

<b>Title of Paper</b>	<b>Nursing Assessment and Accreditation System (NAAS): a summary</b>
<b>Executive Summary</b>	<p>This paper provides an overview of the Nursing Assessment and Accreditation System (NAAS), which has been introduced at Pennine Acute Hospitals NHS Trust (PAHT) as one of the key projects to help deliver the CQC and SRFT Diagnostic Improvement Plan.</p> <p>During February 2016 the CQC inspected services at PAHT and rated them as “inadequate” overall. Several key areas for improvement were identified by both the CQC and the findings of SRFT’s diagnostic review, these included; patient safety, systems of assurance and governance arrangements, leadership and quality of care.</p> <p>The introduction of NAAS will support the Trust’s aim of creating a culture of continuous improvement supported by robust governance and accountability arrangements from Board to Ward which ensures leaders are focused on the key risks to the delivery of excellent care. NAAS is designed to measure the quality of nursing care delivered by individuals and teams. It supports nurses in practice to understand how they deliver care, identify what works well and where further improvements are needed.</p> <p>The Joint Health Overview and Scrutiny Committee wished to explore in more detail one of the Trust’s improvement projects – NAAS was identified as this is relevant to all of the localities and a good reflection of a system at Trust level and the care delivery and leadership at ward level.</p>
<b>Corporate objectives supported by this paper:</b> <ul style="list-style-type: none"> <li>• Pursue Quality Improvement to assure safe, reliable and compassionate care</li> <li>• Support our staff to deliver high performance and improvement</li> <li>• Improve care and services through integration and collaboration</li> <li>• Demonstrate compliance with mandatory standards</li> </ul>	
<b>Risks:</b> <ol style="list-style-type: none"> <li>1. Failure to deliver on the corporate objectives</li> <li>2. Failure to meet 2016/17 CQUIN performance targets for the implementation of a ward accreditation system; of note – from Q2 2016/17, the associated CQUIN has already been amended to reflect NAAS</li> </ol>	
<b>Public and/or patient involvement:</b> Will be incorporated via the Patient Experience Team.	
<b>Resource implications:</b> Senior Project Manager from the Transformation Team and the NAAS Team (Lead Nurse and Senior Sister).	
<b>Communication:</b> Through Corporate Nursing, Divisional Management Structures and the Communications Department.	

Have all implications been considered?		YES	NO	N/A
Assurance		Y		
Contract		Y		
Equality and Diversity		Y		
Financial / Efficiency		Y		
HR		Y		
IM&T		Y		
Local Delivery Plan / Trust Objectives		Y		
National policy / legislation		Y		
Sustainability		Y		
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## 1. Introduction

The Nursing Assessment and Accreditation System (NAAS) has been operational at Salford Royal Foundation Trust (SRFT) for 8 years. Prior to 2008 there were inconsistencies and gaps in assurance and quality of nursing care was measured mainly through IT systems rather than by a systematic approach where care delivery was observed. There was no real recognition for best practice, good leadership or for the patient's voice and frontline staff at ward level to be heard and acted upon. SRFT Board at this time had publicly stated an ambition to become the safest hospital in the NHS and the introduction of NAAS formed a significant part of the nursing strategy at SRFT to help deliver this.

Since the implementation of NAAS at SRFT there has been a considerable improvement in culture, reduction in harms, improved patient satisfaction resulting in the CQC rating the SRFT as "Outstanding" following their inspection in January 2015. The NAAS system was highlighted as an example of outstanding practice by delivering a high level of transparency to the Trust Board and patients in relation to performance indicators and measures.

A NAAS team at Pennine has been created to develop and implement the Salford Royal NAAS model at Pennine and consists of 2 WTE members of staff; Helen Carter, Lead Nurse (seconded from SRFT in August 2016) and Jane Garforth, Senior Sister, who has worked at Pennine for 18 years. An introduction pilot covering 9 wards was developed and supported by the Transformation Team through the allocation of Hayley Mannin, Senior Project Manager, to provide the necessary project support.

A project plan was created detailing which Ward/Specialty was to be assessed with allocated dates and targets for completion. Weekly updates in relation to the projects' performance are presented to the Quality Improvement Delivery Meeting and the Care Board.

