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Research Article

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The Impact of Ward Accreditation on The Quality of Patient Care. A Realist Literature Review

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Abstract

Background: *Ward accreditation is an improvement tool to assess the quality of patient care in hospital. It is implied that it will lead to improved patient care and as such higher CQC ratings. There is no nationally recognized set of criteria with Trusts each implementing their own version.*
Aims: *The aim was to demonstrate whether there is a correlation between NHS Trusts which utilize ward accreditation and the impact on quality of care received by patients; CQC ratings were used as an indicator of high-quality care.*
Methods: *Realist review methodology was used for this secondary research to explore how the phenomenon works in what context and for whom.*
Findings: *The findings were that 16 core standards should be the basis of the assessment tool and award ratings of bronze, silver, or gold. Those Trusts that had ward accreditation in place were more likely to receive a CQC outstanding rating.*

Keywords: *Ward accreditation, High Quality care, CQC rating, Patient experience, NHS.*

Introduction

The Chief Nursing Officer for England suggests that ward accreditation can drive continuous improvement in patient outcomes and experience. She describes ward accreditation as a set of quality standards so that areas of excellence can be celebrated and areas for improvement identified using a structured quality framework. Several NHS Trusts across England have implemented ward accreditation many of which are aligned with the Care Quality Commission (CQC) standards (May 2019). It is implied that by improving quality of patient care through the accreditation process a hospitals CQC ratings could be improved as a result (Inglesby-Burke 2018).

Aims

The aim of the research was to demonstrate whether there is a correlation between NHS Trusts in England which have a ward accreditation programme and the impact of this on quality care received by patients; CQC ratings were used as an indicator of high-quality care.

Literature review

Quality of Care Delivered to Patients

There are many definitions of quality however it is linked to a person's perceptions and as such can lead to variations [1]. Indeed, whilst hospitals can measure the quality of care based on clinical outcomes for example, patients judge the quality of their care based on their perception of the experience they encountered [2]. In agreement Hanefield et al (2017) confirms that definitions of quality fail to address the complexity of perception. Lord Darzi's report: High Quality Care for all, defined quality as having 3 elements: safety, effectiveness, and patient experience (Darzi 2008).

Hospitals measure quality though clinical outcomes which can then be compared to other hospitals however patients judge the standard of their care based on their own perceptions of what high quality care comprises. Outcomes are objective measures whereas patient experience is subjective; whilst outcomes are delivered by efficient teamwork, impressions are delivered by individuals and quality must therefore be measured on both objective and subjective indicators [2].

CQC Rating as a Measure of the Quality of Care Delivered to Patients

The CQC was established in 2009 to ensure there were national standards across health and social care in England which could be monitored and regulated [1]. To maintain & improve high standards, regulation by the CQC utilises pre-announced on-site inspections using a set structure to evaluate healthcare providers against a set of standards. This results in significant time and human resources due to the intense level of scrutiny and is a costly means of assessing the quality of care that patients receive [3].

There are 13 fundamental standards of care which the CQC state that everybody has the right to expect, these are displayed in Table 1 [4]. There are 5 key lines of enquiry in the form of a set

of questions asked of organisations when inspected by the CQC these are:

1. are they safe?
2. are they effective?
3. are they caring?
4. are they responsive to people's needs?
5. are they well led? [5].

Table 1: CQC Fundamental Standards of Care.

No.	Standards
1	Person centred care
2	Dignity & respect
3	Consent
4	Safety
5	Safeguarding from abuse
6	Food & drink
7	Premises & equipment
8	Complaints
9	Good governance
10	Staffing
11	Fit & proper staff
12	Duty of candour
13	Display of ratings

The CQC has 4 ratings:

1. Outstanding
2. Good
3. Requires improvement
4. Inadequate

These are used to provide a service with an overall rating and by law organisations must display these both on site and on websites [6].

