


NAVIGO

NHS



Quality Account

2018/19

Part 1



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Welcome to our Quality Account

Welcome to this year's quality account that sets out how NAViGO continues to provide high quality, safe and responsive mental health services for the people of North East Lincolnshire.

The overriding objective that drives everything we do is to deliver mental health services that we would be happy for our own family to use. We strongly recognise in everything we do that recovery requires more than just a focus on treatment. High-quality treatment makes a major contribution to a recovery journey but so does giving people hope and supporting people to reach their full potential whether that is through training, employment or simply through engagement with meaningful activities.

NAViGO's whole philosophy is one where we value people as people and give them a very real say in the decisions we make as an organisation. We also recognise that we can't do everything ourselves and that it is vitally important that we work in close partnership with other organisations who can make a positive difference to people with experience of mental health. Specifically this year, NAViGO has worked tirelessly within the mental health partnership that covers the Yorkshire and Humber area to ensure that specialist services such as perinatal care are available to women who live in this region. We have also linked with all the other organisations who deliver urgent care services within North East Lincolnshire (such as hospitals and general practices) to ensure that responses to crises in mental health are seen as being just as important as responding to a physical health emergency.

NAViGO is a not-for-profit organisation that is owned by its staff. We have 451 staff members and 369 community members. Our staff and community members have significant powers – they set the our objectives every year following an extensive engagement process, they appoint the Chair and Chief Executive and decide which projects they would like NAViGO to take forward as a priority each year. In 2018/19 our members set us some clear objectives relating to the provision and development of our services and my statement sets out the progress we have made against these.

We have continued to enhance our crisis and mental health liaison services to cope with the increased demand for these services. Over the last two years we have seen a further 30% increase in demand and have redesigned our crisis response to ensure that our senior mental health practitioners are focused on assessing and supporting those people who need this specialist response.

At the same time, we recognise the need to support those who present in crisis but do not require the input of specialist mental health staff. In 2018/19 we were able to secure non-recurrent funding to appoint support staff who meet and greet everyone presenting at our crisis service, ensuring that everyone receives the correct response - be that a specialist assessment, advice or signposting. This scheme is to be made permanent in 2019/20.

At NAViGO's Annual General Meeting in 2017, our members voted to support Safespace as the Project of the Year. Safespace crisis café – a joint initiative between NAViGO and North East Lincolnshire Mind – is designed to provide help to vulnerable individuals who find themselves in crisis or need support with their mental health in the evening. Following a successful bid in 2018, NHS capital funding was secured for this new service which is due to be launched in June 2019.

Excellent progress has already been made with the 2018 Project of the Year, Navigate , which uses sailing therapy as part of a recovery journey for service users. Sailing activities are now taking place at both Covenham and on the Humber Estuary with exciting plans for further enhancement of this scheme in 2019.

Autumn saw the start of a new adult autism and ADHD service which we are delivering in partnership with Care Plus Group. The commissioning of this service by N E Lincs CCG fills a significant service gap for our locality ensuring that a diagnosis with Autism and ADHD can now be followed by access to the right therapy and support as adults.

NAViGO has made significant capital investment during 2018/19 to ensure that we continue to provide services in environments

that value and give dignity for those using our services. Improvements have been made to crisis accommodation at Harrison House; the relocation of Rharian Fields (our specialist eating disorder unit) to larger premises and the co-location of our adult community staff at Weelsby View.

In 2018, the board approved significant investment in the development of a new complex care unit which will be operational from June 2019. The new unit – located adjacent to our acute older people's facility – will provide care for those older people who have complex needs, many of whom are currently receiving or at risk of having to receive their care outside of their local area.

Last year, I highlighted the excellent work of the staff in our rehabilitation service in enabling people with more complex needs to return to live in our local area with the right support in place. I am pleased to confirm that this work has continued in 2018/19 with more people now living in the community and with further developments planned for 2019/20.

In March 2019, NAViGO held its second national showcase conference. This two day event attracted national speakers and provided an opportunity for our staff to share their best practice with a much wider audience. This year the focus included older peoples' services; delivering responsive psychology services and IAPT services and access to employment. It was also the first time in the UK that leading professor of psychology David Jobes provided a live demonstration of his pioneering Collaborative Assessment and Management of Suicidality framework. The conference was attended by over 500 people and the feedback has been overwhelmingly positive.

Twelve months ago, I flagged the need for NAViGO to replace its electronic clinical information system. I am pleased to announce that we successful transferred to our new system – SystemOne – in September 2018. This was a magnificent achievement led by our head of performance and business support and our SystemOne programme manager. However every member of staff contributed to

the successful delivery of this highly complex project and work in 19/20 is focused on optimising our use of the new system to best support the delivery of integrated care.

One of the first services to be introduced under our new Yorkshire and Humber Mental Health Partnership is the new perinatal mental health service. This new service supports women who experience problems either during pregnancy or the first year after their child was born. The new service is provided by specialist staff working in each of the localities in our region, including North East Lincolnshire.

Congratulations to our IAPT service who were successful in their bid to be one of the national pilots where access to employment support is included within the remit of the IAPT service. Allied to this, NAViGO were also successful in attracting extra funds to deliver an Individual Placement Support service from 2019. This ensures that all service users who are not in employment will get access to direct support aimed at moving them towards employment or meaningful activity.

Everyone who works at NAViGO takes real pride in the way we work together to provide the best care we can. I am always so proud of our staff and the way they work with passion, empathy and an unswerving commitment to the delivery of services that we would be happy for our own family to use.

In accordance with the National Health Service (Quality Accounts) Amendment Regulations 2012, I hereby state that to the best of my knowledge the information in this document is accurate.



Our vision

To deliver services that we would be happy for our own family to use.

Who we are

During the reporting period of 1 April 2018 to 31 March 2019, NAViGO Health & Social Care CIC provided the following services to the residents of North East Lincolnshire:



NAViGO has reviewed all data available to us on the quality of care of these services. The income generated by the above services reviewed in this reporting period represents 96% of the total income generated by NAViGO.

Part 2



Key successes and areas for improvement

NAVIGO continue to achieve national recognition for innovation and excellence. Below are some of our award successes during the reporting period:

National awards in reporting period:

Award	Outcome	Income received
BMJ Award - Suicide Dashboard	Shortlisted	N/A
HSJ Awards 2018 - Suicide Dashboard	Shortlisted	N/A
Positive Practice in Mental Health 2018 - Suicide Dashboard	Highly commended	N/A
Medipex Innovation Awards 2018 - Suicide Dashboard	Successful	£4k
James Legal Inspiring Business Awards 2018	Highly commended	£4k
Sunday Times Top 100 Best Not-For-Profit Organisations to Work For	Made the list for the fourth year	N/A

Tenders and grants applied for in reporting period:

As a social enterprise, it is important for us to generate income to continually improve our services. Below are some of our applications and outcomes.

Tender/grant application	Outcome	Income received
NHS England - Safespace	Successful	£75k
Data Analytics Innovation Voucher	Successful	£5k
Yorkshire & Humber Enhanced Supported Living Framework	Successful	£20 million (share of)
N E Lincolnshire Supported Living and Housing Related Support Framework	Successful	To be confirmed - tenders are due out April 2019
N Lincs Domiciliary Care & Short Breaks	Offered contract but pulled out due to not being successful in the Lot we wanted	N/a
Liaison and Diversion	Unsuccessful	N/a
Mental Health Awareness Training (Derbyshire)	Unsuccessful	N/a

Care Quality Commission (CQC) inspection 2018/19 results and actions

NAVIGO is required to register with the Care Quality Commission. We are currently rated as 'GOOD' overall following our last comprehensive inspection in December 2017, in which we were also very pleased to receive a rating of 'OUTSTANDING' for the standard "Caring".

