MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Professor Cheryl Lenney – Chief Nurse
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Date of paper:	May 2018
Subject:	Annual Accreditation Report
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval
Consideration of Risk against Key Priorities:	Patient & Staff Experience
Recommendations:	To note the content of the report and the progress of the Trust Accreditation Programme
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Manchester University NHS Foundation Trust (MFT) Accreditation Report 01st April 2017 – 31st March 2018

1. Executive Summary

1.1 Members of the Group Board of Directors are asked to note the Annual Accreditation Report (2017/18) for Manchester University NHS Foundation Trust.

1.2 The accreditation process is part of the Trust's assurance mechanisms for ensuring high quality care and the best patient experience and is underpinned by the Trust Improving Quality Programme in order to promote a culture of continuous improvement.

1.3 Prior to the formation of Manchester University Foundation Trust (MFT) accreditation programmes were established in both former Trusts, although there were some differences in the assessment processes and scoring criteria for each Trust. Both former Trusts awarded Bronze, Silver and Gold results but high performing areas were awarded Diamond status through an application process in the former University Hospitals South Manchester (UHSM) and were awarded Double Gold status through a portfolio presentation process in the former Central Manchester University NHS Foundation Trust (CMFT). Areas that could not demonstrate that they were achieving the minimum accreditation standards were described as "White" in both processes, indicating the requirement for an intensive support package.

1.4 To ensure continuity following the merger, both accreditation programmes continued with their planned schedule for 2017/18. This report therefore sets out the results of these accreditations.

1.5 In 2017/18, one hundred accreditations were undertaken utilising the former CMFT accreditation system, with 26% of areas attaining Gold status; forty six accreditations were undertaken utilising the former UHSM accreditation system with 19.5% of areas attaining Diamond and 6.5% attaining Gold status. No areas in either former Trust, or following the merger, were classified as White in 2017/18.

1.6 Areas that attained Gold and Diamond Status were presented with their certificates by the Chief Nurse and, following the establishment of MFT, representatives were invited to the MFT Excellence Awards in recognition of and to celebrate their achievement.

Illustration 1: Gold Certificate presentation, St Mary's Hospital

1.7 This report highlights the importance of effective leadership, which is assessed within the accreditation process, on the delivery of high quality patient experience.

1.8 The correlation between human resource metrics (turnover, vacancy and attendance rates) and overall accreditation result is also explored; highlighting that, whilst there is generally a higher turnover rate for those areas accredited as Bronze, there is, no direct correlation between high or low turnover, sickness or vacancy rates when compared to accreditation outcome.

1.9 The Group Board of Directors is asked to note the content of the report and the plans for the MFT accreditation programme 2018/19.

2. Background

2.1 The annual MFT accreditation programme is a process that assesses quality of care and aims to raise the overall standard of care and the patient experience provided to patients using MFT services by driving continuous improvement.

2.2 The accreditation process provides assurance to the Board of Directors measuring the delivery of high quality care and the best patient experience.

2.3 The accreditation programme provides an assessment across four main categories: Leadership and Culture of Continuous Improvement, Environment of Care, Communication about and with Patients, which includes record keeping and Nursing Processes relevant to the type of area undergoing accreditation. Medication management and the delivery of nutrition and hydration care are included in this category.

2.4 The annual accreditation programme is underpinned by the Trust's Improving Quality Programme. Fundamental elements of this programme are self-assessment of the quality of care and the collection of patient experience feedback. Ward/Department Managers and Matrons undertake a monthly Quality of Care Round (QCR) to assess their ward/department against a series of indicators relating to the management of infections, clean hospitals, feeling safe, food and nutrition, privacy and dignity and pain management using observation, questioning and review of nursing documentation.

2.5 In the former CMFT services, patient feedback against the same metrics is captured using an electronic survey and presented alongside the QCR data on a monthly basis on a Quality Dashboard. This is displayed in wards and clinical areas to visually demonstrate the performance of that area to staff and patients. The electronic patient survey will be utilised Trust-wide across all clinical areas from April 2018.