At the time of conducting the research the CQC had a consultation open for its new strategy 'the world of health and social care is changing. So are we'. The regulatory body proposed changes to how it regulates health care providers over the next 5 years because of the covid-19 pandemic which has both accelerated change and imposed restrictions. The system approach of delivering care now differs from the single provider model the CQC was set up to oversee, there is acknowledgement that it can't continue to look at how a service operates in isolation. There will be a focus on a smarter approach to regulation moving away from the set schedule of inspections and clearer definitions of quality as well as defining what good and outstanding look like [7]. It is argued that using terms such as good and outstanding are highly subjective with absolute standards being an alternative [8].

Ward Accreditation as an Improvement Tool

Ward accreditation is a locally developed improvement process for nurses with a focus on change that is sustained over time, based on CQC findings it involves a comprehensive review of data methods such as observation, audit and interview triangulated with additional data to award a bronze, silver, or gold rating to wards. The leaders of the organisation are able to underpin their labelling of 'worry wards' on objective measures rather than subjective reputation [9].

In their proposed strategy the CQC are moving away from the traditional inspection model to one which employs a continuous cycle of monitoring using tools & techniques such as accreditation [7]. This approach will reduce the burden and improve the quality of the inspection regime, accreditation is reflected in the 'well led' domain of the key lines of enquiry to evidence commitment to quality improvement & assurance however the CQC will only recognise accreditation schemes that meet key standards to assure quality & vigour; evidence of uptake among NHS organisations to enable benchmarking and schemes standards being mapped to the CQC assessment framework [10].

Ward accreditation however is described as essential to demonstrate excellent standards have been achieved through measuring practice based on objective data. A comprehensive measurable set of standards, sub standards & core themes are assessed by peers and consolidated to benchmark and showcase best practice [11].

Ward accreditation is designed to provide assurance to the board through measurement of the quality-of-care patients receive. A structured set of standards are used to assess the safety culture of wards within a hospital and ratings such as gold, silver,

bronze is awarded, it is anticipated that this prompts a quality improvement approach to improvement at the subsequent reassessment through shared learning [12].

Ward accreditation was introduced at Salford Royal Hospital NHS Foundation Trust in 2008 to foster a culture of safety which Nurses could monitor based on the Department of Health essence of care & CQC standards, it consists of 13 standards. This provides assurance to regulators as a result of its peer review process and sharing of best practice [13].

Research methods and methodology

Research Strategy

This research set out to explore the correlation between ward accreditation and the quality of care received by patients in NHS Hospitals in England. The availability of literature published in academic journals on the subject matter was limited and focused on description and processes of the phenomenon as opposed to the realist approach of how it works in different contexts (Pawson et al. 2005). As a result, this research took an exploratory approach using a conceptual investigation based on the research questions.

Methodology

The methodology was a secondary piece of research as primary techniques such as survey, questionnaire, interview & observation are time consuming and costly. As a student researcher there was a limitation to time and financial resources to conduct primary research as well as the lengthy process of ethical approval. Using a secondary research approach has advantages in that the student could utilise data that was accessible in the public domain and thus spend more time on designing the research questions and analysing and interpreting the data (Bell et al. 2019).

A realist review was the approach taken to explore the aims & objectives as this provided an understanding of the phenomenon of ward accreditation, how it works and what is the effect. A deductive conceptual methodology was employed to explain the phenomenon of ward accreditation by starting with the existing knowledge in an explanatory manner based on the available literature including grey literature to compare and provide integrity to the theory. The snowball technique was applied to the published literature (Pawson et al. 2005).

This review was achieved by identifying the underlying assumptions about how the intervention is supposed to work and then use those findings to guide the evaluation. This realist review method allowed a review of the context and mechanisms to understand the outcomes.

A systematic review was considered however as there was a lack of broad academic evidence available this was discounted, using case studies of hospitals that have implemented ward accreditation aligns well with a realist evaluation which is intended to inform practice.

