

**NAVIGO HEALTH  
&  
SOCIAL CARE CIC**

**QUALITY ACCOUNT  
2016-17**

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# Part 1

# Welcome to NAViGO and the Quality Account

## About our Social Enterprise

NAViGO Health and Social Care is a Not for Profit Social Enterprise employing 550 staff with a turnover of £24 million delivering statutory mental health and associated social care services to the people of North East Lincolnshire which has a population of 165,000. In addition, NAViGO also provides some specialist services including Eating Disorders, Transcranial Magnetic Stimulation and Education & Training for service users.

Our focus is on providing high quality care and we live by our mission statement to provide services that we would be happy for our own families to use. As a membership led Community Interest Company, this is done in partnership with our staff and community members who have equal voting rights and direct influence over the way the organisation is developed.

## What is the purpose of the Quality Account?

The purpose of the Quality Account is to provide evidence on the quality of services provided by NAViGO to the public.

NAViGO Health & Social Care CIC is happy to produce our Quality Account to explain our progress and achievements from 2016/17 and share our new objectives and goals for 2017/18.

The Quality Account guidance asks for organisations to include nationally published data from NHS Digital. NHS Digital have published data up to the end of Quarter 3 so Quarter 4 data is not yet available nationally for benchmarking purposes.



# Chief Executive's Statement of Quality



**Welcome, and thank you for reading our Quality Account which I believe sets out how NAViGO is delivering safe and high quality mental health services to the people of North East Lincolnshire.**

Having started my role as Chief Executive for NAViGO in August 2016, I have seen the passion, commitment and dedication from our staff and members to deliver on our promise, 'to deliver mental health services that we would be happy for our friends and family to receive'.

This year a management restructure has promoted a renewed focus on quality with the development of our Quality Team. Following the Francis Inquiry the expectations on all health services to put quality at the heart of everything we do is even more pronounced.

We recognise that quality services are dependent upon understanding the importance of a transparent approach to governance, learning lessons, positive service user experience and supporting and valuing our staff to provide excellent services despite the ever more challenging environment that health services face.

This year has provided us with the platform to showcase the quality of our services to the CQC and I am proud to state that in all domains we were rated as Good and achieved an Excellent rating for the well led domain within our older adult teams based at The Gardens.

One of NAViGO's greatest achievements in innovation and creativity was Home from Home, a service that challenged traditional models of caring for the acute physical needs of older people who also have dementia. The exceptional quality of this service was recognised by an award from the Dementia Action Alliance for Quality Improvement. It was with great sadness that we had to close this service.

Within North East Lincolnshire, providers of health and care services are coming together within a new partnership (the Accountable Care Partnership) to make sure that we continue to improve local services within a challenging financial climate. The ACP has agreed three initial areas for improvement across North East Lincolnshire and dementia care is one of these early priorities. I am delighted that NAViGO has the lead for this work stream as it will improve pathways, avoid duplication and drive the quality agenda for improved outcomes for service users enabling the people of North East Lincolnshire to live well with dementia.

One of my personal highlights in 2016/17 was the staff Star Awards ceremony recognising excellence within our staff and teams. Staff members nominated individuals and teams and a representative committee comprising community reps, elected staff reps and departmental champions shortlisted them. We had over 100 nominations which overwhelmingly demonstrates the quality of the services we deliver and the passion and dedication shown by our staff. Other key achievements for quality in 2016/17 include:

- We have maintained national accreditation for all our inpatient units with the Royal College of Psychiatrists (AIMS and QED)
- We maintained a place in the Sunday Times 100 Best Companies
- Our Specialist Eating Disorder service won the Positive Practice Collaborative national award for Eating Disorder Services
- Our Adult Acute Service won the Positive Practice Collaborative national award for pathways in mental health
- Our Trans-Magnetic Stimulation (TMS) service won the Medipex, Best Innovation Award
- The results of the 2016 CQC National Community Mental Health Services survey were extremely positive. We achieved the highest scores of trusts surveyed in six of the ten sections. Those sections were 'Health and Social Care Workers', 'Planning Care', 'Reviewing Care', 'Crisis Care', 'Treatments' and 'Support and Wellbeing'
- Excellent staff survey results - Out of 32 key findings NAViGO scored higher than the average in 26 out of 32 for mental health organisations

I take great pride in working together with my colleagues to deliver the services we provide; we are a courageous organisation willing to push boundaries to achieve better outcomes for our service users. I am committed to leading this organisation to achieve safer, more effective, more responsive and even better led services in the coming year.

