

Clinical Service Accreditation Alliance: Work stream 6

Preparing for development of a clinical service accreditation scheme: A good practice guide



Authors:

Debbie Johnston, representing the Clinical Services Accreditation Alliance (CSAA)

Date of publication: *November 2016*

Date for review: *November 2017*

© 2016 Healthcare Quality Improvement Partnership Ltd (HQIP) on behalf of the Clinical Service Accreditation Alliance (CSAA) Design: Pad Creative www.padcreative.co.uk

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

Contents

Introduction	4
--------------	---

Background: About the Clinical Service Accreditation Alliance and about this guidance	12
---	----

Definitions and principles	13
----------------------------	----

Starting out	13
--------------	----

Scope	8
-------	---

1	Establish a steering committee and assess the position	8
2	Alignment and objectives	9
3	Engagement	9
4	Feasibility and business case	10

Prepare	12
---------	----

1	Workshop	8
2	Working groups	8
3	PAS framework review	9
4	IT platform	9
5	Quality improvement work	10

Develop	12
---------	----

1	Provider of scheme	8
2	Costing model	8
3	Leadership and governance	9
4	Planning and timescales	9
5	Marketing of scheme	10

Operationalise	12
1 Establish systems	8
2 Personnel /assessors	8
3 Pilot sites to test standards and process	9
4 Develop training (services and assessors)	9
5 Publicity launch	10
HQIP contacts	12
Appendix 1: Self-assessment questionnaire	14
Appendix 2: Outline project plan for developing an accreditation scheme	14

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 collaboration 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.

The CSAA's work culminated in November 2016 with the first publication of the resources 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/

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
- **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 (this document)

About this guidance

- This guidance describes how best to prepare for and standardise an accreditation scheme for Clinical Services. It has been prepared by HQIP as part of the CSAA with input from a wide range of organisations and individuals involved in developing and operating accreditation schemes for clinical services. It draws on other outputs of the Alliance such as standards required for accreditation schemes
- The guidance is aimed at any body or group of stakeholders who wish to develop an accreditation scheme in their clinical specialty. The guidance is relevant to all those developing accreditation schemes whether they are in an advanced stage of development or not. For those at an early stage it will ensure that all essential steps are taken from the outset. For those who have already made progress it will act as a checklist to ensure that they have considered all relevant aspects
- Throughout the guidance, there is considerable emphasis on the early stages of engagement. Experience has shown how far subsequent success is influenced by the early groundwork
- Wherever possible, examples have been provided to illustrate key points and to serve as a guide for scheme developers. They should be adapted to suit particular characteristics of a clinical service and take into account the views of all stakeholders
- Additional tools and templates will be released in due course to support this guidance
- Wherever possible the guidance aligns with other products of the Alliance, as described below

Definitions and principles

Professionally led

- All health professionals who contribute to the service are included in the leadership, development, governance and delivery of the scheme

A clinical specialty

- A clinical specialty in medicine is a branch of medical practice and can be classified along several axes. These are:
 - Surgical or internal medicine
 - Age range of patients
 - Diagnostic or therapeutic
 - Organ-based or technique-based
- Many clinical specialties are organ-based: symptoms and diseases usually arise from dysfunction of a particular organ. Provider business models are often based on clinical specialties or disease groups. Other clinical specialties are based mainly around a support service such as most diagnostic services and perhaps anaesthesia services
- A clinical specialty may decide an accreditation scheme should be organised round a component of its specialty

A clinical service

- A group of health and, when relevant, social care staff and facilities and the processes that link them; both with each other and with other components of the wider healthcare system
- The clinical service so defined must be meaningful to both clinicians and patients. It might:
 - Be a single health care facility such as a ward, a clinical pathology laboratory or a primary care centre
 - Comprise a group of staff and facilities that work together, as a 'virtual team' to provide care to a common group of patients; such as people who have had a stroke or those being assessed and managed for memory problems. The staff and facilities that make up this 'virtual team' might either be co-located within a particular setting, such as a general hospital, or be distributed across a number of settings