Findings

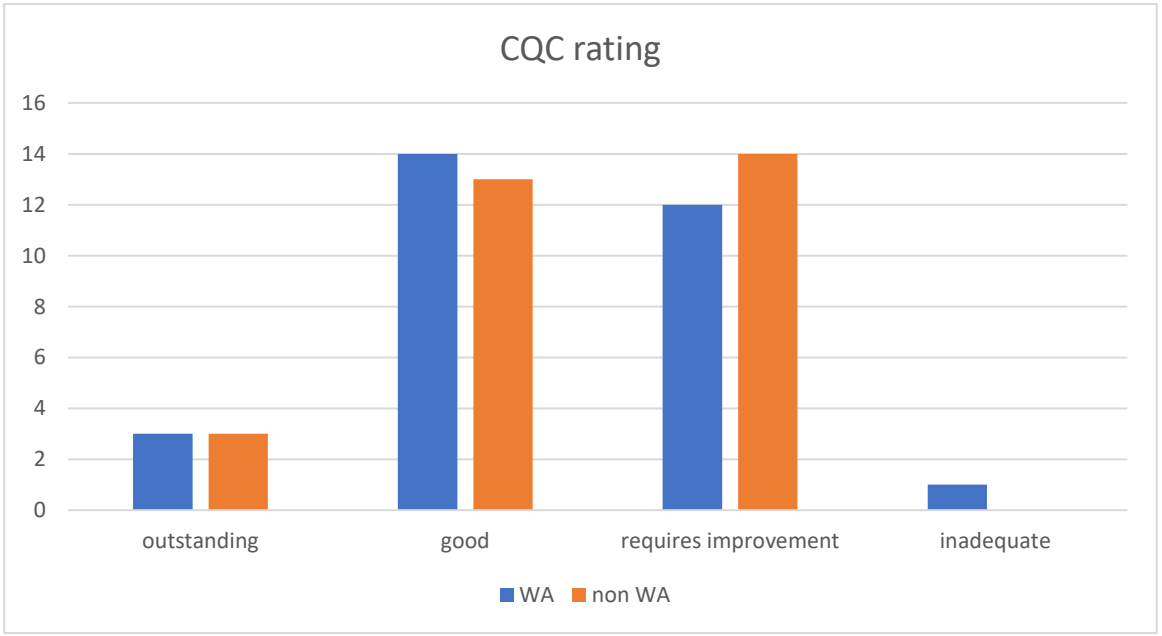
Grey Literature Search

Following an exploratory background search on CINAHL databases, research was undertaken using the NHS England /Improvement map of NHS Trusts with ward and unit accreditation in place as a guide. This map identified 63 Trusts location but did not identify them by name. The researcher then identified NHS Trusts in the approximate vicinity and searched each individual Trust website search bar for 'ward accreditation'.

Is There a Correlation Between NHS Trusts That Have Ward Accreditation and CQC Rating?