2.6 Ward/Departmental Managers are required to review their information with their teams, on a monthly basis, to identify areas falling below the minimum standard of 85% and develop plans to target these areas for improvement. This process is supported by the Trust's Improving Quality methodology to promote a culture of continuous improvement.

2.7 Assessment of the understanding and use of data generated through this process by Ward/Departmental Managers and their teams forms one element of the accreditation process.

2.8 Areas that undergo accreditation include inpatient wards, day-case and treatment areas, critical care areas, theatres, emergency departments, dialysis units, community services and outpatient departments. The accreditation assessment process involves reviewing a series of defined standards and metrics within wards and departments across hospitals and Managed Clinical Services, including the Manchester Local Care Organisation. Each area is required to display details of their performance and their improvement programme on their local Improving Quality Board.

Illustration 2: Improving Quality Board

2.9 Prior to the formation of MFT, accreditation programmes were established in both former Trusts, although there were some differences in the assessment processes and scoring criteria for each Trust. Both former Trusts awarded Bronze, Silver and Gold results but high performing areas were awarded Diamond status through an application process in the former University Hospitals South Manchester (UHSM) and were awarded Double Gold status through a portfolio presentation process in the former Central Manchester University NHS Foundation Trust (CMFT). Areas that could not demonstrate that they were achieving the minimum accreditation standards were described as “White” in both processes, indicating the requirement for an intensive support package.

2.10 To ensure continuity following the merger, both legacy accreditation programmes continued with their planned schedule for 2017/18 with a view to commencing a single MFT process in 2018/19.

3 Accreditation Results 2017/18

Illustration 3: Diamond Certificate presentation

3.1 **Former Central Manchester University Hospitals NHS Foundation Trust (CMFT)**
In 2017/18, one hundred accreditations were undertaken utilising the former CMFT accreditation process between May 2017 and February 2018 compared to 81 accreditations undertaken in 2016/17, of which five areas had either closed or changed function considerably and therefore are not comparable. The 2017/18 results are provided below in Table 1. Detailed results by area are provided at Appendix 1.

Table 1: Former CMFT Accreditation Results (2017/18)

Former CMFT – Accreditation Results 2017/ 18		
	No	**%**
Gold	26	26
Silver	65	65
Bronze	9	9
White	0	0
Total	100	100

3.2 **Former University Hospital of South Manchester NHS Foundation Trust (UHSM)**
In 2017/18, forty six accreditations were undertaken utilising the former UHSM accreditation process from April to November 2017, compared to 52 accreditations undertaken in 2016/17, of which 6 were awarded Diamond status and therefore were not accredited in 2017/18. The 2017/18 results are provided in Table 2. Detailed results by area are provided at Appendix 1.

Table 2: Former UHSM Accreditation Results (2017/18)

Former UHSM – Accreditation Results 2017/18		
	No	%
Diamond	9	19.5
Gold	3	6.5

Silver	26	56.5
Bronze	8	17.5
White	0	0
Total	46*	100

*Note 6 areas were not accredited in 2017/18, as they achieved Diamond status in 2016/17 and were not required to undertake a full accreditation.

3.3 Areas that attained Gold and Diamond Status were presented with their certificates by the Chief Executive and Chief Nurse and representatives were invited to the MFT Excellence Awards in recognition of and to celebrate their achievement

3.4 In 2017/18, for accreditations undertaken utilising the former CMFT accreditation process there was a negligible decrease in the number of areas awarded Gold with 27 Gold awards in 2016/17 compared to 26 Gold awards in 2017/18. There was a significant reduction in the number of Bronze awards with only 9 areas being awarded Bronze status in 2017/18 compared to 14 areas in 2016/17, indicating that continuous improvement is embedded within the Trust. The most notable increase relates to areas that were awarded Silver, with 65 areas achieving this outcome in 2017/18, which equates to65 per cent of accreditations, compared to 35 areas in 2016/17, which equates to 43 per cent of accreditations undertaken. Although the increased number of areas included in the accreditation programme in 2017/18 accounts in part for the increase in Silver awards, the increase also demonstrates improvement in performance.