To the best of my knowledge, the information contained within this report is accurate; I hope that you find the information useful and informative.

*Jane Lewington*

Jane Lewington  
Chief Executive

# Medical Director & Director of Operations Statement

We are delighted to present to you our Quality Account which we feel demonstrates our commitment to developing innovative and quality mental health services to the people of North East Lincolnshire.

We endeavour to develop and maintain quality services that meet the needs of our local community and pride ourselves on delivering services that we would be happy for our family to receive. To achieve this ambitious aim we are committed to continually improve the quality of our services and we would like to highlight some of our developments over the past year:

- Development of the Quality Team to ensure safe and effective services are delivered and that we embed 'learning lessons' within NAViGO
- Expansion of the WHISE Up Service, which offers physical health monitoring for those with a serious mental illness
- Appointed a 'Freedom to Speak Up' guardian to help staff speak up on matters of concern
- Looking to alternative professionals with the appropriate skill and knowledge to cover the role and function of medical posts at a time when the recruitment of doctors is becoming an ever increasing challenge
- The development of a business team and an annual work plan which highlights many areas of growth and expansion with executive leads and project support.
- A contract that allows NAViGO longevity and growth opportunities

Our greatest asset is our staff, they equate to approximately 70% of the cost of any organisation's revenue. Through values-based recruitment we feel we have generated a workforce that is dedicated and committed to delivering safe and quality services. The 2016 staff survey was a pleasure to read which shows we are still moving positively forward though will never rest on our laurels and it is exciting to sense that most areas of NAViGO have growth strategies attached to them.

This Quality Account describes how we have performed against national and local priorities and our quality objectives set in 2016/17. It sets out our quality objectives for 2017/18 which were generated with all staff and our membership through engagement sessions. We look forward to working with you over the next twelve months and thank you for your continued support.



A handwritten signature in black ink, appearing to read 'Aamer Sajjad'.

Aamer Sajjad  
Medical Director



A handwritten signature in black ink, appearing to read 'Michael Reeve'.

Michael Reeve  
Director of Operations



# Vision | Mission | Values

## Mission

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

## Values

- ❖ humanity and equity is our approach to care
- ❖ creating benefits for the wider community
- ❖ passionate about all that we do
- ❖ promote independence and choice
- ❖ to be an employer of choice

## Goals

- ❖ support and improve mental health and well-being of the local population
- ❖ utilise our membership as a key vehicle for decision making and organisational changes
- ❖ promote social inclusion and choice, support service users to reach their true potential
- ❖ achieve equality between staff and service users
- ❖ ensure services are directly accessible where appropriate and prevent and/or intervene early

## Service users, commissioners, partners & NAViGO members

### Service users we want to be:

- involved in services
- treated with dignity & respect
- offered real choice
- given interventions that help in all areas

### NAViGO members we want to be:

- involved in the overall direction of NAViGO
- develop NAViGO into a great place to work and deliver services from

### Commissioners we want to:

- create a healthier local community
- have people in control of their care
- have accessible, responsive and high quality care

### Our partners we want to:

- develop partnerships with other public bodies that help us improve our services and develop new opportunities

## Continued development of...

### Infrastructure

a marketing and communications strategy

actively strengthen relationships and contractual arrangements with commissioners

review and provide efficient infrastructure

strong partnerships locally and nationally

an estates strategy

further strengthen service user and community engagement

programmes to reward and value our staff

secure all improvements to all systems and processes

an appropriate performance management system

a workforce plan to support service redesign

# PART 2a – LOOKING AHEAD TO 2017-18

## Who was involved in setting NAViGO's objectives

The Corporate Affairs Team engaged with staff in groups and with NAViGO community and staff membership. In February 2017 three community meetings were held to obtain views and carers were involved in the discussion around the over-arching organisational objectives and the NEL Independent Service User and Carer Forum were consulted with. In addition to the face to face group feedback, we wrote to all community members asking for their input with objective setting which prompted email comments which were taken into consideration. Thirty staff responses were also received via an electronic survey shared with all NAViGO staff, we are considering sending out electronic surveys to our community members next year.

