

MANAGEMENT AUDIT

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KING EDWARD'S HOSPITAL FUND FOR LONDON

MANAGEMENT AUDIT

MANAGEMENT AUDIT

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PREFACE

This check list is intended for use in taking stock of management practices in hospitals. It owes its origins to a visit which Mr A C Dale, then Secretary of Woking and Chertsey Group Hospital Management Committee, made to the United States in 1960, when he studied the work of the American Hospitals Association in developing it on a consultancy basis. Later, as a senior tutor at the King's Fund College, he continued with the help of a small working party and as a result the list was issued at the College in January 1966. The subject was defined as 'a methodical review of the whole range of management activity in an organisation by reference to defined criteria of good management'. It was included in the curriculum at the College and, when Mr Dale left in 1966, Mr Aubrey Keep became the senior tutor most closely concerned with the subject. The check list is now acknowledged to be out of date and on perusal this will be obvious. In the intervening years fundamental changes have taken place in the pattern of management within unit hospitals. The introduction of Cogwheel style medical administration, the Salmon senior nursing staff structure, the appointment of more functional specialists has meant that to a considerable degree this document is out of date. Nevertheless, as a guide for the compilation of one's own check list - asking key questions and projecting standards by which to measure performance - it still has a valuable contribution to make. Despite the age of this publication there is no diminution in the requests received for copies, and certainly the concept of a management audit is as relevant today as ever. But users of this check list should be aware of its limitations and use it accordingly.

It was envisaged that the check list would be used jointly by group and hospital secretaries; that together they would reappraise the policies, the systems, and the relationships and communications within their hospitals. Such a review could well be linked to a system of 'management by objectives' and in this way gradual and methodical progress might be made towards new and better ways of managing the human and material resources of the hospital.

When the list was first issued, management audit was seen primarily as an aid to diagnosis in the general administrative field. Since then it has been shown that it could extend from a scrutiny of the organisation to that of the individual working in it, with all that this entails in job descriptions and so on.

This points to the need to treat the list as a general pattern for guidance and not as a definitive list to be applied just as it stands. As Mr Dale explained, speaking at a conference on management audit held at the King's Fund Centre in December 1971:-

"It is probably most effective if it is related to a particular post when the check list will grow out of the job description, and the audit will link in with management by objectives and staff appraisal.

There is also a need for regular audit of particular services where responsibility may be diffused but a co-ordinated and efficient service is most important, e.g. the administration of the out-patients' department, the management of waiting lists and admission procedures, the running of the geriatric service. In some instances the Department's 'Guide to Good Practices' is a useful guide here.

Another need is to audit the management and communication structure of the group or hospital as a whole from time to time.

A series of check lists is therefore required - and probably some external stimulus to encourage us to use them.

The results will give a valuable picture of the situation to higher levels of management and act as an important instrument of control of delegated authority.

This cannot all be done at once. Drawing up and subsequently reviewing and revising a check list is itself a time consuming task. The practice of management audit similarly occupies a substantial amount of time, and priorities must be established."

Good progress has subsequently been made especially with management audit in the nursing administration of the Doncaster Group, where in August 1972 a manual on the subject, 'Management Audit for the Nursing Services' was produced by the Chief Nursing Officer, Miss B J Smith. This is obtainable from Miss Smith, at Doncaster Royal Infirmary, Doncaster, DN2 5LT price 45 p a copy post free in the United Kingdom, or £3.50 for ten.

Whatever developments there may be, it seems likely that for some time to come it will be in something like its original form, with the accent on simplicity, that management audit will be of most practical value to hospitals, and the check list in its original form can still be useful as a basis for this.

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24 Nufford Place
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KFC 73/454
September 1973

KING EDWARD'S HOSPITAL FUND FOR LONDON
HOSPITAL ADMINISTRATIVE STAFF COLLEGE

MANAGEMENT AUDIT

Management Audit can be described as a methodical review of the whole range of management activity in an organisation by reference to defined criteria of good management.

The purpose of this document is to help hospital administrators to improve their own management structure and practice in this way. It is not, in its present form, a comprehensive review of all aspects of hospital management. Nevertheless we hope that it highlights some of the more important issues at hospital level and will prove a useful stimulus to critical self-examination. It has been prepared with acute general hospitals of over 200 beds in mind.

It is directed primarily to Group Secretaries in the hope that they will find a check list of this kind useful in reviewing the management of the hospitals in their Group - and incidentally the extent to which their own Group administration helps or hinders management at hospital level. We would hope that a review of this kind would be undertaken jointly by the Group Secretary and Hospital Secretary from time to time and space has been provided on the right of each page for noting the present position and action to be taken. This could of course be done in stages, working through the various sections of the audit over a period of time.

From the Hospital Secretary's point of view this should prove a valuable exercise in management development, helping him to look broadly and objectively at the administration of his unit and enabling him to learn from the experience and judgement of his chief.

Such a review could well be linked to a system of "management by objectives" whereby targets are defined in various fields of activity which are to be attained by a specified date. In this way gradual and methodical progress might be made towards new and better ways of managing the human and material resources of the hospital and towards the general objective set by The Advisory Council for Management Efficiency - "to maintain and, where possible, improve the level of patient care at an acceptable level of cost".

January, 1966

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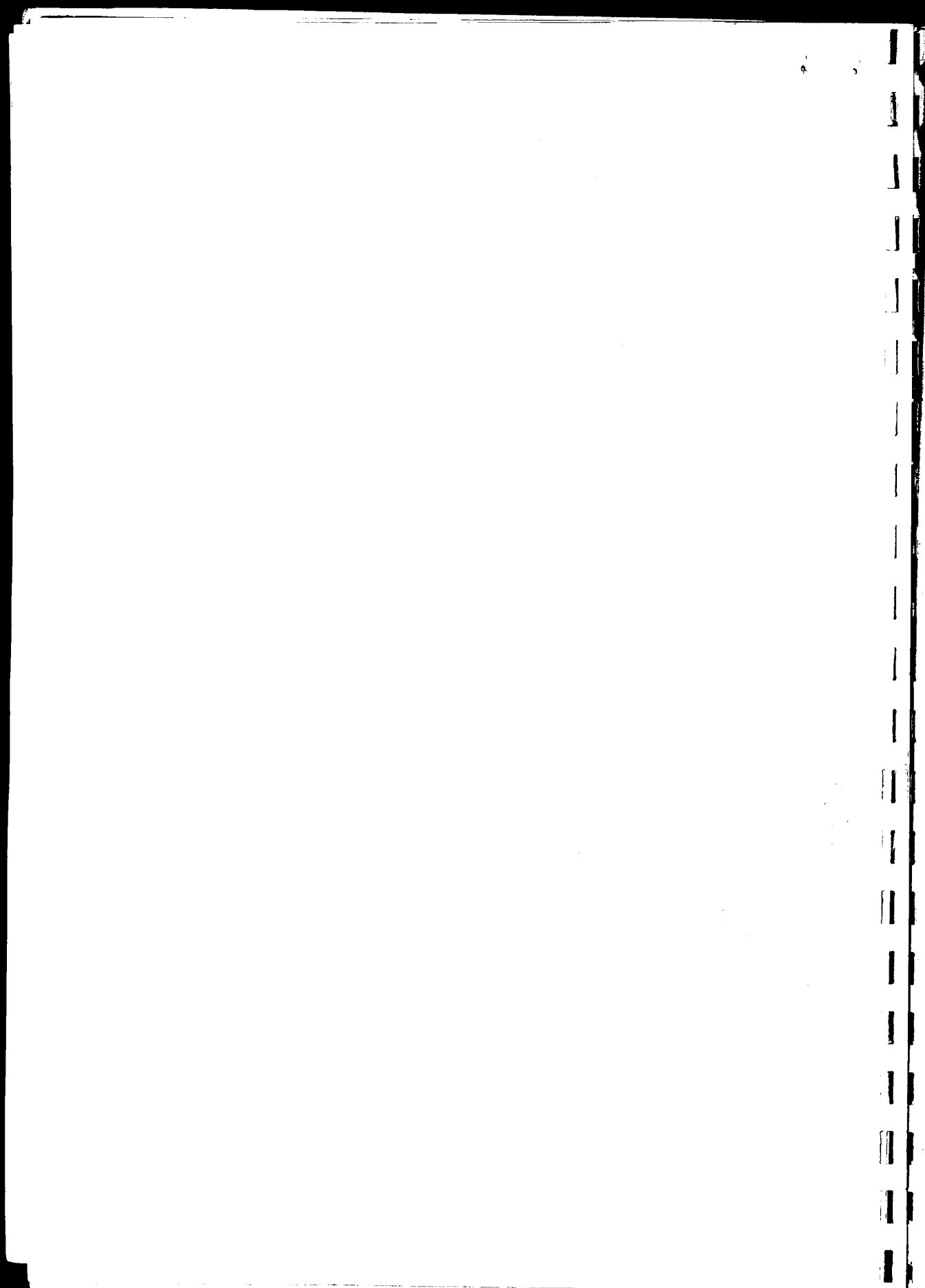
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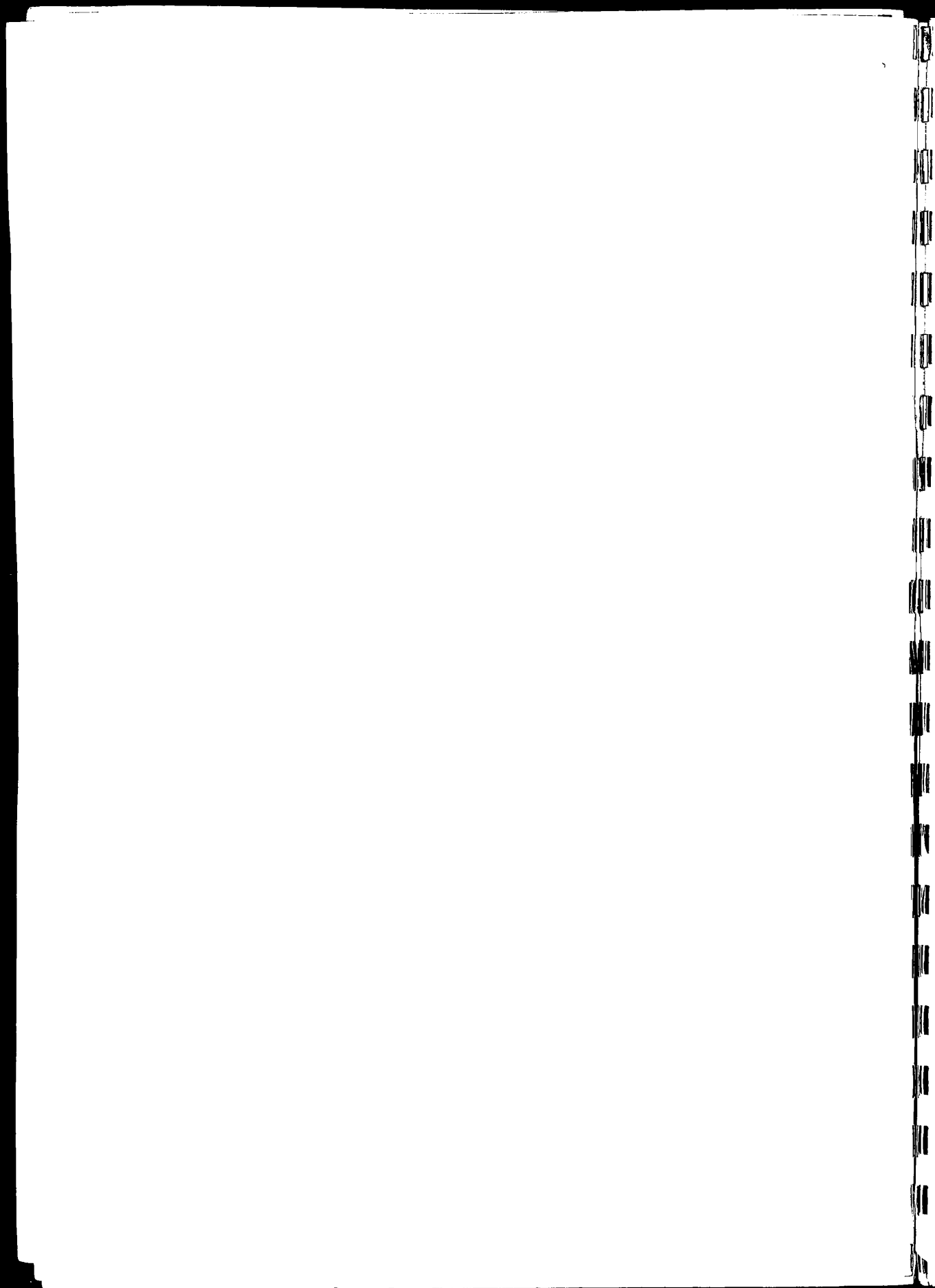
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A MANAGEMENT AUDIT FOR A GENERAL HOSPITAL

| 1. <u>MANAGEMENT STRUCTURE AND PRACTICE</u> | Yes/No | Action |
|---|--------|--------|
| <p>a) <u>Group/Hospital relationships</u></p> <p>Do the Hospital Management Committee and the Group Officers recognize the Hospital Secretary as their representative at hospital level on all matters affecting the management of his hospital? Are the following criteria fulfilled? :-</p> <p>(i) The Hospital Secretary has written terms of reference, which make clear his overall responsibility for all aspects of the administration of his unit and give him corresponding authority to deal with all day to day matters. (For example see Appendix 'A')</p> <p>(ii) Consultants approaching the Group Secretary on matters affecting only the unit hospital are referred to the Hospital Secretary, or the Hospital Secretary is called in to consultation.</p> <p>(iii) If communicating direct with the Matron on matters within her professional responsibilities, the Group Secretary keeps the Hospital Secretary fully informed.</p> <p>(iv) The designated Group Officers communicate direct with Departmental Heads only on points of technical detail and not on matters of principle or policy.</p> <p>(v) The Group Secretary has regular meetings, both formal and informal, with the Hospital Secretary.</p> <p>(vi) A Group Policy and Procedure Manual is available to the Hospital Secretary. Such a manual should be a convenient source of reference to the Hospital Secretary (particularly when first appointed) on the major policies and procedures in force in the Group. It should not attempt to define narrowly the action to be taken in minor matters nor limit unnecessarily the Hospital Secretary's duty to use his discretion intelligently in the light of local circumstances.</p> | | |



