

# Guide to developing and implementing ward and unit accreditation programmes

March 2019

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

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# Foreword



In today's climate of transformation, nurses and midwives have a fantastic opportunity to use their individual and collective influence to drive change. Evidence demonstrates that high quality nursing care is central to delivering the highest standards in the NHS and will be essential to delivering the commitments made in The Long Term Plan.

Every day, as part of routine practice, nurses and midwives identify opportunities for change; we are uniquely positioned to understand the things that can improve services, outcomes and experience for patients. I see ward and unit accreditation as having huge potential to enable nursing and midwifery-led improvement and the sharing of learning and good practice. I am delighted to see momentum gathering behind this approach.

One of my key objectives as CNO is to support the implementation of shared governance – the harnessing of collective nursing and midwifery leadership to influence and drive change, at local, regional and national levels. I see ward and unit accreditation as a key enabler of the introduction of shared governance approaches and am delighted to be launching this guidance, packed with practical examples, to demonstrate the art of the possible and the fantastic outcomes that can be achieved.

I have seen excellent ward accreditation models across the country. Where these have greatest impact, they are embedded in a culture of strong frontline leadership, positive engagement and staff support. The introduction of accreditation has in many areas served truly to empower frontline nurses and midwives – to develop and improve practice, to influence policy and to shape professional strategy – placing them at the centre of decision-making processes and enabling managers to take on facilitative leadership roles.

This guidance is recommended particularly to chief nurses and those in other senior nursing and midwifery roles. I encourage you to look at the examples and take them as your starting point in considering how you could design and implement a structured framework to measure, evaluate and continuously improve the delivery of care in the wards and units across your organisation.

I strongly support this approach. My team and I are here to support you and to learn from you – we have learned so much from the pioneering colleagues who helped us develop this guidance and I'm so pleased to share their inspiring work.

A handwritten signature in black ink that reads "Ruth May". The script is cursive and fluid.

Ruth May  
Chief Nursing Officer for England

# Introduction

This is a practical guide to developing a ward and unit accreditation programme, pointing out the benefits and key enablers, providing practical tips and sharing learning from trusts that have implemented successful accreditation programmes. The examples show how four trusts from across England have developed standards against which quality and achievement of outcomes are measured to gain accreditation at ward and unit level. Their quality standards (metrics) are given in the appendices.

Improving nursing practice is not always easy and even good initiatives can fail if they do not have a structured approach to support the desired change [1]. Nursing and midwifery staff in wards and units across the NHS regularly complete audits and assessments to provide information on how well they are doing in meeting standards of patient care. However, this information is not always used in a consistent way to define quality of care and performance at ward/unit level. Without a clear direction and sense of purpose, collecting the multiple pieces of data required at ward/unit level can seem like performance management rather than work to drive continuous improvement. This can lead to frustration in nursing and midwifery teams and reduce staff engagement in improving quality [2].

Developing a set of standards against which to measure quality of care is central to demonstrating improvement. Accreditation brings together key measures of nursing and clinical care into one overarching framework to enable a comprehensive assessment of the quality of care at ward, unit or team level. When used effectively, it can drive continuous improvement in patient outcomes, and increase patient satisfaction and staff experience at ward and unit level. With a clear direction and a structured approach, it creates the collective sense of purpose necessary to help communication, encourage ownership and achieve a robust programme to measure and influence care delivery.

Support from the trust board and sponsorship from the director of nursing/chief nurse, as well as fully alignment of the programme with the strategic direction of the organisation and the organisation's overall performance reporting approach, will aid success and sustainability.

Involvement of staff at all levels from the planning stage encourages a shared governance approach: strong clinical leadership, a supportive culture and staff engagement are key to supporting and sustaining improvements in the quality of care.

While this type of assurance framework is commonly known as a ward/unit accreditation or assurance programme and originated from acute care providers, it does not have to focus exclusively on hospitals. This guidance can be adapted for any healthcare setting (eg primary care) and across local and regional systems. Trusts have included other clinical departments (eg radiology/endoscopy) and community services in their accreditation/assurance programmes.

# Key benefits and enablers

## Benefits

Trusts that have implemented successful accreditation programmes report several key benefits from doing so. These are:

- Reduces unwarranted variation by providing an evidence-based, standardised approach to supporting the delivery of care and improving quality. It standardises practice in key processes: for example, patient discharge, patient observations, staffing, risk assessments for patients, audits.
- Increases staff engagement, encourages team working and improves staff morale, leading to reduced turnover, sickness and reliance on temporary staff.
- Helps nurses, midwives and care staff understand what the expected standards are at ward and unit level by providing a clear set of standards and a measure of how well a ward or unit is delivering quality care.
- Provides ward-to-board assurance on the quality of care and demonstrates compliance with fundamental standards which enables preparedness for external inspections.
- Creates a platform for continuous improvement in patient safety and patient experience, and encourages staff engagement in local quality improvement projects.
- Improves accountability and encourages shared governance by enabling a focus on the key risks associated with the delivery of care as well as by identifying excellent practice.
- Provides a platform for shared learning so that wards and units can learn from each other and disseminate excellent practice.
- Creates a culture of pride and accomplishment and supports collective leadership, personal and professional development.