3.5 In 2017/18, for accreditations undertaken utilising the former UHSM accreditation process there was an increase in number of 9 additional areas achieving Diamond status, bringing the total number of areas with Diamond status to 15 (29%of all areas accredited). There was a reduction in the number of Gold awards (3 in 2017/18 compared to 14 in 2016/17), however, this is partly offset by the increase in Diamond awards. There was also an increase in the number of Silver awards (26 in 2017/18 compared to 16 in 2016/17) and a reduction in Bronze awards (8 in 2017/18 compared to 16 in 2016/17). This result also demonstrates continuous improvement within the clinical areas.

3.6 Tables 3 and 4, below, show the number and proportion of areas achieving each level of Accreditation in 2017/18 compared to 2016/17. Detailed results by area are provided at Appendix 1 for further information.

Table 3: Former CMFT Accreditation Results 2016/17 compared to 2017/18

Former CMFT – Accreditation Results

2016/17 and 2017/18				
	2016/17		2017/18	
	No	%	No	%
Gold	27	35.5	26	26
Silver	35	46	65	65
Bronze	14	18.5	9	9
White	0	0	0	0
Total	76*	100	100	100

*Note: 81 Accreditations were undertaken in 2016/17; however in 2017/18 five of these areas had either closed or changed function considerably and therefore are not comparable. The number of completed Accreditations (76) is based on areas that remain open and were accredited in 2016/17 and 2017/18.

Table 4: Former UHSM 2016/17 compared to 2017/18 Accreditation Results

Former UHSM – Accreditation Results 2016/17 and 2017/18				
	2016/17		2017/18	
	No	%	No	%
Diamond	6	11.5	15	29
Gold	14	27	3	6
Silver	16	30.5	26	50
Bronze	16	30.5	8	15
White	0	0	0	0
Total	52	100.5	52*	100

*Note Includes 6 areas with Diamond Status awarded in 2016/17

4. Leadership

4.1 Leadership from senior and strategic levels to the frontline, particularly compassionate, inclusive leadership is considered to be the key to enabling cultural change so that NHS organisations can deliver high quality care[1]. The MFT Culture and Leadership Strategy recognises that this means every interaction by every member of staff, every day, influences the extent to which the Trust develops a culture of high quality, continually improving and compassionate care[2].

4.2 Inclusion of an assessment of leadership was a consistent feature of both accreditation processes. The former CMFT accreditation assessment considered leadership in the context of the journey of continuous improvement aligned to the CQC Key Lines of Enquiry. The former UHSM accreditation assessment considered whether an area was Well-Led, using the CQC Key Lines of Enquiry.

4.3 Analysis has been undertaken of the results of the assessment of the specific leadership domain within the accreditation programmes compared to the overall accreditation result for an area to determine whether there was a correlation.

[1] NHSI and The Kings Find (2017) Culture and Leadership Toolkit; Phase2. Available from : https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/01-NHS104-Phase_2_Toolkit_060717_FINAL.pdf

[2] MFT Culture and Leadership Strategy (2017)

4.4 The results of the former CMFT accreditation analysis are shown in Table 5 and the former UHSM Accreditation analysis is shown in Table 6, below.

Table 5: Former CMFT Accreditation: Overall Result compared to Leadership Domain Result

Former CMFT - April 2017 to March 2018		
	Overall Result (Number of areas)	**Leadership Domain Result (Number of areas)**
Gold	26	Gold – 23 Silver – 3 Bronze – 0
Silver	65	Gold – 12 Silver – 50 Bronze – 3
Bronze	9	Gold – 0 Silver – 2 Bronze – 7
White	0	N/A
Total	100	100

Table 6: Former UHSM Accreditation: Overall Result compared to Leadership Domain Result