The quality objectives were developed in line with the organisational objectives and from a review of themes within incidents, serious incidents and complaints.

## Quality priorities/objectives for improvement 2017-18

NAViGO has aligned its overarching quality objectives to three quality priorities we are working towards for 2017-18, these are detailed in the tables below. Quality improvement priorities have been approved at the NAViGO Membership Board.

### Quality Goal 1: Service user safety – Reduce incidents of harm to service users

	Quality Goal	Monitoring & Reporting	Rationale
1	Embed specialist Collaborative Assessment and Management of Suicide (CAMS) risk assessment tool.	Training statistics. Reported in quarterly Workforce Update.	To improve skills amongst our staff in assessing for suicide in a more robust way, looking at the drivers in order to improve risk management.
2	Reduce unwitnessed falls in older people's inpatient areas.	Datix & weekly monitoring. Reported in quarterly quality reports.	Falls continue to be a high risk area within older people mental health services, NAViGO are committed to reducing the amount of falls in this service area.
3	Implement the Sign up to Safety Scheme.	Quality Governance Meeting. Updates to CIC Board.	To ensure we have an organisational approach to improving safety.

**Quality Goal 2: Service user & carer experience – Improve on our engagement and involvement of service users and carers in NAViGO’s service areas.**

	<b>Quality Goal</b>	<b>Monitoring &amp; Reporting</b>	<b>Rationale</b>
4	Improve engagement with young carers and young service users within NAViGO’s membership. Our Early Intervention in Psychosis and Transition Team provides services to young people aged 14-35 who have or may be experiencing their first episode of psychosis.	Membership & CIC Board. Increased numbers of young service users and carer engagement.	To break down the stigma of mental health and ensure we have input from our younger population in regard to developing our services.
5	Continue to improve carer assessment process, monitoring & reporting.	Performance dashboard. Reported to NEL CCG.	To ensure carers' rights are maintained and they receive the support required in a timely manner (within 28 days of referral).
6	Develop Experts by Experience through community membership and volunteers within our services.	Quarterly Workforce Update. Volunteer Coordinator.	To instil hope of recovery in our service users by speaking to others who have walked a similar path.

**Quality Goal 3: Clinical effectiveness - Ensure care is monitored to demonstrate clinical effectiveness using appropriate tools**

	<b>Quality Goal</b>	<b>Monitoring &amp; Reporting</b>	<b>Rationale</b>
7	Improve clinical pathways between NAViGO service areas.	Performance dashboard. Reported as CQUIN to NEL CCG.	To ensure the right care is delivered to the right people at the right time, ensuring there are no gaps between services.
8	Improve the use of outcome measures and service user feedback within NAViGO service areas.	Monitored by team managers. Reported to Senior Managers Business Meetings.	To ensure treatment is effective and to identify where it is not so improvements can be put in place in a timely manner.

Progress against these quality goals will be measured by the Performance Team and monitored by our Quality Team monthly with an update provided to the board quarterly.

# How NAViGO are improving the capacity and capability to deliver on our priorities

## The Quality Team

This year has seen the introduction of a Quality Team to focus on quality improvement and compliance for NAViGO including practice and clinical governance, CQC compliance, serious incident investigations and reporting including Duty of Candour, policy review and approval, service user surveys and feedback and managing compliments and complaints. An important element of the team's role is to identify lessons learnt, share lessons with staff and embed these within the organisation. Associate Director of Nursing and Quality, Amanda Simpson is working closely with clinical practitioners throughout the organisation supporting staff with clinical practice and nurse revalidation preparation whilst encouraging clinical team leads to come together to share best practice across service areas, agree care pathways and share actions from incidents, complaints and alerts.

### The Quality Team members are:

- Dr Amer Sajjad – Medical Director and Caldicott Guardian
- Amanda Simpson – Associate Director of Nursing and Quality and Freedom to Speak Up Guardian
- Carol Coultas – Governance & Quality Manager
- Joanne Loughton – Patient Experience Lead (PALS)
- Carol Bell – Corporate Affairs Assistant
- Maisie Salkeld - Quality and Governance Assistant

## Sign up to Safety Improvement Plan

In 2017/18 we will be engaging NAViGO in 'Sign Up to Safety' which we will report on in our next Quality Account. We aim to engage the whole organisation, including staff and members to identify areas of patient safety to target reduction/intervention.

