

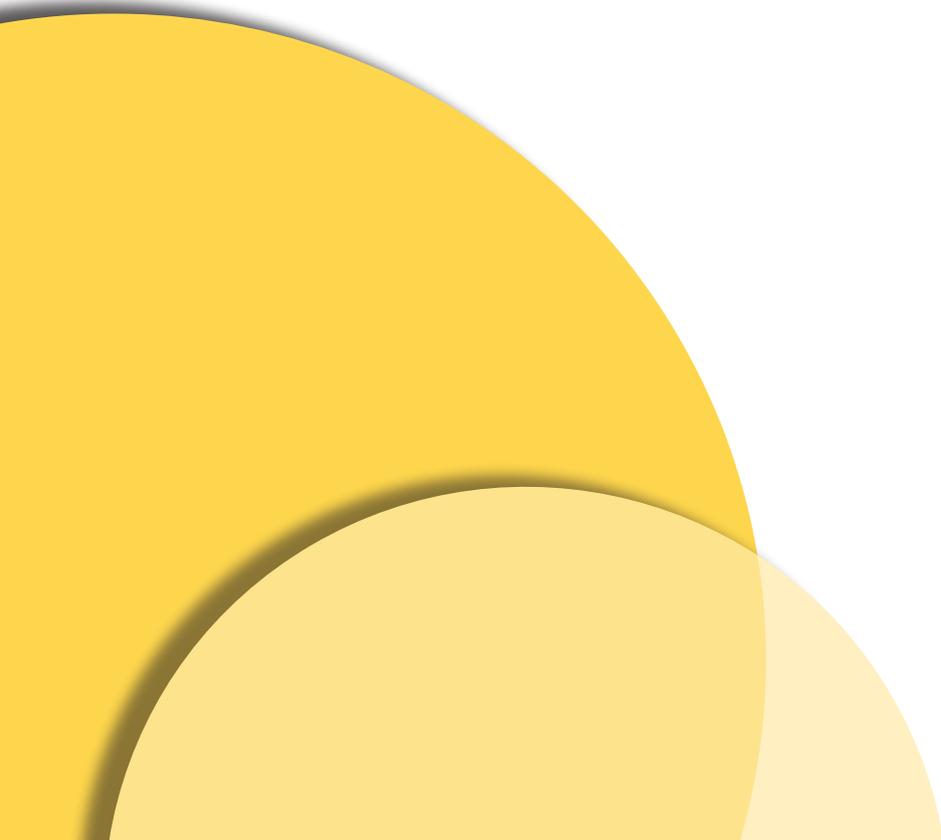


Royal College of
Obstetricians &
Gynaecologists

Service Review and Audit

Global Health Toolkit No. 7

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Introduction

The RCOG is an expert on service review and audit of women's health services. This toolkit has been developed to enable the College to share that expertise with other countries, as part of a programme to improve the quality of women's health.

The toolkit is designed to be generic, adaptable and scalable to almost any country, region or institution. The RCOG will work with the host country's clinical expertise to develop an approach that works with existing health services, linked to the findings and recommendations of a health and (if applicable) training needs assessment. The service review and audit toolkit may be used alongside the needs assessment toolkit to provide a more holistic appraisal of a health system.

The RCOG will provide quality assurance for its work, and expects the same from the host country. Where quality assurance methods are under-developed, the RCOG will work with clinical governance colleagues to establish or develop them.

The contents of this toolkit provide a step-by-step approach to both service review and audit, based on the good practice approach developed by the RCOG and other agencies for the United Kingdom.

1. The Core Elements of RCOG Service Review and Audit

Hospital review takes on a multitude of meanings. These depend on the source and purpose of the request:

- It could be an assessment of the service provision, the robustness of the service structure, individuals within the service or the ability of the hospital to train junior staff (and to what level)
- It could be part of a routine scheduled assessment against accepted standards, a new assessment to rate the hospital for RCOG "badging" as a training centre, a new assessment to allow a judgement of service provision for a local agency or a requested review due to concerns about service, departments, individuals or a combination of these.

It is important that the reviews have core elements of standards and values that should be present as well as adaptive elements to cover the variations that requests can bring. It is important that those involved in service under review feel that they are being personally attended to and not part of some 'tick box exercise'. The conclusions and recommendations need to be directed at the specific factors relating to the review and the reasons behind it.