SAFE	GOOD	●
EFFECTIVE	GOOD	●
CARING	OUTSTANDING	☆
RESPONSIVE	GOOD	●
WELL-LED	GOOD	●
OVERALL RATING	GOOD	●

SERVICE AREA RATINGS:

Harrison House - Adult acute mental health	GOOD	●
Community mental health	GOOD	●
Older people's community mental health	GOOD	●
Rharian Fields – Specialist eating disorder unit	OUTSTANDING	☆
Konar Suite – Older people's inpatient unit	OUTSTANDING	☆

The CQC has never taken any enforcement action against NAVIGO and have issued no conditions on our regulated activities. NAVIGO have not been the subject of any special reviews or investigations by the CQC.

CQC Mental Health Act Inspections – Inpatient units

Whilst the CQC have not completed a comprehensive CQC inspection for NAVIGO during this reporting period, they have completed annual Mental Health Act inspections at our inpatient units. These inspection visits are specifically to ensure NAVIGO are providing inpatient facilities in compliance with the Mental Health Act 1983 Code of Practice.

Example of actions NAVIGO were instructed to implement following our CQC Mental Health Act inspection:

- Ensure detained inpatients are read their rights – the recording process for capturing this was improved.
- Ensure capacity to consent to treatment is recorded by the admitting medic at point of admission – the admission template on SystemOne was revised to capture this on admission.
- Ensure inpatients have their, or their carer's, view of their care plans recorded on the document and that they are signed and there is evidence that a copy has been offered – the care plan template was amended to capture a signature and evidence of a copy being offered.
- Ensure only current Section 17 leave forms are present to avoid confusion - expired Section 17 leave forms are scanned onto SystemOne and destroyed in confidential waste.
- Ensure risk assessments are completed in line with Section 17 leave conditions – nursing staff ensure the "risk assessment" section of clinical review sheets is completed and transferred onto the DICES risk assessment.

- Ensure no leave restrictions are implemented for informal inpatients – “leave restrictions” column was removed from the nursing office patient summary board and medics are instructed not to place restrictions on informal inpatients.
- Ensure scrutiny of section papers is completed no later than the day following detention – AMHPS now work weekends to ensure scrutiny is timely.
- Ensure outcomes of SOAD visits are shared with inpatients and/or their carers – medics reminded to record sharing of information on SystmOne.
- Ensure inpatients and/or their carers are fully involved and informed of decisions made about their treatment and, if lacking capacity, an advocate is offered – allocated named nurse is now responsible for care planning and arranging multi-disciplinary review meetings, where minutes are recorded evidencing sharing information with inpatients/ carers/family members.

Example of positive comments made by inspectors in our CQC Mental Health Act inspection reports:

- Patients who had been assessed as lacking capacity were referred to the IMHA by the staff.
- The IMHA regularly visited the ward and new patients were referred by the ward and were seen quickly.
- We were told that the relationship between the staff and the IMHA was a positive one, with the IMHA having a good working relationship with staff whilst still being able to challenge on behalf of the patient.
- Noticeboards on the ward had a range of wellbeing information and information about how to complain to the organisation and the Care Quality Commission, as well as information about the IMHA.
- Patients' care plans reflected their risk assessments and were regularly reviewed.
- We saw that there was a seven-day activity timetable and that patients were frequently off the ward.
- Staff told us that the use of physical intervention was a last resort and that patients were supported to manage their emotions using de-escalation and distraction techniques.
- Some staff on the ward were trained to be able to provide complementary therapies such as Reiki, Indian head massage and reflexology.
- Three bedrooms had a bed settee, which could be used by patients' relatives for an overnight stay.

Comments made by inpatients to the CQC inspectors included:

“The staff are very **friendly**.”

“The staff are **supportive** and very knowledgeable.”

“This is the **best ward** I have ever been on.”

“The staff are **approachable**.”

Priorities for improvement 2019/20

Quality objectives were developed based upon themes that emerged from:

- Engaging with service users and carers, staff and other stakeholders via workshops, Your Voice@NAVIGO membership forum and online surveys
- Reviewing themes arising from complaints, surveys and incidents
- Reviewing the areas for improvement identified by the Care Quality Commission (CQC), Clinical Commissioning Group (CCG), National Institute for Clinical Excellence (NICE) and NHS England

NAVIGO's membership board approved the following priorities for improvement in 2019/20:

Proposed 2019-20 Quality Objectives				
Safety				
Objective	Rationale	Milestone	Monitoring Forum	Timeframe
Maximise safety of prescribing mental health drugs	Membership survey recommendation, recording electronically will flag any contraindications for prescribing medication across primary and secondary care, people on specific medication can be reviewed in a timely manner and in accordance with shared care arrangements with Primary Care	Introduce electronic prescribing for people using community mental health services <ul style="list-style-type: none"> • System set up • Prescribers trained • Process to audit embedded 	Electronic Patient Record Board	Quarter 1 Quarter 2 Quarter 3 onwards
Improve safety following inpatient discharge	NHS England is reviewing waiting times for follow up after inpatient discharge as part of the NHS Long Term Plan on the basis that the existing seven day target for follow up is too long to wait and may increase suicide risk	Achieve 80% of adult mental health inpatients receiving a follow-up within 72hrs of discharge from a CCG commissioned service <ul style="list-style-type: none"> • Set up dashboard monitoring • Amend weekly reports/emails to daily • Monitor and report progress • Action plan 	Team meetings/ Quality Governance	Quarter 1 Quarter 2 Quarter 1 onwards Quarter 1 onwards

Proposed 2019-20 Quality Objectives				
Service user and carer experience				
Objective	Rationale	Milestone	Monitoring Forum	Timeframe
Improve access to crisis services	NHS Long Term Plan advocates parity between physical health and mental health for waiting time standards/ membership comments about crisis waits	<ul style="list-style-type: none"> 90% of people wait four hours or less in crisis from referral to commencement of face to face assessment for 'emergency' referrals. 24hrs from referral to commencement of face to face for 'urgent' referrals 	Team meetings / Quality governance	Quarter 1
		<ul style="list-style-type: none"> 90% of people are seen in one hour from A&E referral to face to face assessment, four hours total time in A&E to discharge/ transfer/admission 		Quarter 2
		<ul style="list-style-type: none"> 90% of people are assessed within 24hrs for referrals from general hospital wards 		Quarter 3 onwards
Engage with Experts by Experience to review inpatient environment	Engagement with the Care Quality Commission (CQC) and the membership promoted the benefits of Experts by Experience leading regular audits and feedback on the environment of the inpatient units	<ul style="list-style-type: none"> Initiate PLACE (Patient Led Assessments of the Care Environment) on all inpatient units Action plan improvements/ feedback from audits 		Quarter 2 Quarter 4

Proposed 2019-20 Quality Objectives				
Clinical effectiveness				
Objective	Rationale	Milestone	Monitoring forum	Timeframe
Ensure services are accredited	The accreditation process provides assurance services are working to nationally agreed quality standards. The membership requested focus on core services to improve quality and balance between new and existing service developments	<ul style="list-style-type: none"> 100% accreditation and re-accreditation with Royal College of Psychiatry achieved for community mental health teams (CMHT) and all currently existing accredited services (Rharian Fields, Konar Suite, Pelham Lodge, Meridian Lodge, older people's community mental health and memory service, older people's home treatment team and Sequoia) 	Business meetings	Q1
		<ul style="list-style-type: none"> Prepare baseline information for accreditation 		Q1
		<ul style="list-style-type: none"> Produce action plan Implement action plan Undertaken inspection Re-action plan/promote accreditation 		Q2 Q3 Q4
Develop services	The membership requested focus on core services to improve quality and balance between new and existing service developments. Comments made suggested pathways between services could be improved	Enhance existing Improving Access to Psychological Therapies (IAPT) service to include pathways for specific needs <ul style="list-style-type: none"> Operational policy updated Pathways embedded Access and recovery targets consistently met 	Business meetings	Q1 Q2 Q4
Develop workforce	The NHS Plan and the North East Lincolnshire Clinical Commissioning Group (CCG) have requested evidence of tailored training packages to develop the effectiveness of the workforce including development/ training roles to develop our own staff	Evaluate workforce capabilities and training needs. Consider using specialist roles to improve quality and maximise efficiency <ul style="list-style-type: none"> Produce written, evidence based report to demonstrate the impact staff training, specialist roles and responsibilities have had on service development and quality 	Business meetings	Q4

