

*Clinical Service Accreditation Alliance: Work stream 2*

# **Sharing and improving clinical service accreditation methodologies**



**Authors:**

Charlie McLaughlan, Debbie Johnston and Polly Kwok, representing the Clinical Service Accreditation Alliance (CSAA)

**Date of publication:** *November 2016*

**Date for review:** *November 2017*

© Royal College of Anaesthetists on behalf of the Clinical Service Accreditation Alliance (CSAA) Design: Pad Creative [www.padcreative.co.uk](http://www.padcreative.co.uk)

**Do you need to print this document? Please consider the environment before printing.**

# Contents

---

|  |    |
|--|----|
| Background: About the Clinical Service Accreditation Alliance and about this guidance        | 4  |
| Background to this work  | 5  |
| Methodology  | 6  |
| Information analysis:  | 7  |
| 1 Clinical leadership and governance   | 7  |
| 2 Quality improvement focus  | 8  |
| 3 Accreditation standards  | 10 |
| 4 Accreditation process  | 12 |
| 5 Accreditation scheme administration  | 12 |
| 6 Assessor recruitment, training and management  | 14 |
| 7 Service support, tools and training  | 16 |
| 8 Scheme quality assurance   | 16 |
| 9 Service impact   | 16 |
| 10 Information in the public domain  | 16 |
| Learning from peer review schemes  | 17 |
| Recommendations aligned to ‘Developing accreditation schemes for clinical services’ guidance | 18 |
| Accreditation examples and practices   | 19 |
| References   | 21 |
| Appendix 1: Clinical accreditation scheme questionnaire                                      | 22 |
| Appendix 2: Sharing and improving accreditation methodologies survey                         | 26 |
| Appendix 3: Clinical accreditation Schemes – June 2015                                       | 28 |
| Appendix 4: Peer review schemes – June 2015  | 30 |

---

# Background: About the Clinical Service Accreditation Alliance and about this guidance

## About the Clinical Service Accreditation Alliance

This guidance is one of six resources created by the Clinical Service Accreditation Alliance (CSAA). The CSAA is a collection of professional bodies, which came together in 2013 with the aim of standardising and improving the quality of healthcare service accreditation, ensuring patient focus, improvements in standards of care and minimal administrative burden on the healthcare system.

## CSAA outputs: Tools, guidance and resources

As part of its two-year collaboration, the Alliance has developed a suite of resources to support professional bodies who wish to develop professionally-led and patient-centred clinical accreditation schemes. These will publish in late November 2016 and comprise:

- **Work stream 1:** Requirements and guidance for accreditation of Certification Bodies (in conjunction with UKAS)
- **Work stream 2:** Sharing and improving accreditation methodologies (this document)
- **Work stream 3:** A map of clinical services for clinical services accreditation schemes
- **Work stream 4:** A generic framework of standards for accrediting clinical services ('Healthcare – Provision of clinical services – Specification' or PAS1616 – produced by BSI)
- **Work stream 5:** Requirements for clinical services accreditation IT systems
- **Work stream 6:** Developing accreditation schemes for clinical services

The Alliance's work culminated in November 2016 with the first publication of the guidance documents and this work is now housed with the Healthcare Quality Improvement Partnership (HQIP) with oversight from the CSAA Sponsor Group, whose members are drawn from the Royal College of Nursing, Royal College of Physicians, Royal College of Surgeons, Royal Pharmaceutical Society, Allied Health Care Professionals and the Academy for Healthcare Science. More information can be found here: [www.hqip.org.uk/national-programmes/accreditation-of-clinical-services/](http://www.hqip.org.uk/national-programmes/accreditation-of-clinical-services/)

## About this guidance

This report is concerned with seeking continuous improvement in the quality of accreditation schemes by drawing together methodologies and key learning from new and emerging accreditation schemes, as well as peer review schemes. While much expertise and knowledge exists around clinical service accreditation, little of this is readily accessible for new schemes.

The objectives of this work stream are:

- To identify and map current methodologies recommending good practice from current and emerging clinical accreditation schemes and peer review schemes
- To map new and emerging accreditation schemes and gather lessons learnt from their development and implementation
- To develop a set of recommendations to support the delivery of work stream 6
- To develop a central repository of information with links to information

# Background

Accreditation and peer review already play an important role in quality improvement in many clinical services, for example in diagnostics, cancer, stroke, end of life care and mental health services. For the purposes of this report accreditation and peer review schemes are defined as follows:

## Accreditation

*“Accreditation is one method of assuring quality. Accreditation requires the setting of standards and the creation of a robust and reliable process for assessing them.”*<sup>2</sup>

Clinical service accreditation schemes should ideally have three necessary components:<sup>2</sup>

- Professionally led: development of accreditation schemes led by professional associations and peer review teams of health and social care practitioners
- Clinical service: defined as a facility or specific group of patients rather than a whole organisation or individuals
- Accreditation as described in the above definition

## Peer review

*“Peer review is the professional assessment against standards, of the organisation of healthcare processes and quality of work, with the objective of facilitating its improvement.”*<sup>3</sup>

Peer review on its own can lead to a set of recommendations but this does not necessarily mean there is any obligation by the service or its organisation to respond to them.

Both peer review and accreditation processes require a set of standards for a service to be assessed against and both create a focus on quality and quality improvements, but accreditation requires achievement against a set of standards before it is granted. Accreditation requires evidence that these standards have been met and also evidence that recommendations have been acted upon.

Information from existing accreditation and peer review schemes have an important part to play

- a) As an information source feeding into the development work for other work streams
- b) In the compatibility and convergence of methodology

# Methodology

This workstream collected the information in this report through a remote questionnaire ([Appendix 1](#)) and a number of face-to-face interviews, predominantly for peer review. The next section details the methodology and process information gathered on a number of accreditation and peer review schemes. This information has been verified with the scheme owners.

This work stream also conducted a short survey to gather further information about a small selection of schemes ([Appendix 2](#)).

The survey was sent to a range of accreditation/review bodies and responses were received from nine clinical schemes and three peer review schemes. A number of the bodies surveyed provided for more than one scheme (e.g. Royal College of Psychiatrists (RCPsych), Royal College of Physicians (RCP)). Therefore, the feedback provided covers a higher number of schemes overall.

[Appendix 3](#) and [Appendix 4](#) provide details of the accreditation schemes and peer review schemes reviewed through this mapping process, respectively.

# Information analysis

The following schemes were fully reviewed as part of this workstream:

- Accreditation of In-patient Mental Health Services (AIMS)
- Anaesthesia Clinical Services Accreditation (ACSA)
- Comparative Health Knowledge Systems Assurance and Accreditation Programme (CHKS)
- Imaging Services Accreditation Scheme (ISAS)
- Improving Quality in Physiological Services (IQIPS)
- Joint Advisory Group on Gastrointestinal Endoscopy Accreditation Scheme (JAG)
- Residential and Domiciliary Care Benchmarking (RDB Star Rating)
- Safe Effective Quality Occupational Health Service Accreditation Scheme (SEQOHS)
- The National Gold Standard Framework (GSF) Centre in End of Life Care

The schemes that are included in this analysis are only a purposive sample of the different accreditation scheme

methodology currently existing in clinical services accreditation. A small number of peer review schemes were investigated separately and are referred to in section five of this report.