- Provide care to patients at a particular time-point and level of care, such as anaesthetic practice within a general hospital, or provide care to patients over time and across the boundaries between health and social care and between primary and secondary care. The latter might be defined as a care pathway

- Although accreditation standards might include those that relate to broader organisational processes, such as training, recruitment and finance management, in clinical service accreditation the focus of these organisational standards will be on the impact that these processes have on the quality of clinical and social care

Principles

Clinical service accreditation schemes should:

1. Be inclusive of the range of interests in the clinical service that is the focus of accreditation
2. Be voluntary
3. Have a patient-focus
4. Have methodological rigour and draw on the evidence base in the development of standards and in the processes used to assess levels of performance
5. Be about excellence and show a commitment to continuous quality improvement;
6. Have sound governance
7. Be subject to evaluation and external quality assurance
8. Be aligned with the system that commissions, regulates and performance manages healthcare and be recognised as being part of that system. In particular, they should, where possible, be based on NICE quality standards and contribute information to support registration by regulators and inspectorate bodies
9. Demonstrate value for money
10. Be administered by an independent body or one set up specifically for the task, which checks that the required standards are met and maintained
11. Use levers and incentives to membership such as access to information and quality improvement advice

Starting out

The following points should be taken into account when determining whether to develop a new accreditation scheme and with what urgency:

1. The need for improvement in that clinical service
2. The degree of alignment of purpose of the key stakeholders within a clinical specialty – does everyone want the same thing? Support from all relevant stakeholders is essential if a critical mass of the service is to engage in accreditation. Indeed working towards accreditation will foster collaboration and help alignment of purpose
3. The existence of other quality improvement initiatives in that area of healthcare and the extent to which accreditation might help or hinder those other initiatives
4. The desire for accreditation within that clinical specialty
5. The levers and incentives within a clinical service, such as specialised commissioning that might encourage uptake

The CSAA’s map of clinical services for accreditation (see *workstream 3*)¹ is intended to be a starting point for discussions about future accreditation schemes. Experience indicates that clinical sub-specialties like to have their ‘own’ scheme but to keep the administrative burden down to a manageable level, larger schemes will be preferred and the CSAA map is intended to challenge the perspective of sub-specialties.

While this guide is intended to help an organisation prepare to establish an accreditation scheme, it will be necessary to have further input from others involved in developing and running schemes to ensure that future schemes comply with the principles of the CSAA.

