners' management meetings
Primary health care team meetings
Clinical audit committees
Quality assurance committee
Medical records committee
Nursing advisory meetings
Health and safety committee
Infection control committee
Patients' participation group

Appointments

Appointment system
Availability for appointments and average time spent with patients and how this is monitored
Arrangements for patients to see doctors urgently and routinely
Arrangements for emergency calls

Rotas

Medical and nursing on-call rotas
Outline of the facility's weekly timetable

Information

Practice profiles
Population profiles
Agencies file
Disease register
Age/sex register
Samples of information provided for patients/carers
Standard letters for patients
Staff communications (for example, newsletters and team briefing sheets)
Practice leaflet
Public health annual report
Practice charters, standards

PREPARATION FOR THE SURVEY

Audit

Results of audit (for example, clinical audit, review of management systems, work load, referral rates, investigation rates, and so on).

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 KFOA

Four months before the survey

Return form with names of representatives external to the facility

Two months before the survey

Return completed pre-survey documentation and proposed survey timetable, copies of the practice leaflet, annual report and public health annual report

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

Evening before the survey

BEYOND THE SURVEY

Feedback of the survey

As these guidelines have stressed, the potential benefits of Organisational Audit for your facility will be as part of a continuing process of evaluation and review. Having received the surveyors' report, successful participation in Organisational Audit will follow from acting on the recommendations. 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 six weeks of the survey) will highlight good practice and give recommendations for further action. The sooner the report is communicated to the primary health care team, the greater its impact will be on practice.

The practice will receive a 'certificate of participation' from the KFOA once they have successfully taken part in the Organisational Audit process.

There is 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 everyone's agenda.

Promoting change

Planning an action programme from the surveyors' recommendations can be done before the report is received. Any timetable for further progress towards meeting the criteria would be likely to include:

- consultation with primary health care team members when the report has been received
- a period for the primary health care team to draw up proposals for action
- implementation of agreed proposals
- review of progress.

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 KFOA after three years.

BEYOND THE SURVEY

Feedback to the KFOA

The KFOA would be grateful to receive any comments or suggestions you might have about either the Organisational Audit or the criteria used. Approximately four to six months after the survey a questionnaire will be sent to the facility asking 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 KFOA your facility has taken the opportunity of improving the quality of its services for the future. Well after the survey, the programme can provide the impetus for beneficial changes which you will control. Organisational Audit is the start not the finish; the programme provides a useful tool for setting in motion improvement which continues long after the survey has been completed.

SUMMARY OF ACTION

<i>Action</i>	<i>Timescale</i>
Communication about the Organisational Audit	Continuous
Distribute the standards and criteria to all primary health care team members	Immediately
Feedback comments to the KFOA	As they arise
Send hotel details to the KFOA	Four months before the survey
Conduct a mock survey	Eight to ten weeks before the survey
Return the completed pre-survey documentation, proposed survey timetable, practice leaflets and annual reports	Six weeks before the survey
Surveyor coordinator to meet the surveyors	The night before the survey
Arrange a guide, a room and supporting documentation	For the survey
Prepare action plan to implement the recommendations	After the survey
Re-survey	In two to three years

APPENDIX 1

SURVEY TIMETABLE

	<i>Clinical</i>	<i>Practice Manager</i>	<i>Community Manager</i>
Day 1			
08.30	Introductions and Review of Documentation		
09.30	Health Promotion Nurse	Practice Manager CPN	
10.00	↓	↓	Waiting room/patients
10.30	Patient notes	Reception staff/ appointment system/ administration	↓
11.15	Practice nurses	Nurse unit/receptionist and systems	→
12.00	PAMs	Secretarial	Cleaning staff
12.30	Lunch with PHCT	Lunch with PHCT	Lunch with PHCT
14.00	GPs	GPs	Building/facilities equipment
15.00	Minor surgery	Assistant Manager	Acupuncture
15.30	↓	↓	Health Visitor
16.00	Review	Review	Review
16.30	Midwife	Computer Manager	District Nurse
17.00	Practice Manager	Waiting room	Revisits
Day 2			
08.15		Practice Manager (follow ups)	→
09.00	REVIEW IF REQUIRED		
10.00	WRITING UP		
13.00	LUNCH AND FEEDBACK SESSION		
14.00	FINISH		

APPENDIX 2

ORGANISATIONAL AUDIT - STEERING GROUP

TERMS OF REFERENCE (Guide Only)

- 1 To provide communication and education about the Organisational Audit to the primary health care team.
- 2 To act as liaison between the primary health care team and the KFOA.
- 3 To encourage, motivate and ensure commitment to the Organisational Audit.
- 4 To communicate the criteria and facilitate the completion of the self assessment forms and the development of appropriate action plans.
- 5 To ensure adequate preparation prior to the survey and adherence to the preparatory timetable.
- 6 To agree:
 - (a) Structure of pre-survey documentation returned to the KFOA; and
 - (b) Survey timetable.
- 7 To participate in the mock survey to target selected areas (optional).
- 8 To liaise with the KFOA survey manager and feedback comments or suggestions about the Organisational Audit.
- 9 To ensure the survey findings are communicated to all staff.
- 10 To ensure continuing commitment to improving standards after the survey.