## Enablers

As outlined in The Long Term Plan, the NHS faces challenges including pressure on funding, resources and staffing alongside increased demand for services. However, there is also opportunity to do things differently, to embrace innovation, improve care and potentially reduce costs. Introduction of ward/unit accreditation will need some

resources upfront, especially in the early development phase, but there are benefits to patients, the organisation and staff in the long term.

Several factors are known to affect an organisation's ability to continuously improve the quality of its healthcare: these include having the right culture, good frontline leadership and engaged staff [3]. These are inextricably linked: good leadership is central to successful cultural change [4] and a positive organisational culture fosters better leadership [5, 6].

Frontline leadership with engaged and empowered clinical staff can help sustain changes to practice and a culture of continuous improvement [7]. Nurses and midwives who feel empowered are more likely to contribute to improving patient safety and to support organisational change, resulting in enhanced clinical practice and better outcomes for patients. Leadership, shared governance and engagement of nurses and midwives are crucial aspects of the successful implementation of a ward/unit accreditation programme.

## **The right culture**

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A positive, open and supportive culture in an organisation supports innovation, improvement and a focus on patient-centred care [8, 9,] and impacts directly on the delivery of good nursing and midwifery care [10].

At ward and unit level, shared governance and a supportive team culture increases job satisfaction [11, 12] and nurses' and midwives' commitment to their roles [13], and reduces staff absence [14].

A positive culture in nursing practice is a significant predictor of quality of nursing care and positive patient outcomes [8].

## **Good leadership**

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Strong leadership is central to changing the culture of any organisation [15] and is an important factor in achieving improvements in the quality of care. Strong collective leadership is closely linked to being able to improve and innovate to make a difference to the quality of care in nursing and midwifery. Effective leadership can motivate, influence positive behaviours, promote good communication [16] and increase satisfaction [17] among staff.

Good leadership at ward and unit level is crucial to quality and safety in the workplace [18], success of nursing initiatives [19], sustaining improvements and engaging staff [20].

## **Staff engagement and empowerment**

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Nurses and midwives who are actively engaged in any improvement process will understand the value and impact they have on the provision of high quality patient care. A shared governance approach with clinical staff engagement and empowerment can:

- increase quality of care [21]
- improve staff satisfaction
- increase self-esteem and sense of purpose [22]
- improve retention [23]
- increase productivity [24].

Nursing engagement and empowerment are closely linked to positive outcomes for patients [21]: for example, fewer medication errors [25], falls [26], pressure ulcers [27] and healthcare-associated infections [28].

# 'How to' guide

This brief guide can help with designing and implementing a ward/unit accreditation programme to measure, evaluate and continuously improve the quality of care across wards or units, collating the shared learning from trusts with established programmes.

This section identifies some recommendations for you to consider when implementing a ward/unit accreditation scheme.

1. It is a good idea to start by setting up a consultation group to agree the purpose and scope of the ward/unit accreditation programme.
  - This group is likely to be made up of senior nurses, midwives, matrons and ward managers. Some trusts may find it helpful to include a patient representative and healthcare staff, eg pharmacists and therapists.
  - This group can then identify members to form the project group and later in the process shape the standards.
  - It is useful to align the accreditation framework to external assurances, eg the Care Quality Commission's (CQC) fundamental standards, NHS Improvement's Single Oversight Framework.
2. It is useful to start the process by selecting a project lead to oversee the development of the trust's accreditation programme.
  - Experience shows that choosing someone with drive and enthusiasm for improving care helps ensure the accreditation meets trust requirements and the project stays on track.
  - Setting up a project group to support the project lead will help empower staff to develop the quality standards (see the appendices for examples) and agree the local aims and objectives.

Northumberland Tyne and Wear NHS Health Foundation Trust fully aligned its peer review system to the CQC fundamental standards.

3. Base your quality standards on evidence of best practice and use a range of existing metrics, such as national indicators of quality, performance and workforce as well as locally agreed indicators.

- It is useful to get as broad a view as possible of what ‘good’ looks like by including patients and healthcare professionals in these discussions.
- The quality standards are likely to need to be generic to meet national standards. However, measures can reflect local priorities as well as national drivers.
- Decide which (if any) local metrics to include. Most trusts will have developed some local initiatives to measure quality and safety, eg audits, data collection tools and senior nurse (matron) walkabouts focusing on specific areas of patient safety and patient satisfaction.
- Some standards may focus on key areas of quality in your trust, such as those identified in CQC inspections, learning from incidents or complaints or new guidance, or identified as important to patients.
- Some standards may already form part of your quality improvement work, be your quality priorities or be in your quality improvement strategy.
- Once the standards are agreed, test them with the project group and use feedback to refine them.
- Decide the criteria that need to be fulfilled to achieve each standard. Some are nationally defined; others will need to be decided locally. The trust examples show how they grade performance against standards.
- It is helpful to involve your trust’s quality analyst in the project group to determine the measures for local metrics, and to agree the data collection model and produce meaningful data.

Gateshead Health NHS Foundation Trust developed and implemented a ward accreditation framework to support the delivery of its local nursing and midwifery strategy.

**Key learning:** Some standards that seem to be a good idea turn out to be difficult to identify metrics for – be prepared to make changes as you go.

