Quality Improvement Report

Regional organisational audit of district departments of public health

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Abstract

Organisational audit of public health in the United Kingdom is rare. To provide a framework for a structured organisational audit in district public health departments in one region organisational factors contributing to efficient, high quality work were identified and compared between districts, enabling each department to identify its organisational strengths and weaknesses. A draft list of organisational factors, based on the King's Fund organisational audit programme, were rated by 52 public health physicians and trainees in 12 district public health departments in South East Thames region for their importance on a scale of 0 (not relevant) to 5 (vital). Factors with average ratings of >4, judged to be "vital" and proxies for standards, were then used to compare each district's actual performance, as reported by its director of public health in a self reported questionnaire. In all, 37 responses were received to the rating questionnaire (response rate 71%) and 12 responses to the directors' questionnaire. Of the 54 factors identified as vital factors, 20(37%) were achieved in all 12 districts and 16(30%) in all but one district; 18 were not being achieved by two (33%) districts or more. Overall, vital factors were not being achieved in 9% of cases. The authors concluded that most departments are achieving most vital organisational factors most of the time, but improvement is still possible. The results have been used as a basis for planning the organisation of public health departments in several of the newly formed commissioning agencies. This was the first regional audit of public health of its kind performed in the region and it provided valuable experience for planning future regional audit activity.

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Introduction

Organisational audit is the process of assessing an organisation against organisational standards to identify opportunities to improve the quality of services provided. It focuses on the organisation of services and the systems and

processes that are required to sustain a high quality of work with an emphasis on safety.¹

Audit in public health in the United Kingdom is still in its infancy. Audit topics reported in the Faculty of Public Health's annual review of audit fall into five categories: process issues,² professional activities,³ training in public health,⁴ developing outcome measures in public health,⁵ and audit of activities largely carried out by others – for example, cervical cytological screening, immunisation,⁴ etc. Little, if any, structured organisational audit of public health has taken place.

In the United States organisational audit is well established but usually closely linked with accreditation. In the United Kingdom the concept is much newer. The King's Fund organisational audit programme has been developing a national approach to setting and monitoring organisational standards, initially in hospitals and now also in primary care.¹ Public health workers in the United States have developed APEXPH, an assessment protocol for excellence in public health,⁶ whose aim is to help individual departments to evaluate and enhance their own organisation. This manual covers "organisational capacity assessment." Indicators which are included focus on authority to operate, community assessment, policy development, and major administrative areas and these are set out so that individual departments can assess their performance against the standards.

The South East Thames District audit coordinators in public health decided to undertake a regional organisational audit in July 1992. At a time when departments were having to adapt as commissioning developed, they thought that the audit would enable districts to look more objectively at the organisation of their departments and might identify aspects of the organisation that required improvement or more detailed audit.

In most other organisational audits, standards are agreed in advance and performance is assessed against those standards. This was not feasible in the time available for this audit. Instead, a method was devised in which standards were set simultaneously with data being gathered for the audit itself. The aim of the audit was to provide a framework for

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district departments of public health to evaluate and, where necessary, improve the quality and efficiency of the organisation of their departments; the box shows the objectives.

Objectives of the audit

- To identify and rate the organisational factors that contribute to efficient, high quality work in a district department of public health medicine
- To compare the organisational factors in each department of public health medicine in South East Thames region
- To enable each department to identify its own organisational strengths and weaknesses

Methods

The first stage of the audit was to draw up a list of organisational factors which might influence the quality of work. To ensure comparability with other organisational audits the categories used in the King's Fund organisational audit programme were used as a framework (box). Within each category organisational factors were identified by VCLA and AB by using as the main source the American APEXPH protocol⁶ and incorporating some other appropriate factors from organisational audits carried out in other specialties in the United Kingdom (V C L Alpin, unpublished).

Examples of organisational factors

Philosophy and objectives

- Departmental objectives have been identified
- Objectives are reviewed by the department every year

Management and staffing

- A comprehensive induction programme is available for all new members of staff
- Those unable to attend staff meetings are updated on their outcome

Staff development and education

- Department organises regular educational sessions for its staff
- Department has at least one paper published in a professional journal each year

Policies and procedures

- Department has written policies outlining the action to be taken in the event of an outbreak of an infectious disease
- A file of relevant information (for example, essential telephone numbers) is available for the doctor on call

Facilities and equipment

- Each member of staff has a desk at which to work during office hours
- There is the facility to print confidential information in privacy

Population care

- Department provides medical advice for decisions about extracontractual referrals
- Department acknowledges inquiries within five working days

Evaluation and quality assurance

- Audit meetings are multidisciplinary
- Minutes are kept of audit meetings

The draft list was circulated to all directors of public health, district public health medicine audit coordinators, and the Kent public health medicine audit project's steering group for consideration, and further consultation occurred at a regional meeting of public health physicians. The list was amended according to all comments and the agreed version distributed in the form of two similar self completion questionnaires.