## 1. Clinical leadership and governance

- Schemes are all based in the UK, with the exception of JAG and CHKS with international reach
- The host organisations are mainly Royal Colleges, with the exception of the CHKS, GSF and RDB
- There was a wide range of clinical services that were reviewed in this mapping exercise, from endoscopy, anaesthesia, occupational health, diagnostic imaging, mental health, etc
- All schemes have a website where some of the scheme information is available (Table 1)

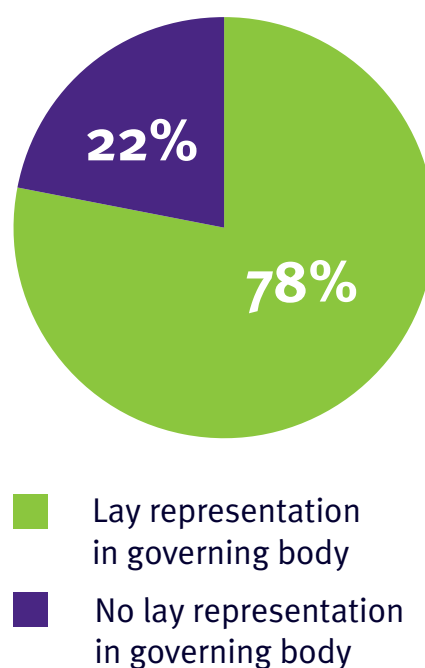
**Table 1: Accreditation scheme information**

|        |  |
|--------|--|
| AIMS   | <a href="http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqipprojects.aspx">www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqipprojects.aspx</a> |
| ISAS   | <a href="http://www.isas-uk.org/default.shtml">www.isas-uk.org/default.shtml</a>   |
| JAG    | <a href="http://www.jagaccreditation.org">www.jagaccreditation.org</a>   |
| SEQOHS | <a href="http://www.seqohs.org">www.seqohs.org</a>   |
| IQIPS  | <a href="http://www.iqips.org.uk">www.iqips.org.uk</a>   |
| ACSA   | <a href="http://www.rcoa.ac.uk/acsa">www.rcoa.ac.uk/acsa</a>   |
| CHKS   | <a href="http://www.chks.co.uk/Assurance-and-Accreditation">www.chks.co.uk/Assurance-and-Accreditation</a>   |
| GSF    | <a href="http://www.goldstandardsframework.org.uk/accreditation">www.goldstandardsframework.org.uk/accreditation</a>   |
| RDB    | <a href="http://www.rdbstar-rating.com">www.rdbstar-rating.com</a>   |

- With regards to clinical leadership throughout the scheme, this was often difficult to determine from the information available in the public domain. All the schemes had clinical leadership in governance, with 66.7% (6/9) with clinical leadership in working groups and 88.9% (8/9) with clinical leadership in assessors
- 44.4% (4/9) of the schemes have formal approval from Care Quality Commission (CQC), with 44.4% (4/9) of the schemes with recognition from United Kingdom Accreditation Service (UKAS). CHKS also has formal approval from International Society for Quality in Healthcare (ISQua)
- For all the schemes run by the Royal Colleges, the individual College always endorsed their own accreditation scheme
- Additional to the Royal Colleges, other endorsements were from:
  - NHS England
  - NHS Estates
  - NHS Health at work
  - National Care Forum
  - British Geriatric Society
  - Department of Health
- Only JAG has endorsements from regulators or bodies in devolved nations of the UK (such as Healthcare Inspectorate Wales and Quality Improvement in Scotland)
- Most of the schemes are owned and run by the same people or organisations, with the exception of:
  - IQIPS has two components, with the quality improvement component delivered by the RCP, whereas the accreditation component is delivered by UKAS but there is a joint partnership working agreement between both

- ISAS is owned by Diagnostic Imaging Accreditation Ltd. (DIAL) which is a joint subsidiary of the Royal College of Radiologists (RCR) and College of Radiographers (CoR)
- Lay representation is present in the governing body in 77.8% (7/9) of the schemes (Chart 1)

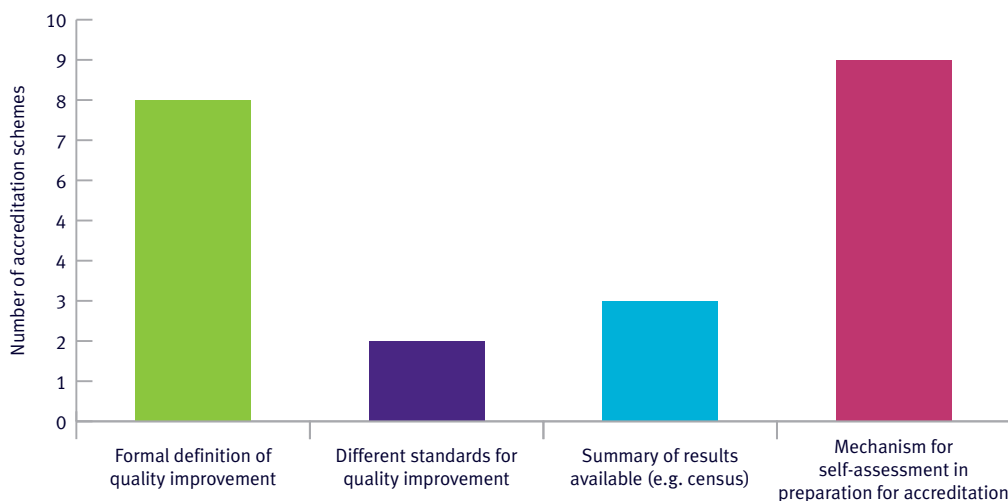
**Chart 1: Lay representation in governing bodies**



## 2. Quality improvement focus

In assessing the quality improvement (QI) focus, the schemes had the following elements (Chart 2):

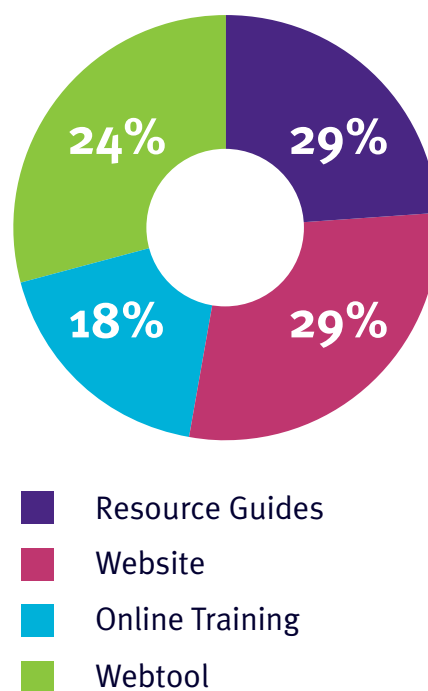
**Chart 2: Scheme quality improvement elements**



- All of the schemes had a mechanism for self-assessment as part of the preparation for accreditation. However, the formal definition of quality improvement is often hidden and only one scheme had a clear definition of quality improvement in the information provided in the public domain
- Given IQIPS’s unique model in partnership with UKAS, they have different standards for quality improvement and therefore a separate website for quality improvement standards ([www.iqips.org.uk/Account/Login.aspx](http://www.iqips.org.uk/Account/Login.aspx))
- UKAS has a separate website to support the quality assurance (QA) process and assessment
- JAG also has a set of different standards for quality improvement compared to quality assurance but has the same portal for all the standards and support information. ([www.jagaccreditation.org](http://www.jagaccreditation.org))
- In both schemes, accreditation is offered as a pathway with stage one focussing on improving services (QI) and stage two the achievement and evidencing of standards (QA)
- Currently, only the RCP and GSF provide separate specific training days for quality improvement for those involved in the JAG, IQIPS and GSF scheme. With the RCP, they take place between two to four times per year based on demand. The GSF operates quality improvement training several times per year through regional centres