Proposed 2019-20 Quality Objectives

Objective	Rationale	Milestone	Monitoring Forum	Timeframe
Monitor restrictive interventions	New NICE guidance on restrictive interventions requires monitoring and reporting of any restrictive practice	Report on 100% of restrictive interventions and action plan any learning points quarterly <ul style="list-style-type: none"> Set up system to capture information Train staff Monitor incidents Analyse incidents Action plan learning points 	Business Development Sub-Committee	Q1 Q1 Q2 onwards Q2 onwards Q2 onwards
Explore development of carer support	Carers of those in receipt of adult services (including those under 18) or presenting in crisis to have access to a carer support worker or peer support worker who will provide support and signpost to carers as required Explore support available for young carers	Conduct clinical audit aligned to NICE guidance as part of the audit rolling programme 2019/20 <ul style="list-style-type: none"> Present options analysis to Membership Board Decision is presented to Membership Board and relevant committee for information and approval if viable 	Membership Board	Q1 Q2 Q4

How quality improvements are monitored and measured:

NAVIGO's quality improvements will be monitored by the assurance team next year. The assurance team is a newly formed team established in April 2019 working closely with the quality team and performance team. They are responsible for audits and the audit of action plans providing assurance that actions have been embedded into our services and are compliant with CQC and national guidance is a key role for the team. The Assurance Team will report any exceptions to targets directly to the NAVIGO CIC Board, ensuring the Board are aware of any serious problems in a timely manner. Our progress towards the improvements will be published in our next annual quality account.

NAVIGO believes it is important for all staff to be aware of, and understand, how their team and the organisation as a whole are meeting our requirements for improvement. The assurance team will hold engagement meetings across all service areas, ensuring progress is communicated to staff. Quarterly reports will be shared with NAVIGO's Membership Board to keep members updated with progress.

Review of services and external accreditations

Over the past year NAVIGO's service managers and team leaders have achieved and maintained national recognition with accreditations from the Royal College of Psychiatry. This evidences that our staff are demonstrating commitment to provide excellent services. These are NAVIGO's current accreditations:

Service area	Royal College of Psychiatry accreditation
Harrison House adult inpatient units	Accreditation for Inpatient Mental Health Services (AIMS)
Konar Suite older peoples' inpatient unit	Accreditation for Inpatient Mental Health Services (AIMS)
Rharian Fields specialist eating disorder unit	Quality Eating Disorder (QED)
Older peoples' community mental health and memory service	Memory Services National Accreditation Programme (MSNAP)
Older peoples' home treatment team	HTAS (Home Treatment Accreditation Scheme)
Sequoia therapeutic community service	Royal College of Psychiatry Community of Communities (Therapeutic Community Accreditation Scheme) – Awaiting Notification

Participation in audits and clinical research

National clinical audits NAVIGO was eligible to participate in during 2018/2019.

Clinical audits eligible to participate in	Included Yes/No	Date completed	Status	Actions (if applicable)
National clinical audit of anxiety and depression (including core audit and spotlight audit on psychological therapies)	Yes	01/03/2019	Awaiting report	Awaiting report
National clinical audit of psychosis (Core audit including EIP Spotlight)	Yes	01/03/2019	Awaiting report	Awaiting report
Assessment of the side effects of Depot antipsychotics	No	September 2018	Not completed	Unfortunately there was no resource available to complete this audit at the time it was released. NAVIGO will use the national report to benchmark and action plan locally.

Clinical audits eligible to participate in	Included Yes/No	Date completed	Status	Actions (if applicable)
Use of Clozapine	Yes	01/02/2019	Complete	<ol style="list-style-type: none"> 1. Include as standard during pre-screening assessment: Lipid & HbA1c 2. Consideration needs to be made for care plan addressing the implications of smoking and clozapine on discharge from a smoke free unit 3. Annual reviews need to be explored as to why 5% (2 service users) did not receive annual review. Also consideration needs to be given to which staff members complete reviews (i.e. consultant psychiatrist/NMP), as NMP's sometimes completed reviews due to patient choice 4. Treatment break. Nationally 20% of clozapine patients have a treatment break for a period of time that means re-titration is required. The most common reason is poor concordance. Although this is not a major issue for NAViGO, consideration should be made to discuss with the clozapine nurse, the peer volunteer (who is currently on clozapine) and the potential patient/carer prior to commencing in order to get the view of someone currently prescribed the medication. This will enable a more honest discussion in weighing up the pros and cons of the medication including side effects and benefits
Monitoring of patients prescribed lithium	Yes	March 2019	Awaiting report	Awaiting report
Prescribing Valproate for bi-polar disorder	Yes	April 2018	Complete	<ol style="list-style-type: none"> 1. Record to collect for next audit - not just based on clinical letter, but also feedback from Care Coordinator, or notes; reviews, physical health clinics - wider source of information 2. Baseline bloods to be completed before initiating treatment physical health clinic) 3. Set up 3- 12 / 12 review - as a standard CPA (Care Programme Approach) clinical review to check compliance, therapeutic response to treatment of Valproate 4. Document every 12 months documented: BP (Blood Pressure), glucose, lipids, FBD (Functional Bowel Disorders), LFT's (Liver Function Tests); plasma level not required (physical health clinic) 5. To develop a register of patients prescribed Valproates to aid recommended reviews by physical health clinic
Rapid Tranquillisation	No	April 2018	Not completed	Unfortunately there was no resource available to complete this audit at the time it was released. NAViGO has participated in Rapid Tranquillisation audits previously and benchmarked well with no concerns on the safety of clinical practice.

Local clinical audits completed 2018/2019

Title	Actions (if applicable)
Communication preference	<ul style="list-style-type: none"> • Ensure all alerts are recorded on SystemOne • Ensure communication preferences are followed • Provide training, guidance and awareness regarding communication preferences
Safeguarding audit	<ul style="list-style-type: none"> • Workforce to implement a robust chasing system for DBS (Disclosure & Barring Service) compliance checks including direct contact with those outstanding staff and notifying their managers to chase • MCA (Mental Capacity Act) training to be arranged to meet shortfall, consideration given to in-house training by our MCA lead if NEL Council cannot meet our needs
CPA audit	<ul style="list-style-type: none"> • Identified the need to be able to document carers/ family/service user involvement
NHS Litigation Authority	<ul style="list-style-type: none"> • Ensure templates are set up in SystemOne to include NHSLA (NHS Litigation Authority) standards
Re-audit clinic letter	<ul style="list-style-type: none"> • Remind relevant staff what information is required in the clinic letter under the relevant headings on a regular basis to ensure letters are completed accurately

National clinical research projects 2018/19

NAViGO also participated in the following national clinical research projects:

Research project	Numbers recruited	Period of research
Life Story book study	6 couples	Approved September 2018
Memory service professional practice regarding assistive technology	19	Approved December 2018
Research engagement in social enterprise healthcare organisations: an exploration of the barriers and facilitators to research capacity	1	Approved December 2018
Trialling the Free-Cog	20	Approved December 2018
DESCANT	16	Approved December 2018
What are the experiences of relationships with mental health staff of those who have been diagnosed with "emotionally unstable personality disorder"?	Awaiting ethics amendment	Approved March 2018

Local clinical research projects 2018/19

In the reporting period, NAViGO continued work on two internal clinical research projects in response to the 'Five Year Forward View' (a report from the Independent Mental Health Task Force to the NHS in England in 2016) these are:

- Psychology waiting list
- Clinician confidence – Reducing Suicide Risk (coincides with the introduction of Collaborative Assessment and Management of Suicidality (CAMS) suicide risk assessment tool)

Drivers for improving quality

Throughout 2018/19, the quality team has continued to engage and support our clinical service areas to encourage and embed a focus on quality improvement and compliance with national guidance and CQC standards. Consistent and regular face-to-face engagement with staff has resulted in clinical staff gaining confidence and trust in the work being carried out. It is accepted as a supportive and helping hand towards improving quality for those using our services.