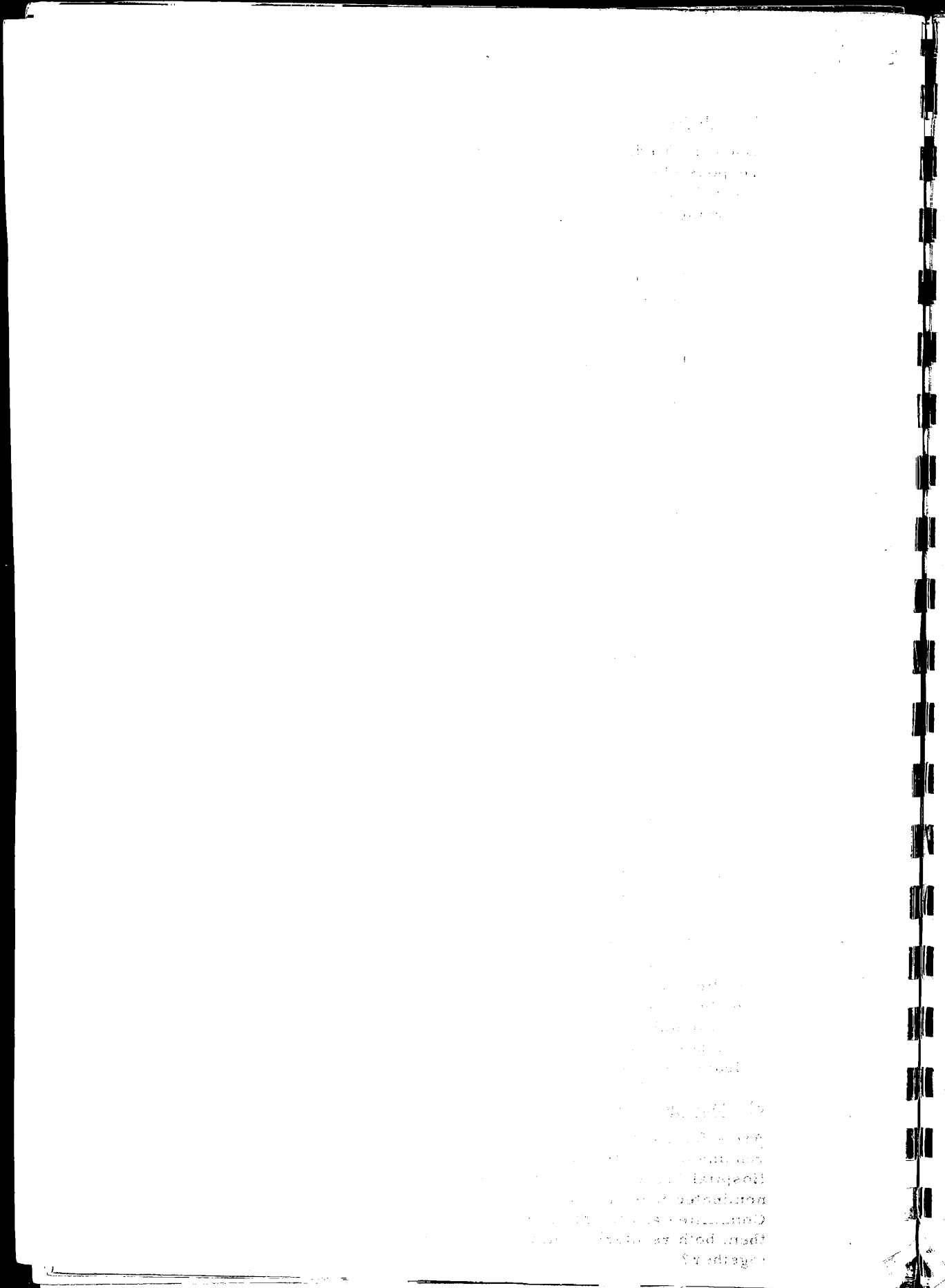
Does the Medical Staff Committee play a responsible and positive part in the management of the hospital? Are the following requirements met? :-

- (i) The Committee concerns itself with
- The development of hospital services.
 - The effective use of beds.
 - Waiting lists.
 - The effective use of O. P. D. resources.
 - The adequacy of the medical auxiliary services.
 - Liaison with G. P. 's and L. H. A. services.
 - Control of infections.
 - The medical records system.
 - Medical Staff discipline.
 - Laying down procedural notes for junior medical staff.
 - Postgraduate medical education.
 - The general financial position of the hospital.
 - The prescribing of drugs and appliances.
 - Purchase of medical equipment.
 - Arrangements for the care of staff health.

- (iv) The Matron and other Senior Staff (e. g. the Pharmacist) are invited to attend when major matters directly concerning their services are under discussion.

- (v) The Chairman or a nominated member is readily available to deal with day to day medical problems affecting the hospital as a whole and such duties as are delegated by the Committee to the R. M. O. (or other members of the junior medical staff) are clearly defined.

Are effective communications in the day to day running of the hospital maintained by the Hospital Secretary with the Chairman (or nominated member) of the Medical Staff Committee and the Matron? Does he meet them both regularly - either singly or together?



d) Review of Work

Is positive action taken regularly to measure performance and trends and to develop the medical services provided by the hospital?

Is the following action taken? :-

- (i) Comparative statistics are regularly prepared, interpreted by the administration and presented to the Medical Staff Committee and other appropriate bodies viz:-

| | | |
|-----------------------|---|-------------|
| Bed usage |) | showing |
| Discharges and deaths |) | individual |
| Waiting Lists |) | consultants |
| O. P. attendances |) | or "firms" |
| Waiting period for |) | separately. |
| O. P. appointments |) | |

| | | |
|---------------|---|-------------------|
| Pathology |) | units of work. |
| Physiotherapy |) | |
| X-ray |) | |

- (ii) These figures are related as far as possible to the financial information given in the departmental cost accounts.

- (iii) Action is taken to correct anomalous situations and to develop services to meet changing demands. (e. g. wide discrepancies between individual surgeon's waiting lists within the same specialty, increasingly long waits for out-patients appointments, the development of angioradiography).

e) Review of Supporting Services

Is the work of the supporting services and departments regularly reviewed, and are improved methods pursued ?

- (i) A comprehensive review of each department or service is made at least once a year, covering internal organisation, procedures, accommodation, staffing and equipment.

- (ii) Again at least on an annual basis the performance and long term problems of each department are reviewed and where possible objectives are established which are appraised at intervals during the year.

| Yes/No | Action |
|--------|--------|
| | |
| | |

(iii) The senior staff keep abreast of developments in the hospital service generally by visits, reading journals and attending courses and conferences and consider objectively the advantages of any new ideas in the context of their hospital.

(iv) Consideration is given to the use of modern management techniques, e. g. work study, operational research, electronic data processing.

(v) The Hospital Secretary maintains in order of priority a list of desirable improvements, maintenance projects, major equipment requirements and additional staff appointments which is referred to when allocating available funds.

Yes/No

Action

f) Managerial Role of Departmental Heads

Is the managerial role of departmental heads recognised and supported by the administration ?

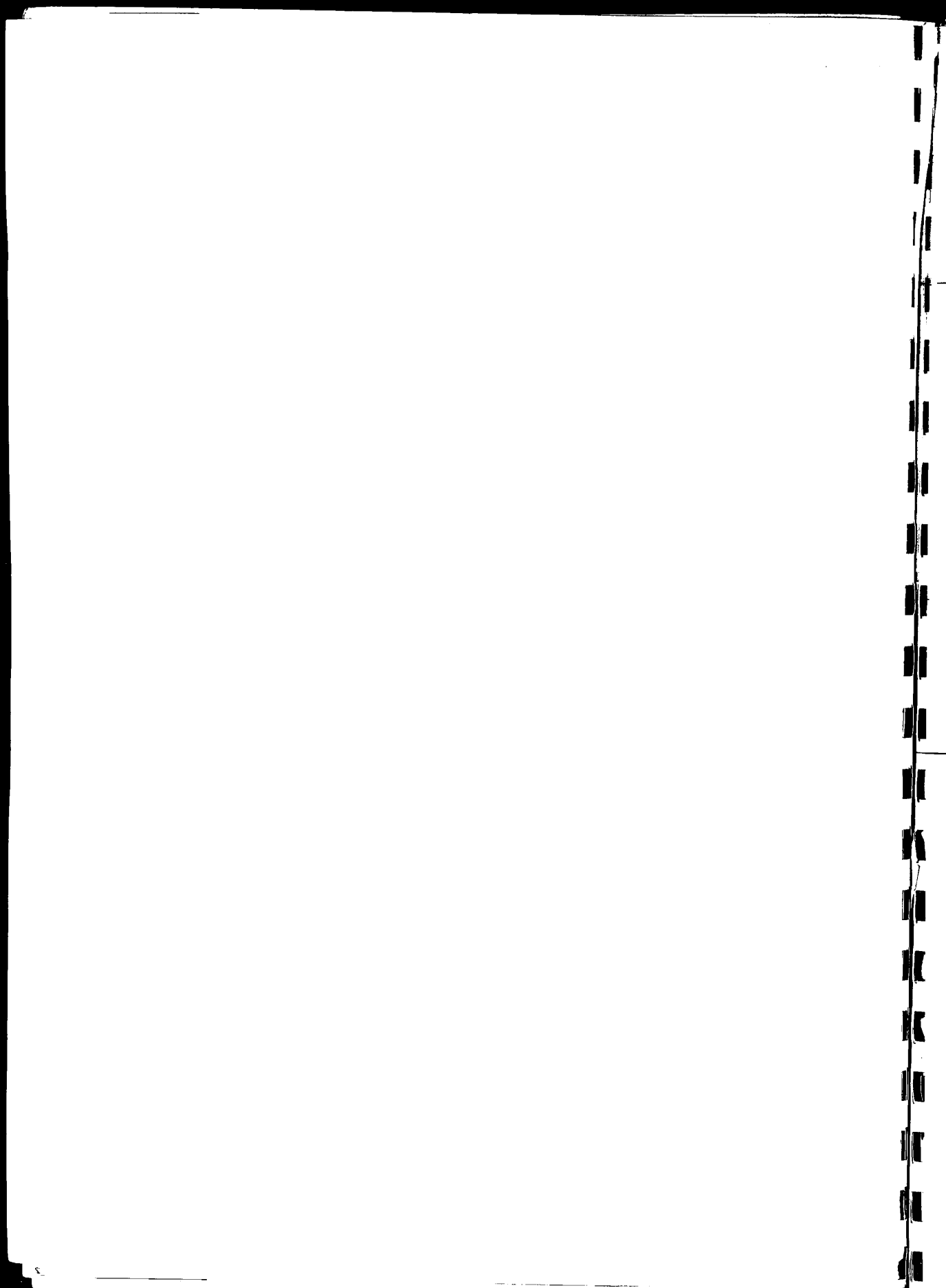
(i) Their administrative responsibilities are specified in writing and are made known to them and throughout the executive system.

(ii) Departmental heads are consulted at budget preparation stage, and are held accountable for the performance of their departments in terms of output and expenditure. They have financial and statistical information supplied to them regularly throughout the year and are associated with the investigation of departmental cost accounts.

(iii) Departmental heads are informed of their authorised staff establishment and play a full part in the appointment of their staff.

(iv) The Hospital Secretary maintains regular contact with departmental heads both individually and at periodical staff meetings and discusses with them proposed developments in hospital policy.

(v) Departmental heads are supplied with a hospital procedure manual.



(vi) Each medical auxiliary department has a designated medical head who accepts full responsibility for management of the department as well as its clinical work.

Yes/No

Action

g) Administrative Organization

Is the administrative organization efficient ?

(i) The Hospital Secretary has adequate administrative support and has delegated effectively to his assistants.

(ii) These assistants have clearly defined spheres of responsibility and commensurate authority which have been known to all concerned.

(iii) Continuous administrative cover is maintained out of normal working hours.

(iv) By his constant presence around the hospital the Hospital Secretary ensures that the administration of the hospital is being effectively conducted.

h) House Committee

If there is a House Committee is its role clearly defined and its work efficiently conducted ?

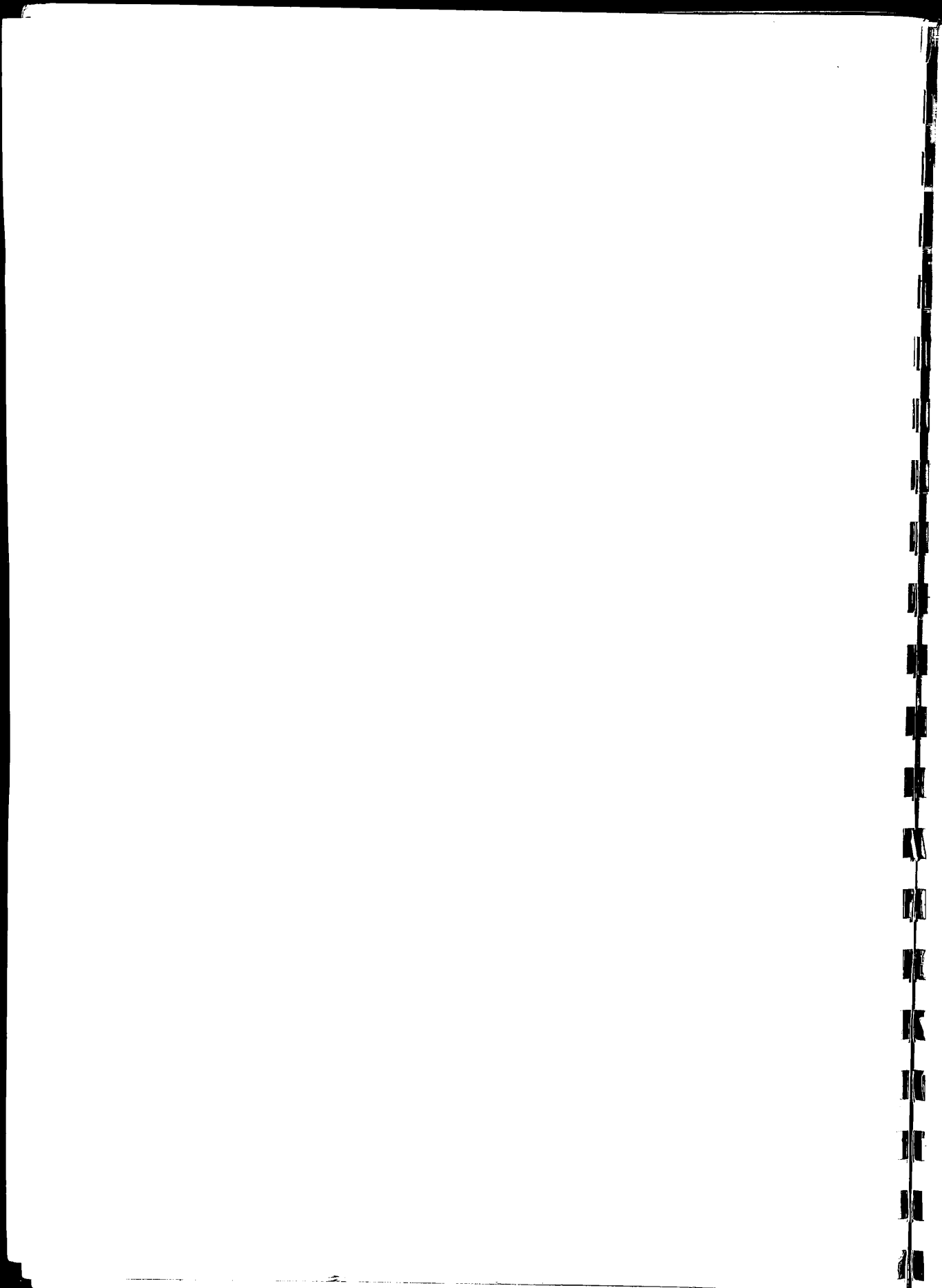
(i) The House Committee has written terms of reference.