- The following diagram illustrates the different tools used for QI within the accreditation schemes:

**Chart 3: QI tools**



### 3. Accreditation standards

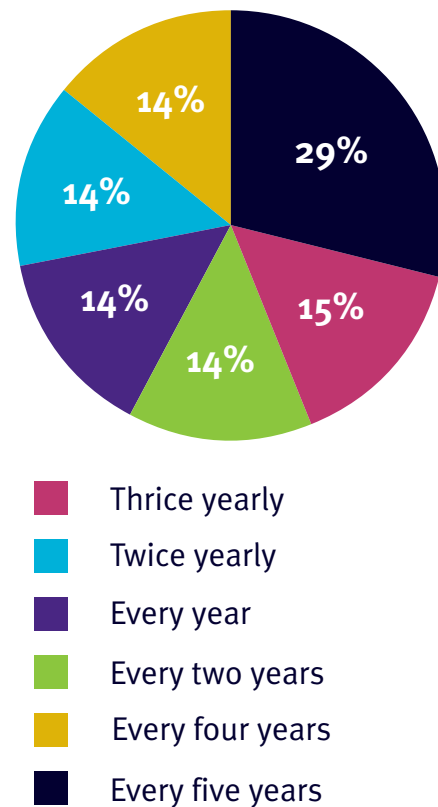
- Standards from the accreditation schemes were all publicly available, except CHKS and RDB
- The majority of the schemes incorporate elements of:
  - Patient experience
  - Clinical quality and safety
  - Leadership and management
  - Workforce and
  - Training
- All of these are within the standards of the domains. However, the domains often carry a different title and have additional standards which may be more scheme-specific, such as:
  - ACSA – The Care Pathway, Subspecialties
  - AIMS – Timely and Purposeful Admission, Therapies and Activities
  - JAG – Decontamination
  - GSF – Right person, Right care, Right place, Right time, Every time
  - RDB – Individual care, additional needs care, lifestyle care, residential care, commitment to continuous care improvement
  - SEQOHS – Business probity, Information governance, Relationships with purchasers
- The public link to the accreditation scheme standards can be found in Table 2 below (where available):

**Table 2: Accreditation scheme standards**

| Accreditation scheme standards |  |
|--------------------------------|--|
| AIMS                           | <a href="http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/psychiatricwards/aims/ourstandards.aspx">www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/psychiatricwards/aims/ourstandards.aspx</a> |
| ISAS                           | <a href="http://www.isas-uk.org/Library/ISAS_Standard/ISAS%20Standard%20V2.1%20(Jan%202013).pdf">www.isas-uk.org/Library/ISAS_Standard/ISAS%20Standard%20V2.1%20(Jan%202013).pdf</a>   |
| JAG                            | <a href="http://www.thejag.org.uk/default.aspx?tabid=80&amp;Itemid=124">www.thejag.org.uk/default.aspx?tabid=80&amp;Itemid=124</a>   |
| SEQOHS                         | <a href="http://www.seqohs.org/CMS/Page.aspx?PageId=77">www.seqohs.org/CMS/Page.aspx?PageId=77</a>   |
| IQIPS                          | <a href="http://www.iqips.org.uk">www.iqips.org.uk</a>   |
| ACSA                           | <a href="http://www.rcoa.ac.uk/node/19693">www.rcoa.ac.uk/node/19693</a>   |
| GSF                            | Apply through the contact us section for information about the standard:<br><a href="http://www.goldstandardsframework.org.uk/accreditation">www.goldstandardsframework.org.uk/accreditation</a>   |

- The scheme standards for accreditation all seem to be developed internally and often with multidisciplinary stakeholder consultation. Out of the schemes assessed, only CHKS includes the International Organisation for Standardisation (ISO) standards and UKAS as part of their standards development process. UKAS also uses ISO standards to support other schemes
- The standards development process is described briefly in the public domain, often including elements such as scoping, evidence base, consultations and working groups. More information on individual schemes' standards development process is available. There is not a standardised model on how standards are developed across the schemes
- Only JAG and CHKS have different standards for different sectors, all the other schemes' standards apply to all sectors
- The responsibility for updating the standards in the schemes is 44.4% (4/9) governing body and 44.4% (4/9) working groups
- The frequency of updating the standards vary depending on the scheme from annually to every five years
- The ownership of the standards mainly lies with the owner of the scheme, with the exception of ISAS whose standards are owned by the Royal College of Radiologists and the College of Radiographers

**Chart 4: Frequency of updating standards**



## 4. Accreditation process

- The accreditation cycle most commonly has an annual review component with a three to five yearly full review
- The key steps that seem to be included in all the accreditation schemes include:

**Diagram 1: Accreditation scheme steps**



- Information regarding the first five stages of the cycle listed above is often described clearly on the scheme websites or in the resource guides. However, how the quality assurance of the assessment process and report is conducted is often not available in the public domain or described in great detail
- With regards to the outcomes of the accreditation process, all the schemes acknowledge services that have achieved ‘full accreditation’. 55.6% (5/9) of the schemes had an outcome of ‘accreditation deferred’. There is a mixture of schemes that provide an ‘accreditation not awarded’ or ‘accreditation with recommendations’, where applicable. All schemes indicated that they would inform the services with their accreditation status

- With the RDB star rating scheme, their detailed assessment awards a care home with a star rating that could range from two to five stars. This is based on an independent scoring system drawn from multiple inputs
- Where applicable, half of the schemes reviewed have an emphasis of progression in stages (formative) for accreditation while in half of the schemes most services that undergo accreditation often pass or defer (summative)
- All the schemes have a mechanism to provide support to the services that did not achieve accreditation

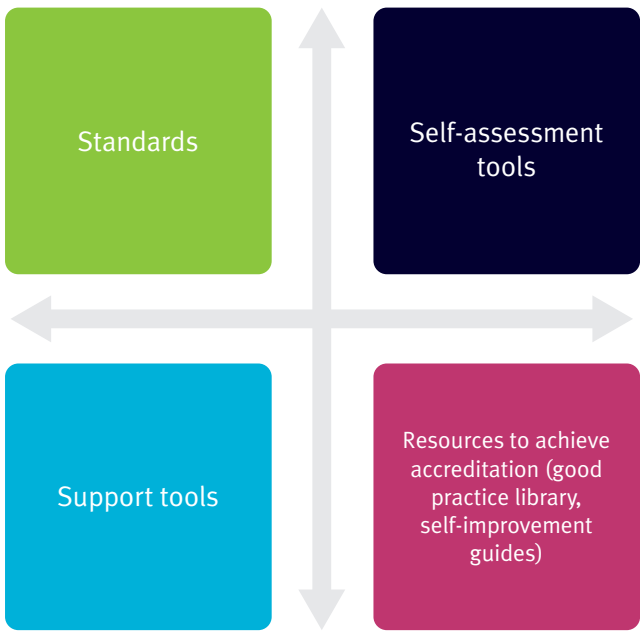
## 5. Accreditation scheme administration