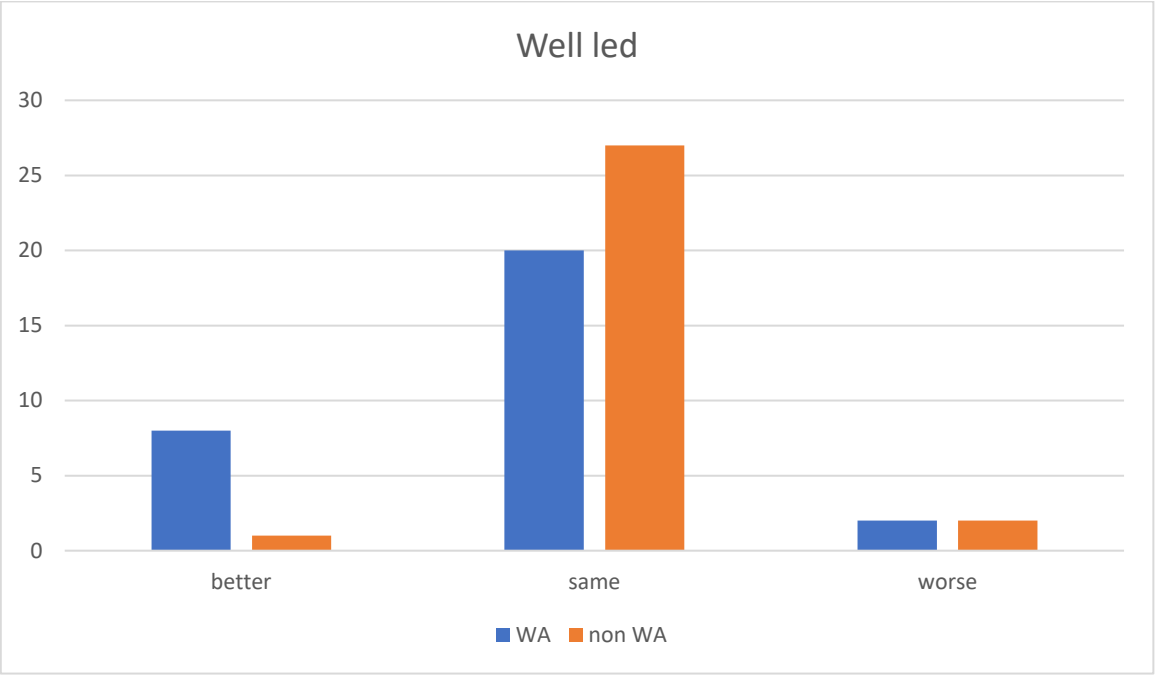
The CQC ratings for the Trusts identified as having ward accreditation in place were identified; for comparison 30 trusts without ward accreditation were selected as a control measure to identify the impact of ward accreditation on CQC rating, these ratings are displayed in figure 1.

Figure 1: Non- Ward Accreditation (WA) CQC Ratings.



As the findings were similar in both groups the researcher re-evaluated the CQC rating for the well led domain and the results are displayed in Figure 2 and reflect the findings of overall CQC rating.

Figure 2: CQC Well Led Rating.

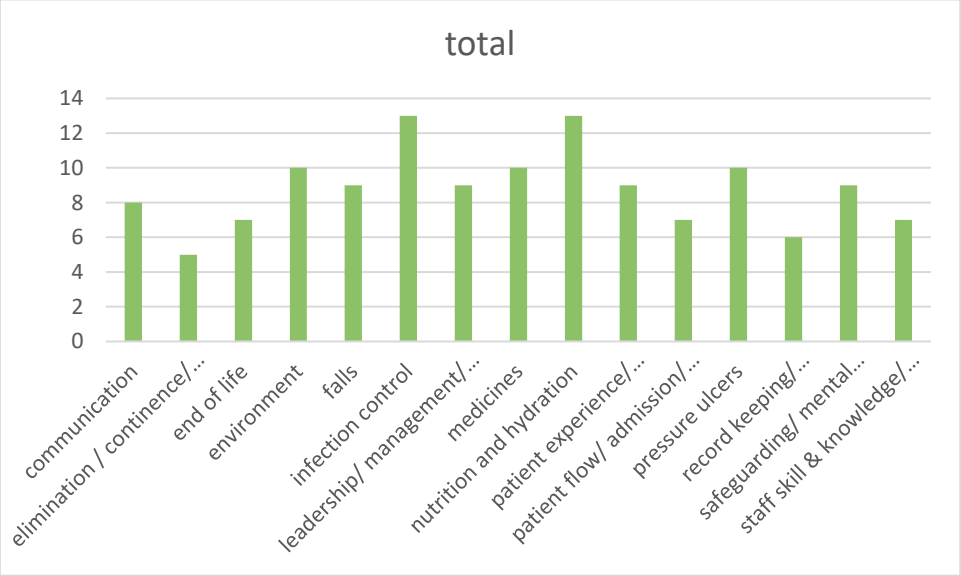


Data Interpretation

What Factors Contribute to a Successful Ward Accreditation Programme?

A variety of themes and standards are available with some key themes emerging as consistently used in scoring criteria. In line with the mean of 14.8 themes or standards there were 15 which appeared in more than a third of the responses; these are displayed in Figure 3.