In some situations, a scoping visit may be required to give some background to help in developing the terms of reference of the review and the personnel involved. Although the initial driving force of

this development was from an international source, the basic premise should be used for the UK as well. Post-Francis and as part of our own initiatives in women’s health rights, these reviews need to have the care of the woman and her health rights at the centre of any review we make. The RCOG is not only a leader for standards in women’s health care and teaching but also an advocate for women’s health worldwide. As such, ethical standards and a robust independent clinical governance process is paramount to maintain the highest standards within the profession and not the institutional or legislative processes.

2. Hospital Assessment Ratings

It is important to emphasise that some overseas hospitals do not have the local resources necessary to bring their services up to the standards of British hospitals. Therefore, there is no rating that suggests a hospital is running an inadequate service. The most important thing to focus is on whether it is safe for patients and it is achieving the best care in the circumstances.

2.1 Assessing services

When **assessing services**, the ratings that the RCOG recommends for use are:

Not meeting local need and unsafe	Not meeting local need but safe	Meeting local need and safe
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The maternity service should be in the blue ‘meeting local need’ for the most part. This indicates a service that is able to provide adequately for its service users in the context that it is set. There will obviously be a difference between urban and very rural settings and factors such as these must be taken into account. A hospital that performs above this level and is exceptional can be given a “star” rating.

The green ‘not meeting local need’ is an indication of a service that may be able to improve its service for its patients if it can be given or provide the right resources. Even if a service cannot do this, then the overarching question remains “is this service safe for its patients?”

The amber ‘not meeting local need and unsafe’ suggest that the service needs immediate attention to try and find some improvements that will bring the service into the green area. These improvements may be immediately achievable but may also require a long-term plan. Again, the priority is to ensure the safety of patients.

Sometimes it may be beneficial to look at district provision, where the inadequacies of a smaller unit can be overcome with transport services and support from a larger unit. Looking at this mix could allow recommendations to be made about triage services and rotations of medical staff and training opportunities.

2.2 Assessing management structures

When **assessing management structures**, the two important factors are clinical governance and support services.

The ratings we recommend for use are:

Struggling to achieve and poor management structure	Good management structure with transparent working but no clinical governance	Good management structure with transparent working and good clinical governance
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The maternity service should be in the blue ‘good management structure with transparent working and good clinical governance’ for the most part. This indicates a service with a transparent management system and robust clinical governance with audit of outcome and review of incidents. There will obviously be a difference between large and small hospitals and factors such as these must be taken into account. A hospital that performs above this level and is exceptional can be given a “star” rating.

The green ‘good management structure with transparent working but no clinical governance’ is an indication of a service has a transparent management structure and may have some audit data but does not have a system of debriefing or review of incidents. It could give a higher level of clinical governance if it can be given or provide the right resources and training. Even if a service cannot do this, it is important that there is a wish to develop this in the future.

The amber ‘struggling to achieve and poor management structure’ suggests that the service provides a management structure that is reactive and often overwhelmed by circumstance. Attention to try and find some improvements that will bring the service into the green area is required. These improvements may be immediately achievable but may also require a long-term plan with training in management development, audit and guideline development.

Sometimes it may be beneficial to look at district provision where the inadequacies of a smaller unit can be overcome linking with a larger unit to help with the processes and training opportunities.

2.3 Assessing teaching and training opportunities

When **assessing teaching and training opportunities**, the two important factors are mentorship and support (working in partnership) and organised teaching facilities.

The ratings that the RCOG recommends for use are:

Plenty of clinical experience but unsupported	Plenty of clinical experience with support and mentorship	Plenty of clinical experience with organised teaching
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The maternity service should be in the blue ‘plenty of clinical experience with organised teaching’ for the most part. This indicates a service that is able to provide good clinical experience, with mentorship and regular interactive teaching sessions in the context that it is set. There will obviously be a difference between large small hospitals and factors such as these must be taken into account. A hospital that performs above this level and is exceptional can be given a “star” rating.

The green ‘plenty of clinical experience with support and mentorship’ is an indication of a service that gives good clinical experience with support and mentorship but could give a higher level of teaching experience if it can be given or provide the right resources. Even if a service cannot do this it can be a good place for protected clinical experience for a designated period of time.

The amber ‘plenty of clinical experience but unsupported’ suggest that the service provides a wide range of clinical experience but the trainee is unsupported and can be left on their own in difficult and trying situations. Attention to try and find some improvements that will bring the service into the green area is required. These improvements may be immediately achievable but may also require a long-term plan. Again, the priority is to ensure the safety and protection of the trainees.