- The accreditation is mostly all managed and administered by the owner of the scheme, with the exception of IQIPS and ISAS, which are managed and administered by UKAS
- All the schemes have a scheme website, a majority (77.8%) with a web tool and some (33.3%) schemes have a paper-based element
- The web tool websites for the schemes (where available) are shown below:

| Accreditation scheme standards |  |
|--------------------------------|--|
| AIMS                           | <a href="http://cars.rcpsych.ac.uk/Default.aspx">cars.rcpsych.ac.uk/Default.aspx</a>                         |
| ISAS                           | <a href="http://www.isas-uk.org/ISAS">www.isas-uk.org/ISAS</a>   |
| JAG                            | <a href="http://www.jagaccreditation.org/Account/Login.aspx">www.jagaccreditation.org/Account/Login.aspx</a> |
| SEQOHS                         | <a href="http://www.seqohs.org/LoginPage.aspx">www.seqohs.org/LoginPage.aspx</a>                             |
| IQIPS                          | <a href="http://www.iqips-uk.org/IQIPS/welcome">www.iqips-uk.org/IQIPS/welcome</a>                           |
| CHKS                           | <a href="http://live.chks.co.uk/portal">live.chks.co.uk/portal</a>   |

- The following features are found in all the available online tools:

### Diagram 2: Online tool features

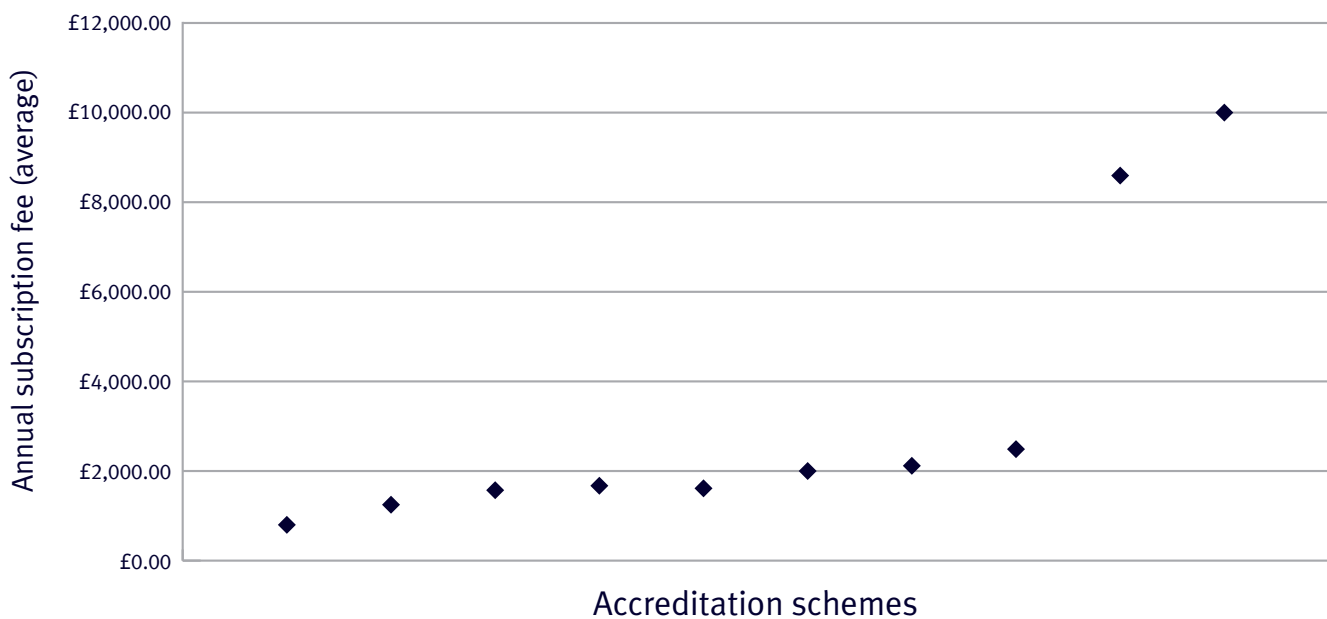


- All schemes, with the exception of CHKS, have a costing model; the details of each costing model were not requested
- The standard subscription fees gathered are as follows (Chart 5 below):
- The annual subscription fee in a majority of schemes covered:
  - Access to IT tool (where available)
  - Access to remote support service
  - Access to guidance
  - Access to resources
- Free training was only included in the fee for half of the schemes. Half of the schemes required the clinical services to pay additional fees to attend training

### Scheme policies and protocols

- All the accreditation schemes have core policies and protocols and also accreditation standards and evidence requirements
- More than half of the schemes review their policies and protocols at least annually

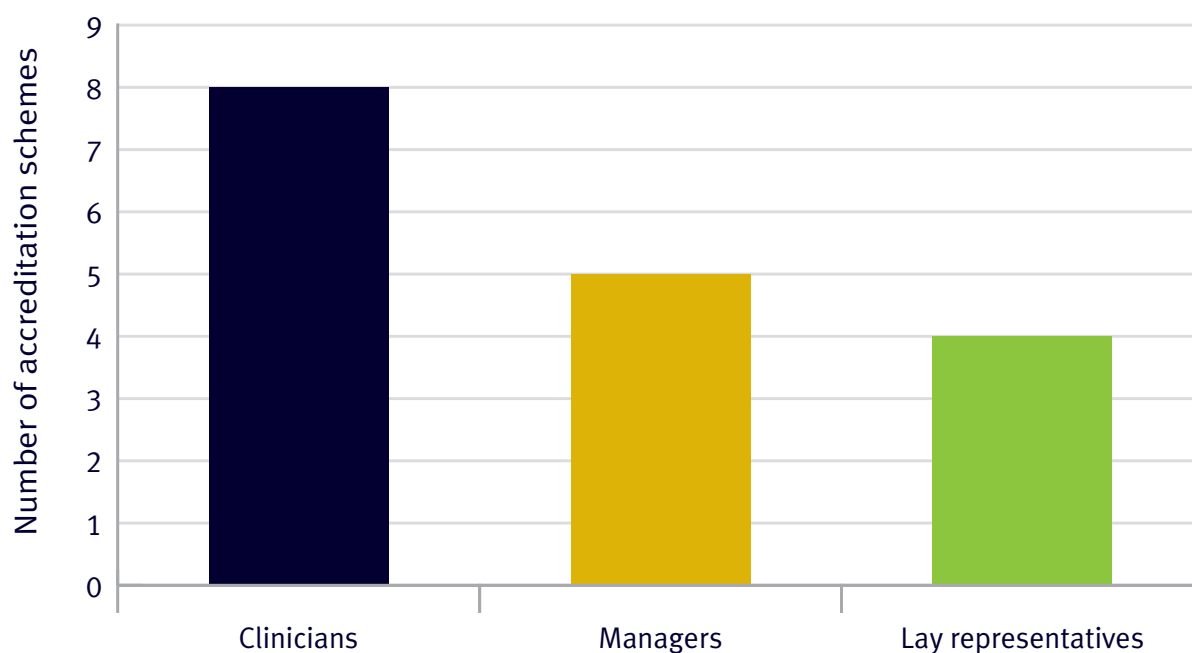
Chart 5: Accreditation scheme subscription fees



## 6. Assessor recruitment, training and management

The review teams generally consists of:

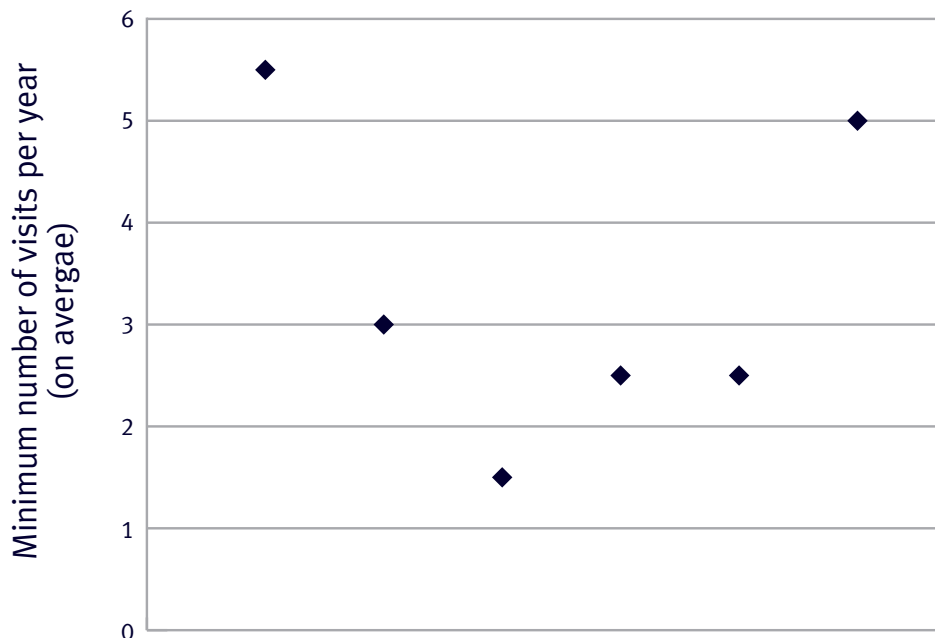
**Chart 6: Makeup of accreditation review teams**



- Other members of the team not listed above include: technical experts, carer representative, commissioners, care quality assessors and observers
- The requirements for a clinical assessor seem quite consistent amongst the schemes, with many schemes stipulating a minimum of three years direct work experience, involvement in quality assurance programmes, good standing as a member of the governing body of the accreditation scheme and a good knowledge of assessing the services on the standards
- With the four schemes that involve lay assessors, the criteria that was described in the various schemes included:
  - Involvement with the governing body lay committee
  - Have experience as a patient representative or have an interest in healthcare delivery
  - Those that have been an inpatient
  - Those skilled in written communication and have knowledge and interest in health and the NHS
- For the schemes that have manager assessors, the criteria were very similar. They often are required to have held or are holding a senior management position within a health setting or working in organisations with quality assurance programmes
- Two of the schemes have the involvement of assessment managers from UKAS; the criteria for UKAS assessment managers were not accessible. This is a different role than the clinical manager assessor roles adopted by other schemes. The leadership and coordination of assessments is done differently across the schemes with a mix of different leadership approaches

- 66.7% (6/9) of the schemes had a defined training pathway for all assessors, which included preparation, training and signing off competencies. 33.3% (3/9) of the schemes have a dedicated day for assessor training
- Where lay assessors were involved, only JAG and IQIPS (UKAS) conduct lay assessor training separate from the other assessors. They have a defined training pathway for lay assessors
- Examples of assessor required competencies could be found through the JAG, SEQOHS and IQIPS (UKAS) schemes
- All schemes have an assessor/reviewer's day, with the majority (88.9 %) of the schemes detailing how the training is conducted and developed
- Where accessible, the agenda and objectives for assessor training generally described the assessor and review process. The rest of the agenda and learning objectives then varied between the schemes
- All the schemes pay assessors for the expenses incurred on the review visits, with six schemes paying their assessors by a range of ways:
  - Daily rate
  - Nominal fee for time spent conducting assessments
  - £100 session fee for the day
  - Rate per visit and report
- The expected time commitment from the assessor ranged from one visit per year to five or more visits per year, see the information from the different schemes below (Chart 7)
- Lead assessors working in the JAG scheme have a regular annual paid PA commitment payment. This guarantees clinical commitment and support for the scheme

**Chart 7: Accreditation scheme assessor time commitment**



## 7. Service support, tools and training

- Training for clinical services undergoing accreditation is mandatory in 33.3% (3/9) of the schemes
- All the schemes provide tools and resources for the departments, these include:
  - Guidebook
  - Online tool
  - Email contact
  - Consultancy support
  - Workshops

## 8. Scheme quality assurance

- External scrutiny was conducted by UKAS in 44.4% (4/9) of the schemes and by CQC in 44.4% (4/9) of the schemes
- Where there is no external scrutiny, there is no information provided regarding what is done for the quality assurance of the scheme
- 88.9% (8/9) of the schemes have an annual report usually within the organisation's annual report. Within the available annual reports the common topics included are:
  - Reach in different sectors
  - Success rates of the departments
  - Focus of the accreditation schemes
- Feedback is most often done post-visit either through the assessors, feedback from departments or in the form of a survey. Many of the schemes have a website or an email contact through which they can provide feedback
- Depending on the severity of the complaint, there is a policy in place for all the schemes for departments to raise their concerns from the scheme administrative level to the governing body level. A similar policy applies for appeals
- Examples of complaints and appeals policy can be found with UKAS: ([www.ukas.com/services/complaints-and-appeals/](http://www.ukas.com/services/complaints-and-appeals/)) and SEQOHS: [www.seqohs.org/DocumentStore/SEQOHS%20Complaints%20and%20Appeals%20Policy%20\(v%201.0\).pdf](http://www.seqohs.org/DocumentStore/SEQOHS%20Complaints%20and%20Appeals%20Policy%20(v%201.0).pdf)

## 9. Service impact

- With regards to measuring service impact, all schemes assess impact through the number of services accredited (likely trending upwards). Other measures of impact include:
  - Building strong relationships with commissioning, ensuring departments are recommended to be accredited (55.6% – 5/9 schemes)
  - Evidence of improved patient outcomes and their care (44.4% – 4/9 schemes), although the exact link to that impact is not clearly defined
  - Annual report showing infrastructure improvement, good value for money and improved efficiency (44.4% – 4/9 schemes)

## 10. Information in the public domain

- The information available on the schemes in the public domain (through websites) is fairly limited and where available the information was not very detailed. The areas that were specifically difficult to locate include:
  - Their quality improvement focus
  - Whether the standards apply to more than one sector
  - Lay involvement and how to get involved
  - Outcomes of the accreditation process
  - Available resources through the web tool (if available)
  - What the annual subscription fee covers
  - Scheme core policies and protocols and how often they are updated
  - Criteria for non-clinical assessors
  - Training and competencies for the assessors
  - Whether training for clinical services is mandatory
  - Tools and resources available to departments (often not all in the same place)
  - What is done for quality assurance of the scheme
  - Feedback from the departments about the schemes
  - General impact of the scheme on services

# Learning from peer review schemes

Peer review plays an important role in the quality improvement of clinical services. It is therefore important to examine peer review schemes processes and standards to better understand what they do and importantly how we might learn from them. Three fundamentally different peer review schemes were explored as part of this review:

1. The National Quality Review Service (formally NHS Cancer Peer Review Scheme)
2. The West Midlands Quality Review Service
3. The Stroke Peer Review Scheme

The main learning identified is summarised as follows:

- Peer review schemes provide a reactive ‘service’ if concerns are raised by external stakeholders about the quality of services covered by the scheme or they were invited to do a review
- Robustness of the standards used for review, methods clearly explained (NICE, National guidelines, etc.). The West Midlands Quality Review Team has developed an excellent methodology in the development of standards for clinical services; they are precise and efficient in their development and application
- Many peer review schemes have a strong emphasis on data and information, using quality information to help drive the peer review process through monitoring and benchmarking services. This is a real strength and one that accreditation schemes could learn from (e.g. Stroke Peer Review Scheme)
- The NHS National Quality Review Service has a unique ‘dashboard’ type web tool to support peer review
- Peer review schemes have a long history of Lay involvement and representation in reviewing clinical services
- Partnership/collaboration with different organisations that are focused on the same topic (e.g. Stroke Peer Review: Royal College of Physicians, British Association of Stroke Physicians and Stroke Association)
- Transparency with the results of the review (e.g. National Peer Review Scheme reports published online for patients/public)
- Annual reports are informative and specific, given the breadth of reviews done
- Ability to link reviews with evidence of improved patient outcomes and their care
- All have strong relationships with commissioning, and therefore require departments to be peer reviewed

# Recommendations aligned to 'Developing accreditation schemes for clinical services' guidance (CSAA)

- 1. Clinical Leadership and governance:** The description of clinical leadership and governance should be explicit throughout the scheme and available in the public domain
- 2. Quality improvement:** A clear and consistent definition of quality improvement should be documented and in the public domain
- 3. Patient focus:** Patient involvement strategies should be explicit and in the public domain
- 4. Communication:** Information about accreditation schemes should be clear and cover a range of interests (for instance, the service including up to date and clear on websites). Also, communication messages in the public domain should be tailored to the audience type
- 5. Standards:** The standards development, focus and review process should be explicit and collaborative
- 6. Accreditation process:** More discussion is required around what constitutes a good accreditation cycle
- 7. IT systems/web tools:** Should be available to support all schemes, paper based systems should be minimised
- 8. Information/data:** There should be a strong emphasis on data and information, using quality information to help the accreditation and benchmarking of services
- 9. Training and support:** Training or workshops for clinical services undergoing accreditation should be mandatory with documented learning outcomes. Schemes should provide a range of tools and resources for services undergoing accreditation
- 10. Assessor development and management:** There should be defined training pathway for all assessors including lay assessors, included supporting competencies and processes for sign off
- 11. Service impact:** Schemes should look to raise the quality of the provision of service on a national scale from what has been learned locally. They should be more explicit and consistent, with the possibility of developing some common metrics based on local reviews
- 12. Scheme evaluation:** All schemes should undergo a formal review, or an evaluation of their scheme
- 13. Annual reports:** Should be specific to the scheme and there should be broad agreement about its structure

# Accreditation examples and practices

The aim of this information is to share practices from existing schemes.

| No       | Area                                  | Suggested examples of good practice  |
|----------|---------------------------------------|--|
| <b>1</b> | <b>Leadership and governance</b>      |  |
| 1.1      | Clinical leadership and governance    | <ul style="list-style-type: none"> <li>• Clear clinical leadership role/responsibility</li> <li>• Governance structure and terms of reference for schemes provided</li> <li>• Lay involvement strategy available</li> </ul>  |
| 1.2      | Quality improvement focus             | <ul style="list-style-type: none"> <li>• Definition of quality improvement documented</li> <li>• Support tools               <ul style="list-style-type: none"> <li>– Resource guides</li> <li>– Website structure/design</li> <li>– Online training</li> <li>– Online tool</li> </ul> </li> <li>• Training packs available and learning outcomes documented</li> </ul>  |
| 1.3      | Accreditation standards               | <ul style="list-style-type: none"> <li>• Scheme website or standards document available</li> <li>• Sector specific standards defined</li> <li>• Approach to reviewing/maintaining standards documented</li> </ul>  |
| 1.4      | Accreditation process                 | <ul style="list-style-type: none"> <li>• Description of process defined               <ul style="list-style-type: none"> <li>– Data gathering</li> <li>– Self-assessment</li> <li>– Remote assessment</li> <li>– Site visits</li> <li>– Reports</li> <li>– Quality assurance of the report (e.g. independently review the report and assessments, panel review, QA lead review of the report)</li> </ul> </li> </ul> |
| <b>2</b> | <b>Structure and service delivery</b> |  |
| 2.1      | Accreditation scheme administration   | <ul style="list-style-type: none"> <li>• Staff roles/job descriptions available</li> <li>• Website in place</li> <li>• Costing models available</li> </ul>   |
| 2.2      | Scheme policies/protocols             | <ul style="list-style-type: none"> <li>• Summary list of scheme polices and protocols available</li> <li>• Handbooks for services available</li> <li>• Handbooks for assessors available</li> </ul>  |

|          |  |  |
|----------|--|--|
| 2.3      | Assessor recruitment, training and management                              | <ul style="list-style-type: none"> <li>• Scheme website</li> <li>• Assessor handbook/document available</li> <li>• Training pathway</li> <li>• Competencies defined</li> <li>• Lay assessor document available</li> <li>• 360 tools available</li> </ul> |
| 2.4      | Service support/tools training   | <ul style="list-style-type: none"> <li>• Service handbook/guide available</li> <li>• Training methodology/objectives defined</li> <li>• Different types of training days &amp; resources available</li> </ul>  |
| <b>3</b> | <b>Performance evaluation</b>  |  |
| 3.1      | Quality assurance of the scheme  | <ul style="list-style-type: none"> <li>• Complaints/appeals process documented</li> <li>• QA methodology defined</li> <li>• Feedback tools available</li> <li>• Evaluations available</li> <li>• Annual report provided</li> </ul>                       |
| 3.2      | Service impact including evidence of benefit and/or improvement to service | <ul style="list-style-type: none"> <li>• Annual report provided</li> <li>• Scheme impact/document available</li> </ul>   |

# References

1. Developing a strategy for accreditation of clinical services (Royal College of Physicians, 2013) *Clinical Medicine*; 2013. Vol 13, No 6: 538-42
2. A core model for professionally led, clinical service accreditation (Healthcare Quality Improvement Partnership, 2009, Lelliott P, Young E and Burgess R)
3. Pathway peer review to improve quality (McCormick B, Health Foundation November 2012)

# Appendix 1: Clinical accreditation scheme questionnaire

This questionnaire was used to gather initial responses from all schemes and forms much of the basis of the report

| No       | Area                               | Questions  |
|----------|------------------------------------|--|
| <b>1</b> | <b>Leadership and governance</b>   |  |
| 1.1      | Clinical leadership and governance | <ol style="list-style-type: none"> <li>1. Where is the scheme based: International, UK , Wales, England, Scotland, Northern Ireland</li> <li>2. Who is the governing body for the scheme? Name of governing body (e.g. RCP)</li> <li>3. Is there apparent clinical leadership throughout the scheme? In governance, working groups and/or assessors</li> <li>4. Who formally approved the scheme? CQC, UKAS, Neither</li> <li>5. Who endorses the scheme? College, UKAS, CQC, Society, Other</li> <li>6. Who owns the accreditation scheme? College, UKAS, Other</li> <li>7. Is there lay representation in the governing body? Yes/No</li> </ol>  |
| 1.2      | Quality improvement focus          | <ol style="list-style-type: none"> <li>8. Is there:               <ol style="list-style-type: none"> <li>a. Formal definition of quality improvement</li> <li>b. Different standards for quality improvement</li> <li>c. Mechanism for self-assessment in preparation for accreditation</li> <li>d. Summary of results available (e.g. census)</li> </ol> </li> <li>9. Is there a separate website for QI standards (e.g. QI Tool)? Yes/No</li> <li>10. If there is a separate website for QI and the standards (QI Tool), what is the link? Link to QI standards website</li> <li>11. Are there specific training days for QI? Yes/No</li> <li>12. How often are specific days for QI? Several times a year, annually, periodically</li> <li>13. For QI, which tools are available?               <ol style="list-style-type: none"> <li>a. Resource guides</li> <li>b. Website</li> <li>c. Online training</li> <li>d. Web tool</li> </ol> </li> </ol> |