(ii) Membership of the House Committee is kept as small as possible.

(iii) The Chairman of the House Committee is a member of the Hospital Management Committee.

(iv) The membership of the House Committee is broadly representative of the local community.

(v) Rota visits of members are arranged to ensure both that all parts of the hospital are visited over a period of time and that administrative procedures are methodically examined.



(vii) If the Group Secretary attends meetings of the House Committee he is careful not to usurp the role of the Hospital Secretary.

(ix) Reports submitted to the House Committee will depend on its terms of reference. These may include regular financial and statistical reports and should certainly include periodical reports by Matron and other senior officers (e. g. Chaplain) on the work for which they are responsible.

(xi) The paper-work of the House Committee is not more than is strictly necessary to enable the Committee to discharge its responsibilities effectively.

(vi) The Hospital Secretary to the Hospital Committee

(vii) If the Hospital Committee meeting of the Hospital Committee is held not to exceed the Hospital Secretary

(viii) The Hospital Secretary on the Hospital Committee and its meetings

(ix) The Hospital Secretary Committee will refer to the Hospital Secretary Committee should be referred to the Hospital Secretary Committee by the Hospital Secretary Committee on the Hospital Secretary Committee

(x) If the Hospital Secretary Committee is referred to the Hospital Secretary Committee

(xi) The Hospital Secretary Committee should be referred to the Hospital Secretary Committee

2. FINANCIAL PROCEDURE AND CONTROL

a) Estimate Procedure

Does the Hospital Secretary participate fully in the preparation of the annual and "Forward Look" estimates ?

b) Annual Allocations

Is the Hospital Secretary consulted by the Group Officers about his hospital's budget allocation before the beginning of the financial year ?

c) Contact with Treasurer

Does the Treasurer or his deputy visit the hospital at regular intervals and is he involved in all policy discussions having a financial aspect ?

d) Officers with Spending Powers

Does the Hospital Secretary hold monthly expenditure meetings attended by all officers to whom he has delegated spending powers ?

e) Financial Information

Is the financial organization able to provide the administration with relevant information at the time it is required, both from the routine and non-routine point of view ?
Are the following criteria met ? :-

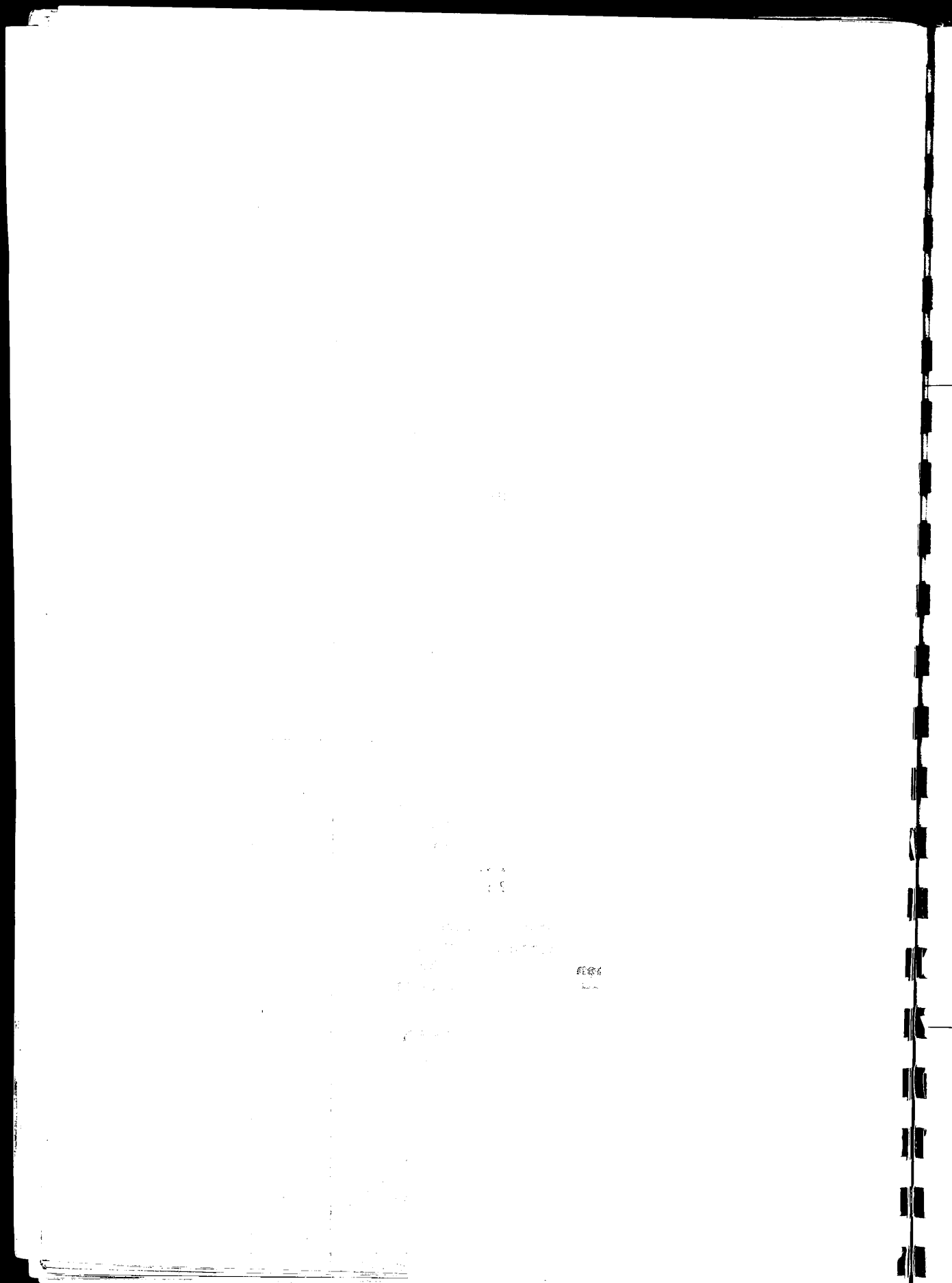
(i) The Hospital Secretary receives each month from the Finance Department, and passes on to spending officers, the following information for the departments under their control:-

(1) Expenditure on staff compared with proportion of estimate, showing over-time payments separately.

(for establishment and overtime control see f (i) & (ii) below).

(2) Expenditure and commitments on materials and services compared with proportion of estimates, including an analysis of any significant overspendings or underspendings.

| Yes/No | Action |
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| | Yes/No | Action |
|--|--------|--------|
| <p>(3) Interim departmental cost figures if these can be made available.</p> <p>(ii) The Hospital Secretary is able to obtain promptly from the Finance Department information about any ad hoc enquiry.</p> | | |
| <p>f) <u>Control Systems</u></p> <p>Have well defined procedures, making use of the principle of "management by exception", been established and are followed for the control of the following :-</p> <p>(i) Staff establishments</p> <p>(ii) Overtime</p> <p>(iii) Provisions costs</p> <p>(iv) Drug consumption</p> <p>(v) Valuable items of equipment liable to theft or 'borrowing'.</p> <p>(vi) The replacement of obsolete and unserviceable equipment.</p> <p>(vii) Consumable supplies. (Quantity control)</p> <p>(viii) Fuel and electricity consumption.</p> | | |
| <p>g) <u>Cost Accounts</u></p> <p>Is a detailed examination made annually of departmental cost accounts in comparison with previous years and other comparable hospitals' figures ?</p> | | |

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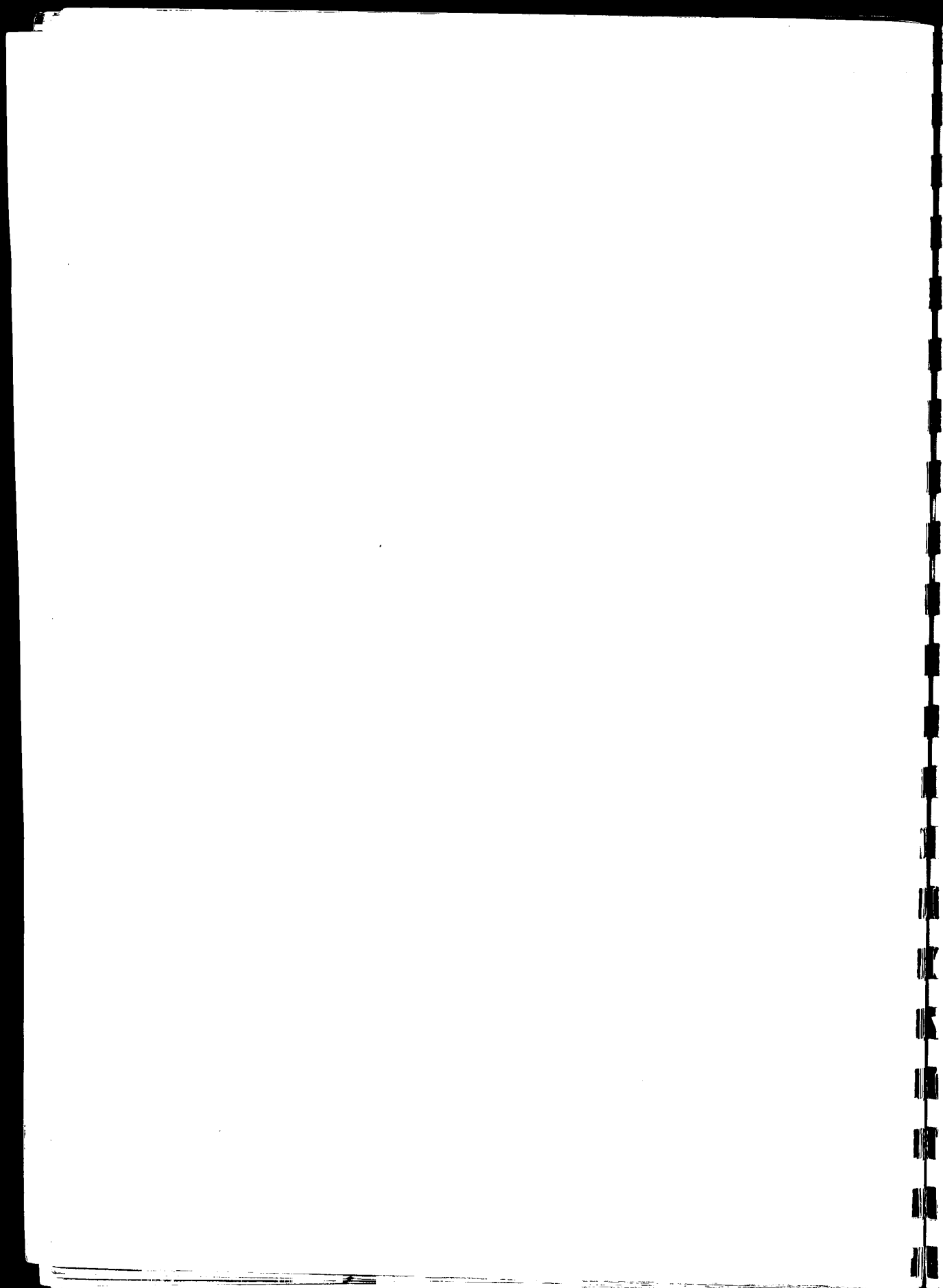
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h) Review of Financial Procedures

Is there full co-operation between the
Hospital Secretary and the Finance Officer
in setting up and supervision of the
necessary minor financial procedures ?
Are these reviewed at regular intervals ?

| Yes/No | Action |
|--------|--------|
| | |



3. PERSONNEL MANAGEMENT

Do the personnel practices of the hospital provide control over the numbers and quality of staff employed and are they directed to making the most effective use of the human resources available? The next 7 pages are concerned with answering these questions.

Yes/No

Action

a) Responsibility

Responsibility for all personnel matters is clearly allocated to department heads and supervisory staff, with the hospital administrator available to give advice and take action where necessary.

b) Manpower Planning

A conscious effort is made to determine the hospital's manpower requirements for the future and to take steps to meet them.

c) Recruitment

The hospital's recruitment policies and practices are regularly examined to ensure that the best possible results are obtained for the effort and money expended.

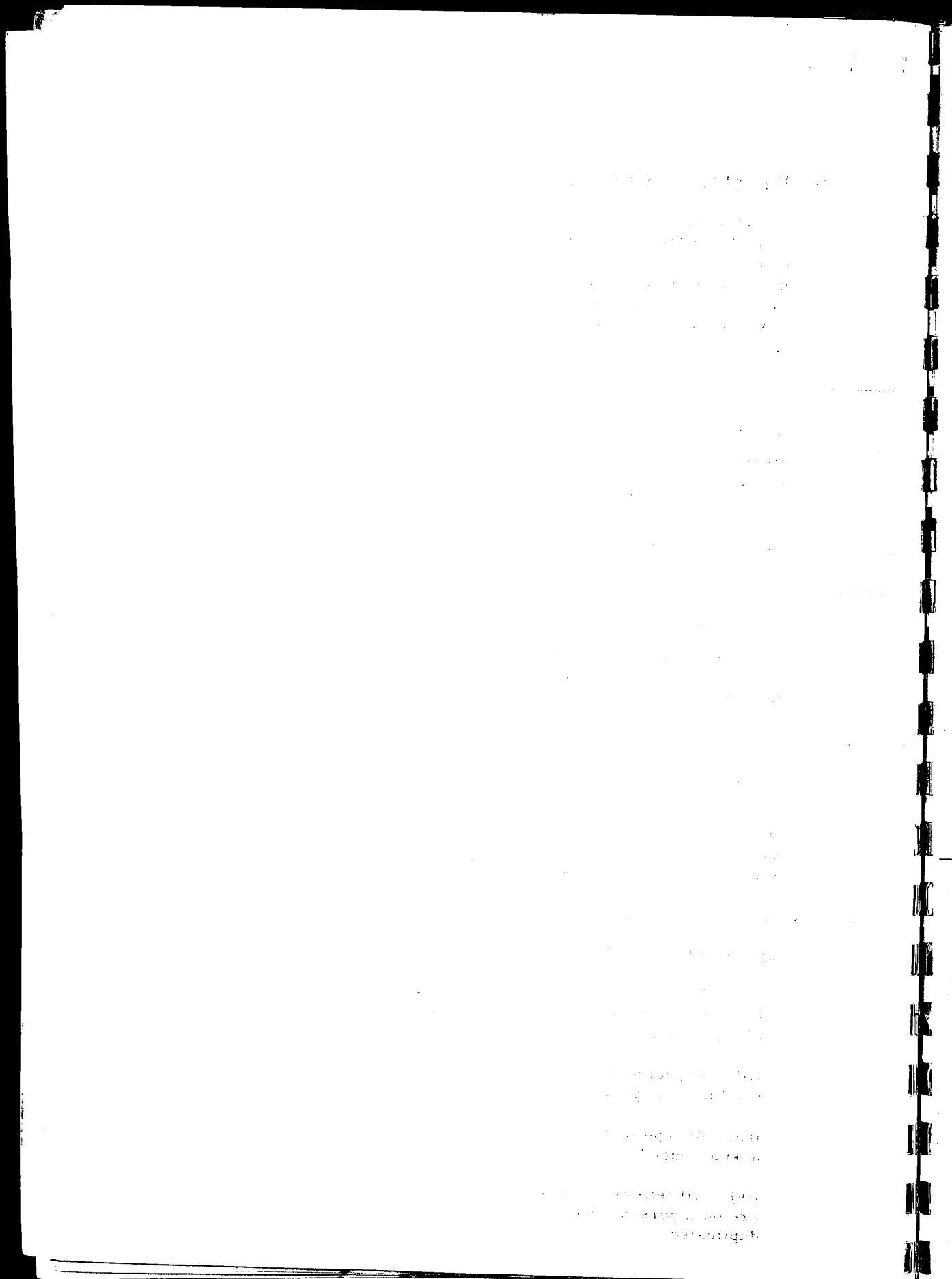
d) Selection and Appointment

(i) Job descriptions and specifications have been written and are used in making all appointments.