Figure 3: 15 Standards.



These 15 standards have been cross referenced with the CQC fundamental standards which were identified in Table 1, this found that all the 15 core standards were aligned with the CQC fundamental standards (Table 2).

Table 2: 15 Standards versus CQC Fundamental Standards.

15 core standards	CQC fundamental standards
Patient experience, feedback, FFT	Person centred care
End of life care	
Patient flow, admission, transfer, discharge	
Elimination, continence, catheter care	Dignity & respect
Record keeping, documentation	Consent
Falls prevention	Safety
Infection prevention and control	
Pressure ulcer prevention	
Medicines	
Safeguarding, mental health	Safeguarding from abuse
Nutrition & hydration	Food & drink
Environment	Premises & equipment
	Complaints
	Good governance
Staff skill & knowledge	Staffing
	Fit & proper staff
Communication	Duty of candour
	Display of ratings
Leadership, management & organisation	

There are 2 exceptions that are listed in the CQC standards but not reflected in the final 15 ward accreditation and that is complaints and clinical governance, complaints were one of the themes merged by the author into the overarching theme of clinical governance and 26% of Trusts had this in their standards however it was excluded from the list of 15 by the author as it was below the 30% baseline used to identify the most frequently used standards and as such was not included in the final 15. For this reason, the author proposes adding this standard to have a final set of 16 standards, these are displayed in Table 3. Additionally, the display of CQC rating is one of the CQC fundamental standards which is not included in the final 16 ward accreditation standards.

Table 3: 16 Standards.

No.	Standards
1	Communication
2	Elimination/ continence / catheter care
3	End of life care
4	Environment
5	Falls
6	Infection prevention & control
7	Leadership/ management/ organisation
8	Medication
9	Nutrition & hydration
10	Patient experience/ feedback/ Friends & Family Test
11	Patient flow/ admission/ transfer/ discharge
12	Pressure ulcers
13	Record keeping / documentation
14	Safeguarding / mental capacity
15	Staff skill & knowledge/ development/ training/ support
16	Clinical governance

Does Having a Ward Accreditation Programme Result in Improved Quality of Care?

A review of CQC ratings of the 30 Trusts which have ward accreditation found that 40% (12) of the Trusts had a 'requires improvement' rating, 47% (14) had a 'good' rating and 10% (3) had an 'outstanding' rating. The researcher was interested to see if the well led domain would be impacted 66% (20) had the same as the overall rating, 26% (8) had a rating that was better in this domain than the overall rating and 6% (2) had a well led rating that was worse than the overall rating. This suggests that most Trusts (93%) with ward accreditation programme deliver quality care to their patients and that these Trusts had better or the same rating for the well led domain.

Is There a Correlation Between NHS Trusts That Have an Accreditation Programme and CQC Rating?

The findings from the control group of Trusts which don't have ward accreditation in place are: 43% (12) had a rating of 'requires improvement', 46% (14) had a rating of 'good', 10% (3) had an 'outstanding' rating. The well led domain was also reviewed for these Trusts and the results are: 90% (27) had the same rating as the overall result, 3% (1) had a well led result which was better than the overall and 6% (2) had a rating in the well led domain that was worse than their overall result.

Three of the control group had an 'outstanding' rating in well led however the findings were similar in the other categories which would suggest that ward accreditation alone does not have an impact on CQC rating. Trusts with ward accreditation were slightly more likely to have a better well led rating than those without.

To determine whether the CQC rating at Trusts with a ward accreditation programme in place had improved the previous CQC rating was reviewed. The results comparing Trusts to an earlier CQC inspection showed that 60% (18) stayed the same 36% (11) got better 0 got worse. 1 Trust was excluded as they did not have a previous comparable CQC result. In comparison those Trusts without ward accreditation when comparing their latest CQC rating to a previous inspection showed that 66% (20) stayed the same, 20% (6) got better and 13% (4) got worse. This suggests that Trusts without ward accreditation are less likely to improve and are in fact more likely to deteriorate than those with a ward accreditation programme in place.

