CHKS
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Case Study

Providing external assurance to trustees and commissioners at Queenscourt Hospice

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Ann Throp
Executive Director, Queenscourt Hospice

Background

Queenscourt Hospice, in Southport Merseyside, is an independent charitable, voluntary body funded by donations and the NHS – although NHS funding makes up less than a third of its income. It aims to provide free, individualised, holistic, evidence and experience-based, specialist palliative care for adults who have advanced progressive and incurable illness. Its governing body is the Council of Trustees which is chaired by Dr Peter Downham. The day-to-day management is in the hands of the Executive Directors: Dr Karen Groves; Cath Baldry and Ann Throp.

Scale of challenge

Mrs Throp has been Director of Non-Clinical Services since 1998 and says it was a review of organisational structure over nine years ago that was the catalyst for signing up with the CHKS Accreditation programme. The management team felt it would be an opportunity to give the Trustees confidence that robust governance systems were in place and help to provide credibility with PCT commissioners, Central Lancashire PCT and Sefton PCT.

The role of hospices is also changing in line with the Department of Health's End of Life Care Strategy. This has called for a more integrated approach to planning, contracting and monitoring of service across health and social care. It also said the family, close friends and informal carers have a vital role in the provision of care. They need to be closely involved in decision making, with the recognition that they also have their own needs. This new direction means hospices are changing and are no longer places where people with cancer go to die.

Resources used

The first time the Hospice went through accreditation the Director of Nursing took the lead. Mrs Throp says that the accreditation process forced the Hospice to look closely at its existing procedures. Things that had been done the same way for many years were challenged and new ideas about ways of working were discussed by the whole team. *"We realised that we had to record much more in terms of outcomes. We also recognised that what we really needed was someone to lead our quality agenda,"* she says.

"We had key people in each area who owned the standards and were responsible for engaging their teams and implementing the changes." Having successfully gained accreditation, the second time the Hospice went through the process a Director of Nursing who was new in post took the lead. "The new director found that it was an excellent way of understanding how the hospice worked in all areas," says Mrs Throp.

The Hospice has now been through the accreditation process three times and every time it has become increasingly familiar with the steps involved. *"The first time we did it everyone played a part and because every member of staff had some involvement, [so that] when we gained accreditation, the motivational impact was huge,"* she says. *"When they got their feedback from the surveyor team they were bouncing off the walls - everyone felt really proud of the achievement."*

Benefits

Mrs Throp says another significant change, directly linked to accreditation, is the introduction of an integrated clinical governance group. This has led to the development of a risk monitoring group which now forms an important part of the Hospice's safety assurance. The Hospice has also undergone a major refurbishment programme which was initially discussed at accreditation panel meetings as a way of addressing the issue of mixed sex wards.

"Everything is now much more coordinated. It felt like we needed a fresh eye on what the Hospice was doing. We felt that we did not wish to become too inward looking and that we needed the challenge of an external review," she says.

Building accreditation into everyday life

For Mrs Throp, the most fundamental change has been putting the Hospice on a sound footing when it comes to governance and she believes accreditation was the key driver. This means the care provided on a day-by-day basis by the Hospice can be relied on by commissioners and the board.

Mrs Throp says accreditation has had a lasting legacy and that many new developments have roots within it. *"We are about to start a very different sort of day service – when we talked with patients and relatives as part of our ongoing feedback, we realised that what they wanted was not always what was available. So we have begun to make some changes."*

It has also been a motivational process for staff because it is not about a top down change. Every member of staff was involved and contributed their ideas about how we could develop the service," she says.

References:

1. End of Life Care Strategy, July 2008, Department of Health

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