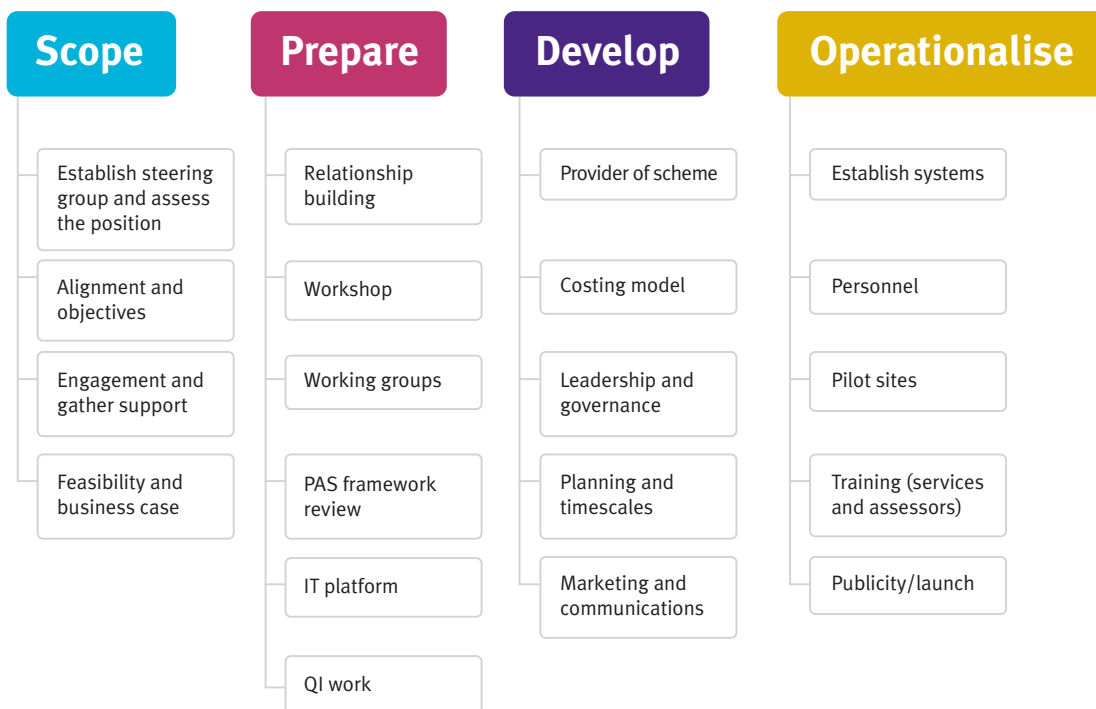


Diagram 1 provides a high level summary of stages in preparing for the development of an accreditation scheme for a clinical service.

Scope

Establish a steering committee and assess the position

A steering committee is the best way of taking the initial idea forward: to discuss the pros and cons of developing a scheme; and to assess the current position of the service and its readiness to proceed.

Steering committee example

The steering committee will:

- Provide leadership, oversight and guidance
- Assess the current situation to determine whether it is appropriate to proceed and when
- Oversee development of the underpinning criteria and evidence requirements
- Ensure effective communication
- Monitor progress and ensure it stays on track

Key roles:

- A clinical lead
- Project manager
- Professional advisor(s)
- Lay representatives/patient groups
- Representatives of all stakeholders

- The steering committee will need to consider how far the developing scheme complies with the principles of the CSAA
- A first step in this process is completion of a self-assessment questionnaire ([Appendix 1](#))

Important actions:

Assessment of current position –
Self assessment questionnaire and plan

Alignment and objectives

- The steering committee should determine how a scheme fits in with broader objectives, for example national policies, achieving targets, the aspirations of professional and patient agendas. As local services will provide most of the resources to achieve the standards required for accreditation, the group must consider the scale of the quality improvement work required and how this fits in with other priorities
- It is best to avoid setting too much in stone before consulting more broadly to ensure that the overarching intent is in line with everyone's expectations. This is best achieved with an early workshop
- Since membership of a scheme is voluntary it is important to be clear about the potential advantages of accreditation to a clinical service. For any new scheme therefore there should, ideally, be an assessment of potential impact of accreditation in that clinical service

Potential impact of accreditation

Enables, through clarity of standards and a robust assessment process:

- Patients to know what to expect from the service
- Commissioners to commission a service and have evidence of value for money
- Hospital Boards to performance manage their service lines
- Enhanced team working and morale
- Clinical teams to get the necessary support to deliver a high quality service
- Clinical services to deliver better value for money, largely through reduced disease burden and also through efficiencies
- Identification of inefficiencies and shortcomings
- Acceleration of improvements in quality, safety and efficiency
- Accelerated adoption of innovations in:
 - Quality and safety
 - Service delivery
 - Treatments: medicines and procedures
 - Productivity

- Many of these benefits have occurred in existing accreditation scheme such as the JAG accreditation scheme for endoscopy services²
- Being clear about potential impact enables the creation of some overarching objectives to guide the development of a scheme. At the outset, there is often a tendency to focus on the detail but it is better to be clear about purpose to avoid the pitfall of fitting purpose to detail. Ultimately, the scheme will have to assess against the requirements of PAS 1616. (The Publicly Available Specification (PAS) 1616 has been developed in collaboration with the British Standards Institution as a generic framework of standards for clinical services.³ Being clear how compliance with PAS 1616 will help a service is critical. This might be framed as a set of objectives for a scheme

Example objectives for an accreditation scheme

- Stimulate continuous improvement in processes and patient outcomes
- Protect the public by reducing risk
- Increase patient confidence in services
- Improve the management and efficiency of services
- Accelerate adoption of innovation and transformation
- Improve education and development of the workforce