4. Encompass all aspects of quality with measures for patient experience, patient safety and clinical effectiveness.
  - Use assessment tools that are readily available in your trust or those from the example trusts. Assessment in the accreditation programme is likely to include:
    - observation of practice
    - talking to/using information from patients
    - talking to/using information from staff
    - examination of evidence/metrics from a portfolio provided by the team, or information accessed by the assessors
    - review of nursing records
    - presentation by the ward/unit team.

5. Develop your programme of assessment days.

- Consider who will make up the assessment team. The team can range from being all nursing staff to a mix of clinical and non-clinical staff, non-executives and patients/carers. Ask for buy in from all assessors to the assessments, so they do not have to be cancelled.
- Assessment length can vary depending on the style of the assessment. Assessment visits take longer than panel assessments. Nevertheless, try to be clear about the roles and responsibilities of each member of the assessment team.

**Key learning:** The assessment process can be difficult to initiate. Asking for volunteers or waiting until wards/units are 'ready' for the assessment can delay getting the programme off the ground.

## 6. Decide what constitutes achievement of accreditation.

- You may choose to adopt the criteria in one of the trust examples or to develop your own. Some trusts have a pass/fail system; others a grading system.
- Prepare well. How will the evidence that will form part of the accreditation be collected? Can this be done electronically?
- Assessment reports should be produced within a reasonable timeframe so action plans can be produced and submitted to the lead – ideally within two weeks of doing the assessment.
- Where a ward or unit does not achieve accreditation, a timeframe for action plans and delivery needs to be agreed and a reassessment booked. When this is will depend on the level of improvement required.
- Clear governance arrangements for monitoring and reporting the outcomes from ward to board are needed, and good practice shared with other nurses, midwives, wards and units across the trust.
- Celebrate success and recognise the fantastic work of the ward and unit teams. This can be done by awarding a certificate or badge, or form part of an awards event.

**Key learning:** The bar for achievement may be high. Not all wards will achieve accreditation the first time. Communicate this well: achievement will be part of your continuous improvement journey, rather than a pass or fail. Focus on success.

Salford Royal NHS Foundation Trust developed an additional level of recognition with SCAPE (safe, clean and personal every time) status which gives the ward leader increased autonomy and matron status.

# Improvement methodology

The NHS is committed to continuous quality improvement and encourages trusts to support staff in building capacity and capability in improvement methodologies to deliver better outcomes for patients.

There are a number of quality improvement approaches in use in the NHS: for example, many trusts have adopted 'lean principles'.

Linking the improvement methodology to the trust's quality improvement strategy and quality priorities supports the implementation of a ward/unit accreditation framework and engages nurses and midwives in making improvements in practice.

NHS Improvement provides a number of useful quality improvement guides and tools:

- [Building capacity and capability for improvement: embedding quality improvement skills in NHS providers](#)
- [A short guide to building capacity for improvement in NHS providers](#)
- [Fresh eyes; bringing a new perspective](#)
- [Quality, service improvement and redesign \(QSIR\) tools](#)

# Summary

Developing a ward/unit accreditation programme is not an easy journey. However, the trusts featured in this guide report benefits of implementing an accreditation programme, including improving quality of care at ward and unit level and staff engagement, realising leadership potential, sharing learning and supporting a culture of continuous quality improvement

Overall, investing time to develop a programme and then sharing the learning is a worthwhile process for patients, staff and the organisation.

# Example 1: Gateshead Health NHS Foundation Trust



**Dr Hilary Lloyd**

Director of Nursing, Midwifery and Quality

CQC rated Gateshead Health NHS Foundation Trust 'good' overall and 'outstanding' for caring and for maternity and services.

