**Biography**

Michelle is Registered Nurse with clinical expertise in haematology & oncology she has since moved into senior operational and corporate roles developing her leadership skills within both the NHS and the private sector. As a Darzi Fellow alumnus she is passionate about high quality patient care and has experience as a specialist advisor to the CQC as well as gaining a QSIR practitioner qualification to build upon the QI skills gained during her time as a Darzi Fellow.

Michelle is a caring, approachable, and authentic leader who uses her initiative to motivate and inspire others, utilising the knowledge & skills gained during her clinical and professional leadership experience to ensure that both staff and patient experience is of a high quality.

Michelle is proud to have double Masters qualifications with an MSc in Advanced Practice (leadership) & an MBA in Health & Social Care. She is also currently a student researcher at Anglia Ruskin University on the DProf Health & Social Care programme.

Michelle had a personal contribution in the design, pilot and rollout of a ward accreditation programme at a London NHS Trust & was intrigued to discover if the concept does in fact improve patient care. This was the basis of her MBA dissertation in which she undertook a piece of secondary research.

**The Abstract**

**Background**

Ward Accreditation is an improvement tool which assesses the quality of care received by patients in hospital.

**Aims**

The aim was to demonstrate whether there is a correlation between NHS Trusts in England which have Ward Accreditation and the quality of care received by patients. There is limited published literature available to confirm or deny its impact however anecdotally it is implied that the programme will lead to improved patient care and as such improved CQC ratings. There is not currently a nationally recognised set of criteria with Trusts each implementing their own versions of the programme.

**Methods**

The realist review methodology was used for the secondary research.

**Findings**

The findings were that NHS Trusts that had Ward Accreditation in place were more likely to receive a CQC outstanding rating and saw improvements in subsequent CQC inspections and as such the hypothesis that having a Ward Accreditation programme in place is a major driver for an improved CQC rating was proven.

**Conclusion**

A standard set of 16 standards have been identified which should form part of a review for NHS Trusts currently using Ward Accreditation and as a baseline for those who are yet to start. As part of the rating awarded, medal colours should be applied to offer consistency nationally. This will ultimately result in patients at Trusts with Ward Accreditation receiving good quality care. The recommendations are that primary research should be considered to support a consistent approach to Ward Accreditation nationally.

**Keywords**

Ward Accreditation, quality of care, CQC rating,

**Key points**

1. NHS Trusts which are not currently using Ward Accreditation should use 16 core standards as a starting point for their scoring criteria

2 All NHS Trusts with Ward Accreditation should review their criteria to include the core 16 standards identified in this research and add other local standards as required for their patients’ specific needs

3 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

4 NHS Trusts should consider use of Ward Accreditation to improve the quality of care received by patients