Engagement and gathering support

- The idea for an accreditation scheme may originate from a particular group within the clinical service such as a third sector organisation, a professional group or specialist society. It is important to not allow conversations to proceed too far before involving everyone. The sooner that everyone is aware of a proposal to develop accreditation, the more likely they are subsequently to feel ownership and commitment. Furthermore, there is much greater likelihood that a new scheme will meet everyone's requirements if everyone is involved from the outset

- The best way to secure commitment and an adequate level of resources to develop the accreditation scheme is through broad support from all relevant stakeholders. It is essential to identify and map the many stakeholders that may support and/or benefit from the scheme
- No accreditation scheme can be set up in a vacuum. It is important to take account of the past history of the relationships between these various groups and other key stakeholders. It is essential to create a collaborative ethos involving all stakeholders:
 - Patient engagement: take account of key relationships, identifying key current and potential future partnerships. Ad hoc meetings should be set up with patient group leads to explain what is involved and seek their views on the potential to improve standards for patients through an accreditation scheme
 - Professional engagement: identify clinical leadership or a champion early in the process; this is critical to early engagement with services
- It is important to recognise and involve patients who are not represented by a national group to ensure a complete picture
- A comprehensive communications plan is needed to support all phases of development work

Feasibility and business case

An early feasibility study, exploring strengths and potential weaknesses is essential to help make the case for accreditation. It should set arguments for and against the scheme, and the steps and resources required to implement it. It should also assess the impact of the scheme and its potential on the full range of stakeholders. The box overleaf sets out a possible structure for a feasibility study.

Feasibility study content

- | | |
|---|--|
| <ul style="list-style-type: none">• Rationale for scheme• Background in legislation/national and local policy• Statistics/data etc• Numbers of clinical providers within the intended scheme• Benefits and disadvantages for stakeholders• Impacts on other national policies and targets• Gap analysis-how much work needs to be done to achieve standards• Proposed model for accreditation scheme | <ul style="list-style-type: none">• Draft budget to support development work• Management and reporting arrangements• Proposed activity levels and outcome targets• Outcome of preliminary consultations (if applicable)• Provisional implementation timetable (Appendix 2) |
|---|--|

- Development costs: these costs cover the preparation and development work, including the adaptation of the standards. The broad areas that require funding are:
 - Project leadership and management
 - Development of strategic plans
 - Communications and engagement strategy
 - Workshops and working groups
- Operational or running costs for the accreditation scheme cover its delivery. Running costs for the scheme should be fully funded through accreditation charges such as a licence fee. The income should support the core functions outlined in the cost model ([page 15](#)). The scheme provider will need to be clear about the numbers and types of services in operation in the UK before licence fee costs can be agreed. This is an early key priority, until this is accurately known it will be difficult to accurately model the rollout plan for accreditation and costs

Prepare

Relationship building

- Regular consultation and having ongoing conversations, both remote and face to face with key steering committee members gives an opportunity to keep the momentum going and to prepare fully ahead of the workshop (see below)
- It is important that all of the issues are fully appreciated. Experience shows that the early success of an accreditation scheme is dependent on a number of factors including addressing challenges and aligning agendas as early as possible

Workshop

It is important to have all relevant stakeholders involved in a workshop to help understanding, invite critique and then start planning if it is agreed developing a scheme is desirable. The

first meeting should focus on reviewing the current position of the clinical specialty and its potential for an accreditation scheme and revisit the responses to questions in [Appendix 1](#). As a minimum the following stakeholders should be invited to the workshop:

- Patients and carers
- Professional bodies, including specialty associations
- Professional representatives (across all healthcare professions)
- Providers
- Commissioners
- Third sector organisations

It is strongly recommended that ahead of the workshop a small working party reviews PAS 1616 for clinical services (see [next section](#)) and presents their early interpretation of how it will work for the clinical specialty.