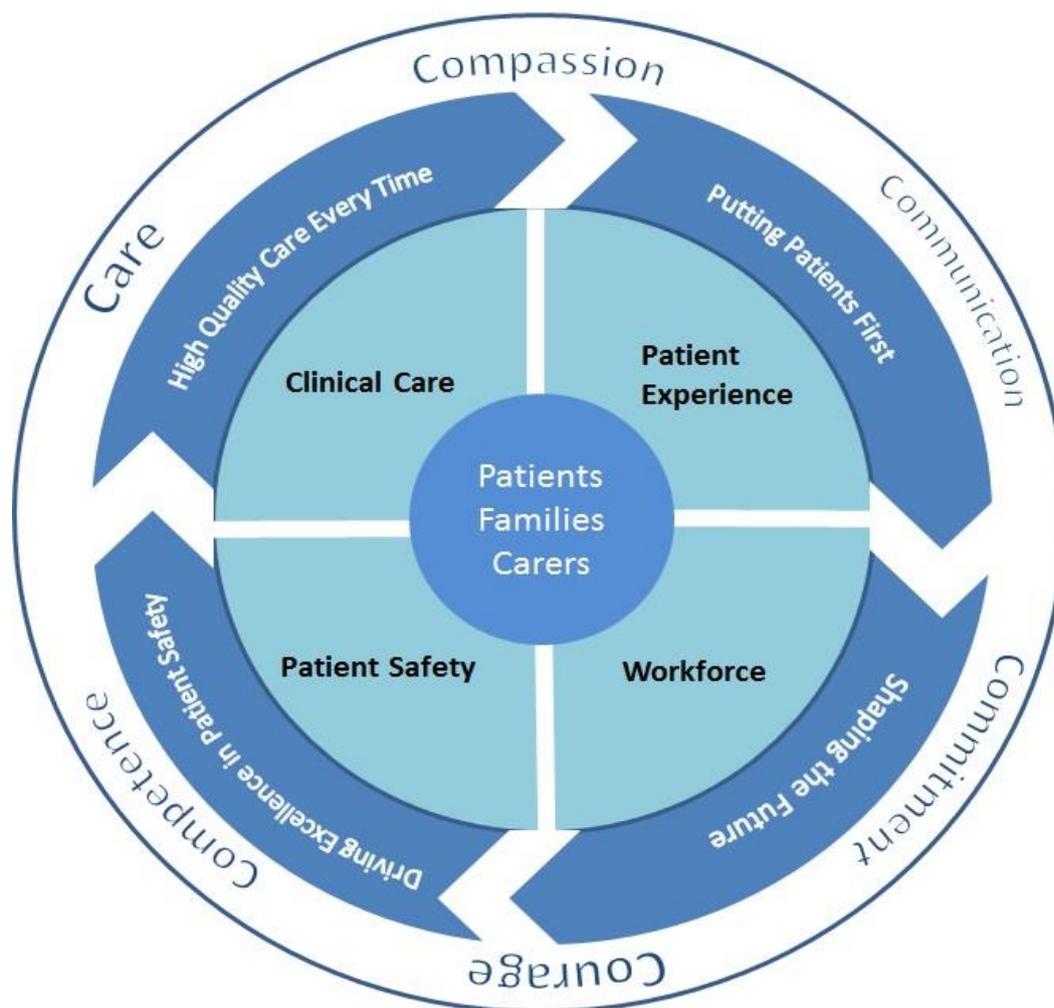
## The care quality accreditation framework

In 2012 senior nurses and matrons developed and implemented the care quality accreditation framework (CQAF) ward accreditation programme to support delivery of the trust's nursing and midwifery strategy. The trust uses a continuous improvement approach alongside facilitative leadership, staff engagement and a supportive culture to empower nurses and midwives to improve quality at ward and unit level and to demonstrate the quality and safety of the care it provides.

The framework provides wards and units with an evidence-based, co-ordinated set of standards against which the quality and safety of patient care can be measured. The standards ([see Appendix 1a,b](#)) are based on the four key ambitions in the trust's nursing and midwifery strategy (see Figure 1 below), as well as CQC's fundamental standards:

- key ambition 1: high quality care every time
- key ambition 2: putting patients first
- key ambition 3: driving excellence in patient safety
- key ambition 4: shaping the future workforce.

**Figure 1: The four key ambitions in Gateshead's health nursing and midwifery strategy**



The standards have been adapted for clinical areas requiring bespoke measures, with additional variation sheets. These include:

- outpatient services
- endoscopy
- interventional radiology
- theatres
- midwifery
- mental health
- emergency care
- paediatrics.

## Implementation

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The trust's senior nursing team is committed to ensuring continuous improvement and CQAF assessments are carried out regularly. All assessment days are announced with a rolling schedule of visits. Every ward and unit is assessed against the standards to demonstrate it is delivering the ambitions of the nursing and midwifery strategy.

The ward or unit manager is responsible for compiling a portfolio of evidence that demonstrates achievement of the CQAF standards. Clear guidance on doing this is provided. The portfolio includes clinical audit results, learning from incidents and complaints, staff development and training information, patient experience feedback and feedback from environmental audits, and as a minimum evidence of performance over the previous six months.

The matrons support the wards and units to self-assess that all areas of the standards have been addressed. Using the CQAF assessment tools and standards, wards and units can now measure their performance and chart their improvement.

## Assessment team

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A team visits the ward or unit on the assessment day to carry out the assessments. This assessment team comprises four or five assessors, likely to include:

- director or deputy director of nursing, midwifery and quality
- one or two matrons
- one or two senior nurses from across the trust
- one ward/unit manager.

The assessors are given clear written guidance on carrying out the review and use locally designed assessment tools (these can be accessed through the trust's website). They agree which of them will:

- review the portfolio of evidence
- review nursing records
- observe practice
- interview staff
- interview patients and/or carers.

## Assessment process

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The assessment takes place in one working day. The assessment team meets mid-review to discuss progress, cross-check findings and discuss any issues identified up to that point.

The ward or unit manager is the final person to be interviewed so that any questions arising from any of the assessments, observations or the assessment team can be asked and clarification sought.

The assessment team then meets for a final time to discuss findings, cross-check the evidence and agree the final assessment outcomes. The standards documentation includes the identified measures and examples of the evidence required for the assessment. Each standard is given a rating using a red – amber – green (RAG) rating system.

A set of rules was developed to assess the overall achievement of the accreditation. These are:

<b>Red</b>	Accreditation will not be achieved if a RED rating is given for any standard.
<b>Amber</b>	Accreditation will not be achieved if more than two AMBER ratings are given for each of the standards aligned to key ambitions 1, 2 and 4.
<b>Green</b>	Accreditation will not be achieved unless a GREEN rating is given for all standards aligned to key ambition 3 (patient safety).