The Salford NAAS documentation was used for the pilot with modification to ensure it was suitable for PAHT.

During the pilot, 3 different versions of the document were used;

- the current 2016 SRFT version
- the original 2008 SRFT version
- an amended current SRFT version.

The pilot assessments were conducted across three sites, NMGH, FGH and TROH between 3<sup>rd</sup> October 2016 and 2<sup>nd</sup> November 2016.

The pilot was evaluated by the Executive Team, and the final assessment document has been agreed by the Directors of Nursing and senior nursing team. The full roll out across all sites will commence the week beginning 21<sup>st</sup> November 2016. The aim of the NAAS team is to have conducted an assessment of all 59 wards by week commencing 12<sup>th</sup> June 2017; this will include a re-assessment of the pilot wards using the final NAAS documentation.

When this phase has been completed, consideration will be given to expand to cover all specialties including Maternity with a total of 93 clinical areas.

## **2. Assessment & development**

NAAS measures the quality of nursing care delivered by individuals and teams, it incorporates Essence of Care standards, key clinical indicators and each question is linked to Compassionate Care - The 6cs of: care, compassion, competence, communication, courage and commitment, whilst providing evidence for the Care Quality Commission's Fundamental standards.

The framework is designed around 13 standards with each standard subdivided into Environment, Care and Leadership. The 13 standards are: Organisation and Management of the Clinical Area, Safeguarding Patients, Pain Management, Patient Safety (1), Environmental Safety (2), Nutrition and Hydration, End of Life Care, Medicines Management, Person Centred Care, Pressure Ulcers, Elimination, Communication and Infection Control.

The NAAS is designed to support nurses in practice to understand how they deliver care, identify what works well and where further improvements are needed.

### **2.1 Proposed Assessment Awards:**

Below are the assessment awards used in the pilot and proposed for the full rollout. Each ward will have an assessment completed and will be accredited with a level 0 to 3. Reassessment will take place at a time interval dependent upon the results:

<b>Red</b>	<b>5 red standards or more in total</b>	<b>Level 0</b>	<b>Reassess in 2 months</b>
<b>Amber</b>	<b>3 - 4 red standards in total / or less than 7 green standards</b>	<b>Level 1</b>	<b>Reassess in 4 months</b>
<b>Green</b>	<b>1- 2 red standards in total and a minimum of 7 green standards</b>	<b>Level 2</b>	<b>Reassess in 8 months</b>
<b>Blue</b>	<b>3 consecutive green NAAS assessments ( Accredited wards )</b>	<b>Level 3</b>	<b>Reassess in 12 months</b>

## 2.2 Accreditation

1. Following the assessment the Ward Manager and Matron will be required to formulate an action plan. The action plan will be prepared on a standard template used throughout the organisation.
2. The Ward Manager and the Matron will be given 2 weeks to complete their action plan. The date for completion will be noted on the front sheet of the Assessment.
3. A copy of each assessment and action plan will be sent to the Lead Nurse and Divisional Nurse Director responsible for that area to approve and endorse in practice.
4. Action plans must then form part of every ward/unit team meeting and Ward Manager to track progress.
5. If the ward achieves red status then the Ward Manager will have an appraisal completed by the Lead Nurse, with clear objectives set.
6. Progress reports will be received by the Trust Board and the Trust Governors.
7. The NAAS results must also be included in Service Reviews and in Executive Ward Rounds.

### Level 0 (Red) Wards

- Wards that achieve Level 0 (Red) concurrently will be given an appropriate level of support to improve their status. These wards will be reviewed by the Chief Nurse, the Divisional Director of Nursing for that area and other relevant members of staff.
- Staff will be managed according to the Trust's Capability Policy.

### Level 1(Amber) Wards

- Wards that fail to achieve above Level 1 (Amber) on two concurrent assessments, unless there are extenuating circumstances, will be reviewed by the Matron, Lead Nurse and the Divisional Nurse Director for that area.

- The Ward Manager will have an appraisal completed by the Lead Nurse and clear objectives will be set.

#### **4. Appendices**

##### Appendix 1 – Current 2016 NAAS assessment tool



NAAS 2016 - Pennine  
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