Feasibility SWOT analysis	
Strengths <ul style="list-style-type: none">• Clinical ownership/leadership professional• Patient leadership and engagement• Aligned to organisation vision/values• Aligns to Boards desire to develop accreditation• Builds on QI work• CQC position of support in this area of work	Weaknesses <ul style="list-style-type: none">• Lack of expert knowledge to set up and deliver accreditation• Capacity to deliver in core current staff structures• Funding to set up and run the scheme
Opportunities <ul style="list-style-type: none">• Positive impact on quality patient care and patient engagement• Improvements across the clinical specialty• Builds on current in-house QI work programme, allowing other opportunities for learning and developing• Enhances reputation of organisation	Threats <ul style="list-style-type: none">• Reputational risk to organisation• Financial risk• Change in policy drivers/movers• Lack of control over levels of engagement

Workshop: Important actions/ critical documents

- Agenda
- Proposal/Context document including opportunities
- Self assessment questionnaire and plan ([Appendix 1](#))
- BSI PAS 1616
- SWOT Analysis

Working groups

Once agreement has been reached to proceed it is recommended that a series of working groups be created:

- **Steering/governance group:** to provide leadership, oversight and governance. It should include broad representation of the specialty
- **Project working group:** typically a small group managing the project and facilitating communication
- **Technical working groups:** typically produces specific deliverables (e.g. to produce the service specific standards to underpin PAS1616). There may be several short-term groups working on different clauses of the PAS
- **Quality improvement group:** to develop a strategy to outline the various strands of quality improvement activity required to support services to achieve and sustain the new standards

Service standards/criteria

The majority of PAS 1616 is generic and as such can be used for any clinical service. However, some requirements will require service specific definition in order for PAS 1616 to be relevant to the clinical service. The definition will need to include any regulation or national requirements relevant to that service, national targets such as waiting times, quality standards, guidelines, patient pathways etc.

Some of these service specific standards (such as regulatory requirements) will be mandatory but others may not be. Thus some discretion and negotiation will be required to agree what should be included. It is expected that there will be minimum requirements within these and those that will 'stretch' the service and demonstrate excellence. Experience indicates there is a tendency to create service specific requirements that can be met relatively easily with the justification that 'we do not want to put people off'. While this is understandable, the purpose of accreditation is to raise standards and it is recommended that the service-specific requirements be designed to achieve this.

PAS 1616 is a comprehensive document that sets ambitious standards and will require some interpretation for individual accreditation schemes.

The underpinning of PAS 1616 with service specific requirements requires a series of working groups with both clinical and specialist expertise. There are some critical steps to consider when adapting PAS1616 to a specific service.

Steps to PAS implementation

1. Map existing quality standards, national guidelines and other known specialty specific criteria to the PAS framework
2. Develop new underpinning criteria and evidence requirements
3. Consult and revise standards/criteria based on feedback
4. Identify an IT platform to house the standards and assessment process
5. Test the framework with early adopter sites
6. Selection of best examples of service innovation to support adoption of the framework (quality improvement work)
7. Develop user manuals
8. Develop an online feedback system
9. Develop a communication plan to ensure adoption of the standards

IT platform

Once all the groundwork has been done and the clinical specialty is ready to create an assessment process, a decision needs to be made whether to commission an independent accreditation provider or to administer the scheme 'in house' (see below). A competent accreditation scheme provider should have a generic IT system that can be customised for the specific scheme. If the clinical specialty decides to administer its own scheme an IT system will need to have the following functions:

- House the standards and the self assessment process
- Assessment management
- Administration and audit
- Communication

The IT platform should support clinical services to:

- Work through the standards
- Develop action plans and monitor progress
- Access resources to improve services and achieve accreditation

The CSAA has developed a generic statement of requirements for an accreditation IT system (CSAA work stream 5 – see www.csaa.uk). The purpose of this is to aid consistent development of IT systems across accreditation schemes. When developing accreditation IT systems, schemes may wish to use all or some of the specification defined in the specification for accreditation IT systems to meet their needs.

Quality improvement (QI) work

It is recommended that the clinical specialty create a QI strategy. The purpose of the strategy would be to create a QI infrastructure to support the service achieve the requirements of accreditation. This might include knowledge resources, QI expertise, leadership development, assessment and dissemination of innovations and transformations, etc. It is recommended that all stakeholders, including patients and patient groups are involved in the development of the strategy.