The most senior nurse on the assessment team (usually the director or deputy director of nursing) gives the ward or unit manager and matron for the area the assessment result at the end of the assessment day. The feedback highlights where development is needed, as well as any areas of good and outstanding practice. Any concerns – for example, about patient safety – are raised immediately to ensure prompt action.

A written accreditation report is prepared and distributed to the ward or unit manager, matron, chief matron and associate director within two weeks of the

assessment. Where required, the ward or unit manager must prepare and submit an improvement plan within two weeks of receiving the report and support is provided to the ward or unit team.

The ward or unit will be reassessed within a mutually agreed timescale of between six weeks and three months depending on the number of actions required. A smaller assessment team will revisit the area to review progress against the outstanding standards.

Reports are shared with the director and deputy director of nursing, midwifery and quality and are presented to the nursing and midwifery professional forum by the matron.

On achieving accreditation, wards and units are awarded a certificate. Ward accreditation is celebrated throughout the trust and certificates proudly displayed.

# Example 2: Salford Royal NHS Foundation Trust



**Mrs Elaine Inglesby-Burke CBE**  
Group Chief Nursing Officer

CQC rated Salford Royal NHS Foundation Trust ‘outstanding’.

The trust has two longstanding assessment and accreditation systems, one for the hospital setting and one for the community setting. These performance assessment frameworks are based on the trust’s safe, clean, personal (SCAPE) approach to service delivery.

## Nursing assessment and accreditation system

The nursing assessment and accreditation system (NAAS) was introduced in 2008 to help the trust create a culture of continuous improvement supported by robust governance and accountability arrangements from board to ward. This ensures leaders focus on the key risks to the delivery of excellent care. NAAS is designed to measure the quality of nursing care delivered by individuals and teams. It incorporates the essence of care standards [29] and key clinical indicators; each of the questions it asks links to compassionate care [30] and CQC’s fundamental standards.

It helps nurses and midwives understand how they deliver care, identify what works well and where further improvements are needed. It also provides a sound framework for staff to follow and is used to recognise excellent leaders in the organisation.

The framework is designed around 13 standards, each of which is divided into the categories environment, care and leadership ([see Appendix 2a](#)).

The documentation is reviewed annually and the questions are revised to reflect the trust's changing priorities.

A designated lead nurse conducts all the NAAS assessments and facilitates signposting support for staff who require it. They also encourage a range of staff to shadow them on assessments to promote awareness of the standards and expectations.

## **Assessment process**

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The NAAS lead nurse selects a day on which to assess the ward but does not announce this.

The process begins away from the ward with the NAAS lead nurse reviewing key information pertaining to the ward including:

- staffing levels and procedures using the e-rostering system
- patient survey feedback
- dashboard used by wards for risks, sickness, falls and pressure ulcers
- infection control audit results
- electronic records for at least 50% of patients on the ward to check:
  - care plans are appropriate for patient's MUST (malnutrition universal screen tool) and risk assessments
  - effective and appropriate nursing evaluation and multidisciplinary team comments
  - timely administration of medication and omitted doses to ensure these are appropriate
  - downtime test results to ensure these are completed monthly, as per requirements.

The assessment on the ward covers a minimum of one-third of patients and two-thirds of staff, and involves observation of the care given, review of patient documentation, discussion with patients and with staff members.

An assessment is completed for every ward an accreditation level from 0 to 3 is given (see below). The time interval before reassessment depends on the accreditation level:

<b>Red</b>	5 or more red standards	Level 0	Reassess in 2 months
<b>Amber</b>	3–4 red standards in total	Level 1	Reassess in 4 months
<b>Green</b>	1–2 red standards in total	Level 2	Reassess in 8 months
<b>Blue SCAPE</b>	3 consecutive green NAAS assessments SCAPE competencies SCAPE panel SCAPE review panels on a yearly basis	Level 3	Reassess in 12 months

### **Level 0 (red) wards**

Wards that achieve level 0 (red) on two consecutive assessments are given appropriate support to improve their status. These wards are reviewed by the executive nurse, divisional director of nursing for the area and other relevant staff.

The lead nurse appraises the ward manager/matron and clear objectives are set.

Staff are managed according to the trust's capability policy.

### **Level 1 (amber) wards**

Wards that achieve level 1 (amber) on two consecutive assessments are reviewed by the assistant director of nursing services for the area and divisional director of nursing, unless there are extenuating circumstances.

The ward manager is appraised by the lead nurse and clear objectives are set.

Following the assessment, the ward manager/matron is required to formulate an action plan within a week using a standard template for the organisation. The date for completion is noted on the front of the assessment report.

A copy of each assessment and action plan is sent to the lead nurse and assistant director of nursing responsible for the area to approve and endorse its use. Action plans must then be considered in every ward team meeting and ward managers/matrons use them to track progress.

Progress reports are sent to the trust board and the trust governors.

## Community assessment and accreditation system

Salford Royal NHS Foundation Trust introduced the community assessment and accreditation system (CAAS) process in 2013 following the successful implementation of the NAAS. It is based on similar principles. CAAS supports and measures the quality of Salford's community health services.