Some of the engagement carried out was:

- Weekly team handover visits
- Weekly attendance and participation in clinical huddles
- Engagement/presentations delivered at team development sessions/away days
- Mock CQC inspection visits
- CQC inspection preparation briefings with staff groups
- Ad-hoc on-site audit of paperwork/processes

September 2018 saw the implementation of the new electronic records system - SystemOne. The change over from Silverlink was smooth from a user perspective and involved intensive resource and support from the performance team. The performance team demonstrated a high level of empathy and understanding towards clinicians settling in to utilise the new system effectively and their proactive responses have resulted in a reliable and secure patient database and reporting system.

'Experts by Experience' continued to volunteer in conjunction with the quality team, carrying out fortnightly visits to inpatient units to collate direct feedback on inpatient stays. The survey results mainly achieved praise and positive feedback for inpatient staff which was shared immediately, along with any suggestions for improvements.

Telephone surveys using questionnaires created by 'Experts by Experience' were also carried out with those recently presenting in crisis and those who had met with their CCO (adult services only). These also produced a high standard of positive feedback for staff and managers. Feedback from the surveys was relayed directly to managers of the relevant service to make contact with the service user directly where required. Survey comments were also shared with staff in team meetings as a monthly governance update is produced by the quality team and disseminated to all staff via the staff news bulletin. This includes a link to the actual survey responses for all staff to access monthly. In addition to this, bi-monthly Patient Advice and Liaison (PALS) meetings were held with NAViGO's PALS lead and a manager from each service area. This is a reliable platform to share positive feedback to staff via their managers and to address any negative feedback and monitor actions from complaints and negative feedback from surveys and Friends and Family Test results.

NAViGO's leadership and development programme progressed according to plan, with identified future leaders' projects being finalised.

Some of the leadership and development projects being worked on in 2018/19 are:

- Peer support workers
- A focus on research
- Care pathways in older peoples' services
- Recruitment and retention of our clinical professional workforce
- Dementia pathway across the STP (Sustainability and Transformation Partnerships)
- Development of carer training to those caring for a loved one with dementia

CQUINS (Commissioning for Quality and Innovation)

Money available to NAViGO from the CQUIN schemes:

Commissioner	CQUIN available	CQUIN achieved	CQUIN shortfall	CQUIN achieved %
2016-17	£474,789	£474,789	£0	100%
2017-18	£499,830	£499,830	£0	100%
2018-19 *Q1 & Q2	*£218,977	*£218,977	£0	100%

*We are only able to provide figures for Q1 and Q2 as at the time of producing this document NAViGO had not been notified of our Q3 or Q4 CQUIN achievements.

Information governance tool kit & data quality/clinical coding errors

Data quality and coding

Data quality assurances and processes

NAViGO complete a regular NHS Litigation Authority (NHSLA) audit to ensure inpatient and community teams meet the national standards of record keeping, which every NHS provider should adhere to. NAViGO also have a record keeping policy which sets out the standards its staff are required to adhere to such as ensuring patient notes are concise, timely and there are no abbreviations. The NHSLA audit feeds into this policy.

Data capture scrutiny

NAViGO adhere to the national standards of the Data Protection Act, ensuring all data is secure, confidential and accurate. NAViGO has a Caldicott Guardian and a SIRO (Senior Information Risk Owner). All data/information breaches are graded using the national Data Security and Protection Tool and reported where necessary.

How we continually improve data quality

NAViGO has its own bespoke data warehouse, which staff can view reports in. The reports display any missing data on a service user's case note. Staff have been educated on how to access and use the reports to improve data quality and the data shows that staff are accessing the reports on a regular basis. NAViGO's admin data quality leads, based in each service area, are working effectively to ensure the electronic patient record (EPR – SystemOne) is as accurate as possible.

Part 3

NAVIGO are classed as an arm's length body on the Data Security and Protection Toolkit. Therefore, NAVIGO are not required to complete the clinical coding audit, which is carried out by an external body. NAVIGO was not subject to the Payment by Results clinical coding audit for 2018/19 by the Audit Commission.

The following are mandatory for inclusion within all providers' quality accounts to allow the public to compare NAVIGO with other providers.

NAVIGO submitted records below during 2018-19 to the Mental Health Services Dataset (MHSDS), last published in March 2019. These results are above the national average, therefore there are no actions required to improve data quality in these areas.

Indicator	NAVIGO	National average
Service users with a recorded NHS number	100%	98%
Service users with a recorded valid General Practitioner Code	99%	98%
Service users with a recorded date of birth	100%	100%
Service users with a recorded postcode	99%	98%
Service users with a recorded gender	100%	100%
Service users with a recorded and valid Ethnic Category Code	95%	81%

Accommodation and employment information is collected for service users who are being treated under the Care Programme Approach (CPA). This information is in line with the 'Five Year Forward View' target to improve the holistic care provided to mental health patients and improve their quality of life and recovery.

Indicator	NAVIGO	National average
Settled accommodation	65%	59%
Employment	8%	9%

Information Governance assessment report

The purpose of the Information Governance assessment (now known as the Data Security and Protection Toolkit) is to enable providers to measure and report standards of compliance against the law and national guidance, and to ensure information is being handled correctly and protected from unauthorised access, loss, damage and destruction.

NAVIGO's published assessment showcases 100 of 100 mandatory evidence items provided as well as 40 of 40 assertions confirmed.

General Data Protection Regulation (GDPR)

The General Data Protection Regulation became enforceable on 25 May 2018. NAVIGO has an action plan in place to demonstrate compliance with the GDPR and has appointed a Data Protection Officer.

Information assets

NAVIGO monitors the many different digital systems in use (such as the Electronic Staff Record (ESR), Clinical Patient Admin System and the Telephone Systems). NAVIGO hold an Information Asset Register which is reviewed annually, with all assets on the register having an asset owner assigned.



Review of quality performance from last year Core quality indicators from 2017/18

Quality goal: Service user safety

1. Develop a training and development programme for crisis workers to enhance safety of the assessment and treatment process.

NAVIGO's crisis team has developed and implemented a very comprehensive induction booklet for all new starters within the team encompassing safety of our assessment and treatment process. In 2018/19 bespoke training focused on the assessment and treatment process and suicide prevention was delivered to crisis workers by NAVIGO's director of operations.

Quality goal: Service user and carer experience

2. Explore and develop the role of peer support worker in all clinical teams in response to feedback from service users, who told us they are given hope of recovery when in contact with those experiencing similar health problems.

This quality improvement was identified and approved as a project for one of NAVIGO's staff on our 2018/19 Leadership Programme. The project was a success, resulting in the development of a training package and policy for the peer support worker role. Recruitment into the peer support worker role will commence in the middle of 2019.

Quality goal: Clinical effectiveness

3. Improve clinical supervision and reflective practice process to ensure consistency across clinical team supervision.

All band 6 and 7 clinicians attended a two-day training course on effective clinical supervision with an external provider. Feedback from staff in attendance was very positive. Band 7s attending the training have been tasked with sharing their learning as a bespoke training package to clinical staff who did not attend.

4. Develop standards for record keeping to ensure record keeping is in line with NHS Record Keeping Standards and notes are not recorded retrospectively.