Former UHSM- April 2017 to March 2018		
	Overall Result (N)	**Leadership Result (N)**
Diamond	9	Gold – 9 Silver – 0 Bronze – 0
Gold	3	Gold – 3 Silver – 0 Bronze – 0
Silver	26	Gold – 5 Silver – 20 Bronze –1
Bronze	8	Gold – 0 Silver – 2 Bronze – 6
White	0	N/A
Total	46	46

4.5 Analysis of the data presented in Tables 5 and 6 above, shows that 100% of areas that achieved Diamond status (former UHSM) achieved Gold for the Leadership domain of the assessment, and 88.5% (former CMFT) and 100% (USHM) of areas who were awarded Gold overall achieved Gold in the Leadership domain. However,

for areas who achieved Sliver overall the leadership domain was assessed as Gold in only 19% of areas in both former Trusts and no areas who achieved Bronze overall were assessed as Gold in the Leadership domain.

4.6 The correlation of strong leadership with the achievement of professional standards, demonstrated by analysis of the accreditation findings emphasises the importance of proactive leadership development at every level of the organisation in order to ensure a high quality experience for patients.

5. Impact of Workforce Factors on Accreditation Results

5.1 The concern that the quality of patient care can be compromised, if there are not enough nurses and midwives available, is well-publicised[3] [4]

5.2 The human resource indicators of turnover, sickness and qualified nurse vacancies have been analysed and compared to Accreditation outcomes for 2017/18 to determine if there is a correlation between human resource indicators and Accreditation outcome.

5.3 **Turnover:** Those areas that were Accredited as Gold and Diamond had turnover rates ranging from 0.84% to 24.2%, with 18 of the 38 (47%) areas exceeding the Trust target Turnover rate of 12.5%. Areas that were Accredited as Bronze had turnover rates ranging from 13.2% to 29.2%.

5.4 **Sickness Absence:** Those areas that were Accredited as Gold and Diamond had sickness rates ranging from 0% to 15.53%. Similarly, areas that were Accredited as Bronze had sickness rates ranging from 0.53% to 15.0%.

5.5 **Vacancies:** Those areas that were Accredited Gold had a 6 month rolling average of Registered Nurse/Midwife vacancy rate ranging from 0.77% to 44.38% and those areas Accredited as Bronze had a 6 month rolling average Registered Nurse/Midwife vacancy rate ranging from 1.5% to 41.4%.

5.6 Triangulation of overall accreditation results with human resource indicators and leadership performance shows that there is generally a higher turnover rate for those areas Accredited as Bronze, but there appeared to be no direct correlation between attendance or vacancy rate and accreditation outcome. The data presented above highlights the value of strong clinical leadership in maintaining the delivery of a high quality service to patients despite the workforce pressures that result from vacancies and sickness absence. The Trust will continue to focus on the leadership development of Ward/Team Managers and Matrons.

6. Development of MFT Accreditation

[3] Francis, R. (2013) The Mid Staffordshire NHS Foundation Trust: Public Enquiry. Available from: http://webarchive.nationalarchives.gov.uk/20150407084231/http://www.midstaffspublicinquiry.com/report

6.1 Following the establishment of MFT on 1st October 2017, the Accreditation Programmes that were previously in place were reviewed with the aim of identifying the similarities and differences and designing the Accreditation process for MFT.

6.2 The output of the review of the accreditation programmes was used as a basis for a number of engagement sessions to explore with a wide cross section of MFT staff, their thoughts on what worked well and what could be added or removed to enhance the MFT Accreditation programme.

6.3 The engagement sessions sought the views of a wide range of staff including Gold/ Diamond Ward/Department Managers, Matrons, Lead Nurses, Corporate Nurses, non-ward area leads, as well as seeking the input from the senior nursing team who undertake the Accreditations.

6.4 Both accreditation programmes had many similarities, which the majority of those attending the engagement sessions were keen to retain within the MFT accreditation. There were also a number of areas considered as good practice that those attending the engagement sessions agreed should be introduced in the MFT Programme. The MFT Accreditation Programme has therefore been informed by the feedback from the engagement sessions.