Sometimes it may be beneficial to look at district provision where the inadequacies of a smaller unit can be overcome with a training mix which could allow recommendations to be made about rotations of medical staff and training opportunities.

2.4 Assessing individuals within a service

When **assessing individuals within a service**, the important factors are comparison with their colleagues and against an overall standard.

The ratings that the RCOG recommends for use are:

Working in an unsafe way	Working at a lower standard than expected but safe	Working on a par or better than their colleagues
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Individuals should be in the blue ‘working on a par or better than their colleagues’ for the most part. This indicates that they are able to provide adequate care for the service users in the context that it is set. There will obviously be a difference between urban and rural settings and factors such as these must be taken into account. An individual that performs above this level and is exceptional can be given a “star” rating.

The green ‘working at a lower standard than expected but safe’ is an indication of an individual that may be able to improve their service for their patients if they can be given or provide the right resources and training. If the individual cannot do this, then the overarching question remains “is the practice safe for its patients?” For improvement, one of the most important factors is insight from the individual that improvement is required.

The amber ‘working in an unsafe way’ suggests that the individual needs immediate attention to try and find some improvements that will bring their practice into the green area. Improvements may be immediately achievable but may also require a long-term plan. This may need to be accompanied

by exclusion and/or suspension as well as supervised practice. Again, the priority is to ensure the safety of patients. For improvement, one of the most important factors is insight from the individual that improvement is required.

Sometimes, it may be beneficial to look at the support that the individual receives and the clinical governance process that has allowed the situation to get this far. Where there are inadequacies of the support services, looking at improving these and the skill mix within the service could allow recommendations to be made about allocations of medical staff and training opportunities.

3. Pre-hospital assessment – duties of the department

The maternity department under review should take time to review all of the processes, policies and protocols (clinical and non-clinical) that it has in place so that these can be scrutinised. It is also important to detail the exact management and clinical hierarchy of all members of staff in the department. This is crucial to the understanding of the duties and responsibilities of each member of staff. It will also help to show who a member of staff with an issue can access. It may be necessary to have a scoping visit to investigate the problems and draft the terms of reference.

Along with this, any other documents should be collated for review. Examples of these documents are:

- Induction pack for new members of staff
- Complaints policies for patients
- Grievance procedures
- Risk management procedures with an example incident pathway
- Appraisal documents and procedures

Finally, the “needs assessment” toolkit will help a department quantify the surrounding population, its demographics and healthcare needs. Details of how to create this document can be found in the RCOG Needs Assessment Toolkit Document on the RCOG website (<https://www.rcog.org.uk/>).

4. Assessment domains

The assessment domains are based on the domains used by the Care Quality Commission (CQC) in the UK. The CQC is a public body of the UK government and was established in 2009 to regulate and inspect health and social care services in England.

The CQC has established 5-domains that a hospital and its services should be rated against that give an indication whether a service is as good as it should be. The CQC can hold “announced” hospital inspections, where the hospital is told that the CQC is coming, or unannounced, where the CQC will just turn up and assess a hospital.

The five domains are:

1. Safety
2. Effectiveness

3. Caring
4. Responsiveness
5. Well-led

The CQC believes that these are the domains that hospitals should address to ensure they are providing high quality care. Each of these domains is further assessed with “Key Lines of Enquiry” (KLOE), which will help a hospital understand and rate its services. Each of the four potential areas (service, management, teaching and individuals) can be looked at in similar ways.

The RCOG believes that the CQC hospital inspection process model is a good one to follow to assess a hospital overseas. If an overseas hospital can reach the standard of a well-rated British hospital then that indicates it is meeting our gold-standard of practice. For the RCOG, the difference is that we also wish to assess mechanisms for maintaining standards, the training needs and opportunities and, in certain circumstances, assess individuals.

5. Assessing in context

The RCOG is aware that many overseas hospitals have several pressures and problems that are not present in the UK. The UK population has different expectations of its services and is very fortunate in having the National Health Service (NHS) available. We understand that the CQC hospital inspection model is tailored to British hospitals and therefore we want to emphasise the “assessing in context” concept. A rural hospital in Africa, for example, will probably not have access to the same pharmacy of drugs or equipment that is available in the UK, but it may deliver between 1-2,000 babies per year safely. In that context, it is providing a safe service to the local service users in an environment that can manage relatively complex medical needs. It is important that assessment takes into account regional referral services and triage capability. It may be possible to highlight areas of deficiencies that the RCOG can help to overcome with advice, training and volunteering.