The first questionnaire was sent to all directors of public health and public health physicians and trainees (total 52 subjects) working in district departments of public health in the region. It listed all the factors and asked each person to rate on a scale of 0 (not relevant) to 5 (vital) how important they considered the factors to be in providing an efficient, high quality service by a department of public health. The average rating for each factor was then calculated and this was taken to indicate how important each factor was considered to be. Those factors with average ratings > 4 would be taken to be vital factors and to act as proxies for standards (box).

The second questionnaire was sent to the 12 directors of public health in the region, who were asked to indicate how their own department was organised by giving one of four responses to each factor: yes (the factor is being achieved), no, not applicable, and don't know. Non-responders were sent one written reminder followed by a telephone call. The performance of each district, as reported by the director, was then compared for each of the vital factors. The collated results of the audit were presented at the regional public health audit conference in November 1992. Each district was then given a detailed breakdown of its own performance compared to that of the region as a whole, and each was asked to identify at least three objectives which it wished to achieve within the subsequent year.

Results

In total, 52 questionnaires were sent out and 37 were completed, a response rate of 71%. To assess how representative the responders were of the group as a whole the proportion of trained staff to untrained staff was compared. In the entire group of 52 subjects 29(56%) were trained staff and 23(44%) were trainees, and among the 37 responders 19(51%) were trained staff, 14(38%) were trainees, and 4(11%) did not reply.

RATING DATA

The average rating calculated for each of the organisational factors ranged from 2.3 to 4.7. Among the 139 factors, the average rating was > 4 for 54 factors (39%), 3-4 for 72(52%), and < 3 for the remaining 13(9%).

ORGANISATIONAL ASSESSMENT IN PUBLIC HEALTH DEPARTMENTS

The questionnaires sent to directors of public health indicated the actual position of each district, as envisaged by the director, in relation to each of these factors. All 12

Vital factors (scoring > 4 in questionnaire) by category*Philosophy and objectives*

Departmental objectives have been identified

Copies of the objectives are available to every member of the department, including trainees

Management and staffing

Sufficient numbers of qualified staff and support staff are employed to ensure efficient operation of the department

Each job description includes functions, responsibilities, and accountability

Department has its own identified budget

Budgetholder receives regular budget statements

Staff development and education

All staff members are encouraged to attend relevant in service training courses

Professional staff are encouraged to attend relevant postgraduate courses organised by their professional associations, universities, etc

All public health medicine trainers have attended the training for trainers course

The work allocated to trainees reflects their training needs

All trainees have a regular allocated period of protected time with their trainers each week

Trainees are given time in which to study immediately before examinations

Policies and procedures

Department has written policies outlining action to be taken in:

An outbreak of infectious disease

A major incident

Cases of specific disease

The policies are reviewed regularly

The policies are kept in an easily accessible place

All members of staff know where the policies are kept

All relevant staff are familiar with the policies

There is a named doctor on call to deal with environmental health issues or communicable disease issues twenty four hours a day

Trainees have the opportunity to take part in the on call rota

When trainees are on call a consultant is available to provide support and advice where necessary

A file of relevant information (for example, essential telephone numbers) is available for use by the doctor on call

Facilities and equipment

The department has sufficient office space available to house all staff members without overcrowding

During office hours each staff member has use of:

A desk

A telephone

Department has easy access to:

A photocopier

A facsimile machine

An overhead projector

Seminar or meeting rooms, or both

A medical library

Maintenance contracts for essential equipment are kept up to date

Each staff member who needs a computer has access to a terminal and printer

Each staff member has access to the appropriate type of computer software to enable them to work efficiently

Training is available for staff who are required to use unfamiliar software

Specialist help is available when problems arise with hardware and software

Department has a bleep system with adequate range for staff on call

Population care

Routine statistics are monitored regularly to identify trends in the health of the population

Specific health issues are investigated in greater depth and action recommended

Department assesses the health needs of:

Populations living in specific localities

People with specific medical conditions

Specific groups within the population (for example, by age, ethnic group, etc)

Department monitors the incidence of infectious diseases in the population and coordinates the action taken to minimise their spread

Department evaluates health care services and recommends improvements

Public health annual report is used as a means of describing the health of the population and advising on how it can be improved

Department provides advice to the commissioners of health care services

Director of public health is a member of the executive board

To maximise the health of the population the department works closely with:

General practitioners

Family health services authority

Local authorities

Social services

Provider units

A staff member is always available to take messages during office hours

Evaluation and quality assurance

Department systematically reviews its work and strives to improve it

Number of vital factors implemented in each district in South East Thames region

questionnaires were completed. The number of positive responses varied from 123 to 77 and of negative responses from 53 to 14.

Not all organisational factors were applicable to every district – for example, four districts did not have trainees at the time of the audit. However, even when that was taken into account the figures suggested some variation in practice among districts.

ACHIEVEMENT OF VITAL FACTORS

The figure shows the number of factors rated as vital that were achieved by each district. Of the 54 vital factors (taking into account those occasions when the factors were not applicable), 20(37%) were achieved in all 12 districts and 16(30%) in all but one district; 18(33%) were not being achieved by two districts or more. Vital factors were achieved in 588(91%) out of the 648 total occasions available among the 12 districts.