6.5 The process is underpinned by the Trust's Improving Quality Programme (IQP) to ensure continuous improvement. This programme requires on-going commitment of senior nursing time and resource to ensure that it is fully embedded across the Trust.

6.6 The 2018/19 MFT accreditation arogramme includes Inpatient Wards, Day Case areas, Critical Care areas, Dialysis units, Emergency Departments, Theatres, Clinical Research Units, Outpatient Departments, Treatment Centre areas and Community Services within Manchester Local Care Organisation. The process for each of the accreditations has been designed to provide consistency of assessment whilst allowing adequate flexibility to adjust the process based on the differences between the clinical areas. The 2018/19 accreditation programme is extensive and will require considerable senior nurse leader time and resource to deliver.

6.7 All areas will be accredited under the new MFT process in 2018/19 and will be awarded a result of Bronze, Silver or Gold in order to establish a baseline position for MFT. If an area cannot demonstrate that minimum standards are being met and there is no evidence of active improvement, the result may be defined as White and an intensive package of support will be provided to ensure prompt improvement.

6.8 Accreditations will commence in May 2018, with 153 areas currently scheduled to undergo Accreditation in 2018/19; this number will however, increase further during the year as appropriate sub-divisions of Outpatient Departments, Community Services and Treatment Centres are agreed.

6.9 In 2019/20, if an area achieves Gold for a second year, the Ward/Team Manager will have the opportunity to apply for a higher award of Diamond. Such applications will be assessed by a panel chaired by the Chief Nurse or Deputy Chief Nurse on her behalf. Eligibility criteria will include achieving Gold-level criteria for a minimum of five domains of the accreditation assessment, one of which must be "Medications Management", in all areas to which this applies. In addition, a Gold-level result must have been achieved for the key standards "clear leadership by Ward/Team Manager" and "Culture of evidence-based practice". These criteria reflect the Trust's vision to excel in quality, safety, patient experience, research, innovation and teaching.

6.10 The use of QCR which underpins the programme using patient feedback and self assessment as a foundation for IQP and a culture of continuous improvement – all absent

7. Recommendation

7.1 The Group Board of Directors is asked to note the content of the Annual Accreditation Report 2017/18 and the plans for the extensive MFT Accreditation Programme for 2018/19, which will commence imminently.

Illustration 4: MFT Excellence Award presentation

Appendix 1: Validated Results 2016/17 and 2017/18, by Hospital/ MCS/ Division

Manchester Royal Infirmary:

Division of Surgery		
Name	**2016/17 Validated Result**	**2017/18 Validated Result**
ESTU		
ETC Day case +SAL		
Central Manchester Urology Unit (ETC)	**N/A**	
Vascular Ward	**N/A**	
Head and Neck	**N/A**	
Ward 8		
Ward 9 & 10		
Ward 11 & 12		
MRI Theatres		
Main OPD including Fracture Clinic	**N/A**	
Peter Mount OPD	**N/A**	
Division of Specialist Medicine		
Name	**2016/17 Validated Result**	**2017/18 Validated Result**
Acute Cardiac Centre (ACC)		
CICU (Prev CSITU)		
AM3		
AM4		
Ward 36		
Ward 37		
Acute Kidney Unit (37a)		
Ward 44 (additional beds on 36)		
Haematology Daycase		
MRI Dialysis Unit		
Tameside Renal Dialysis Unit		
NMGH Dialysis Unit		
Altrincham Renal Dialysis Unit		
Ward 3	**N/A**	
Ward 4	**N/A**	
Rheumatology OPD	**N/A**	
Diabetes OPD	**N/A**	
Heart Centre OPD	**N/A**	