(ii) Appropriate application forms are used for all appointments.

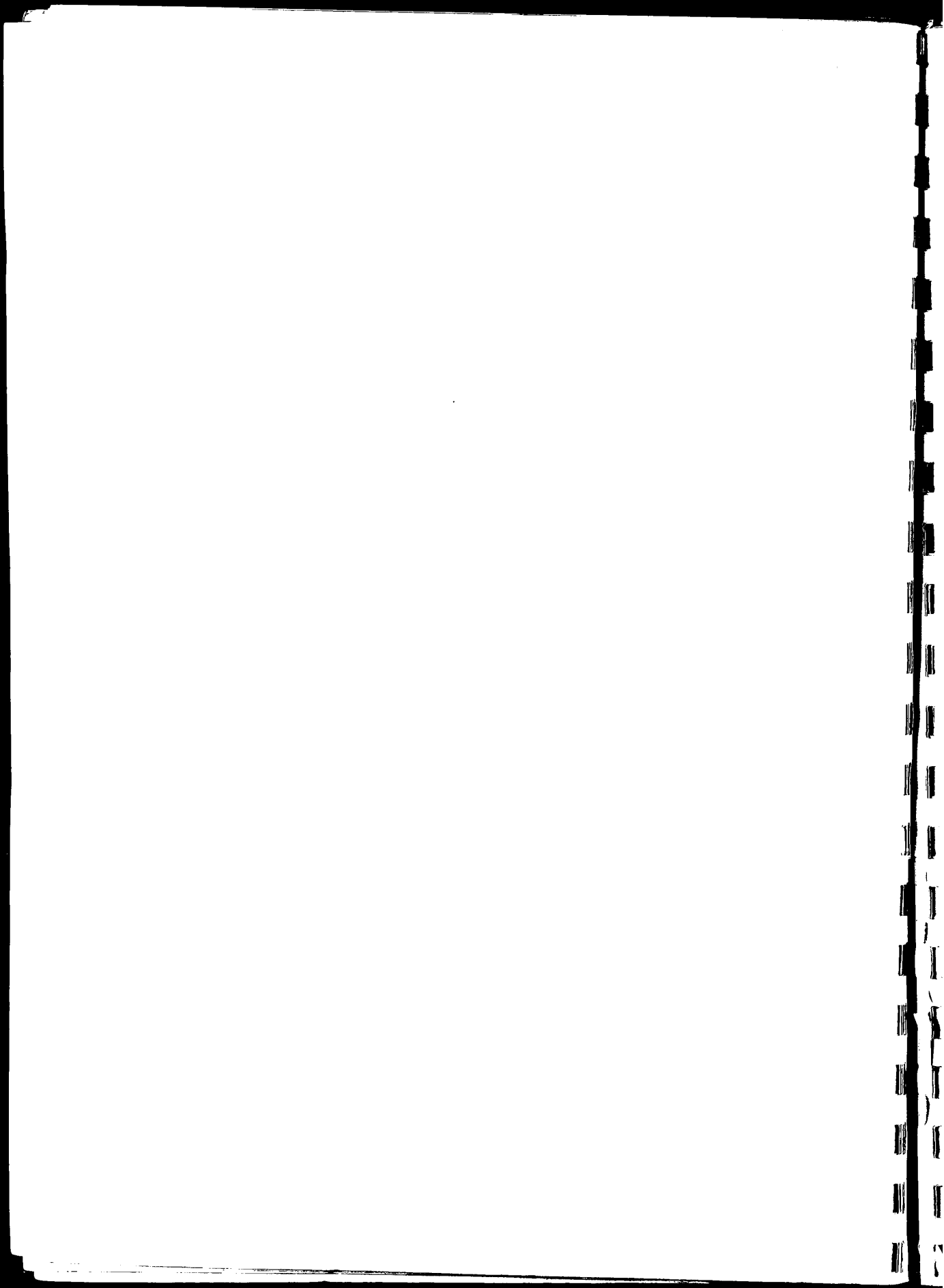
(iii) All applications are promptly acknowledged.

(iv) All letters relating to appointments are on a personal basis and not duplicated.

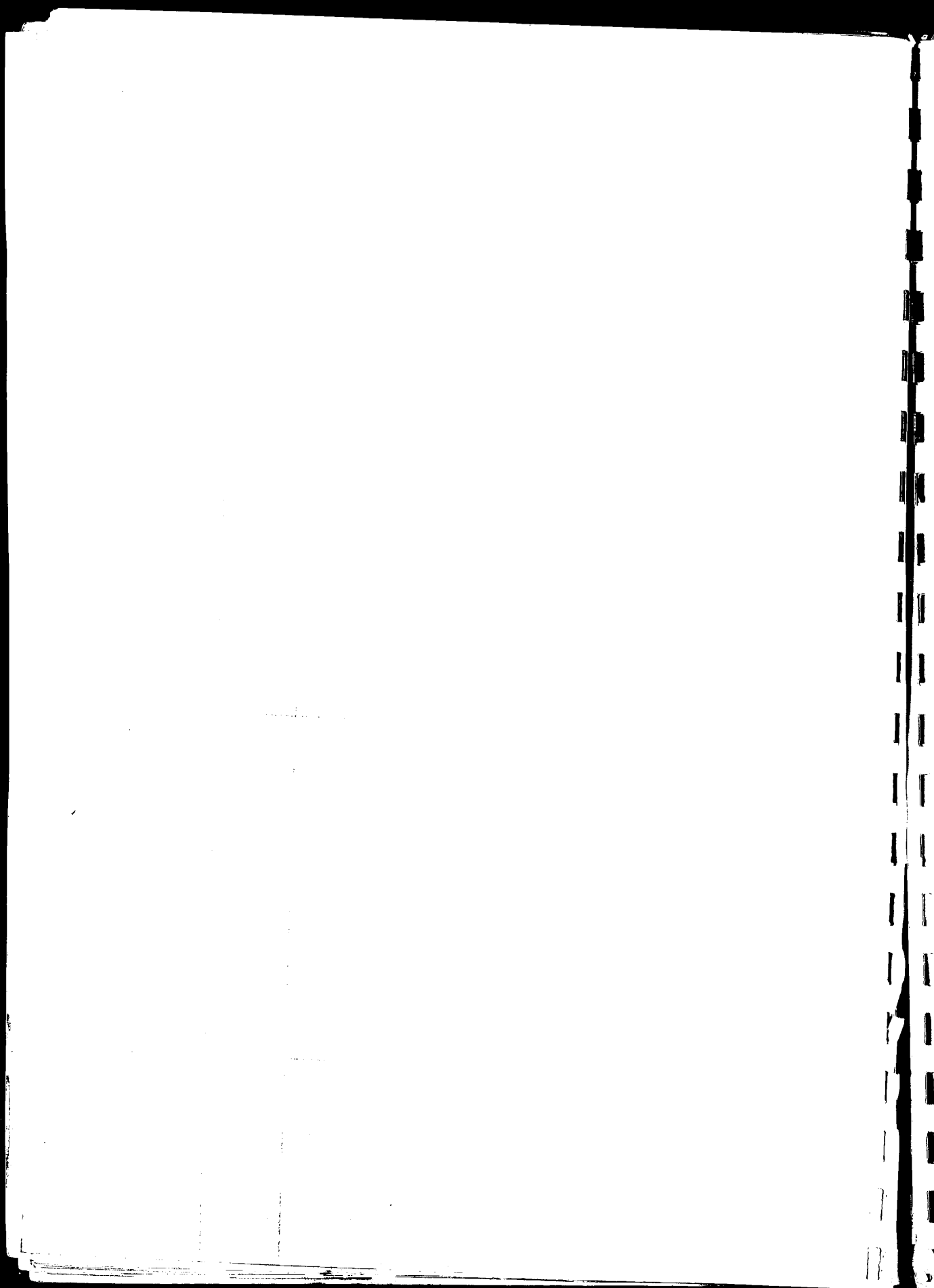


(i) An introductory talk and/or a tour of the hospital are arranged regularly for new staff and attendance is made compulsory.

(ii) A staff booklet is issued giving information about the hospital and the Group, details of the facilities available to staff, and local conditions of service.



| | Yes/No | Action |
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| <p>f) <u>Training</u></p> <p>(i) All new staff are formally instructed in their duties and in the attitudes, relationships, procedures and safety precautions involved in their work.</p> <p>(ii) Whether or not the hospital has officially recognised training schools the training needs of professional staffs are recognised and satisfactorily met.</p> <p>(iii) The continuing training needs of other grades of staff have been considered</p> <p>(iv) Training is given to Departmental Heads and Supervisors in their managerial duties.</p> <p>(v) Full advantage is taken of suitable external training courses.</p> <p>(vi) As far as possible training facilities are shared, i. e. libraries, lecture rooms, training equipment.</p> | | |
| <p>g) <u>Promotion</u></p> <p>(i) Regard has been given, in settling staff establishments, to providing opportunities for promotion where possible.</p> <p>(ii) In appropriate circumstances consideration is given to internal promotion.</p> <p>(iii) Merit rather than authority is the primary factor taken into account in making promotions.</p> | | |
| <p>h) <u>Staff Records and Reports</u></p> <p>(i) An individual personal file is maintained for each employee.</p> <p>(ii) A note of all formal interviews affecting an individual's conduct or career is placed in his/her file.</p> | | |



| | Yes/No | Action |
|---|--------|--------|
| <p>(iii) Quarterly statistics of staff turnover and absence are prepared for each department.</p> <p>(iv) There is no unnecessary duplication of records (e. g. leave taken) between the wages department and personnel department(s).</p> <p>(v) A policy of staff development is followed which provides for regular reports on all permanent staff. These reports are in effect a record of appraisal interviews conducted by departmental heads.</p> | | |
| <p>i) <u>Voluntary Termination of Service</u></p> <p>Established staff leaving for other than self-evident reasons are interviewed privately to ascertain the true cause of their resignation.</p> | | |
| <p>j) <u>Disciplinary Procedure</u></p> <p>(i) The principles on which justice is administered in the hospital are clearly defined and communicated to all staff on appointment.</p> <p>(ii) Staff whose performance or behaviour is unsatisfactory are informed of their shortcomings and given a reasonable opportunity to improve.</p> <p>(iii) A final warning, confirmed in writing, is given before formal action to terminate an appointment is initiated.</p> <p>(iv) Where an offence has been committed which makes it undesirable for an individual to remain on Hospital premises the Hospital Secretary or Matron are empowered to suspend from duty on full pay.</p> <p>(v) Power to dismiss staff is not delegated beyond the Hospital Secretary (or his Deputy in his absence) after consultation with the Group Secretary or his Deputy.</p> | | |

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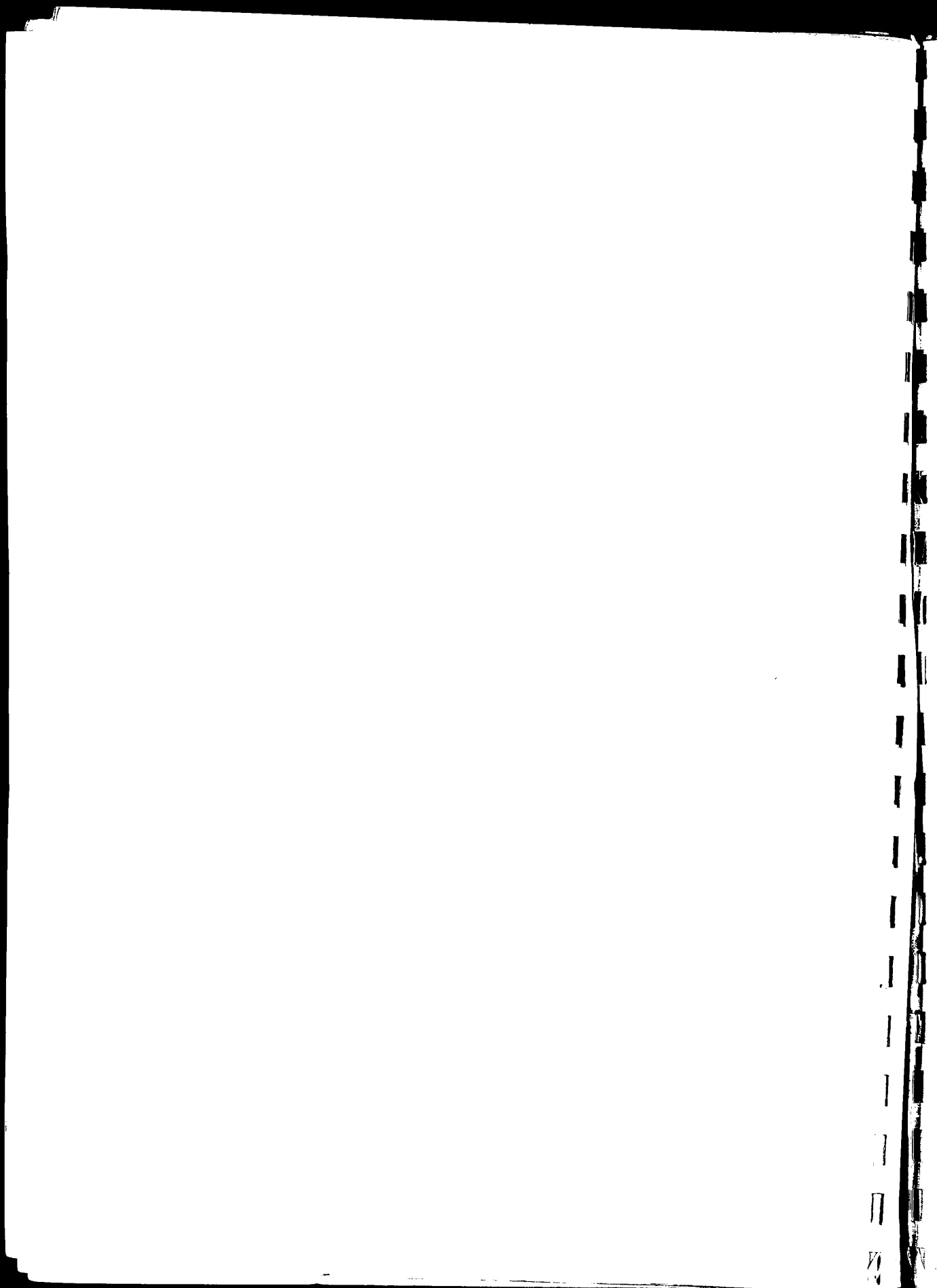
(vii) Staff are notified of their right of appeal against dismissal in the conditions of service given to them on appointment.