Is There a Correlation Between NHS Trusts That Have an Accreditation Programme and CQC Rating?

The findings are that 11 Trusts had an improved CQC rating, 18 stayed the same with none deteriorating compared to a previous inspection, this would suggest that having a ward accreditation programme in place contributes to improved CQC rating.

Research Gap

It is evident that the literature published on ward accreditation is largely descriptive focusing on the process of individual Trusts and their own experience, there is a gap in confirming the anecdotally held belief that such a system will result in improved quality of care received by patients, and it is this gap which this research seeks to explore.

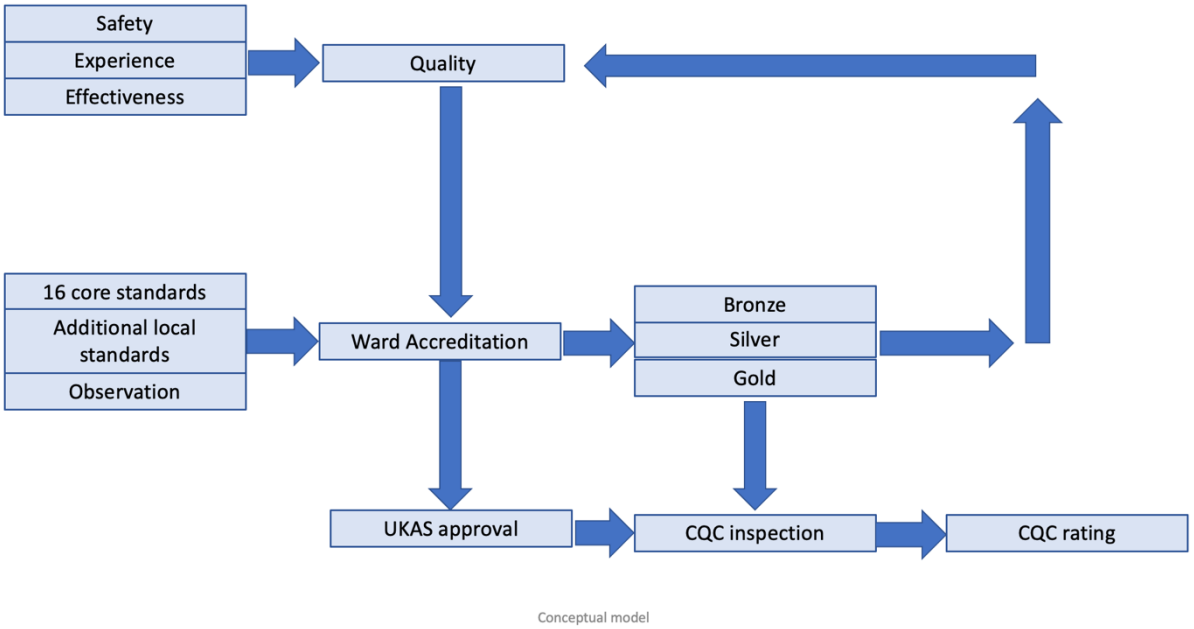
The NHS England /Improvement map was only relevant to English Trusts, this whilst identifying 63 trusts limited the researcher to grey literature accessible in the public domain as this is a piece of primary research.

This data may be skewed as some Trusts may have ward accreditation in place but not be available in the public domain.