## Patient Led Assessment of the Care Environment (Place)

This assessment tool will be embedded into the quality agenda for 2017/18.

## Involvement of Family in Serious Incident Investigations

We are passionate about having the service user and their family at the heart of all serious incident investigations. A questionnaire will be sent to service users, carers and family members following a serious incident investigation asking them for feedback on how we performed in regards to listening to them, involving them in the investigation, addressing their concerns.

## Quality Improvement Toolkit

The Quality Team will continue to review and use resources within the Quality Improvement Toolkit to engage all stakeholders in working together to ensure NAViGO provide even safer, family centred and more effective, efficient, equitable and timely care.

## Involvement of Service Users and Carers in Quality Improvement Initiatives

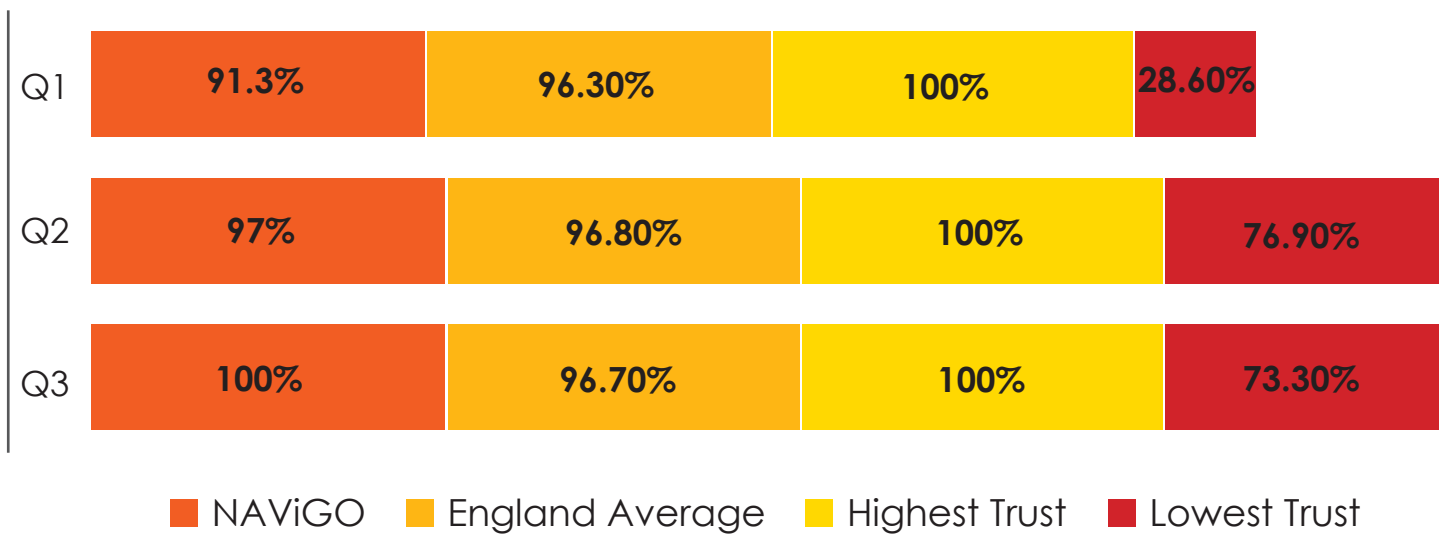
To enhance the validity of quality improvement initiatives we will identify both service users and their carers within our services to work with us to improve the quality of the services we provide.

# Review of Quality Performance Goals set for 2016-17 – Looking back

## MANDATORY STATEMENTS RELATING TO THE QUALITY OF NHS SERVICES

1. The percentage of Service users on CPA (Care Programme Approach) who were followed up within 7 days of discharge from inpatient care. The national threshold is 95%.