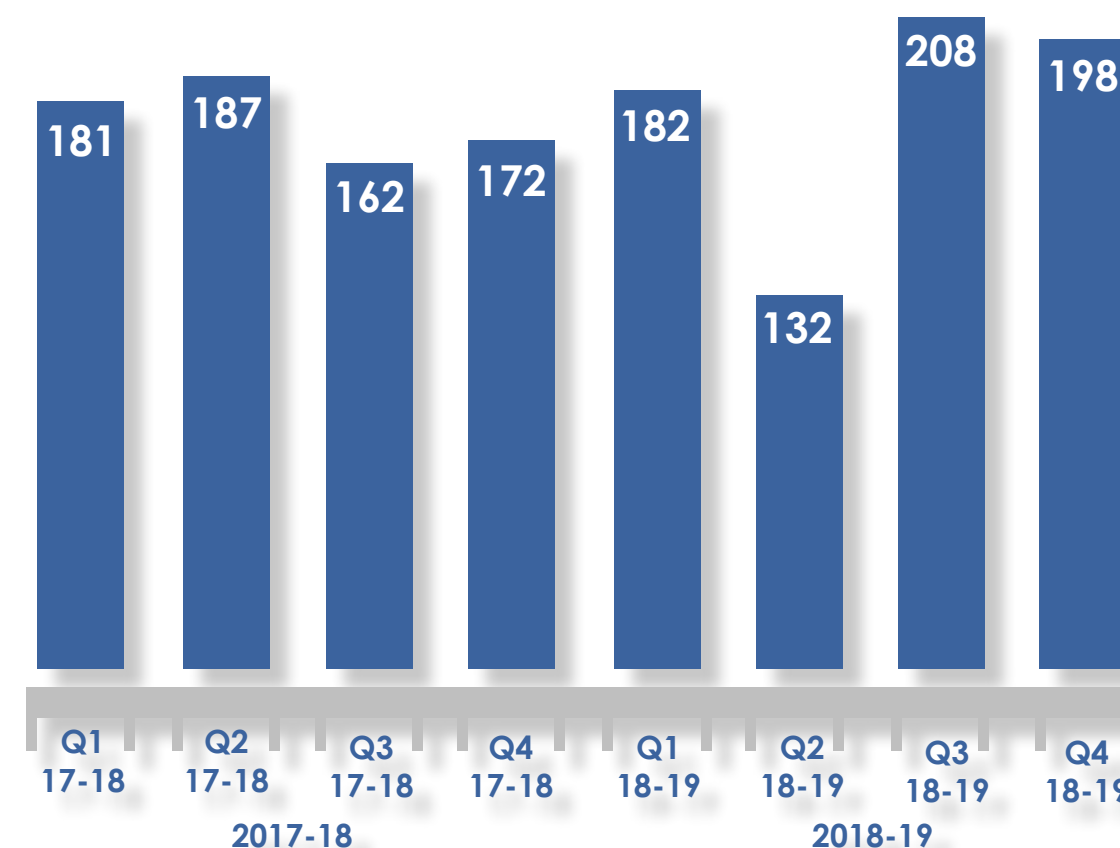
The following statement was disseminated via managers to all clinical staff and added to NAVIGO's Records Management policy:

Staff working in inpatient areas, crisis and the access team are expected to record patient notes relating to service user activity into the electronic record system before the end of their shift. It is not acceptable to leave their shift until all entries have been made. Failure to do so is considered extremely high risk to the service user and may result in disciplinary action as this directive is an action from a serious incident investigation. All other staff must record patient note entries within 24 hours or, where significant risk is identified. This risk must be handed over to colleagues and/or documented within patient notes prior to leaving shift.

Number of incidents/accidents recorded on DATIX (NAVIGO's incident and accident electronic reporting system)

The table shows the number of incidents/accidents recorded on DATIX which were reported in 2017/18 and 2018/19:

Number of incidents per quarter for 2017-18 and 2018-19



Patient safety incidents

The table below indicates the total number of incidents reported on DATIX and the number of those which met the Department of Health categorisation of "serious incident", which required a comprehensive investigation. The figures show a comparison of 2017/18 versus 2018/19.

	Total incidents 2017/18	Total incidents 2018/19	Serious incidents 2017/18	Serious incidents 2018/19
Q1	181	182	3	4
Q2	187	132	3	4
Q3	162	208	2	0
Q4	172	198	1	2
Totals	702	720	9	10

Service users on Care Programme Approach (CPA) who were followed up within seven days of discharge

People cared for by specialist mental health teams are likely to be monitored under the Care Programme Approach (CPA). Service users on CPA usually have multiple needs and require care coordination which is usually managed by a care plan. All service users on CPA discharged from psychiatric inpatient care are to be followed up either by face to face contact or by phone within seven days of discharge to reduce risk of suicide and social exclusion and improve care pathways. The national threshold is to follow up 95% of service users within seven days.

“NAVIGO have followed up 98% of service users in 2018-19, above the 95% national target.”

	Q1, 18-19	Q2, 18-19	Q3, 18-19	Q4, 18-19
NAVIGO	100%	95.2%*	94.1%	100%
National data	95.8%	95.7%	95.5%	95.8%
National best	100%	100%	100%	100%
National worst	73.4%	83.0%	81.6%	83.5%

*An audit has subsequently been completed and found that two out of three service users submitted in Q2 18-19 as fails were followed up within seven days. This data wasn't available at the time of submission. Local data shows the percentage is 96.7% for this quarter.

Quarter 2 - One service user was not followed up. The service user had been discharged to the general hospital and, although phone calls were made to the hospital, no actual visits occurred within the seven days of discharge.

Quarter 3 - Two service users failed to have a follow up. From reviewing SystemOne, there are no attempts to contact both service users. Both reside in care homes.

Performance team have communicated to inpatient areas that all service users discharged from a mental health inpatient bed to the general hospital or a care home need to have a seven day follow up.

Gatekeeping

All admissions to our inpatient units require an assessment by a crisis assessor to ensure the admission is appropriate. In this reporting period, NAVIGO achieved 100% for all four quarters in relation to gatekeeping targets.

“NAVIGO have gatekept 100% of service users in 2018-19.”

Gatekept by crisis	Q1, 18-19	Q2, 18-19	Q3, 18-19	Q4, 18-19
NAVIGO	100%	100%	100%	100%
National data	98.1%	98.4%	97.8%	98.1%
National best	100%	100%	100%	100%
National worst	85.1%	81.4%	78.8%	88.2%

Emergency readmissions

The purpose of the indicator shown in the table below is to help monitor NHS success in prevention and treatment outside hospital. Emergency admissions to hospital can be avoided if local systems are put in place to identify those individuals at risk.

Number of readmissions within 28 days of discharge from inpatient units – 2018/19		
Quarter	Number of admissions	Number of readmissions
1	118	12
2	119	9
3	95	8
4	94	10
Total admissions = 426		Total readmissions = 39

The data on readmissions has been produced using NAVIGO's internal data. National published data could not be compiled due to NAVIGO having small readmissions. Any readmissions below five per month are not published. The target used is the previous year's readmission percentage. The total percentage for 2018-19 is 9.1%, which is 1.4% lower than the 2017/18 percentage of 10.5%. NAVIGO will continue to monitor individual emergency readmissions within 28 days of discharge to continue to improve the percentage, and also ensure learning is facilitated to improve discharge pathways and community care.

Delayed transfer of care

NAVIGO consider a delayed transfer of care as, a service user who is fit for discharge from the mental health inpatient ward, but is still occupying a bed. Delays can be, for example a result of awaiting social care support in the home or awaiting an appropriate care home bed to become available.

The delayed transfer of care percentage achieved by NAVIGO in this reporting period continues to be well below the national target of 7.5%.

NAVIGO 2017/18	NAVIGO 2018/19	Target for delayed transfers of care
2.3%	3.2%	7.5%

Early intervention in psychosis

Number of patients contacted within 14 days of referral – the national target for this is 50%. NAViGO have exceeded the national target for 2018-19 with 88% in 2018-19.

IAPT - Improving Access to Psychological Therapies (IAPT) - Open Minds

National targets are set for those awaiting access to IAPT services as 75% to be seen within six weeks and 95% to be seen within 18 weeks. The table below demonstrates NAViGO's Open Minds IAPT service exceeded requirements and continues to provide excellent and timely IAPT services.