(i) The provisions of the Offices, Shops etc. Act are observed (see H. M. (64) 46 (65) 17 & 50).

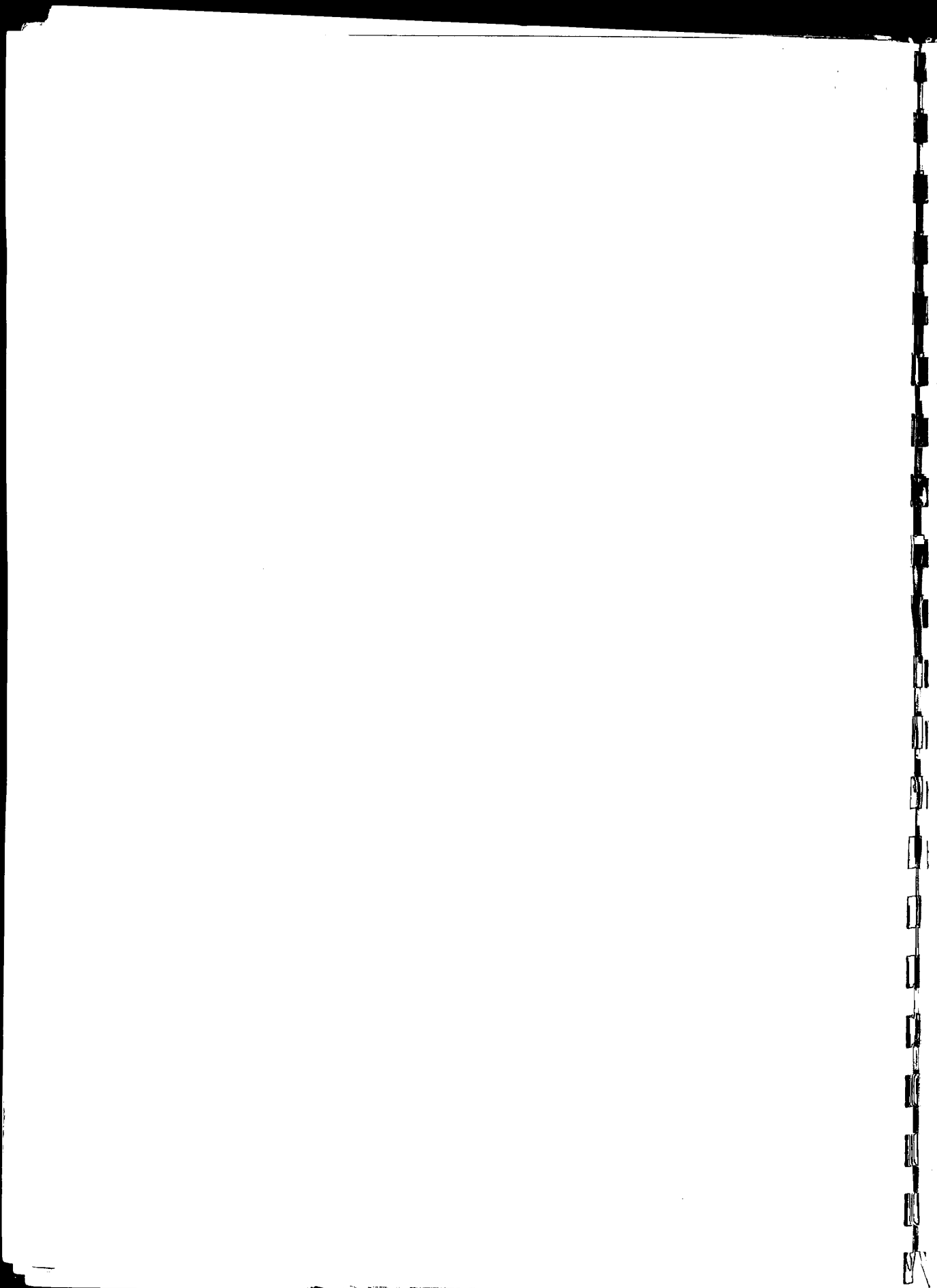
(iii) Any social activities officially sponsored by the hospital are generally open to staff of all grades.

(v) A medical examination, varying in extent according to the category of staff, is undertaken before new employees are confirmed in their appointments. Regular follow-up checks are made where appropriate, and facilities are offered for protective health measures, e.g. mass X-ray, polio, and smallpox vaccinations etc.

(vi) Policies for the granting of compassionate leave and extensions of sick pay have been defined.



| | Yes/No | Action |
|--|--------|--------|
| <p>(vii) All staff have well defined access to a senior officer for advice over their personal problems and grievances.</p> <p><u>NOTE:</u> For procedures re staff accidents see section 5 (ii) page 21.</p> | | |
| <p>1) <u>Pay Arrangements</u></p> <p>(i) Whitley Council agreements are promptly notified and explained to staff affected.</p> <p>(ii) The pay system reacts quickly to changes in rates of pay, working hours, grading etc.</p> <p>(iii) Facilities exist for staff to obtain prompt and authoritative answers to any pay queries they may have.</p> <p>(iv) Personal advice on pay, conditions of service, income tax etc. is readily available to all staff.</p> | | |
| <p>m) <u>Communications</u></p> <p>Is the unity of purpose of the hospital strengthened by effective arrangements for the communication of information and ideas downward, upward, and from department to department? Are the following criteria met?</p> <p>(i) <u>Managerial Channels</u></p> <p>(a) There are regular meetings (either separate or combined) between the Hospital Secretary and the Matron and the Heads of the Departments for which they are respectively responsible. (See also page 6).</p> <p>(b) Departmental heads are fully informed and consulted on all matters affecting their departments and their staffs and on matters of general interest concerning the hospital as a whole.</p> | | |

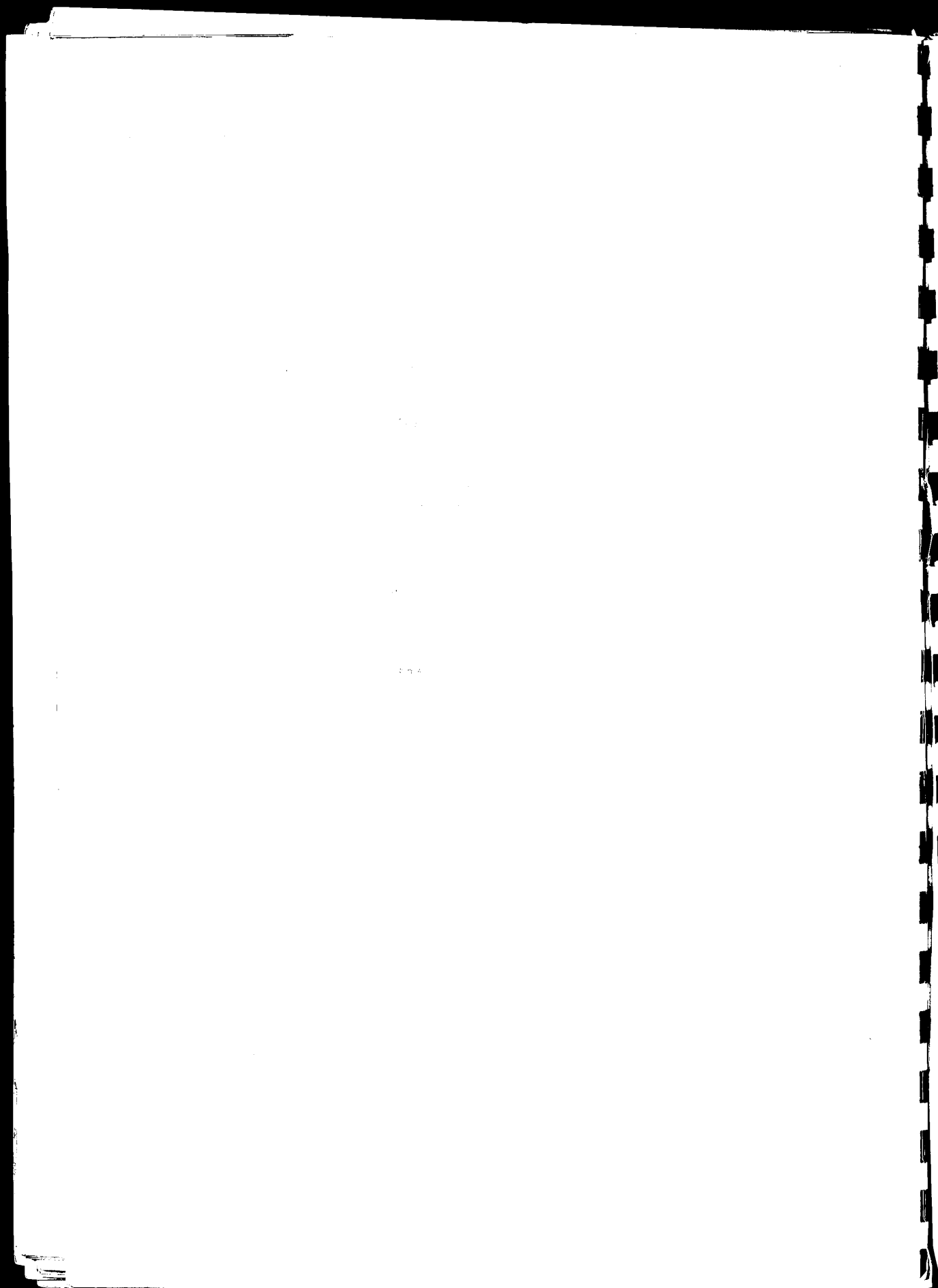


(ii) Representative Channels

(c) The district and local officials of all Trade Unions with members in the hospital are known to the Hospital Secretary and are consulted by him over issues concerning their members.

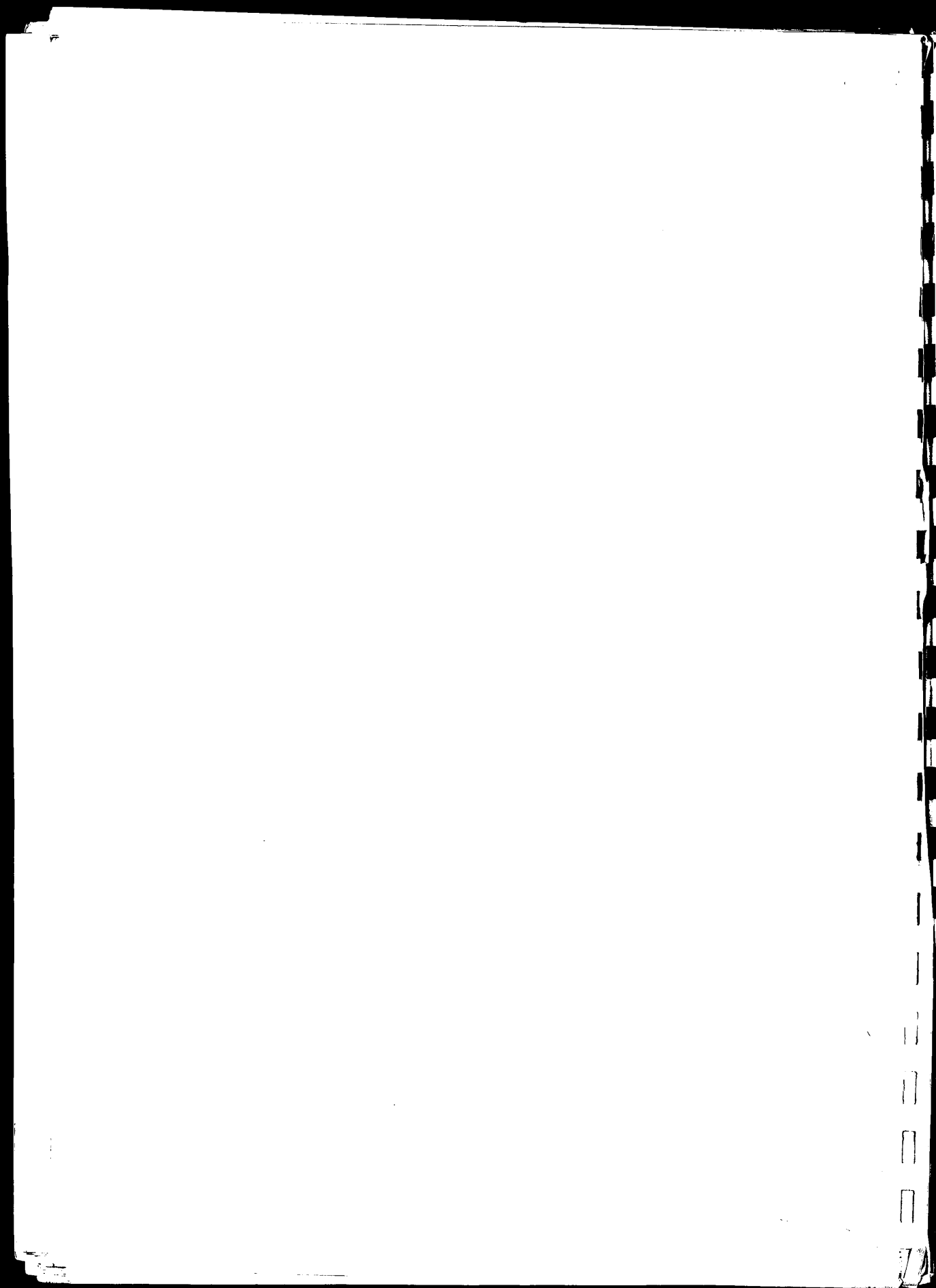
(iii) Mass Methods

(d) Consideration has been given to introducing a Suggestions Scheme, including some material rewards for suggestions adopted.



| Yes/No | Action |
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(iii) The Hospital Secretary and Matron maintain close and regular contacts with the Committee of the League of Friends.



| | Yes/No | Action |
|---|--------|--------|
| <p>(iv) Voluntary work in the hospital is encouraged as suggested in H. M. (62) 29 and is co-ordinated through the League of Friends, through regular meetings with the voluntary organizations or by the appointment of a voluntary work organizer.</p> <p>(v) Senior Officers make themselves available to talk to local organizations about the work of the hospital.</p> | | |
| <p>c) Is a helpful and sympathetic attitude displayed by the management of the hospital to patients and their relatives ?</p> <p>(i) Hospital switchboard operators are carefully instructed in the public relations aspects of their duties on appointment and maintain a friendly and helpful attitude to callers.</p> <p>(ii) A clear signposting system exists within the hospital.</p> <p>(iii) The reception arrangements for out-patients, in-patients and visitors are satisfactory. (see also pages 27 & 28).</p> <p>(iv) A periodical check is made on waiting times in the out-patient department.</p> <p>(v) Visiting arrangements have been agreed which as far as possible meet the needs of both patients and their visitors.</p> <p>(vi) A procedure exists which ensures that formal complaints are thoroughly, impartially and promptly investigated and which provides for a report of all such complaints to be made subsequently to a Committee.</p> <p>(vii) Consideration has been given to instituting some form of consumer research on a routine basis.</p> | | |

work of the hospital is
done in the M. M. (M. M. M.)
through the League
of Women Voters
of the hospital or by
voluntary work

(v) Officers make themselves
available to local organizations
of the hospital.