6. Standard key lines of enquiry (KLOE)

Below are the KLOEs that can be used to assess a hospital service or specific structures such as teaching in the hospital. They have been adapted from the CQC KLOE description to make them more applicable to any hospital service and less UK-specific:

Domain	No	KLOE
Safety – meaning people are protected from avoidable physical, psychological or emotional harm, abuse or coercion.	S1	What is the department’s track record on safety?
	S2	How well does the department learn from its mistakes?
	S3	Are the behaviours, processes and systems in place to maintain safety reliable?
	S4	Is the care safe today?
	S5	Will the care be safe in the future?
	S6	Do staffing arrangements enable safe practice?
Effective – meaning people’s needs are met and that care results in the best quality of life	E1	Can the department demonstrate that it is using nationally/internationally recognised clinical guidelines and standards to deliver its care to the highest possible standard?

	E2	Does the department demonstrate collaborative, multidisciplinary working practices?
	E3	Are the services delivered by suitably qualified and trained staff?
Caring – meaning that people are treated with compassion, respect and dignity and that the care is tailored to their needs	C1	Does the department involve patients and/or members of public to shape and plan its services?
	C2	Are patients and their families involved in the decisions about their care?
	C3	Do staff develop trusting relationships and communicate well so that patients and their families understand what is happening to them and why at all stages of their care?
	C4	Do patients receive the support they need to cope with their treatment and hospital visit/stay?
	C5	Are patients treated with dignity and respect?
Responsive – meaning people receive their treatment in a timely fashion without excessive delay and that their needs are listened to and dealt with sensitively	R1	Does the department plan its services on the basis of the needs of the local population?
	R2	Does the department enable people from all its communities to access services in a response to their needs?
	R3	How are the needs of particularly vulnerable patients met?
	R4	Do patients leave hospital when they are well enough and what support will they have when they are at home?
	R5	How does the department react to complaints/concerns? How does it learn from these? Can it demonstrate that it has learnt?
Well-led – meaning there is good leadership and there is an open, fair, transparent, supporting and challenging culture	W1	Is the governance framework coherent, complete, clear, well-understood and functioning?
	W2	Are staff clear about their individual responsibilities?
	W3	How are risks to patients and staff being managed by the leaders of the department? Are they being identified and addressed?
	W4	How do the leaders engage with staff and communicate the organisations vision and direction for patients care?
	W5	Do the leaders engage patients and staff in their decisions?
	W6	How visible and accessible are the leaders?

7. How to rate services

It is important to really drill down and scrutinise services as much as possible. This will be especially difficult if you are using this document to assess your own services without a third party present. We would encourage the use of a third party wherever possible to maintain a level of objectivity.

The results would be presented in a dashboard format to assess the various components.

E.g.

assessment of hospital service overall

Struggling to achieve and management structure

management structures

Not meeting local need but safe

teaching and training opportunities

Working in an unsafe way

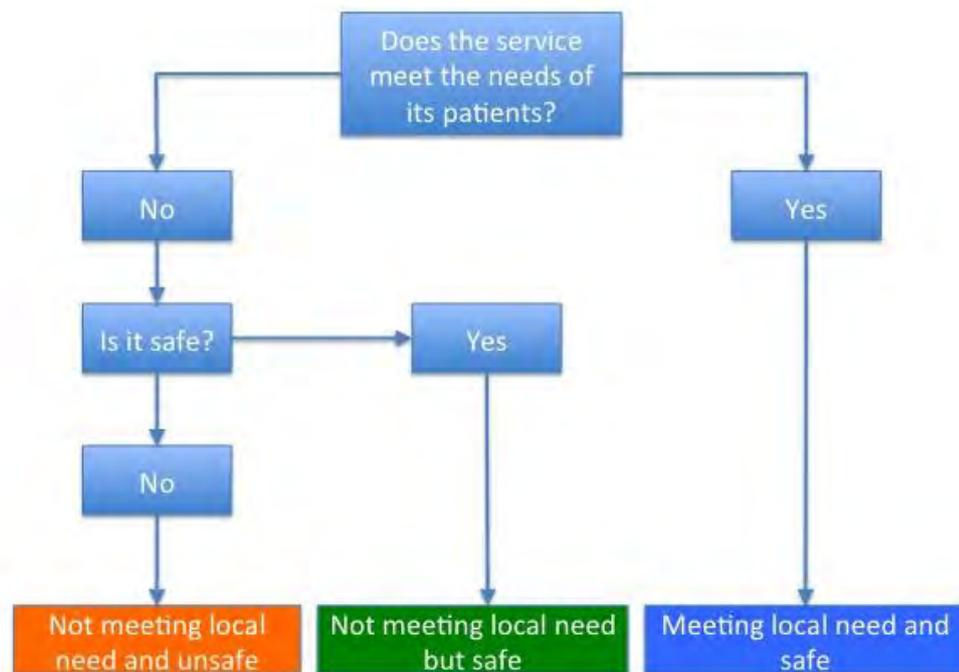
individual one

Working on a par or better than their colleagues

Individual two

Plenty of clinical experience but unsupported

The flow diagram below details how to decide on the rating that each domain will be given:



7.1 What do we mean by a service that is “meeting local need”?

Domain	Meeting local need
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<p>Safety – meaning people are protected from avoidable physical, psychological or emotional harm, abuse or coercion.</p>	<p>Staff and patients are encouraged and are able to report incidents that cause harm or “near misses”.</p> <p>Mistakes and incidents are identified, acted upon and standards of safety are improved as a result. Learning best practice is shared and implemented across the organisation or department.</p> <p>There is an emphasis on improving safety and there is the infrastructure and support to do so, e.g. equipment and staff.</p>
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Domain	Meeting local need
<p>Effective – meaning people’s needs are met and that care results in the best quality of life</p>	<p>Care is delivered in line with up-to-date national/international guidelines or Royal College standards. Practice is evidence based as much as possible.</p> <p>There is collaborative, multidisciplinary working across the department. There is a dialogue with social care where this exists.</p> <p>Services, treatment and care is delivered by appropriately trained staff who are also supported in their development and in their role.</p> <p>The department strives to deliver the best outcomes for all of its patients.</p>
<p>Caring – meaning that people are treated with compassion, respect and dignity and that the care is tailored to their needs</p>	<p>The views of patients and families are actively sought and their experiences are used to improve the quality of their care.</p> <p>Patients and families are partners in their care and are involved in all planning and decisions.</p> <p>Staff develop trusting relationships and communicate effectively so that patients and their families understand what is happening to them.</p>

	<p>Patients are treated with dignity and respect at all times regardless of their background or financial status.</p>
<p>Responsive – meaning people receive their treatment in a timely fashion without excessive delay and that their needs are listened to and dealt with sensitively</p>	<p>Sustainable services are planned on the basis of the needs of the local population.</p> <p>People from all communities and financial backgrounds are able to access services in response to their needs.</p> <p>Patients leave hospital well-enough to cope and have the correct support in place at home if available.</p> <p>Concerns and complaints are acted upon and learnt from. The quality of care is improved as a result.</p>

Domain	Meets local needs
<p>Well-led – meaning there is good leadership and there is an open, fair, transparent, supporting and challenging culture</p>	<p>There is a coherent, integrated and complete governance framework. The system is well-understood by all members of staff.</p> <p>Individuals in the organisation understand their role and responsibilities and are aware of their leaders' vision for the future.</p> <p>Members of staff feel empowered and are able to freely raise concerns or issues with the highest level of management.</p>