Month	Number of treatments commenced	Seen within 6 weeks	Proportion seen within 6 weeks	Seen within 18 weeks	Proportion seen within 18 weeks
April 2018	244	233	95.5 %	244	100 %
May 2018	209	199	95.2 %	209	100 %
June 2018	279	260	93.2 %	278	99.6 %
July 2018	258	234	90.7 %	258	100 %
August 2018	282	255	90.4 %	282	100 %
September 2018	218	177	81.2 %	217	99.5 %
October 2018	315	269	85.4 %	312	99.0 %
November 2018	256	201	78.5 %	254	99.2 %
December 2018	187	162	86.6 %	186	99.5 %
January 2019	322	251	78.0 %	321	99.7 %
February 2019	250	219	87.6 %	248	99.2 %
March 2019	368	323	87.8 %	365	99.2 %

Learning from deaths

It is a requirement to publish information relating to our learning from deaths including the total number of patients who have died during the reporting period. For the purpose of this publication, we have counted the number of patients who died whilst open to one or more of our services or were open within six months of their death. It is a requirement for providers to demonstrate the number of deaths meeting the criteria for serious incident investigation and/or case note review and the percentage of those investigated which were judged by the provider to be due to problems in care provision.

NAViGO has a robust serious incident investigation process which involves a thorough review of case notes and a review of the care provided with face-to-face interviews with staff involved in care provision and face-to-face meetings with the service user/family/friends ensuring a complete overview of the case. Our serious incident investigators use root cause analysis tools to help assess contributory factors, areas of strength and weaknesses in the care provided, such as the 'Fishbone Diagram', 'Incident Decision Tree' and '5 why's' in addition to the 'Structured Judgement Review'.

We have recently amended the SI process to improve learning from deaths across the organisation. We are aware that clinical service areas must be on board with any changes to practice and for all clinicians to understand why practice has changed. Therefore following the investigation process the investigator now meets with the clinicians within the clinical areas affected to go through the report and devise meaningful changes to practice that all parties are signed up to. This was implemented in response to feedback from our clinical teams who told us that they would like to fully understand the rationale for changes in practice.

In relation to the investigation process we had feedback from clinicians that they would have liked a copy of the questions we were posing to them in the interview to allow them time to fully prepare for it. We were fully supportive and responsive to this feedback as it was our aim to achieve the upmost learning from each incident and we did not want the interview process to feel so formal that clinicians were unable to answer questions to their best ability.

Good practice and lessons learnt are identified in SI investigations and are shared with clinical teams by their managers in team meetings.

Serious incident and case note reviews 2018/19

Quarter of year the figures relate to	Total number of deaths	Number of serious incident investigations	Number of case note reviews	Estimated percentage of those investigated judged to be due to problems in care provision
Q1	107	4	1	0%
Q2	87	4	2	0%
Q3	79	0	0	0%
Q4	123	2	0	0%

From every investigation, lessons are learnt. However of the ten SI investigations we completed in the reporting period, none identified problems in care provision that led to the cause of the serious incident.

Formal complaints

There were three formal complaints received in 2018/19 compared to six in 2017/18. We aim to respond to formal complaints within 35 working days wherever possible. The formal complaints for 2018/19 primarily related to the following subjects:

Subject area	No of complaints
Patient care	2
Diagnosis	1

None of these complainants have taken their case to the Parliamentary Health Service Ombudsman (PHSO). Examples of actions and learnings from formal complaints investigated in 2018/19 are as follows (all patient specific actions have been excluded):

- Medication reconciliation is now covered within junior doctors induction with pharmacist and clinical lead from inpatient unit.
- On admission, we now get a list of medication from service user/ family/ care coordinator or carer.
- Clerking in doctor now checks the list of medications against information on electronic record system.
- Medication reconciliation is documented on the drug chart.
- Second Opinion Process was reviewed by our medical director to ensure a clear protocol is in place for whether a face-to-face or written second opinion is required.

Informal complaints/PALS (Patient Advice and Liaison) contacts

Informal complaints/PALS contacts are questions or concerns received which can be responded to more quickly than a formal complaint as they are less complex.

There were 159 informal complaints/PALS contacts received in 2018/19, compared to 122 in 2017/18 and 80 in 2016/17. The marked increase in the number of PALS/informal complaints received since 2016/17 is due to an improvement in the way we record these enquiries (previously PALS enquiries were not recorded as they were straightforward questions that were responded to directly by the PALS lead) and in NAViGO successfully handling more concerns raised as PALS/informal complaints, preventing them from developing into formal complaints. As an organisation, NAViGO has been actively seeking feedback on the services we provide with a view to implementing quality improvements. NAViGO is also providing new services. Therefore the number of service users we provide a service to has increased. A monthly governance update is produced by the quality team and disseminated to all staff via the staff news bulletin. This includes a compliments and complaints report. The governance update is a standing agenda item at team meetings.

Themes from informal complaints have not been collated in this reporting period. However, from April 2019, all compliments and complaints are being recorded on Datix (electronic incident reporting system) and will include collating themes and outcomes to enable reporting on these.

Patient experience of community mental health services – 2018 national survey

NAViGO increased their rating and continued to score highly in the national community mental health survey for 2018 with a rating of 75.3%, which was the highest score achieved regarding the overall experience of contact with a health or social care worker during the reporting period.

Lowest scoring trust 2018	Highest scoring trust 2018	NAViGO score 2018
56.3%	75.3%	75.3%

Compliments

We received a grand total of 1659 compliments and positive responses from the patient Friends & Family Test in 2018/19, which includes individual compliments forwarded to us by service users, carers and families; and also positive comments from the Patient Reported Experience Measure survey (PREM) and the Open Minds Patient Experience Questionnaire (PEQ). A very small percentage of non-positive comments were received. The patient experience lead meets with managers from service areas bi-monthly where actions are agreed in response to these and managers are asked to share these and the positive comments with their staff.

Positive comments received from service users, carers and their families:

- 288 compliments – Your Opinion Counts, thank you cards etc
- 1371 Patient Reported Experience Measure surveys (PREM), Patient Experience Questionnaires (PEQ) and Acute Liaison Patient Satisfaction Scales.

Examples of those received include:

“ Thank you to all the staff who took such good care of our mum and treated her with such kindness. It was a great relief she was in such good hands. ”

“ A relaxed and comfortable environment. Very clean, plenty of staff. I felt listened to. ”

“ Use the time here to relax and remember what is important to yourself, things are never as black as they often seem. ”

“ A staff member has really helped me in my recovery. I can't thank them enough for all they have done. Every session has been thorough and helpful in all ways. Thanks again. ”

“ I cannot praise the Admiral Nurses enough. They are a source of information, a shoulder to cry on and a support service when I'm confused and upset. Most important to me, I know I am not alone with problems associated with my husband's Alzheimer's. ”



Staff survey results/staff Friends and Family Test (FFT)

Quality Health NHS National Staff Survey

The 2018 staff survey produced excellent results that we, as an organisation, are very proud of and in the context of national scores and mental health trusts we continue to score very favourably.

Headline scores for NAViGO compared to 233 other 'provider' organisations:

- 12th highest response rate
- 27th highest overall engagement score
- 33rd highest staff motivation
- 25th highest recognition by managers
- 34th lowest score for violence against staff

However:

- 98th for bullying and harassment
- 209th for staff feeling unwell due to work-related stress

Whilst an improvement and positive news across most other scores, we remain concerned with the two points above. As part of last year's action plan we undertook a focus on bullying and violence, including an independent review undertaken by ACAS as part of this. In highlighting the issues, we have raised the profile and encouraged more staff to come forward. We will continue to address this during 2019 with all staff training, a continuation of our zero tolerance approach, and a specific focus on developing our managers.

Of concern is the data regarding work-related stress, as this does not link to the monthly absences that are reported. We have very few staff absences, long or short term where they have identified work-related stress as the issue. Our focus in 2019 will be the development of a staff health and wellbeing service, incorporating many of the programmes already underway, and developing these into a holistic offer for staff. We will also be undertaking a review of our current policy regarding absence and unpaid days to ensure that this has not unintentionally encouraged staff to attend when they are otherwise unwell.