The CAAS framework is based on the trust's approach to continuous improvement of service delivery and incorporates the essence of care standards [29] and key clinical indicators. It provides evidence for CQC's fundamental standards and links clinical practice directly to the 6Cs [30].

The assessment framework incorporates 12 standards, each of which is divided into the categories environment, care and leadership ([see Appendix 2b](#)).

The scoring system is the same as for NAAS, with each standard RAG rated and the overall score based on the number of red elements.

### Assessment process

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The assessment accreditation system is led by the lead nurse who developed the system and a corporate matron who completes the CAAS assessments.

Assessments are carried out over about a week and all are unannounced.

The assessment covers the following areas and involves a minimum of one-third of patients and two-thirds of staff:

- review of patient experience surveys including any comments
- dashboards used by services for risks, sickness, falls and pressure ulcers
- observation of care given and review of patient documentation – this includes domiciliary/clinic visits
- discussion with patients and staff.

An assessment is completed for each team/service and they are given an accreditation level from 0 to 3. The time interval before reassessment depends on the accreditation level. These levels are the same as for NAAS.

Following the assessment, the manager/team leader is required to formulate an action plan within a week using a standard template for the organisation. The date for completion is noted on the front of the assessment report.

If the area achieves a red status, the manager/team leader will have an appraisal with their line manager at which clear objectives will be set.

A copy of each assessment and action plan is sent to the manager, matron, lead nurse, clinical lead, nurse consultant, assistant director of nursing and divisional director of nursing to approve and endorse its use. Action plans must then be considered in every team meeting and managers use them to track progress.

Progress reports are sent to the trust board and the trust governors. The CAAS results are included in service reviews and form part of executive walk rounds.

## **What is SCAPE?**

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The trust's goal is for all areas to achieve safe, clean and personal every time (SCAPE) status. This will reassure patients that they are receiving SCAPE care at Salford. As well as areas demonstrating consistently high quality care, to achieve and maintain SCAPE status ward/teams:

- must have had three consecutive green assessments
- are expected to achieve a set of patient-focused competencies based on aspects of the NAAS/CAAS that reflect current trust issues and will change from year to year
- must complete an application form and produce a portfolio of evidence which the panelists review before the panel day
- give a presentation to a SCAPE panel (see below) describing how they propose to maintain standards and how they will showcase best practice to the rest of the organisation.
- SCAPE wards are reviewed by a review panel on a yearly basis and need to complete a NAAS and competencies yearly.

## **SCAPE panels**

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The panel includes: the director of nursing, medical director, non-executive director, divisional director of nursing, assistant director of nursing services, a lead nurse and a patient representative.

On the day of the assessment, the panel visits the ward or community team in the morning. In the afternoon the applicants give a presentation, which is followed by a question and answer session. The team will be asked how they propose to maintain standards and how they will showcase best practice to the rest of the organisation.

The panel considers the performance indicators, eg sickness absence, complaints, risks, comments from executive walk rounds, nurse bank use.

The panel makes a recommendation at the end of the day to the board of directors and this makes the final decision to approve or defer the SCAPE decision.

All SCAPE teams (both acute and community) will be reviewed by a SCAPE review panel on a yearly basis. These panels are an opportunity for senior nurses to present what is working well and give an overview of the team's key performance indicators.

SCAPE team members each receive a certificate from the chief executive/executive nurse stating they are a member of a SCAPE ward/team. They are also recognised at the staff award ceremony.

The manager of a SCAPE area is recognised as a successful leader in the organisation: they are given the title ward matron/community team matron and appropriate authority and accountability for managing all aspects of their ward or service autonomously.

A plaque informs patients and relatives they are being treated by a SCAPE team.

# Example 3: Northumberland, Tyne and Wear NHS Foundation Trust



**Gary O'Hare**

Executive Director of Nursing and Chief Operating Officer

CQC rated Northumberland, Tyne and Wear NHS Foundation Trust, a mental health trust, 'outstanding'.

The trust uses a mixture of local peer review mechanisms and national accreditation processes to assess its wards and units.

## Peer review visits

Peer review visits at the trust follow a similar inspection procedure to that completed by CQC for all services. The peer review measures compliance against the five key lines of enquiry (KLOE): safe, effective, caring, responsive and well led, and is embedded in the trust's quality processes.

## Implementation

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All areas across the trust are reviewed on an annual basis. If the trust has concerns about a service, that service can be monitored more frequently.

All reviews are announced. At the outset the visiting team/ward senior lead identifies which areas of concern they would like the review team to give extra attention to, in addition to the KLOE.

Evidence is provided on the day of the review: for example, audit outcomes, assurance documentation, supervision outcomes, training information and service user and carer engagement ([see Appendix 3](#)).

## The review teams

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The make-up of the review team reflects any areas the ward senior lead has highlighted as of concern. Teams can include:

- associate director
- nurse consultant
- clinical nurse manager
- service user/carer
- pharmacy
- estates.

The review team is provided with clear guidance on how to carry out the review, including specific questions against the KLOEs. The team members agree who will assess the following:

- staff interviews (using KLOE prompts)
- patient/service user interviews
- review of patient/service user records
- service user visits
- team lead interview.