Conclusion

To conclude, the hypothesis has been proven that there is a correlation between Trusts with ward accreditation, quality of care and as such an improved CQC rating. This was more so for each individual Trust having demonstrated improvements from their previous rating as opposed to Trusts with ward accreditation having better ratings than those Trusts without ward accreditation in place. There is a core set of 16 standards that underpin the assessment process for ward accreditation to measure the quality of care received by patients alongside observation of care. Ward accreditation is a supportive quality improvement process which both provides assurance and measures quality. Ward accreditation should assess a ward using the standards and award an outcome using bronze, silver, gold ratings incorporating peer review and observational techniques. Trusts seeking to improve their CQC rating and subsequently quality of care received by patients should introduce ward accreditation which is based on the 3 elements of quality: safety, effectiveness, and patient experience. Whilst the 16 standards do include patient experience the standards have not been set with any patient engagement or involvement and this could be a consideration for Trusts when designing their ward accreditation scoring criteria. The CQC proposed new inspection methodology should include accreditation processes to determine ratings. This process is displayed in the conceptual model in Figure 4 this applies the 'if this then that' concept to ward accreditation, if the 3 elements of quality are included in ward accreditation which consists of 16 core standards plus additional local priorities and observational methodology then the ward accreditation process will result in a bronze, silver, or gold rating. If the ward accreditation is given formal recognition as accreditation by UKAS then this will enable the CQC to include it as one of its indicators of quality. The patients will receive quality care on wards which are improving its standards and then the CQC results will improve.

Figure 4: Conceptual Model



There are 9 recommendations to be considered:

1. Further research using primary research methodology should be considered to undertake a national review of ward accreditation to conclude if these findings can be applied generically across the UK
2. An alternative metric that could be considered is patient experience as an indicator of quality in future research rather than using CQC rating as a measure of quality of care received by patients
3. The 16 standards should be the generic basis for ward accreditation nationally with local priorities used in addition as required
4. Trusts which are not currently using ward accreditation should use the 16 standards as a starting point for their scoring criteria
5. All Trusts with ward accreditation should review their criteria to include the core 16 standards identified in this research and add others local standards as required for their patients' specific needs
6. Medal colours should be used for ward accreditation ratings so that the same criteria is applied consistently at a national level this would allow patients to make comparisons
7. An application should be made to UKAS to formally recognise ward accreditation as an accreditation scheme nationally
8. NHS England /Improvement should make their online map an interactive resource to encourage national sharing and learning of ward accreditation
9. Patient engagement and involvement in the design of the scoring standards should be considered

These nine recommendations would contribute to filling the research gap identified, as whilst this work attempted to explore the correlation between ward accreditation and high-quality care delivered to patients this was based on secondary research methodology. There were limitations to conducting research during the second wave of the covid-19 pandemic and some reluctance to share scoring criteria. The published literature remains descriptive and as such recommendation number 1 proposes that a primary research methodology is employed as part of a national study as this work was only able to identify Trusts with data available in the public domain thus it is not generalisable. Recommendation numbers 2 & 9 suggest that the patient voice be considered both in measuring the quality of care received and in the design stages of the scoring criteria used in ward accreditation frameworks. This work however has identified a core group of 16 standards which should be considered for standardisation of ward accreditation nationally based on the findings of the research and publishing this work would add to the available literature and as such support filling of the research gap and enable Trusts which already have ward accreditation in place to review their scoring criteria and it will act as a baseline for those Trusts about to commence on their ward accreditation journey as suggested in recommendation numbers 3, 4 & 5. Recommendation number 6 proposes that a consistent rating is applied to trusts nationally using medal colours: bronze, silver, and gold to identify the quality of care being delivered on wards. Whilst recommendation number 9 is that a UKAS application should be made for the ward accreditation programme nationally which would support the CQC in using the ratings in its new inspection process.

Key points

Ward Accreditation supports high quality patient care which in turn improves NHS Trusts CQC ratings.

A core set of 16 standards has been identified which should form part of a review for Trusts currently using ward accreditation and as a baseline for those who are yet to start.

As part of the ward accreditation rating awarded medal colours should be applied to offer consistency nationally.

The NHS should apply for UKAS recognition for the programme to support the CQC in utilising the results as part of their inspection process.

Reflective questions

1. What other factors should be considered as part of a successful ward accreditation programme?
2. Is there a correlation between NHS trusts that have an accreditation programme and CQC rating?
3. Is CQC rating a good measure for quality of care?

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Authors Contribution:
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Conflict of interest:
I am a Specialist Advisor to the CQC in addition to my full-time employment in the NHS.

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