These key actions, and others, form part of our corporate membership objectives and workplan and sit as part of an overall staff survey action plan as endorsed by the CIC Board who are monitoring progress.

Best Companies survey

Survey undertaken Autumn 2018 for entry into the Top 100 Sunday Times Best Not-For-Profit Organisations to Work For 2019.

For the fourth consecutive year, NAViGO were successful in making the top 100 list indicating that our staff have high levels of engagement and motivation with the company. We scored well across all eight domains that Best Companies measure.

Similar to the NHS staff survey, areas that we are already addressing as part of our membership objectives 2019 will see us focus on further developing our staff wellbeing offer, and enhancing our line manager capabilities.

Staff Friends and Family Test

NAViGO participated in the national Friends and Family Test survey in three out of four quarters in this reporting period. We did not survey staff in quarter 3 as we were asking for the national staff survey to be completed and wanted to avoid conflict with this survey.

Period	Number and percentage of staff who would recommend NAViGO to friends and family should they need a service	Number and percentage of staff who would recommend NAViGO as a place to work
Q1	68/72 (94.45%)	63/72 (87.5%)
Q2	32/36 (88.89%)	28/36 (77.78%)
Q3	N/A - national staff survey	N/A - national staff survey
Q4	39/46 (84.78%)	33/46 (71.74%)

NAViGO staff awards

We believe in demonstrating gratitude and appreciation to our workforce. One of the ways we do this is through our annual awards ceremonies.

Annual staff awards 2018 – held on 8 February 2019 at The Humber Royal Hotel

Held since 2017, the staff awards evening provides an opportunity for the organisation and individuals to give thanks and recognition to colleagues. Those staff who have made an outstanding contribution to the care NAViGO provides, whether they work directly with people who use our services or in a support role, are awarded for their excellent work.



AGM (Annual General Meeting) awards 2018 – held on 26 September 2018 at The Humber Royal Hotel

An opportunity for staff and NAViGO community members to nominate individual staff, teams and volunteers. The recipient of the award is selected by NAViGO's chair, Tom Hunter, and the Community Award by community representatives.



Patient and carers involvement

As a social enterprise, we actively seek involvement from service users, carers and residents of North East Lincolnshire. NAViGO's community and staff membership play an active role in shaping the services we provide and the way we run our services. Members are encouraged to vote on key decisions and help set quality objectives whilst ensuring we provide services we'd be happy for our own families to use.

Here are some of the ways we actively engage and involve service users and carers:

A carer from NAViGO's membership sits on the NAViGO CIC Board as an executive director giving high level input on the services we provide and has involvement in board decision making. This person is voted onto the CIC Board by the NAViGO membership.

NAViGO has four community representatives elected from the membership by members. They sit on the NAViGO Membership Board, attend meetings, and sit on sub-committees feeding into the CIC Board. They are the frontline voice of the NAViGO community membership who have exactly the same voting rights as our staff members.

Recruitment interviews include a service user, carer or NAViGO community member on the interview panel to ensure we recruit people who have the attributes required to work with our service users and carers.

Carers provide support in the delivery of carer training to staff by explaining their personal situations, making the training more meaningful.

In 2018 we have created a group of service users and carers as NAViGO 'Experts by Experience'. This group have expressed an interest in conducting surveys with service users and are supported by the quality team to provide feedback on service user experience.

NAViGO have had a focus on improving service user and carer engagement during the reporting period. This has included volunteer opportunities and regular meetings to enable staff, service users and carers to speak out, offering suggestions and ideas on the way we run our services. We also engage with local young people via local education establishments.

Events are always arranged throughout Carers Week and this year it started with an afternoon tea dance and a visit to the Heritage Centre. In addition, NAViGO have funded a summer bus trip to the seaside and an annual Christmas meal.

Our carers groups have been opened up for all carers of NAViGO to access. This includes carers of those receiving a service from our older people and adult services. We currently facilitate the following groups: creative writing, choir, a monthly carer to carer peer support group, Forget Me Knot early onset memory problems support group, craft, knitting and dancing groups. In addition, Rharian Fields and Harrison House have regular groups for carers of service users using their services.

Your Voice

This group brings NAViGO community and staff members together, along with anyone in the local community with an interest in mental health services. Meetings are held monthly at NAViGO House with an average of 15 attendees.

Nexus – 16-21 year old youth mental health engagement forum

Since January 2018, NAViGO have been involved in a local partnership with Franklin College, Police Lifestyle, North East Lincolnshire Council youth group ICan, Ignite and YMCA Humber@1 project. Monthly meetings with local young people aged 16 to 21 years offer support and advice on subjects such as managing stress during exams, life after college and health and wellbeing. NEXUS is going from strength to strength, with an additional group being set up at the YMCA.

Volunteers

NAViGO has two volunteering routes. One is with Tukes, which is our well-established and successful training and education team with eleven people engaged in volunteering. Opportunities are at placements with Tukes at the Floral Hall, Grimsby Garden Centre, NAViGO House and Harrison House. Volunteering opportunities with Tukes are in horticulture, catering, reception and domestic duties.

NAViGO's volunteer coordinator also actively recruits volunteers to support our clinical areas with various service user activities and administration support. Currently this route has approximately 50 volunteers either recruited or in the process of recruitment.

Making a difference as a NAViGO community representative

Our community reps are accessible to service users, carers and community members to enable queries to be posed and resolved effectively with timely and empathetic feedback. Whilst the role works very closely with NAViGO, the representatives work with an independent outlook providing first-hand experience of mental health issues as somebody who has experienced problems personally or as carers.

Queries and observations are presented at monthly Membership Board meetings with a view to resolving issues and general queries so influencing change.

Community representatives take part in NAViGO's committee meetings. They influence content of policies and forms being approved for use by our service areas. Community representatives are able to suggest audits for our rolling programme and assist with the audit and outcomes. In addition, whilst representing service users and carers, they are able to directly have input on the development of services.

One of our community representatives went to London to present the Clinical Dashboard for Suicide Prevention at the Health Service Journal (HSJ) judging panel after it was shortlisted for the innovation award in 2018.

Specific to 2018-19

Freedom to Speak Up

NAViGO has a dedicated Freedom to Speak up Guardian who was appointed following a vote held with NAViGO staff and community membership. Our Freedom to Speak Up Guardian talks with new staff at our corporate induction ensuring all staff are aware of the opportunity they have to approach the guardian with any concerns they may have and understand the history and importance of this role.

Our Freedom to Speak Up Guardian is visible to staff. She arranges listening exercises to reiterate her availability and to actively encourage staff to speak out. Casual drop-in sessions are also held as is attendance at team meetings.

Whilst our staff are actively encouraged to speak up via the guardian, staff are also informed of all acceptable avenues of speaking up e.g. through line managers, Workforce, open doors of senior managers, DATIX incident reporting and elected staff membership reps.

Staff also have the opportunity to raise concerns via unions or via the CQC directly, should they feel the need.

NAViGO recognises the importance of providing feedback to staff who have raised concerns. This is provided either face to face or by email where face to face is not possible e.g. due to absence or stated preference. Those raising concerns formally via the Freedom to Speak Up Guardian have an opportunity to receive feedback from the guardian herself or from our CEO, depending on whether the concern is a confidential disclosure.

NAViGO has a policy on whistleblowing which is very clear in the approach to take when wishing to speak up. The policy also states that staff should not suffer detriment by doing so. Our Freedom to Speak Up Guardian reiterates this when concerns are raised with her and staff are encouraged to return to report any feelings of adverse effects experienced due to speaking up back to the Freedom to Speak Up Guardian, who ensures this is dealt with.

All NAViGO service areas display posters for staff to access contact details of our Freedom to Speak Up Guardian should they wish to raise anything and suggestion boxes are also accessible in all service areas for staff to post comments/concerns anonymously.