It is a duty and sympathetic attitude
shown by the management of the
hospital to patients and their relatives.

(vi) Hospital board members are
interested in the public relations
of their duties on appropriate
and friendly and helpful attitude to
patients.

(vii) A clear signposting system is
shown in the hospital.

(viii) The reception arrangements for
patients, in-patients and visitors are
(see also pages 27 & 28)

(ix) A medical check is made on
patients in the out-patient department.

(x) The arrangements have been
made for as far as possible meet the
needs of patients and their visitors.

(xi) A programme exists which ensures
that patients are thoroughly
impacted in the hospital and investigated and
which is a report of all such
complaints to the hospital committee.

(xii) Consideration has been given to
initiating some form of research
on a long-term basis.

Are the following points satisfactorily met?

(i) Responsibility for the following is clearly defined:-

The security of hospital equipment.

Wages before payment.

Patients' property.

Fire precautions.

Observance of the Factories Acts,
etc.

Electrical and anaesthetic risks.

Radiation hazards.

(ii) Reports of accidents and untoward occurrences to patients and staff are studied and action taken to eliminate hazards. The procedure outlined in H. M. (55) 66 is followed to safeguard the hospital's legal position.

(iii) Fire prevention classes are held regularly and are well attended, an attendance register being kept for control purposes.

(iv) A good working relationship has been established with the local police.

(v) Adequate provision is made for staff to lock up their valuables and they are regularly reminded of the necessity for doing this.

SECURITY

2.

Are the following measures being taken?

(i) Is the security of the building being maintained?

(ii) Is the security of the building being maintained?

(iii) Is the security of the building being maintained?

(iv) Is the security of the building being maintained?

(v) Is the security of the building being maintained?

(vi) Is the security of the building being maintained?

(vii) Is the security of the building being maintained?

(viii) Is the security of the building being maintained?

(ix) Is the security of the building being maintained?

(x) Is the security of the building being maintained?

(xi) Is the security of the building being maintained?

(xii) Is the security of the building being maintained?

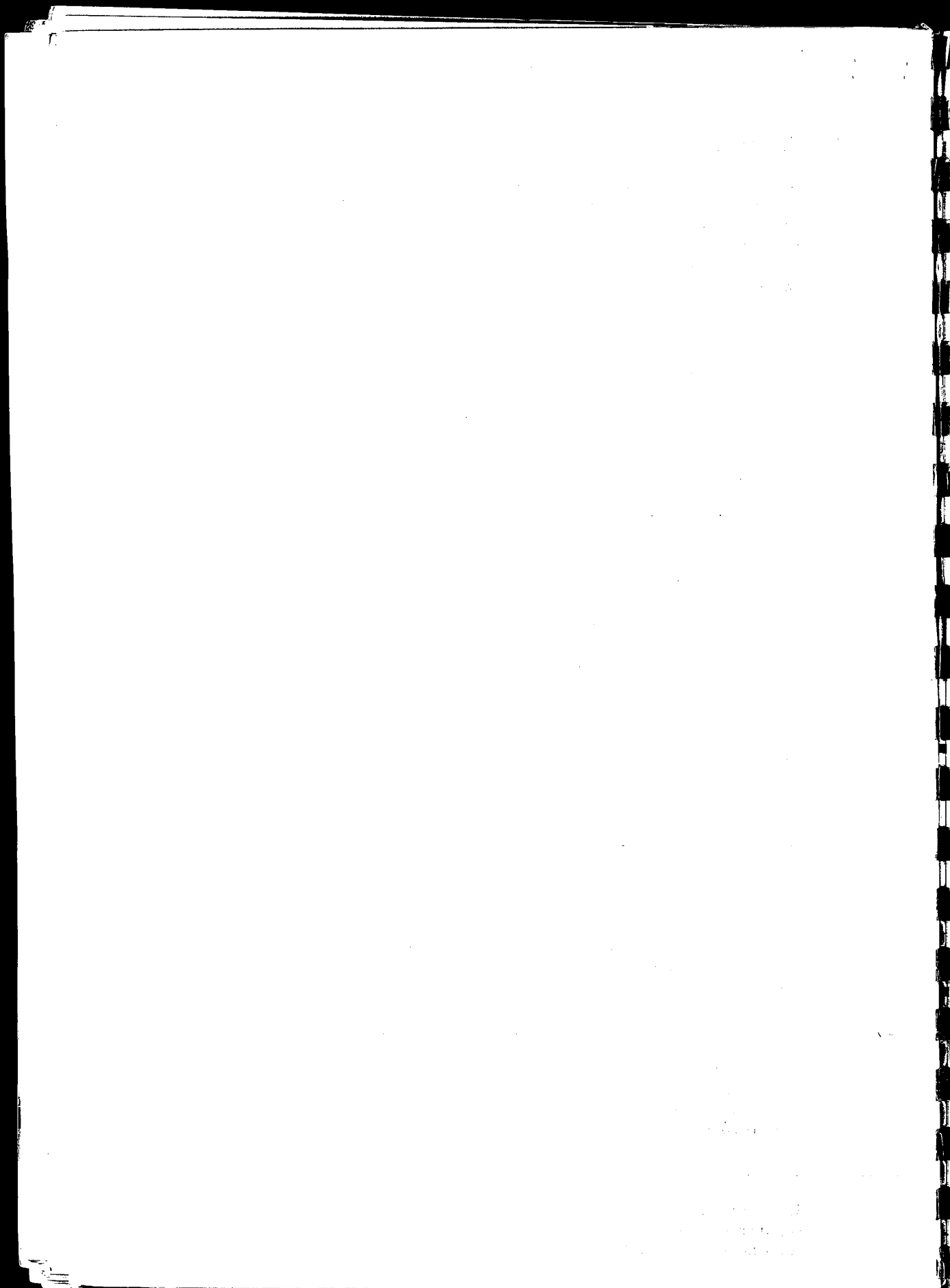
a) Does the Hospital Secretary, in co-operation with the Supplies Officer (where there is one) ensure that the consumer departments are supplied with the goods and services they require of the right quality, at the right time and at the right price? Are the following requirements met? :-

- (i) There is a satisfactory issue and distribution system involving the minimum amount of paper work which is sufficiently flexible to meet emergency demands.
- (ii) There is a clearly defined procedure for obtaining goods not held in stock.
- (iii) Machinery exists for regular consultation between the Supplies department, the Hospital Secretary and consumer departments.
- (iv) Departmental heads are given every facility and encouragement to interest themselves in obtaining value for money in the purchase of goods used in their departments.
- (v) Maximum and minimum stocks have been fixed for items held in store and are reviewed in the light of changing circumstances.

b) Is authority to place orders, or to requisition from the Group Supplies Department, restricted to a limited number of specified officers who are held financially responsible for the related fields of hospital expenditure ?

c) Is a comparative check made from time to time on internal departmental requisitions and routine issues to prevent extravagance, misappropriation or hoarding ?

d) Is a long term plan followed for the regular renovation and replacement of hospital equipment ?



7. MAINTENANCE

Does the Hospital Secretary, in co-operation with the Group Engineer and Building Supervisor, ensure that buildings and plant are maintained in a state of good order and operational efficiency ? Are the following criteria met ? :-

(i) There is a simple and effective system for dealing promptly with breakdowns and defects requiring immediate attention: this includes appropriate on-call cover at night and weekends.

(ii) There is a system of planned preventive maintenance for engineering plant and all essential mechanical and electrical equipment.

(iii) A weekly inspection is made of all wards and departments to record non-urgent maintenance requirements, thereby eliminating the need for written requisitions.

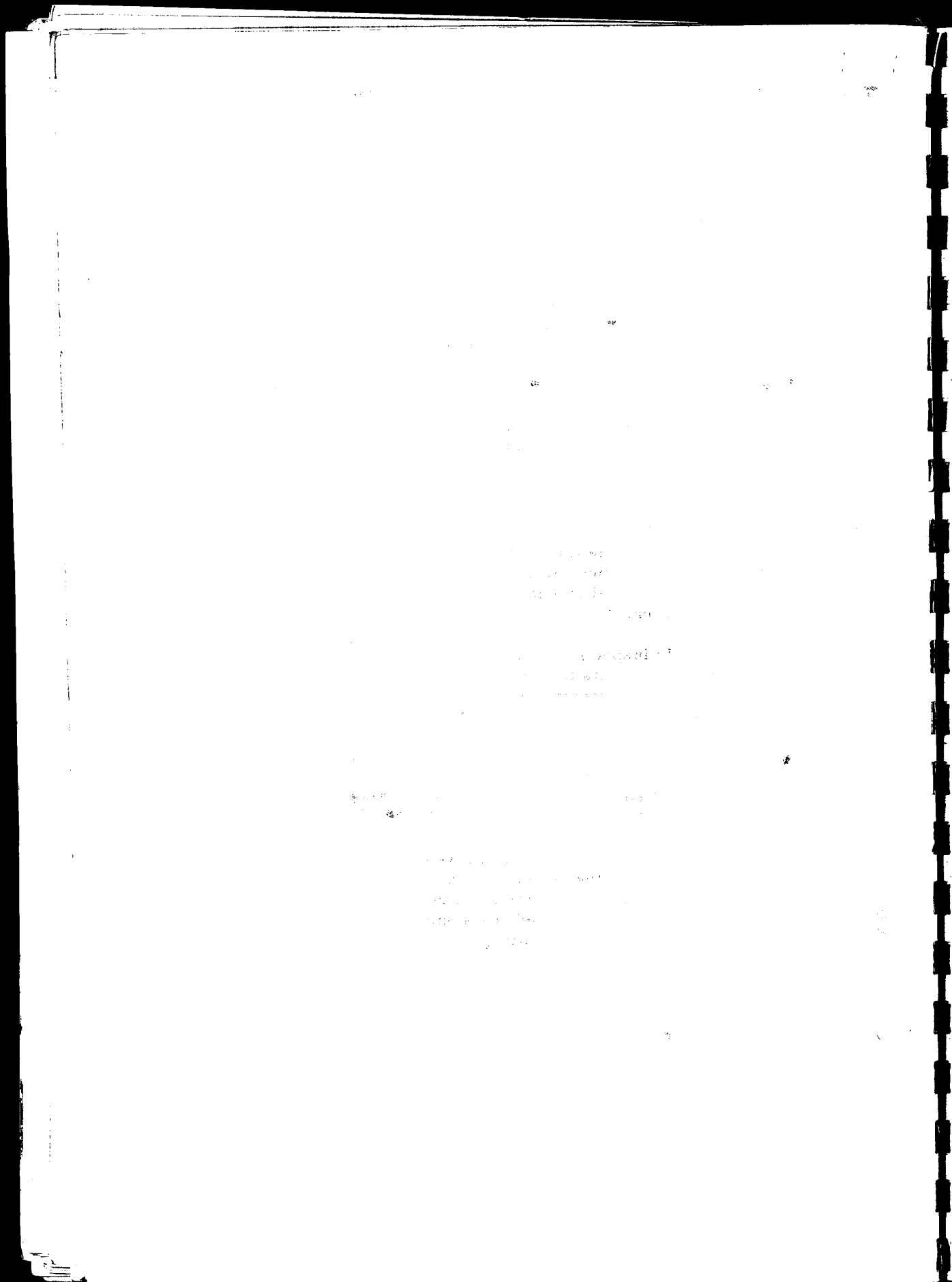
(iv) Staff are instructed in the proper use of technical equipment and evidence of negligent use is followed up.

(v) Minor Capital Works and improvements undertaken by the hospital's own staff are closely controlled both from the points of view of priorities and costs and to avoid routine maintenance being adversely affected.

(vi) A long term programme has been drawn up and is followed for redecorations and washing down: records are maintained to show when such work was carried out.

(vii) An emergency electricity supply has been provided.

| Yes/No | Action |
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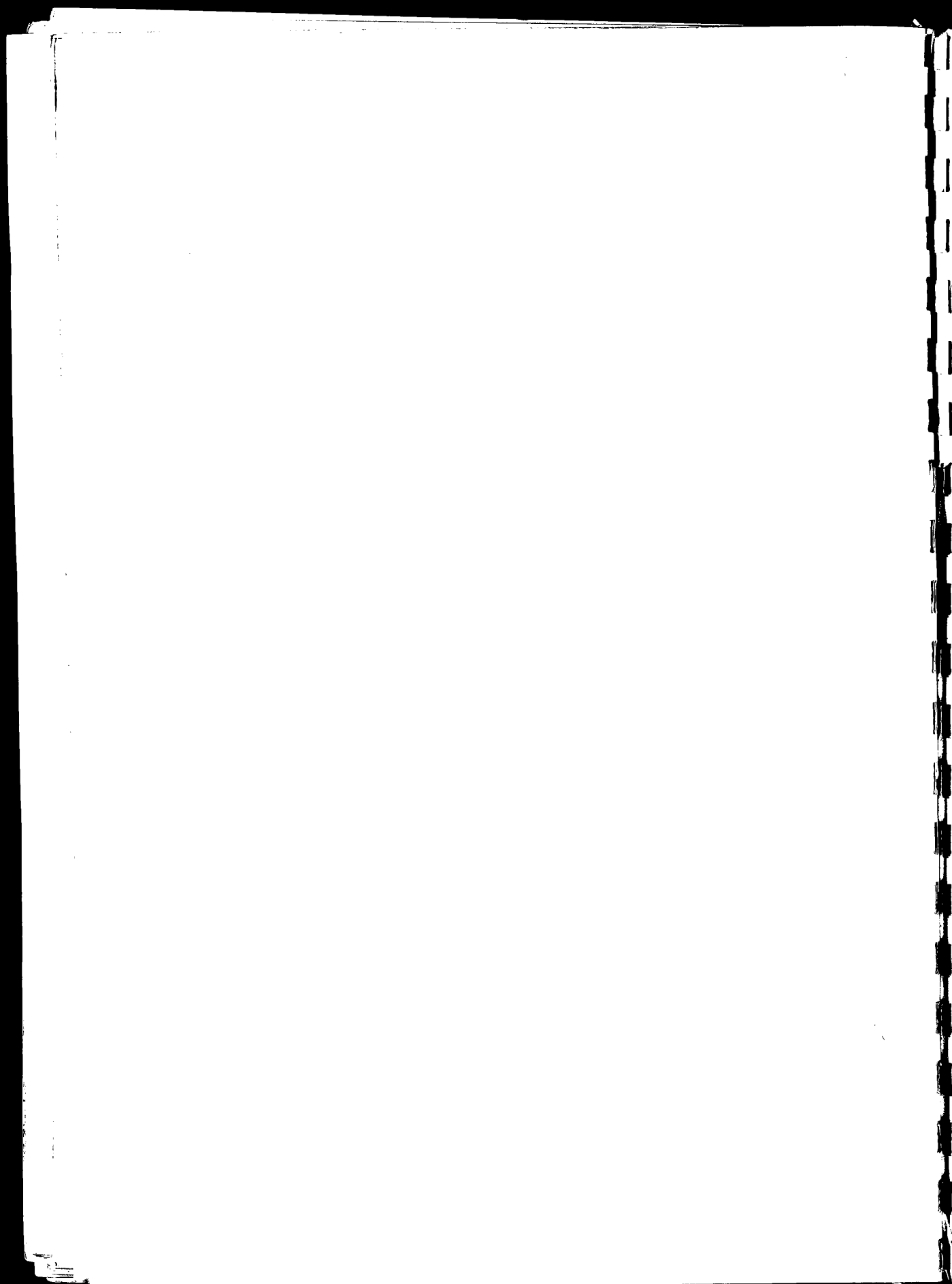