|     |                         |  |
|-----|-------------------------|--|
| 1.3 | Accreditation standards | <ol style="list-style-type: none"> <li>1. Are the standards publically available? Yes/No</li> <li>2. What are the domains of the standards? <ol style="list-style-type: none"> <li>a. Clinical quality</li> <li>b. Patient experience</li> <li>c. Leadership and management</li> <li>d. Workforce and training</li> <li>e. Other</li> </ol> </li> <li>3. What is the website link to the standards? Link</li> <li>4. How are the standards developed? <ol style="list-style-type: none"> <li>a. BSI</li> <li>b. UKAS</li> <li>c. Internal</li> <li>d. NICE accredited process</li> <li>e. ISO (international standards)</li> <li>f. Multidisciplinary stakeholder consultation</li> </ol> </li> <li>5. Based on the method above, describe in greater detail what the standards development process entails</li> <li>6. Are there different standards for different sectors? Yes/No</li> <li>7. Who updates the standards? <ol style="list-style-type: none"> <li>a. Working group</li> <li>b. UKAS</li> <li>c. Governing body</li> <li>d. Other</li> </ol> </li> <li>8. How frequently are the standards updated? Once yearly, every 5 years, etc</li> <li>9. Who owns the standards? UKAS, College, ISO, BSI, Other</li> </ol> |
| 1.4 | Accreditation process   | <ol style="list-style-type: none"> <li>10. How long is the accreditation cycle (multi-answer)? Annual process, three yearly, five yearly</li> <li>11. Which of the following steps does the accreditation process include: <ol style="list-style-type: none"> <li>a. Data gathering</li> <li>b. Self-assessment</li> <li>c. Remote assessment – assessment team, site visits</li> <li>d. Site visits</li> <li>e. Reports</li> <li>f. Quality Assurance of the report (e.g. independently review the report and assessments, panel review, QA lead review of the report)</li> </ol> </li> <li>12. What are the possible outcomes through the accreditation process: <ol style="list-style-type: none"> <li>a. Pass, full accreditation</li> <li>b. Accreditation deferred</li> <li>c. Pass, with recommendations</li> <li>d. Accreditation not awarded</li> <li>e. If failed, not notified</li> <li>f. Other</li> </ol> </li> <li>13. What is the emphasis on the outcomes? Most pass or stages</li> <li>14. If a site doesn't pass, is there a mechanism to provide support? Yes/No</li> </ol>   |

| 2   | Structure and service delivery                |   |
|-----|---|---|
| 2.1 | Accreditation scheme administration           | <p>14. Who is responsible of the management and administration of the scheme: UKAS, College, Other</p> <p>15. Does the accreditation scheme have a:</p> <ol style="list-style-type: none"> <li>Dedicated web tool</li> <li>Website</li> <li>Paper-based element</li> </ol> <p>16. What is the web tool link? Link</p> <p>17. What is available through the IT web tool?</p> <ul style="list-style-type: none"> <li>- Standards</li> <li>- Self-assessment tools</li> <li>- Support tools</li> <li>- Resources to achieve accreditation (good practice library, self-improvement guides)</li> </ul> <p>18. Is there a costing model used? Yes/No</p> <p>19. What is the standard annual subscription fee? £ amount</p> <p>20. What does the subscription fee cover?</p> <ul style="list-style-type: none"> <li>- Training (free)</li> <li>- Access to IT tool</li> <li>- Access to remote support service</li> <li>- Access to guidance</li> <li>- Access to resources</li> <li>- Other</li> </ul>   |
| 2.2 | Scheme policies/protocols                     | <p>21. What does the scheme have:</p> <ol style="list-style-type: none"> <li>Core policies and protocols</li> <li>Accreditation standards and evidence requirement</li> </ol> <p>22. How often are the scheme policies and protocols reviewed?</p>  |
| 2.3 | Assessor recruitment, training and management | <p>23. Who is on a review team? Clinicians lay representative, representative from the governing body, managers, etc.</p> <p>24. What are the criteria to be a:</p> <ol style="list-style-type: none"> <li>Clinical assessor</li> <li>Lay assessor</li> <li>Manager assessor</li> </ol> <p>25. Is there a:</p> <ol style="list-style-type: none"> <li>Defined training pathway (preparation, training, signing off competencies)</li> <li>A day for assessor training</li> </ol> <p>26. Is lay assessor training separate from other assessors? Yes/No</p> <p>27. Is there a competencies and assessment process for assessors? Yes/No</p> <p>28. If yes, what is it?</p> <p>29. Is there an assessor/reviewers day? Yes/No</p> <p>30. Is there information on how training is conducted and developed? Yes/No</p> <p>31. What is the agenda and the objectives for the training provided?</p> <p>32. Are assessors paid? Yes/No</p> <p>33. How are assessors paid? Expenses, daily rate, Other</p> <p>34. What is the expected time commitment from the assessor (Minimum expected commitment/assessments per year)?</p> |

|                                 |   |   |
|---------------------------------|---|---|
| 2.4                             | Service support/tools training                                      | <p>35. Is training mandatory? Yes/No</p> <p>36. Are there tools and resources for the departments? Yes/No</p> <p>37. What are the tools and resources available?</p> <ul style="list-style-type: none"> <li>a. Guidebook</li> <li>b. Web tool</li> <li>c. Training packs</li> <li>d. Email contact</li> <li>e. Consultancy support</li> </ul>   |
| <b>3 Performance evaluation</b> |   |   |
| 3.1                             | Quality assurance of the scheme                                     | <p>38. Is there external scrutiny? Another college, UKAS, CQC, NICE, informal process, other</p> <p>39. If not, what do they do?</p> <p>40. Is there an annual report? Yes/No</p> <p>41. What is included in the annual report? Finances, success rates, reach (which sectors), challenges, focus, changes in improvements</p> <p>42. Feedback from services about the scheme through: Annual survey, good value for money? Impact the scheme was having? Assessors?</p> <p>43. What is the complaints/appeals process?</p> |
| 3.2                             | Service impact including evidence of benefit/improvement to service | <p>44. What is the impact of scheme on services?</p> <ul style="list-style-type: none"> <li>a. Number of services accredited (trending upwards)</li> <li>b. Evidence of improved patient outcomes and their care</li> <li>c. Relationship with commissioning (whether departments have to be accredited)</li> <li>d. Annual report – infrastructure improvement, value for money, efficiency</li> </ul>   |

# Appendix 2: Sharing and improving accreditation methodologies survey

Please complete the following brief survey using the scale below.

| Not confident |   |   |   |   |   |   |   |   | Very confident |
|---------------|---|---|---|---|---|---|---|---|----------------|
| 1             | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10             |

|  |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|----|
| 1. The accreditation scheme can demonstrate a clear and measurable positive impact on the patient experience | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|----|

Please describe why you chose that level of confidence with the statement above.

|  |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|----|
| 2. Effective clinical leadership and governance is at the heart of our accreditation scheme. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|----|

Please describe why you chose that level of confidence with the statement above.

|  |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|----|
| 3. Quality improvement is a consistent focus in all of our work. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|----|

Please describe why you chose that level of confidence with the statement above.

|  |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|----|
| 4. Lay representatives or patients have clearly defined roles in the development and delivery of the scheme. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|----|

Please describe why you chose that level of confidence with the statement above.

|  |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|----|
| 5. We can demonstrate consistency and quality in our service delivery. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|----|

Please describe why you chose that level of confidence with the statement above.