## Assessment process

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The review is usually completed in a day. The review team meets mid-review to assess progress, cross-check findings and discuss any issues identified.

Feedback is provided to the full team at the end of the day. This identifies areas for improvement as well as areas of outstanding practice. A written report is distributed to the ward or team lead plus the group director. An action plan is produced if required.

The reports are shared within the trust's governance structures and the actions are monitored within local management teams.

## Star Wards

Star Wards is a charity that works with mental health trusts to enhance the daily experiences and treatment outcomes of service users requiring inpatient care. It aims to discover, celebrate, share, publicise and inspire excellence.

Trusts are encouraged to use and adapt resources to stimulate and structure therapeutic and enjoyable daily programmes for inpatients across the full range of mental health wards.

Membership and use of Star Wards' resources is free of charge but visitors to the website are politely asked for a donation or to fundraise on Star Wards' behalf. More information can be found at [www.starwards.org.uk](http://www.starwards.org.uk)

### Implementation

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At the heart of the Star Wards project are 75 ideas for improving patients' quality of time and treatment outcomes. These are grouped into seven main themes:

- recreation and conversation
- physical health and activity
- visitors
- care planning
- talking therapies
- ward community
- patient responsibility.

The recommended ideas include:

- talking therapies having as substantial a role as medication
- helping patients to enhance their own management of symptoms and treatment
- having a strong culture of patient mutual support, with the potential for this to continue after they leave hospital
- sustaining a full programme of daily activities that eliminates boredom by helping to accelerate patients' recovery
- helping patients retain and build their community ties.

In collaboration with service users, carers and families, a self-assessment is done against the 75 ideas. Once completed an application is submitted to Star Wards and if the self-assessment indicates all 75 ideas are operational, the clinical area achieves a 'Full Monty' award.

## Royal College of Psychiatrists quality network and accreditation

The Royal College of Psychiatrists (RCPsych) has a national accreditation programme for mental health services. It works with mental health services across the UK to assess and improve the quality of care they provide. The quality networks use a process of regular peer review and self-review against service standards to promote high quality care.

It engages staff and service users in a comprehensive review that recognises good practice and high quality care, and identifies areas for improvement. The accreditation assures staff, service users, carers, commissioners and regulators of the quality of the service being provided.

The standards were developed to support services to improve the quality of care for people using services and demonstrate that they meet national requirements.

### Implementation

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The first step in the process is self-assessment against the standards and identification of areas for improvement. This includes surveying service users, families and carers, and staff.

The second is an internal peer review to identify any further opportunities for improvement.

The formal review by the RCPsych team (professionals and experts by experience) is a one-day assessment. The team visits the unit to meet service users, families and carers, and staff, and reviews the team's self-assessment and feedback. All the information is collated and a final decision on achievement is made at an RCPsych accreditation panel.

This is not free at the point of usage and the cost depends on the quality network and accreditation scheme. Further information can be found at: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

# Example 4: University College London Hospitals NHS Foundation Trust



**Flo Panel-Coates**  
Chief Nurse

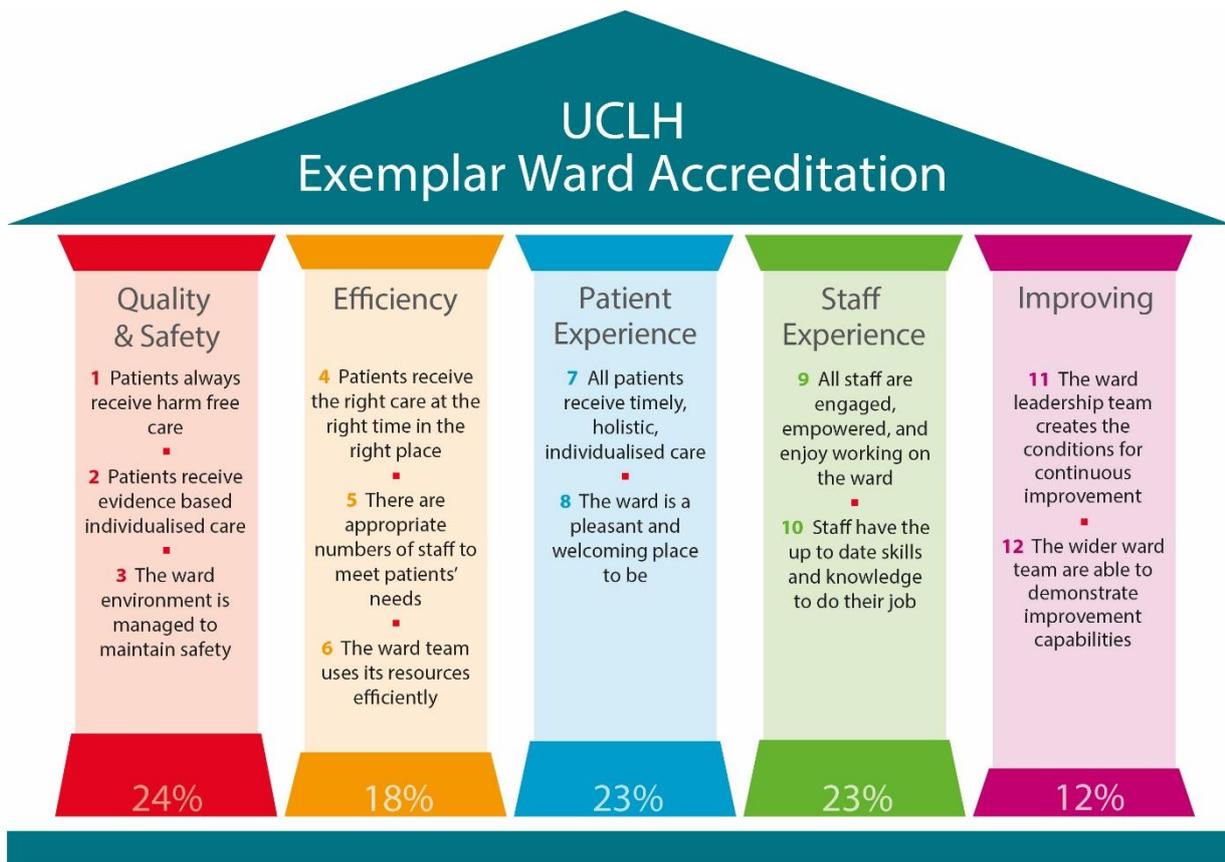
CQC rated University College London Hospitals NHS Foundation Trust ‘good’ overall.