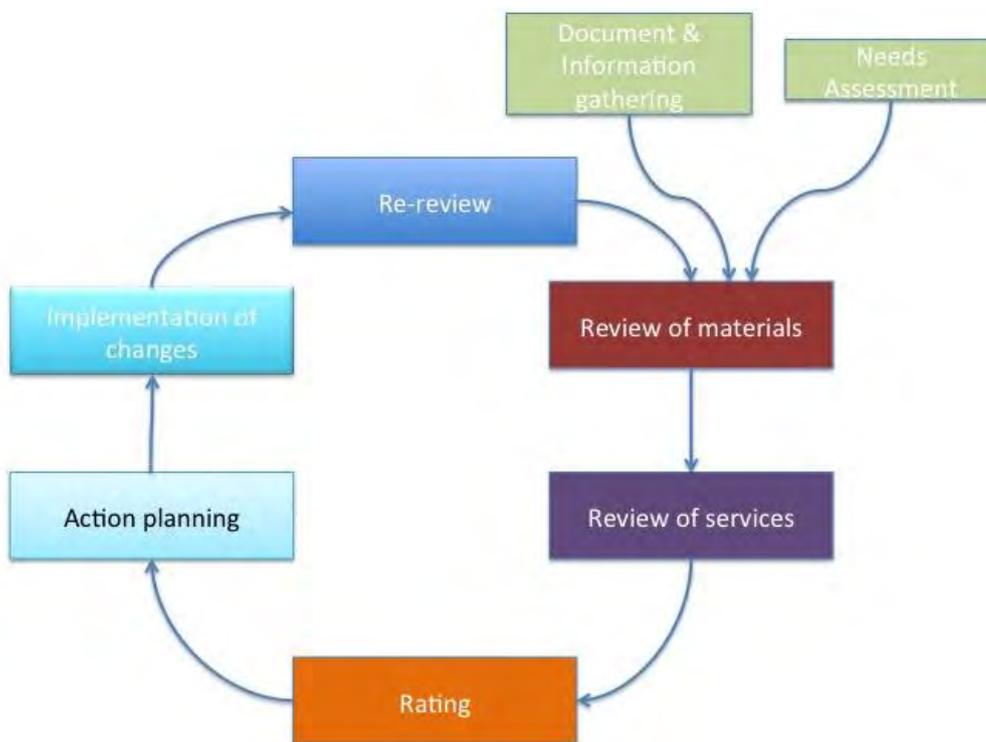
8. The structure of the review

It is important to set aside dedicated time to be able to review hospital services. It cannot be undertaken in conjunction with clinical work -it requires protected time. The inclusion of a third, independent party to help with the review is desirable but it is understood that this may not always be possible. Patients will often be a good independent party, even if they have not been treated by the department.

The diagram below outlines how long a review should take. The document gathering and needs assessment will need to be accounted for. Consideration is required about the need for a scoping

visit, especially in situations where the review is in response to concerns. We would anticipate that most reviews will take between 1-2 days, depending on how large the hospital is. The analysis of the results will take another half-day and any recommendations for changes to services may take some more time.

Once changes are implemented it is important to re-review to ensure there has been some improvement.



9. Quality assurance (QA)

9.1 QA provided by RCOG

The RCOG will undertake to quality assure its own work and that of any representatives acting on its behalf. The RCOG will ensure that anyone acting on its behalf is fully competent to undertake the work required. Any output from work undertaken will be reviewed by the RCOG Vice President of Clinical Quality.

The RCOG may also seek input and advice on QA matters from other organisations in relation to specific and specialised work, for example NICE International, other NGOs, the Health Quality Improvement Partnership. Authorisation will be sought from the 'host' country before taking action.

9.2 QA provided by the 'host' country

The RCOG requires the 'host' country (or an institution within it) to agree appropriate quality assurance governance arrangements, to be agreed between the parties. Where no appropriate QA governance exists, the RCOG will assist the host country with establishing such governance and advising on the types of people to undertake this work.

10. Resource management

10.1 Financial resources

There is a presumption that any work undertaken by the RCOG will be, at the very least, cost-neutral to the College, unless a specific agreement is made in advance that the RCOG will contribute funding. It is expected that the host country will reimburse the RCOG for its services. In some circumstances, when the host is a lower-resource country, the RCOG will work with in-country organisations to access funding from third parties.

The costs of undertaking a service review and/or audit and terms of payment must be agreed in advance.

10.2 Human resources

The RCOG will provide sufficient qualified and competent personnel to undertake the agreed body of work. It is expected that the host country will provide suitably qualified and competent personnel who are fully engaged in the improvement programme. The RCOG reserves the right to vet the local team or request replacement of individuals.

10.3 Training and training-the-trainer

The RCOG operates a sustainability model, and would expect to train local personnel to undertake service review and audit, as part of a wider programme of development and service improvement. The RCOG will provide personnel who are experienced trainers. The host country will undertake to recruit (in an open and accountable manner) suitably qualified clinicians to undertake a training-the-trainer course, provided by the RCOG.

10.4 Financial resources

At minimum, the RCOG's costs must be covered for any work undertaken, including preparation work in the UK. The RCOG will endeavour to accurately estimate the costs of such work. The RCOG and the host will agree, in advance, all costs, reimbursements, fees, charges and expenses, together with a payment schedule.

Where the country is a low-resource country and external funding is required, the RCOG and the host country will work in partnership to attract such funding. For further information please contact Global Health Unit globalhealthtoolkits@rcog.org.uk. This will require full disclosure and accountability by both parties, and adherence to all reporting and monitoring requirements by funding bodies. Funds will be held by the RCOG.



Also in the Toolkit series:

- Curriculum Design
- Developing a Subspecialty Training Programme
- Establishing a Training Centre for Courses
- Exam Preparation
- Guideline Development and Adaptation
- Health and Training Needs Assessment
- Service Review and Audit

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