APPENDIX 3

ORGANISATIONAL AUDIT PRACTICE/HEALTH CENTRE ACTION PLAN

<i>Activity</i>	<i>Month</i>											
	1	2	3	4	5	6	7	8	9	10	11	12
Local Steering Group	○	○	○	○	○	○	○	○	○	○	○	○
Launch audit in the practice	○											
Distribute manual		○	○									
Baseline audit		○										
Action Plan			○									
Implement standards and criteria		○	○	○	○	○	○	○	○	○	○	→
Complete self evaluation form and profile								○				
Return documents to King's Fund								○				
Survey and report										○	○	
The Action plan for the Practice											○	→

1929933866



APPENDIX 4

GUIDELINES FOR IMPLEMENTING CHANGE

- 1 Discuss the need for change.
- 2 Make a thorough diagnosis before deciding on treatment.
- 3 Make clear plans.
- 4 Discuss plans with all the people involved and amend if necessary.
- 5 Make a timetable - be flexible.
- 6 Monitor progress - watch out for a backlash.
- 7 People may resist change because:
 - (a) they are anxious or threatened - discuss and reassure
 - (b) they are apathetic - they may need a prod
 - (c) they are confused - discuss and clarify
 - (d) there is nothing in it for them - replan so there is.
- 8 Remember that change should not be just an exercise of power; nor is it a rational process - it involves people and feelings.
- 9 Change is a process of mutual learning and problem solving, which may not necessarily end you up where you planned to go initially.

From Management in General Practice by Pritchard, Low and Whalen, published by Oxford University Press, 1989.

Published by the King's Fund Organisational Audit
2 Palace Court
London
W2 4HS
Tel: 071 221 7141

© King's Fund Organisational Audit 1994

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic or mechanical, photocopying, recording and/or otherwise without the prior written permission of the publishers. This book may not be lent, resold, hired out or otherwise disposed of by way of trade in any form, binding or cover other than that in which it is published, without the prior consent of the publishers.

ISBN 1-85717-068-7

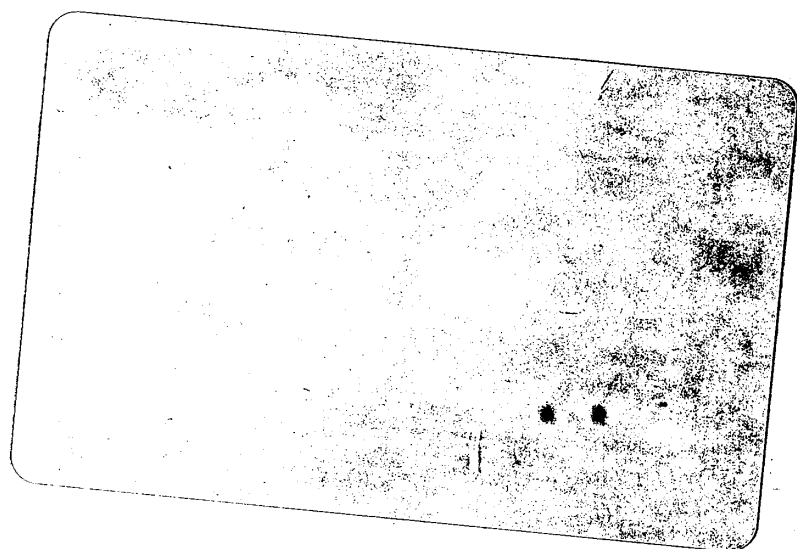


9 781857 170689 >

A CIP catalogue record for this book is available from the British Library

Distributed by Bournemouth English Book Centre (BEBC)
PO Box 1496
Poole
Dorset
BH12 3YD





King's Fund



54001000555014



72 020000 048572

Guidance for Primary Health Care Teams 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.

'It was a very worthwhile process. I feel privileged to have had the opportunity to take part'.

District Nurse

'All the surveyors were very professional and approachable. Staff felt comfortable enough to be open and honest with them when sharing their views on the practice'.

GP

'Organisational Audit was a time consuming process which generated a lot of work. However, it was well worth the effort in terms of confirming/ establishing a comprehensive organisational base for service delivery and closer teamworking between disciplines'.

Practice Manager

'We would not have missed it for anything!'.

Health Centre Administrator