8. CATERING

Does the Hospital Secretary, in co-operation with an appropriately qualified Catering Officer, ensure that patients and staff are provided with as varied, appetizing and nutritious diet as possible within the sum of money allowed by the H. M. C. Are the following requirements fulfilled ? :-

- (i) Whether or not he undertakes the purchasing of all provisions the Catering Officer has effective control over what is bought.
- (ii) Action is taken regularly to ascertain the reaction of patients and staff.
- (iii) Medical and/or dietetic advice is obtained on all general and special diets.
- (iv) Waste is regularly examined.
- (v) The Catering Officer is supplied not less frequently than once a month with the cost of provisions per person fed.
- (vi) The Hospital Secretary makes regular spot checks on meals being served.
- (vii) Hygiene in the Catering Department is under regular medical surveillance.

| Yes/No | Action |
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9. LINEN AND LAUNDRY

a) Do wards and departments have a supply of clean linen in good condition sufficient to meet all reasonable demands ?

(i) Linen supply is centralised in the hospital and wards and departments are supplied on a topping-up or similar system involving no written requisitions.

(ii) Ward issues are periodically recorded and scrutinised to identify any extravagance in the use of linen.

(iii) Linen is inspected at the Laundry and articles requiring repair are returned separately.

(iv) Repair costs and the cost of made up items are regularly compared with purchase costs.

b) Is used linen removed to the laundry with the minimum of handling and the maximum protection against the spread of infection ?

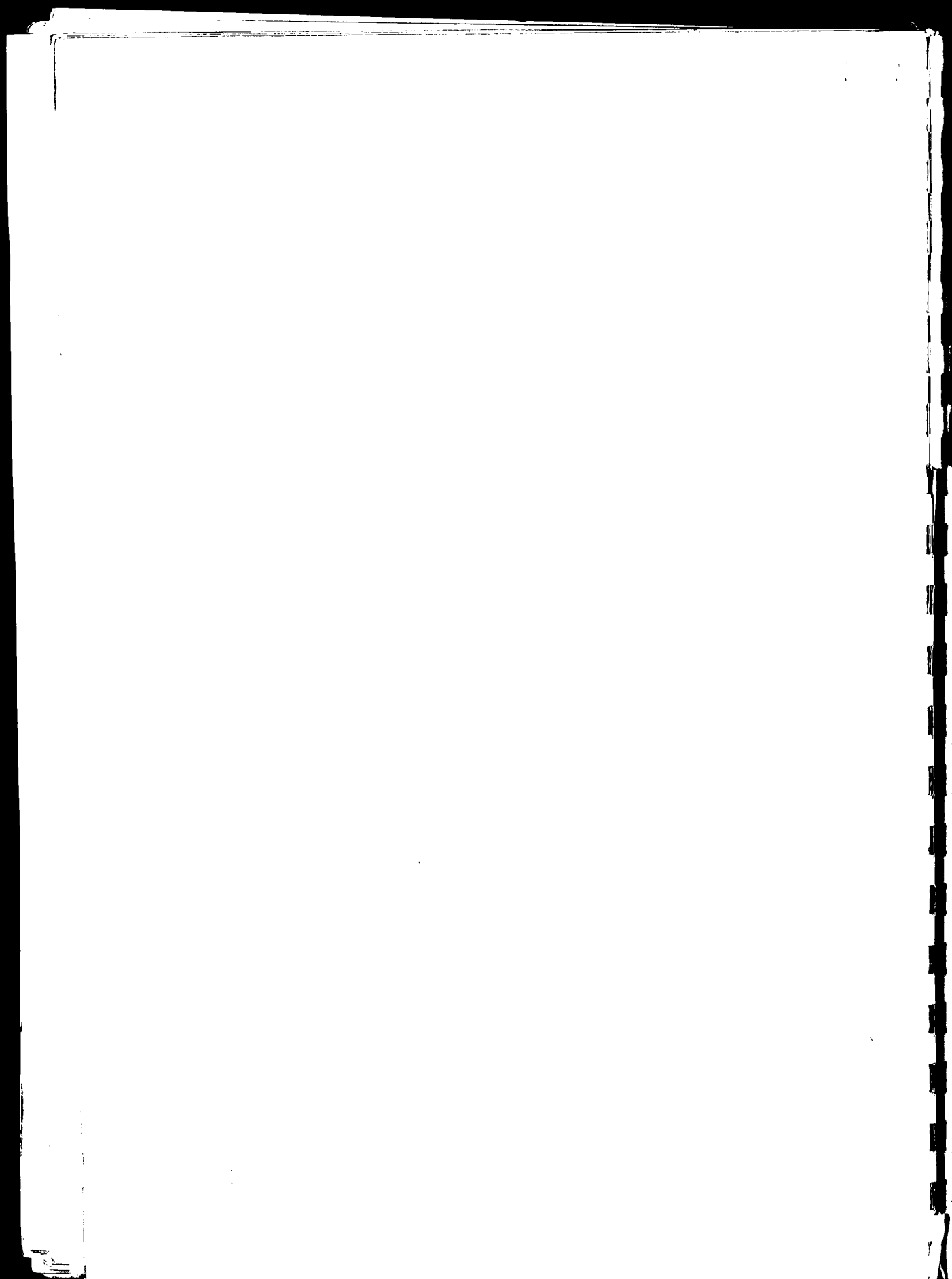
(i) Foul linen is sluiced and spun-dried mechanically.

(ii) Infected linen is dealt with according to the procedure specified by the Control of Infection Committee.

(iii) Soiled linen is bagged immediately it is taken out of use and not handled again until it reaches the laundry.

c) Has careful consideration been given to the economics of disposable substitutes for linen where appropriate ?

| Yes/No | Action |
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10. DOMESTIC AND PORTERING SERVICES

(i) Cleaning requirements and standards have been specified for each ward and department and these are met by the service provided.

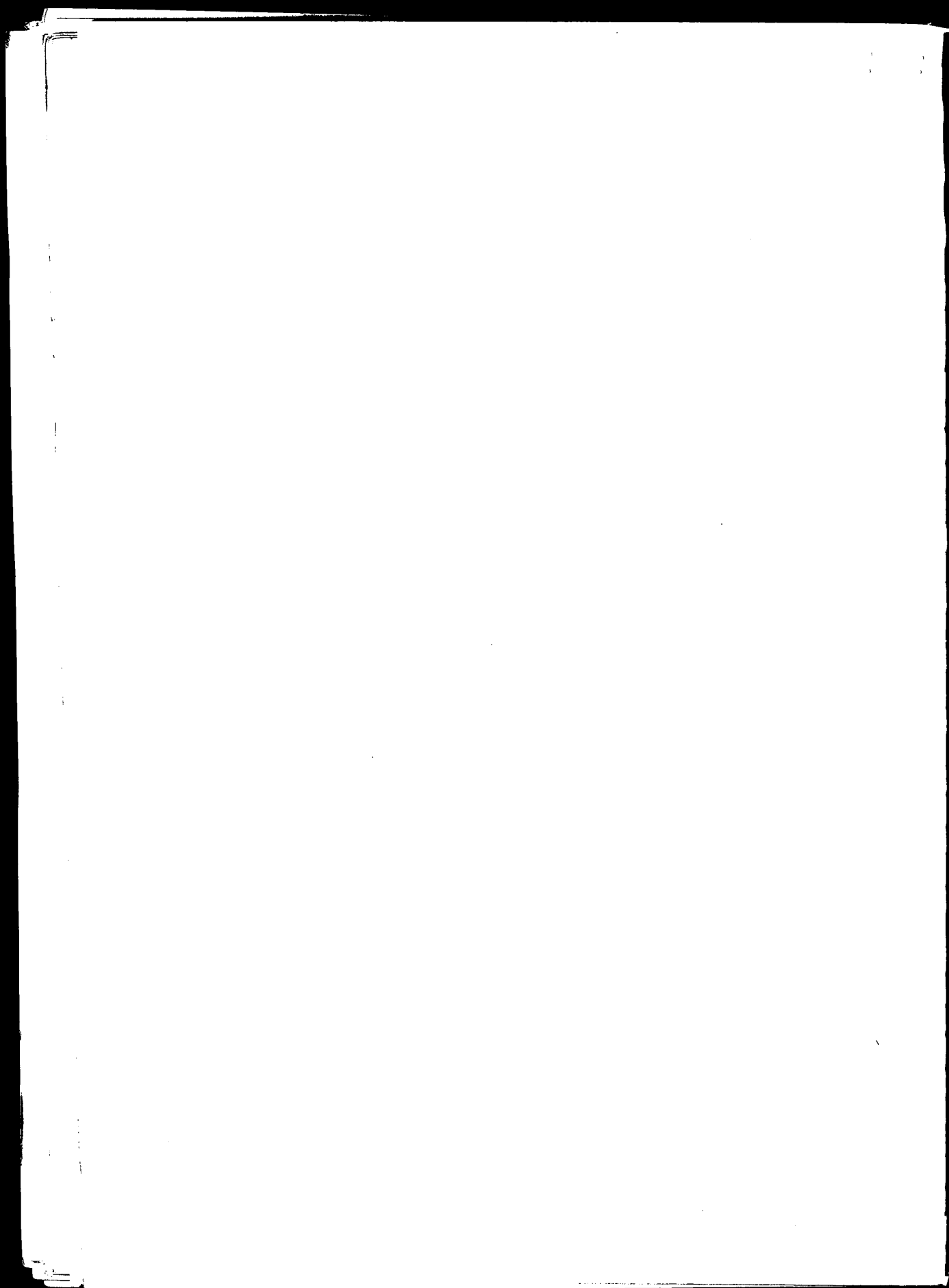
(ii) Cleaning methods are approved by the Control of Infections Officer.

(iii) The portering requirements of all wards and departments are regularly reviewed and assessed and an efficient portering service is made available to meet their needs.

(iv) There is adequate supervision at working level of the domestic and portering services.

(v) These services are reviewed and adjusted as necessary at regular intervals.

| Yes/No | Action |
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11. CONSULTATIVE OUT-PATIENTS'
DEPARTMENT

Do arrangements in the out-patients' department provide for (a) the minimum delay in giving General Practitioners advice on the treatment of their patients, (b) efficient support for the specialist staff and, (c) the comfort and convenience of patients. Has action been taken on all the following points ? :-

- (i) Responsibility for all aspects of the administration of the department has been clearly allocated to a member of the administrative staff as suggested in circular H. M. (65) 70.
- (ii) There is a regular check on the time-lag in obtaining O. P. consultations and action is taken to reduce excessive delays.
- (iii) The movement of out-patients through the department is kept under continuous observation and action is taken where necessary to adjust the O. P. appointments system and arrangements in other departments.
- (iv) When delays occur the reasons are explained to waiting patients.
- (v) Facilities exist to provide patients with the information and guidance they require in connection with their attendance at the hospital: new patients are supplied with an information leaflet before their first attendance.
- (vi) There is close liaison with the Ambulance Authority in the operation of the patients' transport system.
- (vii) Physical conditions in the department e. g. heating, furnishing, lavatory accommodation are regularly reviewed.

| Yes/No | Action |
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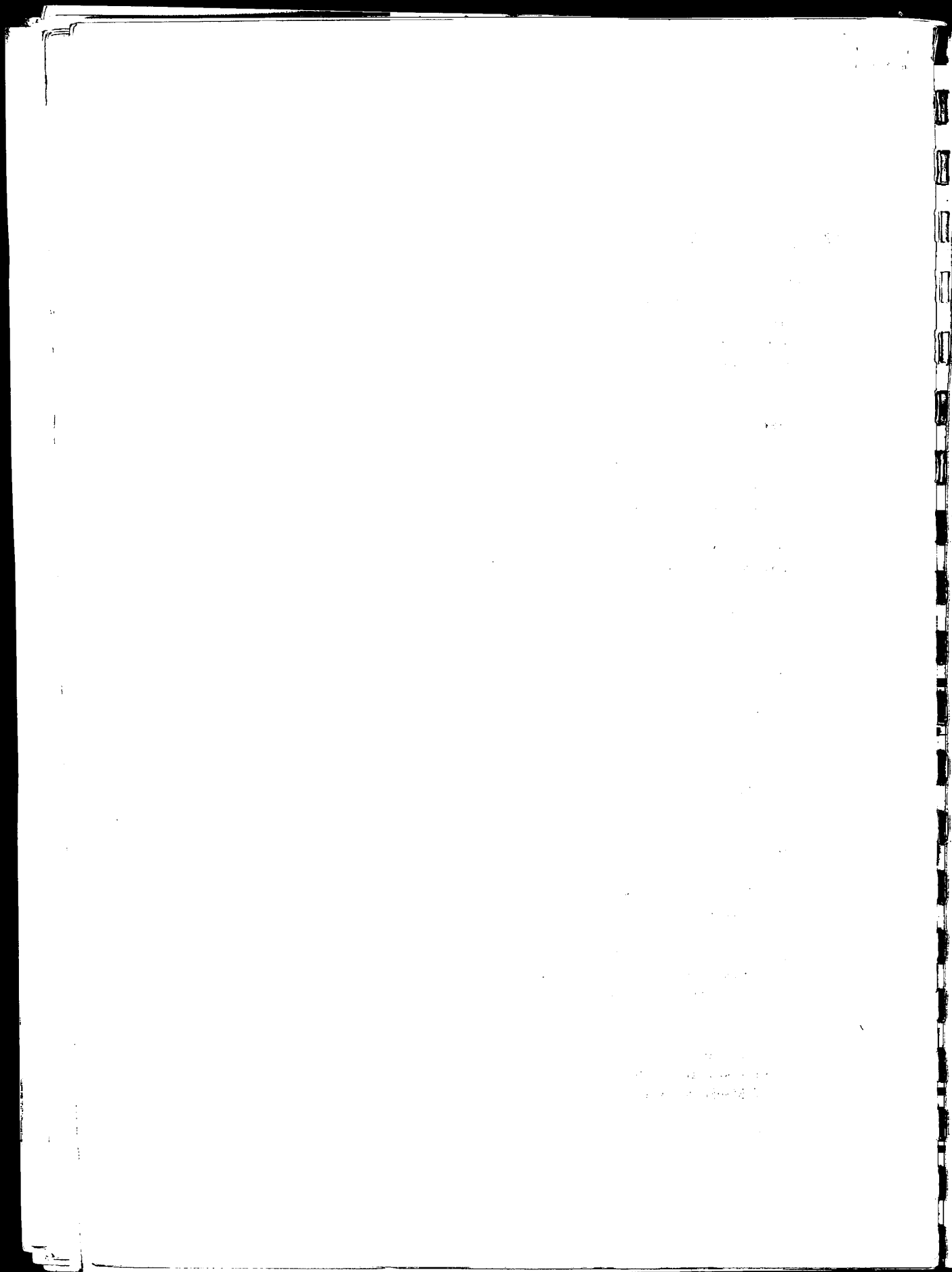
12. IN-PATIENT ADMISSIONS

Do admission arrangements ensure (a) that the personal needs of all patients receive full consideration and (b) that emergency cases are admitted promptly? Are the following criteria fulfilled? :-

- (i) Responsibility for admissions has been defined and centralised.
- (ii) A bed board or similar device provides continuous information about availability of beds in the hospital.
- (iii) No emergency case is refused without reference to a medical officer of at least Registrar status and a record is kept of all cases not accepted.
- (iv) Patients on long waiting lists are written to at least six monthly and are given two or three weeks warning of impending admission.
- (v) Patients are given at least three days clear notice of the firm date of their admission unless they have previously agreed to come in at shorter notice.
- (vi) Full information about the hospital is given to all "cold" cases before admission and this information is reviewed whenever reprinted.
- (vii) Suitable arrangements have been made for the reception of in-patients and their escort to the wards.