Develop

Provider of scheme

- As mentioned, the steering committee may commission a provider of accreditation schemes or administer it ‘in house’. Administering an accreditation scheme is not a small undertaking and there should be careful thought and analysis before a decision is made
- It is expected that all providers of schemes will either be accredited or work towards accreditation standards for scheme providers so that they are recognised by the Care Quality Commission (see also CSAA work stream 1 guidance see www.csaa.uk)
- HQIP and UKAS have developed specific guidance to support the achievement of ISO/IEC 17065 that can be used for the accreditation of Provider Bodies that operate clinical service assurance schemes. It sets out requirements and relevant guidance to assist Provider Bodies and UKAS, where the Provider Body requires accreditation
- Independent providers should be commissioned to operate a scheme for a clinical specialty under the following arrangements;
 - The provider must have a proven track record in the field of accrediting services
 - The provider must meet the criteria to meet the Care Quality Commission acceptance criteria
 - They must be either accredited as a provider to a recognised standard (for example, ISO/IEC 17065) or actively working towards one
 - There should be agreed joint objectives for the schemes between the clinical specialty the provider for the scheme
 - There should be a robust governance arrangement between the provider and clinical specialty stakeholder representatives to ensure that the scheme delivers against objectives

- There must be a joint process in place to learn from assessments and develop the scheme in response to feedback. To enable this, the clinical specialty should have a quality improvement group to advise on and develop improvements in practice
- The remainder of this document focuses on what needs to be done if an independent accreditation provider is not commissioned to administer the scheme

Costing model

The cost model should include:

- Consultancy
- Meetings
- Clinical Lead time
- Salaries for staff
- Staff training and recruitment
- IT system
- Office overheads
- Professional Indemnity Insurance
- Training for clinical services

This recommended template is based on experience of current accreditation schemes.

Important actions

Develop an accreditation scheme cost modeling tool

Leadership and governance

- The lead roles and responsibilities of the body operating the scheme and any advisory structures should be clearly defined and documented
- The Body shall have an agreed set of principles that it operates to⁴
 - Put the service user first
 - Be peer-led
 - Are outcomes focused
 - Promote improvement
 - Be supportive (as opposed to punitive)
 - Be educative, including sharing of best practice
 - Encourage, reward and celebrate excellence
 - ‘Practice what they preach’ in relation to continuous improvement
 - Require learning from feedback
- There should be clear documented agreement between the various clinical and non-clinical professional associations whose members make a contribution to the clinical service that is the focus of accreditation
- Constitutions should cover arrangements for membership, frequency and conduct of meetings and the circumstances under which changes to the scheme can be made
- An example governance model is based on experience of current accreditation schemes

Important actions

Put in place a governance model including leadership

Planning and timescales

- It is important to set timescales at an early point in the process. The action plan ([Appendix 2](#)) shows a possible timescale from development of a scheme to

implementation and is dependent on full support from all key stakeholders

- It starts at the point where a decision has been taken to investigate the feasibility of a scheme internally, as work, prior to this stage, is informal
- The plan in [Appendix 2](#) allows:
 - Two months to discuss and agree internal objectives
 - Three months to develop the business proposal
 - Three months to consult with stakeholders
 - Two months to revise the proposals and secure stakeholder agreement
 - A month for formal approval
 - Three months to appoint staff for implementation
 - Four months to recruit and train initial sites and assessors to run as a pilot
- A firm commitment to frontload funding for a minimum period (at least two years) should precede staff recruitment and other elements of the scheme that require resources

Marketing and communication

- The importance of good early publicity and clear information about the accreditation scheme cannot be over emphasised. This will help with early buy-in and registration with the scheme
- The communications strategy should include:
 - Providing an overview of the scheme and its operation – how and why it was developed
 - Publicising the incentives
 - A summary of scheme standards together with fuller details
 - General guidance, such as a list of frequently asked questions
 - Feedback mechanisms and contact information
- It is advisable to have a presence at professional meetings and conferences to promote the benefits of the scheme

Operationalise

Establish systems

An accreditation scheme should meet the full requirements for *CSAA work stream 1 guidance* (*‘Requirements and guidance for the accreditation of certification bodies’*) or similar.⁵ The requirements to achieve the standard are categorised in three broad areas:

- Leadership and governance
- Operational delivery
- Assessment management

This provides the structure for an accreditation scheme and some areas are worthy of particular emphasis and explained in the next section.