**% of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care**



**Figure 1**

Figure 1 shows the percentage of service users on CPA who were followed up within 7 days of discharge and includes service users of all ages. NAViGO considers that this data is as described for the following reasons: the national data in Figure 1 doesn't consider the discharge destination of a service user, and therefore does not remove those service users who have been discharged to other Mental Health Trusts, as these service users do not require a 7 day follow up. Figure 1 shows NAViGO is above the 95% threshold in Quarters 2 and 3, 2016-17 with 97% and 100% respectively. However in Quarter 1, 2016-17 NAViGO is lower with 91.3%.

NAViGO's internal data shows NAViGO is above the 95% threshold for all 4 Quarters in 2016-17. In Quarter 1, 66 out of 69 (95.6%), in Quarter 2, 73 out of 75 (97%), in Quarter 3, 54 out of 54 (100%) service users were followed up. Our internal data also shows that 71 out of 71 (100%) of service users were followed up in Quarter 4, however no benchmarking data has been released at the time of writing. This equates to 264 out of 269 (98.1%) of service users who did have a 7 day follow up in 2016-17.

### Reasons for non-compliance for the 5 service users include:

- 3/5 service users were offered follow up appointments and were proactively contacted but failed to attend these appointments
- 1/5 service users were followed up and seen but this was on day 11 rather than within the first 7 days. All staff are briefed on the requirement to begin contacting service users on day 2 of the 7 days and to continue to try and make contact. Unfortunately on this occasion staff were unable to make contact until day 11
- 1/5 service users had no fixed abode, although they were discharged to a friend's address, several attempts were made to try and contact and locate the service user to no avail.

## 2. The percentage of admissions to acute wards for which the crisis service acted as gatekeeper

The national threshold is to gate keep 95% of all admissions to psychiatric inpatient wards.

Percentage of Admissions to Inpatient Units Gatekept by Crisis Team 2016-17		
Quarter	Number of Admissions	Percentage Gatekept
1	102	100%
2	116	100%
3	88	100%
4	114	100%
	TOTAL ADMISSIONS 420	GATEKEPT 100%

All potential admissions to NAViGO's inpatient units are first assessed by suitably qualified and experienced clinicians to ensure admission is the most appropriate pathway for the service user, this process is known as "gatekeeping".

## 3. Readmissions

Figure 2

The purpose of the indicator shown in Figure 3 is to help monitor NHS success in prevention and treatment outside hospital. Emergency readmissions to hospital may 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 - 2016-17		
Quarter	Number of Admissions	Number of Readmissions
1	102	13
2	116	18
3	88	6
4	114	8
	TOTAL ADMISSIONS 420	TOTAL READMISSIONS 45

Figure 3

All 45 readmissions were audited and it was found that all followed NAViGO's pathways and policies and the discharge was clinically appropriate in supporting positive risk taking in the least restrictive environment possible. Service users were readmitted due to deterioration in their mental health. All discharge plans are checked by qualified staff to ensure they are appropriate and clinically relevant.

To improve the percentage NAViGO will monitor individual emergency readmissions within 28 days of discharge to ensure learning is facilitated to improve discharge pathways and community care.