(For review of effective bed use see section dealing with responsibility of Medical Staff Committee)

| Yes/No | Action |
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13. MEDICAL RECORDS & SECRETARIAL
SERVICE

- (i) Administrative responsibility for the service is clearly defined.
- (ii) The Medical Staff Committee or a Records Sub-Committee maintains a general oversight over the records system and the standard of service provided.
- (iii) The responsible administrative officer maintains regular personal contact with individual Consultant firms.
- (iv) Records stationery is standardized in accordance with the principles of the Report on the Standardization of Medical Records, and strict control is exercised over the production of all new forms.
- (v) Mechanical registration is employed or projected for the future.
- (vi) There is an effective system for tracing records issued from the store and for checking their completeness on return.
- (vii) Medical records can be made available to the medical staff 24 hours a day 7 days a week.
- (viii) The involvement of nursing staff in records procedures is kept to a minimum.
- (ix) Each consultant firm is provided with an adequate secretarial service as well as facilities for the typing of letters and reports: these facilities include access to recording equipment outside normal working hours.
- (x) A check is kept on the delay in the despatch of letters and reports to General Practitioners.
- (xi) New staff are instructed in the confidential nature of medical records and correspondence.

| Yes/No | Action |
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13. MEDICAL RECORDS
SERIALS

- (1) Annual Report of the
the Secretary of the
the Secretary of the
the Secretary of the
- (2) Annual Report of the
the Secretary of the
the Secretary of the
the Secretary of the
- (3) Annual Report of the
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14. MEDICAL AUXILIARY DEPARTMENTS

(X-Ray, Laboratory, Physical Medicine)

(i) Such administrative responsibilities as are delegated by the Medical Head of the department to the senior technician and/or administrative officer are clearly defined.

(ii) A review of the service provided both to Hospital Clinicians and general practitioners is made from time to time. (See also Role of Medical Staff Committee page 4.)

(iii) 24 hour cover is provided in the X-ray department and laboratory and in any other departments where this is necessary.

(iv) Work coming to the department is planned and co-ordinated as far as possible.

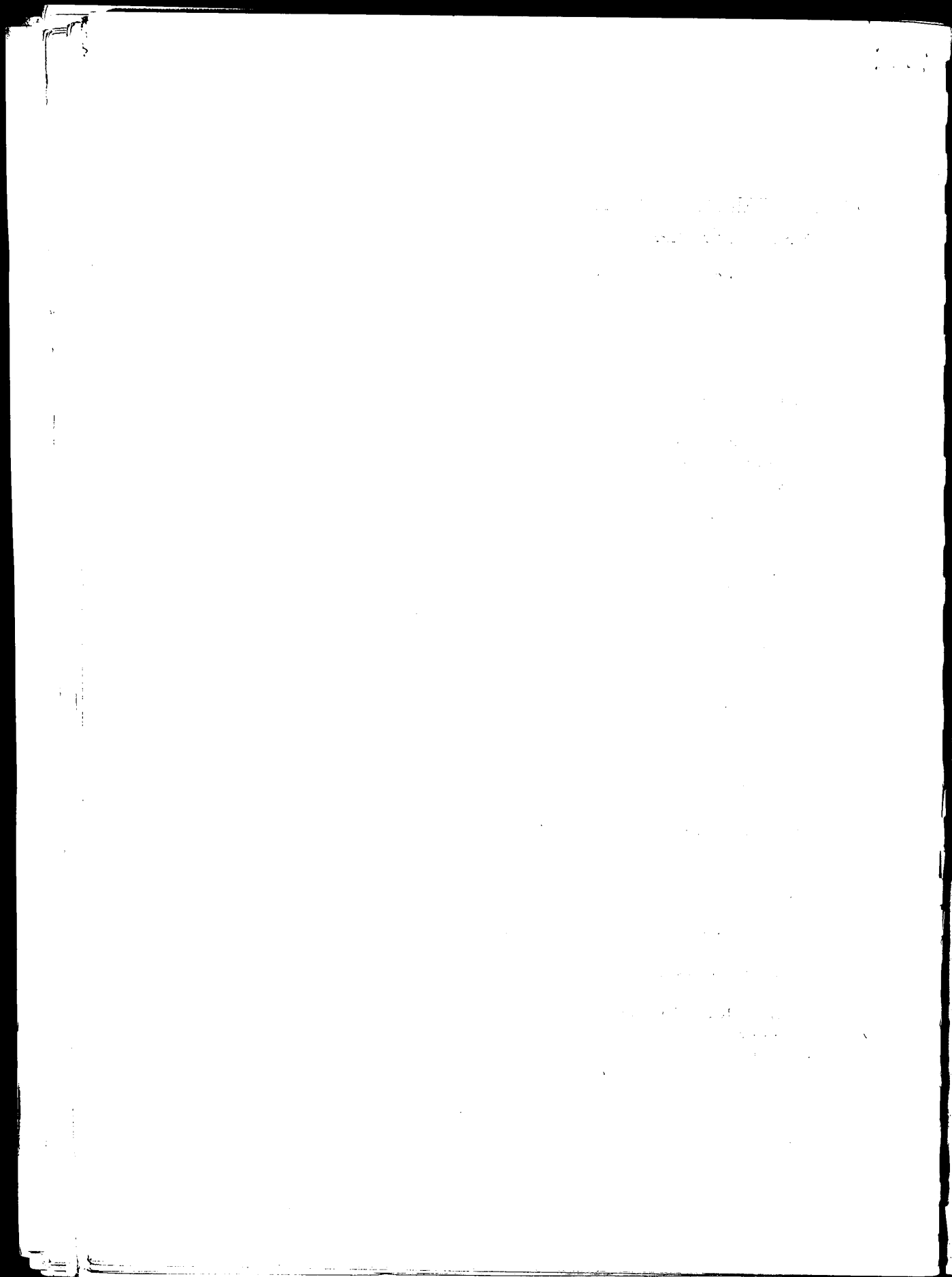
(v) Efficient use is made of skilled time by mechanization and the employment of ancillary help.

(vi) In addition to costing data, heads of these departments receive routine statistical reports covering for instance such things as output related to staff employed and material used (e. g. X-ray films) in relation to output.

(vii) Responsibility for the reception and movement of patients through the department is clearly defined.

(viii) Clerical procedures are regularly reviewed and integrated with the hospital medical records system.

| Yes/No | Action |
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15. PHARMACY

- (i) The hospital takes advantage of all available contracts for the supply of drugs.
- (ii) The economics of manufacturing therapeutic preparations within the department are examined from time to time.
- (iii) Active steps are pursued to achieve economy in prescribing on the lines suggested in H. M. (61) 78.
- (iv) Satisfactory procedures exist and are regularly followed for the control of dangerous drugs and poisons both in the pharmacy and on the wards. As specified in the Aitken Report (see H. M. (58) 17.)
- (v) Clerical work in connection with the cost accounting scheme is kept to a minimum.
- (vi) Qualified staff have been relieved of all extraneous duties as recommended by the Linstead Committee. (see H. M. (55) 22.)
- (vii) The department provides a reliable and up-to-date information service to the medical staff.
- (viii) Work is arranged so that delays in making up out-patient prescriptions are kept to a minimum.
- (ix) The use of form E. C. 10 (HP) is rigorously controlled and reviewed.
- (x) There is a properly regulated system for making available pharmacy stocks throughout the 24 hours.

| Yes/No | Action |
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APPENDIX 'A'

SPECIMEN TERMS OF REFERENCE FOR A
HOSPITAL SECRETARY

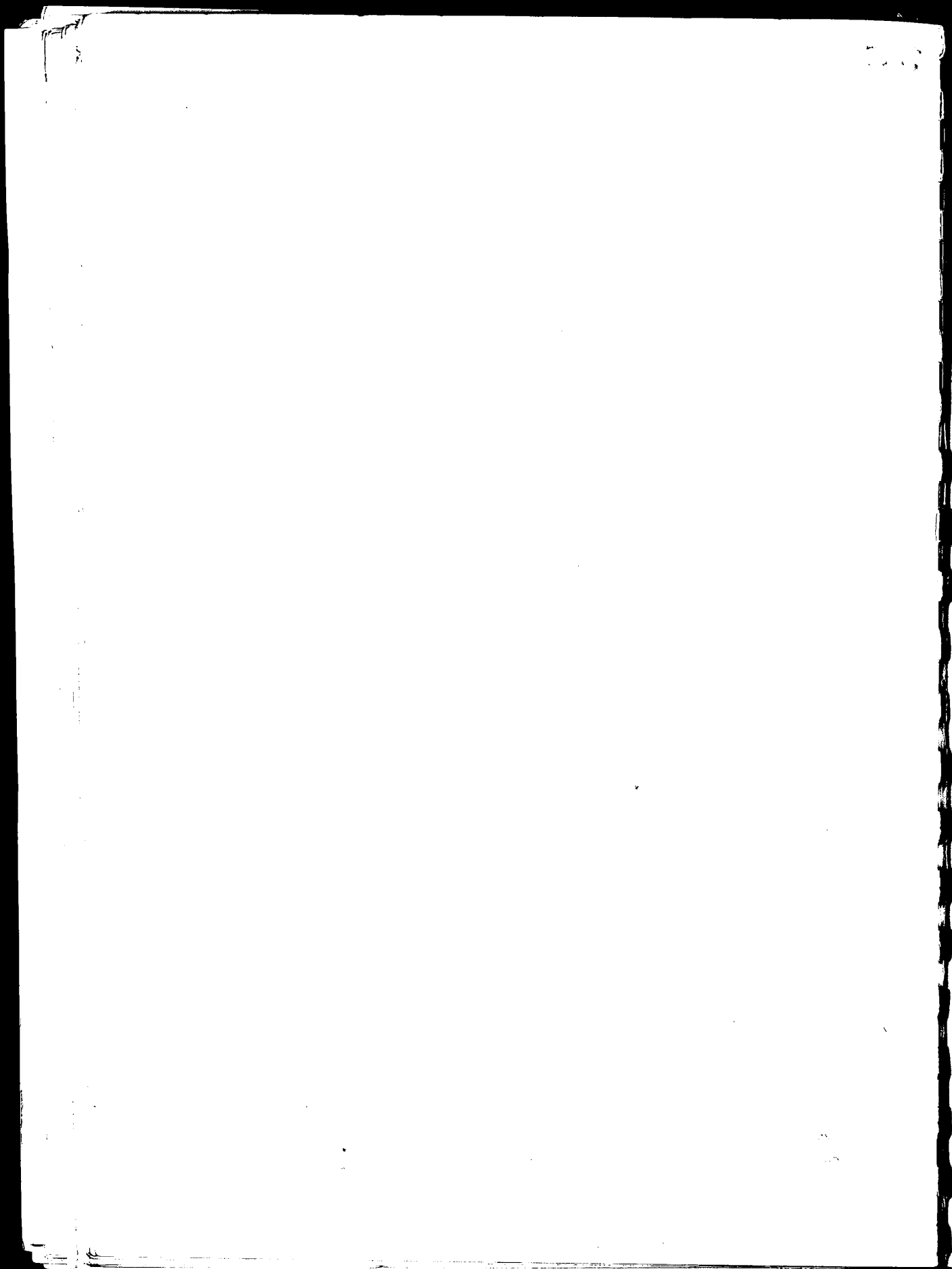
Within the policies laid down by the Hospital Management Committee the Hospital Secretary is responsible to the Group Secretary for all aspects of the administration of his unit. His duties will include the following:-

1. In conjunction with his medical and nursing colleagues planning and coordinating the services of the hospital to achieve the most effective use of available resources and ensuring the efficiency of the medical auxiliary departments.
2. Suggesting ways in which the services of the hospital should be developed.
3. Direct managerial responsibility for the service departments of the hospital viz. Records, Catering, Portering, Domestic Service, Transport, Laundry and Linen, C. S. S. D. and (in cooperation with the Group Engineer and Building Supervisor) Maintenance.
4. Acting as Secretary of the House Committee and Medical Staff Committee.
5. In cooperation with the Treasurer the preparation of the hospital's budget and the proper control of income and expenditure. Within his budget and subject to Group policies he is authorised to spend without limit on essential consumable supplies and up to £50 on any one item of equipment.
6. In cooperation with the Supplies Officer the acquisition, storage and distribution of supplies to meet the requirements of all departments.
7. The appointment and, where necessary, dismissal of all staff within his authorised establishment except the following:-
 - (a) Medical Staff of the grade of Registrar and above.
 - (b) Nursing Staff.
 - (c) Departmental heads.

He will carry out all the normal personnel functions in respect of the staff for whom he is directly responsible and will ensure that the Matron's personnel policies and practices are coordinated with his own.

8. The Hospital's public relations policy including communications with the press (as specified in the Policy and Procedure Manual), liaison with the League of Friends and other voluntary organizations and investigation of all complaints.
9. Keeping the Group Secretary informed of all events of importance occurring in the hospital and making recommendations to him on all matters beyond his delegated authority.

ACD/AC
27.1.66.



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