Personnel/assessors

It is vital that sufficient staff resources are provided to ensure that the scheme can be developed and run effectively. More resources will be required in the development, launch and early recruitment stages of a scheme to create materials and procedures, and to give it a good start. As things become more routine, fewer resources may be required. When a scheme expands successfully, staffing levels must be reviewed to ensure that they are adequate.

Having the right staff in post is essential to the success of an accreditation scheme. Developing a new scheme takes time and energy, and cannot readily be fitted into the gaps between other duties. If it is, the scheme will be in danger of losing momentum when other higher priority tasks take precedence.

The skills required to work together with stakeholders to develop and run a scheme are very specific. Developing an accreditation scheme requires the ability to work in collaboration with clinical services and to generate enthusiasm amongst them and others. Staff will also require the capacity to mobilise the resources that will be needed from many sources within their authority, and outside, to make a scheme work successfully.

It is widely recognised that initiatives of this kind rely heavily on the particular skill and personal characteristics of the person leading them. Strong motivation, good communication skills and the ability to work within a multi-disciplinary network will be more important than any particular professional background.

Important actions

Develop an accreditation scheme manager job description and and specification

Assessors should represent the needs of a scheme and have a mixture of professional, managerial and lay input. The scheme should have an agreed set of values that all assessors are trained in and are expected to work to, as outlined below:

- Fair, objective and consistent
- Responsible and prudent
- Impartial, non-discriminatory and respectful
- Open and transparent
- Flexible and adaptable

The scheme should ensure that all assessors possess core competencies defined in this section and the supporting skill level. Once assessors have completed an initial assessor training programme, these competencies should be assessed through a formative and summative assessment process. There are three types of competency to assess their suitability:

1. Technical
 - a. Planning and organisation skills
 - b. Assessment skills
 - c. Communication, report writing and feedback

2. Behavioural competence
 - a. Covers a range of qualities and attributes of behaviour and character needed to perform the role of an Assessor effectively including undertaking independently and as part of an assessment team
3. Knowledge
 - a. Knowledge of the standards, application area and technology
 - b. Legal and safety regulatory framework, standards, guidance or codes of practice
 - c. Experience of other services in other sectors and countries e.g. independent, non-acute

Important actions

Develop assessor roles and competencies

- The Accreditation Scheme should evaluate the overall performance of assessors drawing information from a number of sources:
 - Assessment preparation and organisation
 - Evidence review and communication to the service
 - Assessor reports
 - Peer and Service Feedback
 - Formal observation of practice

Pilot sites to test standards and process

Operating a new scheme initially on a pilot basis with a limited number of clinical services will not only identify problems with procedures but will build confidence amongst assessor and services.

This is important before the scheme is rolled out and those who have worked through the pilot period can then be encouraged to recruit others.

Having early champions among clinical services will greatly enhance the prospects for the success of the scheme. Experience has shown that clinical services and assessors are the best recruiting agents for accreditation.

Develop training (services and assessors)

A training programme should be designed to support services to achieve the standards and to share experiences.

Important actions

Develop a service training programme

The assessor training programme should be designed to deliver high quality, effective assessors. A training pathway with core stages and timelines should support this and are critical to ensure maximum learning.

Important actions

Develop an assessor training programme

Launch of scheme

The planning and launch of an accreditation scheme should be publicised to regulators, CEO's of organisations, patient groups, professional organisations as well as clinical services themselves wherever possible. This may be through press

releases and through presentations to patient groups and organisations. Routine communication of material, for example in relation to benefits, should be used to publicise the scheme. Publicity in patient organisations' newsletters is especially useful.

The launch of a scheme should be marked by a specific launch event, which should include all the main stakeholders who have made a contribution. The commitment of the various stakeholders and participants can be demonstrated through presentations and discussion with the audience.