Division of Acute Medicine		
Name	**2016/17 Validated Result**	**2017/18 Validated Result**
AM1		
AM2		
ACU (prev OMU)		
AMU		
Ward 7 (Previously ward 5)		
Ward 15		
Ward 31		
Ward 32		
Ward 45		
Ward 46		
Manchester Ward (Previously ward 30)		
MRI ED		
Gorton & Levenshulme District Nursing Team		
Stancliffe Road & Forum Health Visiting Team		
Chorlton, Fallowfield and Whalley Range Community Services	**N/A**	
School Nursing Team North	**N/A**	

Trafford:

Trafford General Hospital		
Name	**2016/17 Validated Result**	**2017/18 Validated Result**
AMU Trafford		
Ward 1 (Stroke Unit)		
Ward 2		
Ward 3 (INRU)		
Ward 4		
Ward 6		
Ward 12 MOC and DSU	**N/A**	
Trafford Theatres		
Urgent Care (Trafford)		
Altrincham OPD	**N/A**	
TGH OPD	**N/A**	
Altrincham Minor Injuries		

St Mary's Hospital:

Saint Mary's Hospital		
Name	**2016/17 Validated Result**	**2017/18 Validated Result**
Ward 47a (MLU)		
Ward 47b (MLU)		
Ward 62		
Ward 64 (CDU) Triage		
Ward 65		
Ward 66		
Ward 68 NICU		
Enhanced Recovery (ERP)	(As part of Ward 66)	
SMH Theatres		
Antenatal OPD	**N/A**	
Gynaecology OPD	**N/A**	
Reproductive Treatment Centre	**N/A**	
Ward 63 EGU		

Manchester Royal Eye Hospital and University Dental Hospital of Manchester:

Manchester Royal Eye Hospital		
Name	**2016/17 Validated Result**	**2017/18 Validated Result**
Ward 55		
Day Case Unit (Eye J)		
MREH Theatres and Dental Sedation Unit		
Emergency Eye Department		
MREH OPD		
Macular Treatment Centre	**N/A**	
University Dental Hospital of Manchester		
Name	**2016/17 Validated Result**	**2017/18 Validated Result**
Dental OPD	**N/A**	

Royal Manchester Children's Hospital:

Royal Manchester Children's Hospital		
Name	**2016/17 Validated Result**	**2017/18 Validated Result**
Ward 75		
Ward 76 (SS/DC)		
Ward 77		
Ward 78		
Ward 80 (PICU)		
Ward 81 (Burns Unit)		
Ward 82 (PHDU)		
Ward 83 (TCU)		
Ward 84 (in-patients)		
BMTU (Ward 84)		
Haematology Daycase	**N/A**	
Ward 85		
Galaxy House		
Children's Resource Centre TGH		
RMCH Theatres		
RMCH ED		
RMCH OPD	**N/A**	

Clinical Support Services and Research and Innovation:

Clinical Support Services		
Name	2016/17 Validated Result	2017/18 Validated Result
ICU		
HDU		
High Care Unit TGH		
Radiology Intervention Unit	N/A	
Research & Innovation		
Name	2016/17 Validated Result	2017/18 Validated Result
Adults Clinical Research		
Children's Clinical Research		

Wythenshawe Hospital:

Wythenshawe Hospital		
Name	**2016/17 Validated Result**	**2017/18 Validated Result**
A1		
A2		
A3		
A4		
A5		
A6		
A7		
A9		N/A as Diamond
ACCU		
AICU		
AMU		
Buccleugh Lodge		
Burns		N/A as Diamond
Birth Centre		N/A as Diamond
C2		
C3		
CTCCU		N/A as Diamond
Delivery Unit		
Dermot Murphy		
Doyle		
F1		
F2 Lung		
F3		
F4 North		
F4 South		
F5		
F6		
F7 North		
F7 south		
F9		
F10/NWVU		
F12		
F14		N/A as Diamond
F15		
F16		
Jim Quick		
Neonates		N/A as Diamond
Pearce		

POU		
Starlight		
Wellington/OPAL		
Wilson		
Emergency Department		
CDU		
Acute theatres		
TDC		
PITU		
F Block Theatres		
Patch 1		
Patch 2		
Patch 3		
Patch 4		