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 6. The accreditation scheme can demonstrate the value that it adds to the service in terms of benefit/improvement to service. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Please describe why you chose that level of confidence with the statement above.

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 7. I am optimistic that the accreditation scheme will continue to receive support from services and key stakeholders. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Please describe why you chose that level of confidence with the statement above.

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 8. I would recommend our scheme to someone starting a new one | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Please describe why you chose that level of confidence with the statement above.

9. What advice would you give to someone starting a new accreditation scheme?

# Appendix 3: Clinical accreditation schemes – June 2015

|   | Host organisation   | Name of scheme  | Type of scheme   | Website/info   |
|---|---|---|--|--|
| <b>The Royal College of Physicians; Key contact: Caroline Rogers, accreditation unit manager</b>              |   |   |  |  |
| 1   | QI Standards owned/<br>developed by Endoscopy QA<br>Units Group (RCP)<br><br>Accreditation scheme<br>operated by the RCP London | JAG – Joint Advisory Group on<br>Gastrointestinal Endoscopy<br>Accreditation Scheme       | Endoscopy services-acute,<br>non-acute and private sector  | National & international<br>coverage<br><br><a href="http://www.thejag.org.uk">www.thejag.org.uk</a>   |
| 2   | Standards owned/<br>developed by the Faculty of<br>Occupational Medicine<br><br>Accreditation scheme<br>operated by RCP         | SEQOHS – Safe Effective<br>Quality Occupational<br>Health Service<br>Accreditation Scheme | Occupational health services   | National & international<br>coverage<br><br><a href="http://www.fom.ac.uk">www.fom.ac.uk</a><br><br><a href="http://www.seqohs.org">www.seqohs.org</a>   |
| 3   | QI Standards developed and<br>owned by the RCP London<br><br>Accreditation scheme<br>operated by UKAS                           | IQIPS – Improving Quality in<br>Physiological Services                                    | Physiological Sciences<br>including audiology,<br>paediatric audiology,<br>cardiac physiology,<br>gastrointestinal physiology,<br>neurophysiology,<br>ophthalmic science,<br>respiratory and sleep<br>physiology, urodynamics,<br>vascular science | National coverage<br><br><a href="http://www.iqips.org.uk">www.iqips.org.uk</a>  |
| <b>The Royal College of Psychiatrists; key contact: Adrian Worrall, head of centre of quality improvement</b> |   |   |  |  |
| 4   | Standards owned/<br>developed by RCPsych<br><br>Accreditation scheme<br>operated by the RCPsych                                 | AIMS – Accreditation of<br>In-patient Mental Health<br>Services                           | Learning disability wards,<br>older people's psychiatric<br>wards, psychiatric intensive<br>care units, psychiatric<br>rehabilitation units, acute<br>psychiatric wards  | <a href="http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojectsdraft.aspx#service">www.rcpsych.ac.uk/<br/>workinpsychiatry/<br/>qualityimprovement/<br/>ccqiprojectsdraft.<br/>aspx#service</a> |
| <b>UKAS; key contact: Lorraine Turner, business development and technical director</b>                        |   |   |  |  |
| 5   | Standards owned/<br>developed by RCR<br><br>Accreditation scheme<br>operated by UKAS  | Imaging Services<br>Accreditation Scheme, ISAS  | Diagnostic Imaging Services  | <a href="http://www.isas-uk.org/default.shtml">www.isas-uk.org/default.<br/>shtml</a>  |

|  |   |  |   |  |
|--|---|--|---|--|
| 6  | Accreditation scheme operated by UKAS (See RCP)                             | IQIPS – Improving Quality in Physiological Services      | Physiological Sciences including audiology, paediatric audiology, cardiac physiology, gastrointestinal physiology, neurophysiology, ophthalmic science, respiratory and sleep physiology, urodynamics, vascular science | <a href="http://www.igips.org.uk">www.igips.org.uk</a>   |
| <b>Royal College of Anaesthetists; Key contact: Sharon Drake, director of clinical quality and research</b>                                |   |  |   |  |
| 7  | Standards owned/ developed by RCoA<br>Accreditation scheme operated by RCoA | Anaesthesia Clinical Services Accreditation              | Anaesthesia Clinical Services Accreditation is a voluntary scheme for NHS and independent sector organisations that offers quality improvement through peer review.   | <a href="http://www.rcoa.ac.uk/acsa">www.rcoa.ac.uk/acsa</a>   |
| <b>Independent; Key contacts: Moyra Amess, associate director (CHKS), Maggie Stobbart-Rowlands, lead nurse and programme manager (GSF)</b> |   |  |   |  |
| 8  | CHKS  | CHKS Assurance and Accreditation Programme               | Full hospital specific services within hospitals, oncology services, Primary Care Hospices Care Homes, Ambulance services, Addiction Treatment Centres  | <a href="http://www.chks.co.uk/Assurance-and-Accreditation">www.chks.co.uk/Assurance-and-Accreditation</a> |
| 9  | The National GSF Centre in End of Life Care                                 | Provision of end of life care                            | The National GSF Centre in End of Life Care   | <a href="http://www.goldstandardsframework.org.uk">www.goldstandardsframework.org.uk</a>                   |
| 10   | RDB Star Rating   | RBS Star Rating-Care Homes<br>Best practice benchmarking | Best practice benchmarking, this assessment focuses exclusively on the outcomes of care and, thus, provides a real measure of the 'quality of life' for residents   | <a href="http://www.rdbstar-rating.com">www.rdbstar-rating.com</a>   |

# Appendix 4: Peer review schemes

## – June 2015

| No | Name of scheme                       | Type of scheme   | Host organisation   |
|----|--------------------------------------|--|---|
| 1  | Stroke Peer Review Scheme            | As named   | RCP London RCP in partnership with British Association of Stroke Physicians, Stroke Association |
| 2  | West Midlands Quality Review Service | Peer review scheme for West Midland organisations Funded and supported by CEOs   | West Midlands Quality Review Service  |
| 3  | National Peer Review Programme       | National Peer Review Programme is a quality assurance programme that is aimed at reviewing clinical teams and services to determine their compliance against national measures, as well as the assessment of quality aspects of clinical care and treatment. The National Peer Review Programme encompasses a whole systems approach to quality and safety in relation to the patient experience and clinical outcomes | <a href="http://www.nationalpeerreview.nhs.uk">www.nationalpeerreview.nhs.uk</a>                |



*This guidance is produced on behalf of the  
Clinical Service Accreditation Alliance*

Further information is available at:  
[www.hqip.org.uk/national-programmes/accreditation-of-clinical-services/](http://www.hqip.org.uk/national-programmes/accreditation-of-clinical-services/)

ISBN NO 978-1-907561-28-3

6th Floor, 45 Moorfields, London, EC2Y 9AE

T 020 7997 7370 F 020 7997 7398  
E [communications@hqip.org.uk](mailto:communications@hqip.org.uk)

[www.hqip.org.uk](http://www.hqip.org.uk)

Registered Office: 70 Wimpole Street, London W1G 8AX

Registration No. 6498947

Registered Charity Number: 1127049

2016 Healthcare Quality Improvement Partnership Ltd. (HQIP)

All rights reserved

November 2016. Next review date: November 2017