Post launch, recruitment of clinical services begins in earnest, and it is essential to have prepared the ground for this thoroughly. A pack of materials is needed to send out in response to enquiries. This should provide details of how to apply, including procedures, and ultimately show clearly what to do next.

HQIP contacts

HQIP can support teams wishing to establish professionally led high quality sustainable schemes by advising and helping them to develop and deliver their plans. For further advice and information please go to our website: www.hqip.org.uk or please contact 020 7997 7370 or email accreditation@hqip.org.uk with any queries.

Appendix 1: Self-assessment questionnaire

Area	Questions	Response
The service	What is the range of services associated with the specialty?	
	Does your service 'cross-cut' others services (e.g. diagnostics) or is it discreet?	
	How and where is the specialty delivered?	
	Which professional groups deliver the service?	
	Who are the providers?	
	What services are commissioned through the specialised commissioning process?	
Professional associations	What professional associations have a stake in the service?	
Patient involvement	What third sector organisations relate to the service?	
	Is there any other type of patient involvement?	
Governance and QA	Is there an overarching governance structure?	
	Is there any type of QA inspection process such as peer review or accreditation in any part of your specialty?	
Quality improvement activity	Are there any QI processes currently in your specialty?	
	Is there routine data monitoring? What evidence is there of variation?	
Levers	What levers exist to improve resources and raise standards (such as CQUINs)?	
Barriers	What do you think the key barriers are to the development of an accreditation scheme in your specialty?	

Appendix 2: Outline project plan for developing an accreditation scheme

The action plan shows a typical 18-month timeline to develop and start a new accreditation scheme.

Summary action plan and minimum timescales for developing an accreditation scheme																		
Action	Months																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Scope																		
Assess current position <i>(Appendix 1)</i>																		
Assess feasibility of a scheme																		
Establish steering committee																		
Invite key stakeholders to first meeting and agree approach																		
Agree timelines for delivery of all work																		
Set objectives for the scheme																		
Prepare business proposal																		
Secure steering committee mandate to proceed																		
Appoint internal and external support for project set up and delivery																		

Prepare																	
Develop communications plan																	
Focus on relationship building through clinical leadership and steering committee																	
Initial workshop to discuss opportunities for new scheme Care																	
Agenda and paper/proposal requirements																	
Identify a working group/site to review the PAS1616 and present early thoughts																	
Discuss and develop methodology for rollout process																	
Identify working groups to assess PAS 1616 and develop service specific requirements.																	
Test standards and modify on the basis of feedback																	
Identify IT platform and provider to support the scheme																	
Develop a QI strategy to support the standards																	

Develop																	
External provider: Appoint provider of accreditation scheme (if appointing an external body)																	
Develop selection criteria for external provider and appoint																	
In-house: develop and populate costing model																	
Define leadership and governance structure																	
Plan and develop timescales to develop scheme, develop an action plan																	
Identify funding to frontload scheme (two-year commitment)																	
Develop early communications plan to include early marketing of the scheme																	

Operationalise

Review requirements for the Accreditation of Certification Bodies providing Clinical Service Certification schemes																		
Develop gap analysis and plan to achieve the full requirements																		
Appoint scheme manager																		
Appoint other key personnel including assessors																		
Identify pilot sites to test standards and process																		
Test accreditation process standards and process																		
Publicise scheme widely-develop communications strategy																		
Develop information pack about the scheme																		
Hold public launch event																		
Develop feedback mechanisms																		

References

1. Workstream 3 (CSAA): www.csaa.uk
2. JAG accreditation scheme for endoscopy services (JAG): www.thejag.org.uk/units.aspx
3. Available at shop.bsigroup.com/ProductDetail?pid=00000000030324182. Limited copies are available free of charge from HQIP for those working in the NHS with plans to develop accreditation schemes. Please see www.csaa.uk for more information.
4. ISQua Criterion, 1.2, Guidelines and Standards for External Evaluation Organisations (ISQua) 4th Edition Version 1.1, July 2014
5. Workstream 1 (CSAA): www.csaa.uk



*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/

ISBN NO 978-1-907561-31-3

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

T 020 7997 7370 F 020 7997 7398
E communications@hqip.org.uk

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