## SURVEYS

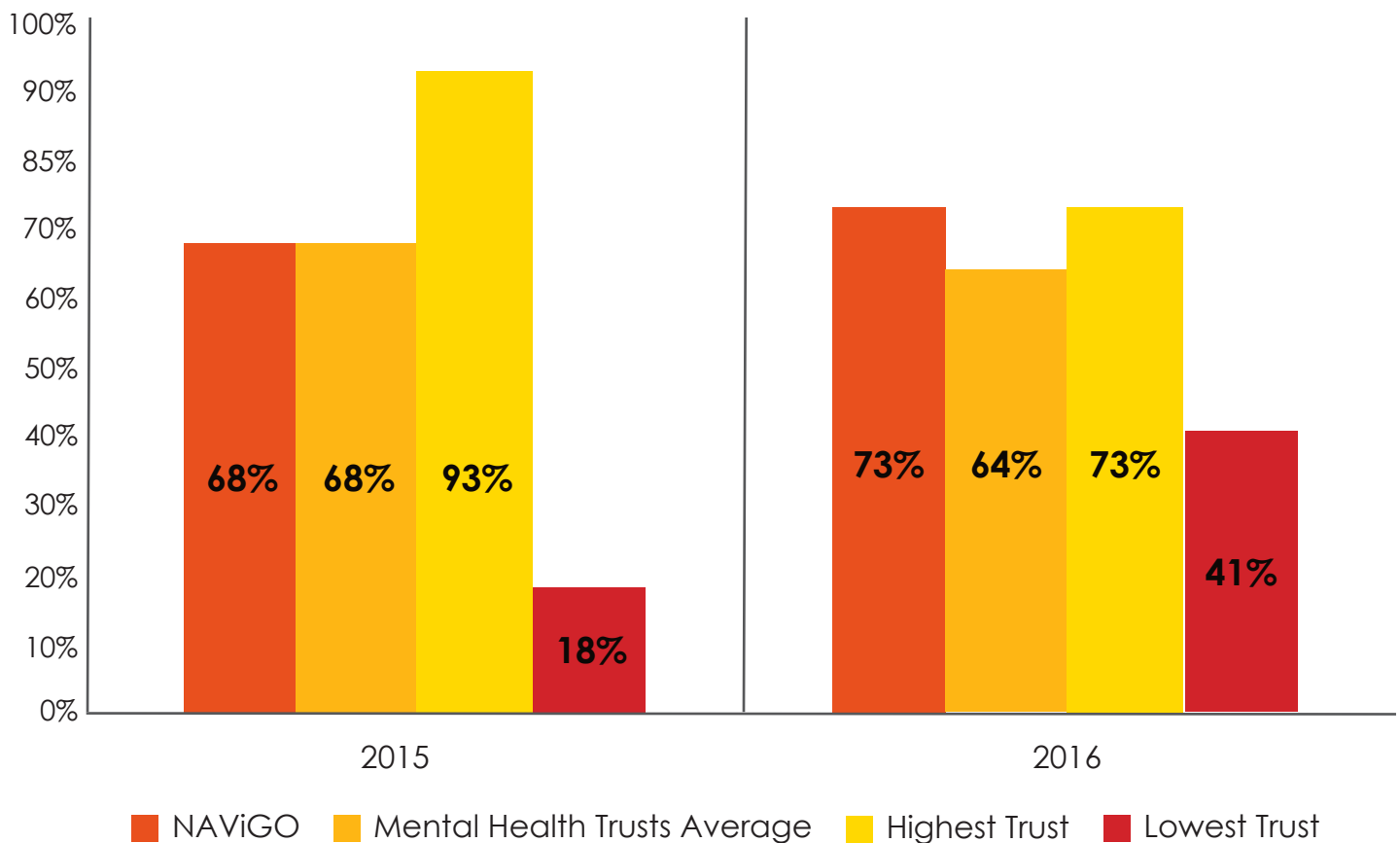
### Staff who would recommend NAViGO to their friends or family

As a provider of NHS services, NAViGO is required to undertake an annual staff survey. The NHS Staff Survey to gain the views of its staff.

The survey is completed every year and surveys all NHS trusts in England. The 2016 survey was completed in Quarter 3, 2016-17, the response rate for NAViGO was 63% (317 usable responses from a sample of 503).

This shows an increase compared to the 2015 response rate of 56%.

**% of staff who would recommend NAViGO to their friends and family if they needed care or treatment**



**Figure 4**

Figure 4 shows the percentage of NAViGO staff who would recommend NAViGO to their friends and family if they needed care or treatment has increased in 2016 (73%) compared to 2015 (68%). A similar number of staff responded to this question in both the 2015 and 2016 NHS Staff Survey. Looking at the results from other questions in the 2016 NHS Staff Survey, compared to the rest of the sector, many scores are around average or above average. Where there have been significant movements in the scores since last year, they are predominantly improvements.