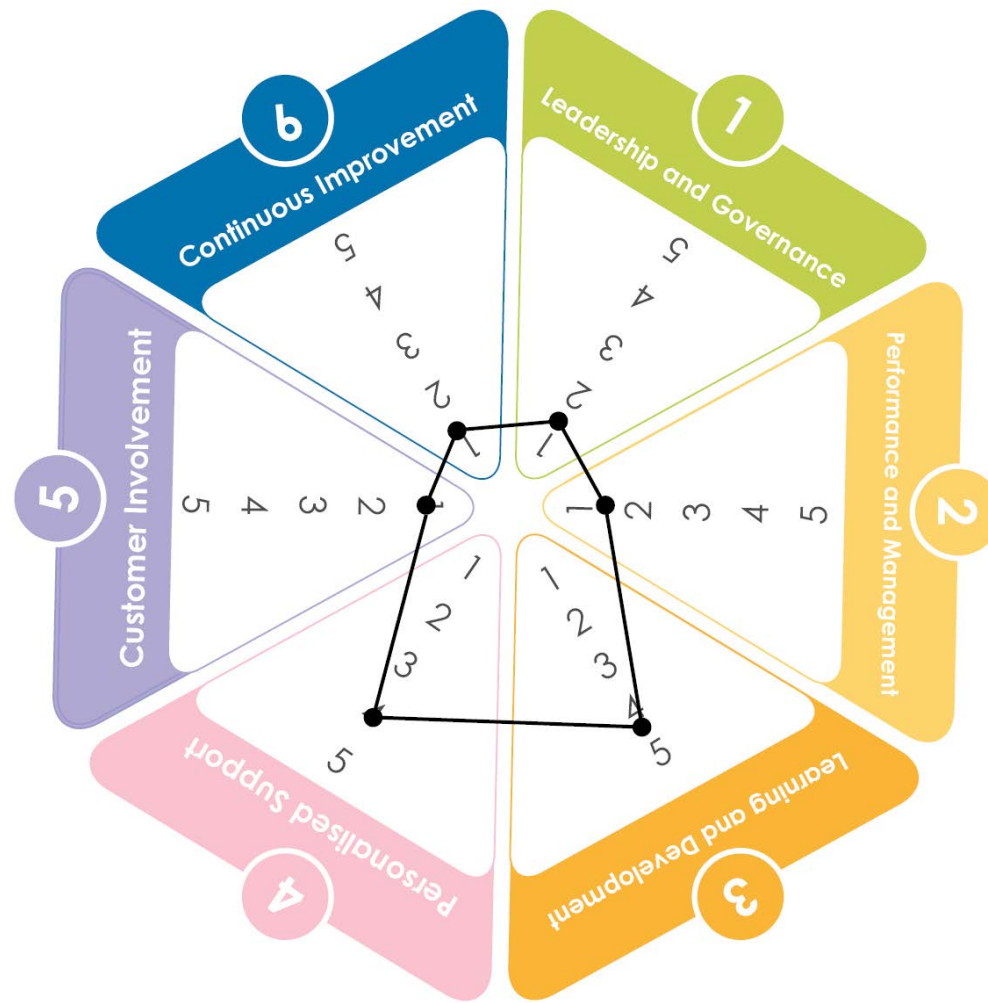
In this reporting period, NAViGO have recorded one whistleblowing incident which has been responded to and actioned.

NAVIGO's Restraint Reduction plan 2018-19

NAVIGO have completed the Restraint Reduction network self-assessment tool as we have registered and made a clear public commitment to work together with service users, families, leaders, managers and frontline staff to ensure coercive and restrictive practice is minimised and the misuse and abuse of restraint is prevented.

Completion of the self-assessment has helped us as an organisation to better understand our performance. The tool has been designed to help member organisations identify and think about those aspects of performance that can be celebrated and shared, and to understand which aspects of performance are weaker or not fully implemented. By undertaking this assessment it is hoped that this information can be used to inform the organisation's improvement and development plans.

The self-assessment tool is presented in the form of a simple checklist structured around Huckshorn's Six Core Strategies (2005) which have been shown to enable organisations to eliminate or significantly minimise coercion and restrictive practices. The chart below indicates our self-assessed performance in the six core areas and defines high level actions that have been formulated into an organisational action plan.



This year we are committed to improving the following aspects of our service:

1. Re-invigorating service user and carer involvement in driving restraint reduction within NAVIGO
2. Moving from Management of Violence and Aggression Policy to Restraint Reduction Strategy within the organisation
3. Re-establish the quarterly forum for all RESPECT Instructors to monitor all DATIX data in relation to restraint - identifying trends, monitoring frequency of restrictive interventions

4. Ensure the NAVIGO workforce plan accurately reflects the training needs that supports person-centred values and restraint reduction
5. Communicate organisational performance on restraint reduction to all NAVIGO members (community and staff).



Statement from North East Lincolnshire Clinical Commissioning Group

On behalf of North East Lincolnshire Clinical Commissioning Group (NELCCG) we thank you for the opportunity to review and comment on the Quality Account for NAViGO for 2018-2019.

We note that NAViGO has replaced the electronic clinical information system and that successful transfer took place in September 2018 to SystmOne which will allow the optimising of the system to best support the delivery of integrated care, and further enhance the clinical reporting system as well as to be a reliable and secure service user database.

We are pleased to note that NAViGO have highlighted the new adult Autism / ADHD service which is being delivered in partnership with Care Plus Group. The commissioning of this service by NELCCG fills a significant service gap for our locality, ensuring that diagnosis with autism/ADHD can now be followed by access to the right therapy and support as adults. NAViGO are to be congratulated in their involvement.

We are pleased to read that from April 2019, in relation to informal complaints and patient advice and liaison contacts, that these are now being recorded on DATIX which is an electronic incident reporting system and we look forward to seeing the reports of themes, trends and reviews of the NAViGO service provision as a result of this.

NAViGO have worked hard in the last 12 months to develop the new complex care unit due to open in June 2019 in order to meet the needs of older patients - some of which are receiving care out of area, resulting in patients being able to be cared for closer to home. NAViGO are to be praised for their creative and responsive approach to meeting needs and providing care and services.

We are pleased to learn of the results of the 2018 staff survey and we would like to congratulate NAViGO on the results achieved. There were a number of positives and it was encouraging to read the managers appeared to be supporting staff well. It was pleasing to read that there will be a focus in 2019 to further support the health and wellbeing of staff, leading to the developing of a "holistic offer." We confirm that to the best of our knowledge this is a true and accurate reflection of the quality and care delivered by NAViGO and that the information and data contained in the report is accurate.

North East Lincolnshire Clinical Commissioning Group is continuing to work closely with NAViGO to improve the quality of services available for the population we serve.

John Berry
Quality Assurance Lead
North East Lincolnshire CCG


North East Lincolnshire
Clinical Commissioning Group

Statement from Healthwatch North East Lincolnshire

Healthwatch North East Lincolnshire welcomes the Quality Accounts for 2018/19 and the priorities for the forthcoming year, and acknowledges the key priorities that NAViGO has identified to focus on.

However moving into 2019/20, Healthwatch North East Lincolnshire would like to offer the following thoughts as we would like to see more information on how these priorities will be measured so it can be clarified how the targets will be met.

NAViGO takes into account the views and opinions of services users and their carers. Healthwatch North East Lincolnshire would like, in the future, to see their comments included and what contribution they have made to changes in services. NAViGO engages with service users and carers, however we would like to see how this has impacted positively on them and these should be celebrated.

In addition Healthwatch does applaud the efforts of all staff and volunteers to improve Mental Health Services offered to those that live within North East Lincolnshire. We hope that we can develop our working partnership into 2019/20.

Congratulations on the improvements made and to your future developments and we look forward to the development of Safespace.

Tracy Slattery
Delivery Manager
Healthwatch North East Lincolnshire


healthwatch
North East
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If you would like this information in another format or language, such as Braille, large print or audio please contact:

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NAViGO Quality Account 2018/19