## The exemplar accreditation framework

Exemplar accreditation at University College London Hospital NHS Foundation Trust aims to go beyond performance management to continuous quality improvement. The ethos of the programme is that together we have the collective knowledge, skills and drive to achieve this. The aim is to “continuously work together to create the best environment for our patients and staff”.

Exemplar accreditation was designed as a method for understanding ward performance, from ward to board, and supporting quality improvement through shared understanding. Exemplar wards exceed quality standards based on proven indicators of excellence. There are three levels of accreditation: good, great and outstanding. These levels reflect aspiration for continuous quality improvement.

A key aim of this accreditation framework is to introduce standard practice and reduce unwarranted variation. The approach promotes a culture of empowerment that supports leaders and enables teams to strive for continuous quality improvement.



The exemplar 'house' above shows the framework of 12 fundamental standards across the five domains of quality and safety, efficiency, patient experience, staff experience and improving. The standards and metrics are given in [Appendix 4](#).

## Implementation

The exemplar programme draws on the principles of shared governance and is designed to support the trust's aims for locally driven improvement by working with teams in four key ways:

- **Clearly defining standards:** the standards and measures that make up the exemplar model.
- **Providing meaningful intelligence:** monthly, quarterly and annual data packs to support improvement monitoring and provide accreditation scores.
- **Facilitating constructive conversations:** coaching conversations with exemplar teams. Local shared governance meetings, divisional and board meetings.

- **Recognising and celebrating success:** accredited wards receive a plaque and each team member a badge. Regular events are held to share learning and reward successes. Ward of the month awards from trust executives reward the local quality improvement successes.

## Assessment process

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Exemplar accreditation is awarded based on an annual data-driven assessment.

Ward managers are given an annual data pack to review at the beginning of each financial year. They are expected to set an annual improvement plan based on this information and to attend a quality improvement course which will help them to prepare for the annual exemplar assessment.

They are asked to submit a portfolio that provides evidence for performance against the standards in the 'improving' pillar in the exemplar house and prepare a presentation. This is developed with the multidisciplinary team and submitted to the assessment panel.

A panel interview is held with members from the board and accreditation and improvement teams, and the ward/unit team gives a 10-minute presentation and is then asked questions about the evidence. The panel then discusses and scores the evidence provided against the criteria for accreditation.

Following the panel and aggregation of results, wards are rated as satisfactory, requiring improvement or accredited. There are three levels of accreditation: good, great and outstanding, as set out below.

Most wards will not be accredited in the early stages, but as they are unlikely to be of concern they will be deemed satisfactory. Wards that fall below the satisfactory threshold are of concern and will be subject to additional monitoring and support.

Level	Description	Accredited	Scrutiny (reassessment and review)
<b>Outstanding</b>	Significantly exceeds the UCLH standard expectation of what a ward should achieve	Yes	Reassessment 2 years Local review as defined by board/division
<b>Great</b>	Greatly exceeds the UCLH standard expectation of what a ward should achieve Some measures may require improvement	Yes	Reassessment 2 years Local review as defined by board/division
<b>Good</b>	Exceeds the satisfactory standard Some measures require improvement	Yes	Reassessment 2 years Local review as defined by board/division
<b>Satisfactory</b>	Minimum standard expected from a ward Some measures require improvement	No	Reassessment 1 year Local review as defined by board/division
<b>Working towards improvement</b>	Below the minimum standard expected from a UCLH ward Large number of measures require improvement	No	Reassessment in 6 months with panel chair chief nurse Additional supportive measures and improvement plan monthly by relevant board

All wards receive their final results in a letter from the chief nurse and medical director that is included in a final data pack.

Where wards need to improve they are required to submit an improvement plan and will be reassessed six months and one year later.

Achievement is recognised at an annual learning event and awards ceremony, and with a plaque for the ward entrance and certificates and badges for the staff.

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