The areas in which one district or more did not achieve the vital objectives were as follows.

- Identifying departmental objectives, staff awareness of objectives, and linking individual job descriptions with the objectives
- Amount of office space, numbers of qualified and support staff, computer equipment, and access to a medical library
- Maintenance contracts for essential equipment
- Regular budget statements for budget holders
- Written policies for dealing with an outbreak of infectious disease, a major incident, or specific diseases and access to and familiarity with those policies
- Relevant information for use by on call doctor
- Assessment of the health needs of populations living in specific localities or with specific medical conditions
- Close work with social services.

The areas in which the vital factors were achieved by all districts included:

- A desk and telephone for each member of staff in office hours and specialist help for hardware and software problems
- Evaluating health care services, investigating specific health issues in greater depth, and providing advice to commissioners of health care services
- A named doctor on call 24 hours a day and trainees involved in the on-call rota with consultant support
- In service training, training for trainers, protected time with trainers, appropriate work to meet training needs, and study time before examinations.

Discussion

The results show that of the 54(39%) organisational factors with an average rating > 4, 37% were achieved in all 12 districts and 30% in all but one district; 33% were not being achieved in two districts or more. Overall, these vital factors were not being achieved in 9% of cases.

By looking at each of the original objectives of the audit more closely it may be possible to explore the extent to which these results are valid and useful.

Objective 1: To identify and rate the organisational factors contributing to efficient, high quality work in a district department of public health – Whether the method used here is the most appropriate to develop a list of proxy standards is open to question. A more time consuming alternative would have been convening a working group to develop the questionnaire to enable incorporation of the views of a range of trainees and public health physicians from different districts before the list was circulated for consultation. Instead the onus was on those who were consulted to ensure that the list was appropriate before it was used. In retrospect it was evident that in some cases the factors were insufficiently clear and interpretable to ensure consistency of response across districts, and this might have been avoided with more comprehensive piloting. Asking all the participants to rate each of the factors was a means of gaining a consensus about the most important issues fairly quickly. Taking mean scores for each factor enabled the audit to focus on those organisational factors considered by the group as a whole to be most important in providing a high quality service. Selection of those factors on the basis of an average score > 4 was arbitrary but was consistent with the descriptions given on the scale of the original questionnaire. The average rated scores were widely accepted and there was no indication that any of the districts considered that the vital factors, which acted as proxies for standards, did not apply to them. This was in contrast to some of the standards for previous audit projects.

Objective 2: To compare the organisational factors among departments of public health in South East Thames region – The directors themselves pointed out that asking them to report on activity within their own departments made the audit heavily dependent on the

honesty of their responses. Even if they were honest, their perception might be quite different from that of other members of their department. It would probably have been better to ask all members of the department to report on the current position, but care would have been needed to ensure that the rating activity was carried out independently from the reporting on the current organisational position. As it was, the directors' rating responses may have been influenced by their report of activity in their own department. Some potential problems were also encountered in comparing districts. The fact that eighteen vital organisational factors were not being achieved by two districts or more may reflect that some directors gave different priority to those factors from the group as a whole. The rationale behind that prioritisation was not explored in this audit. The differences in performance might reflect the difference in size and the resources available to the districts. The smaller departments tended to have achieved fewer of the vital factors, but the departments achieving the most vital factors were not necessarily the largest.

Objective 3: To enable each department to identify its own strengths and weaknesses – This objective was achieved to some degree. Each department received copies of the collated results with their own position highlighted for comparison with the other departments in the region. The general nature of some of the objectives may have made it difficult for districts to identify the exact nature of problem areas and meant that some problems may have been missed.

Since the audit most of the departments have combined within commissioning agencies and are in the process of developing new organisational structures. Those that have not been involved in mergers have been going through their own internal organisational changes. Therefore, although the objectives set at the time of the audit were relevant, this may no longer be so as the new organisational structures may have different facilities and priorities. However, it has been agreed that the areas of organisation with which particular problems were identified will be reviewed again in 1994 when the present organisational changes have been completed. Meanwhile, several of the groups have used the results from the audit as a basis for planning aspects of the new organisations that they are joining.

Several advantages and disadvantages to the approach used in this audit were also identified when the participants reviewed the results. The advantages included the simplicity of the approach compared with trying to agree the standards in advance, the relatively small amount of time involved for the participants, and the ability to identify specific problem areas. A cross regional audit of this type also provides an insight into what other districts do, which may stimulate ideas and change. Among the several disadvantages, were that the audit lacked objectivity and its timing was unfortunate, given that many of the departments have subsequently merged within commissioning agencies. The timescale for carrying out the audit was too tight and there should have been more consultation about the factors. The administrative workload was quite large, so that performing such a audit without the help of an audit facilitator may not be feasible.

The audit was an important first step in providing markers which might help organisational development within public health departments. The objectives of the audit were mostly achieved and the departments were given a unique opportunity to compare their organisation with that of others in the region. The lessons learnt from this exercise are of considerable value in current regional audit activity, which includes audits of health needs assessment, public health collaboration with primary care, implementing the *Health of the Nation* initiatives.

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