

# HQS Accreditation – Is it worth getting involved?

MISS HELEN MARQUARDT

## **Taking Part**

We were invited as one of four day surgery units in the country to take part in an initial pilot of the Day Surgery Service Standard [no 29 of the Health Quality Service Accreditation Programme Organisational Standards and Criteria].

Our initial reactions were what benefits would this exercise bring to us? And of course what would be involved?

The King's College Hospital Day Surgery Centre opened in December 1991 and has 5 theatres, 4 dedicated 1st stage recovery bays, 29 trolley beds and an ophthalmic bay, accommodated over two wards. The unit operates 07.15–20.00, Monday to Friday with regular Saturday activity under the patient choice programme.

Over the past two years, here at King's we have been developing our multi-skilled team in conjunction with expanding the traditional boundaries of day surgery practice. We have a diverse and multicultural client base and as a team are dedicated to providing the highest quality of care for our patients. Could Standard 29 enable us to demonstrate this?

Not unfamiliar to benchmarking exercises, we were naturally wary of how much paper work would be involved and would the standard actually help us to not only measure patient care and processes but act as an instrument for development and improvements – I'm pleased to report that it did.

## **Starting the process**

As this was the pilot for standard 29, an initial meeting was held in London between the pilot sites, HQS representatives and members of BADS – who had been instrumental in developing the standard.

This proved to be essential as interpretation of the criteria by individuals demonstrated that we didn't always all agree on what each criterion was trying to measure! After this initial ironing out phase, general agreement was met that this was a robust set of criteria that could be readily used to measure standards in a real day surgery setting.

The next step was to agree to undertake pilot inspections – with a survey team consisting of a member of HQS, a BADS

representative and most importantly a peer reviewer from another unit. Out of the four units, three inspections took place – including ours on a sunny day in June.

## **D-Day**

As with any campaign we endeavored to prepare before the day – and as is often the case, we underestimated the real time needed to do so. When we first went through the criteria, we were confident that we would meet each fully – however in reality thinking you meet them and actually being able to demonstrate that you do are two entirely different matters!

For example we all know we have a policy on x, y and z; but can you actually lay your hands on it? Maybe it's down the back of a filing cabinet covered in dust, and if that is the case could we then really say that it is current, relates to best practice and is understood by the whole team.

I personally believe that the greatest benefit of taking part was critically reviewing our organisational processes. Over time 'assumed practices' and 'ways of working' have become the norms. As one of our assessors pointed out, if the staff lottery pool won the jackpot tomorrow could we still function, probably not as a large amount of knowledge is retained by a few individuals and not clearly documented for others to follow.

The survey team was with us for the best part of a day, meeting 1:1 with key members of the senior team and inspecting our evidence in relation to policies and processes. Then as they say – the survey team going out onto the shop floor to talk to staff and observe practice was the real test, to quantify what we say we do is actually what we do.

## **Outcome**

I pleased to report the outcome was highly positive. We scored full compliances in most areas with the exception of a few partial and two non-compliances. The partial compliances were related to issue such as IT systems not

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delivering the data we really would like and where processes were not clearly documented and dated, for example in admissions and student training.

In respect to non-compliance the standard has proven to be a useful tool. We did not have a 'drop off zone' near the unit, and by taking the survey results to the Trust's facilities management group, we now have one at last. The ability to use this standard to enable much needed resources to be allocated to Day Surgery can only be of benefit to all units in this current economic environment.

As for the staff they enjoyed been spoken to and being involved on the whole and certainly the feedback was great for morale and developing training sessions. We have subsequently had two away days for staff across various grades and disciplines looking at ward practices / patient information and most recently teamwork.

### Where next?

We are currently agreeing a date for our re-review and are striving to achieve full accreditation.

At present at King's we are waiting to hear if we will be successful in our business case for a 2-theatre expansion, dedicated pre-assessment suite and re-designing of patient flows through the unit. We plan to use the lessons we have learnt from taking part in the accreditation process in this redesign of services, not only to improve patient care standards but create the optimum working environment for all our staff and users for the next ten years.

Finally I would like to thanks Uli Fountain, Senior Sister and Dr Tony Fisher, then Day Surgery Clinical Director for their contributions to piloting HQS standard 29.

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