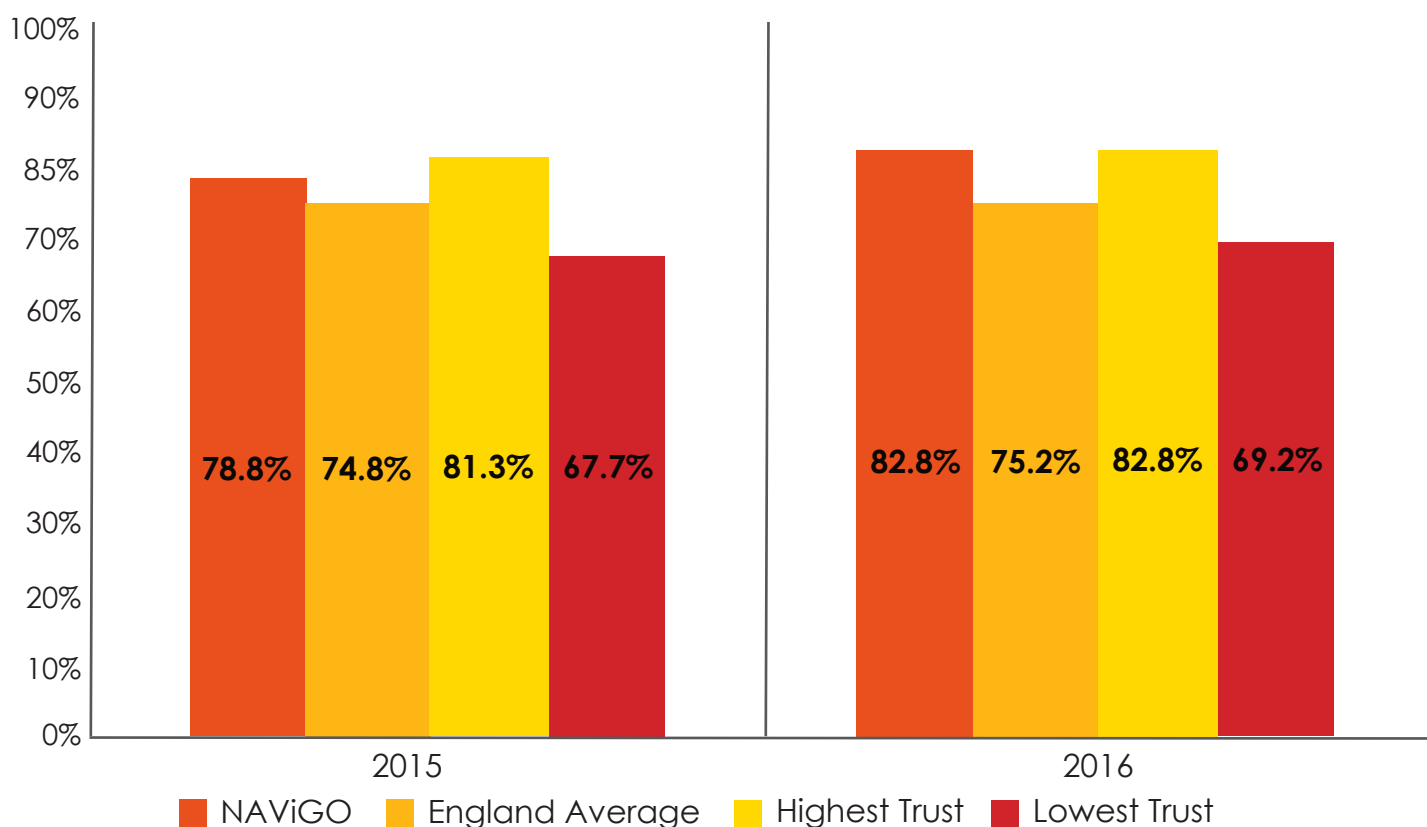
NAViGO's 2016 Overall Staff Engagement score is higher than the sector score (NAViGO 3.98, sector 3.80).

## Service user experience of community mental health services

The 2016 survey of people who use community mental health services involved 48 trusts in England (including combined mental health and social care trusts, foundation trusts and primary care trusts that provide mental health services). Responses were received nationally from more than 13,000 service users with a response rate of 28%. NAViGO's response rate was higher this year with 31%. Service users aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1st September and 30th November 2015. The survey included service users in contact with local NHS mental health services, including those who receive care under the Care Programme Approach (CPA).

NAViGO's scores are shown below with comparison to the England Average, Highest Scoring and Lowest Scoring Trusts. NAViGO's average overall score was 82.8%, compared to an England average overall score of 75.2%.

**NAViGO's "Service User Experience of Community Mental Health Services" Indicator Score**



**Figure 5**

**Service User Feedback:** NAViGO developed local service user surveys to gain more frequent written feedback throughout the year with action plans for every service area each quarter.

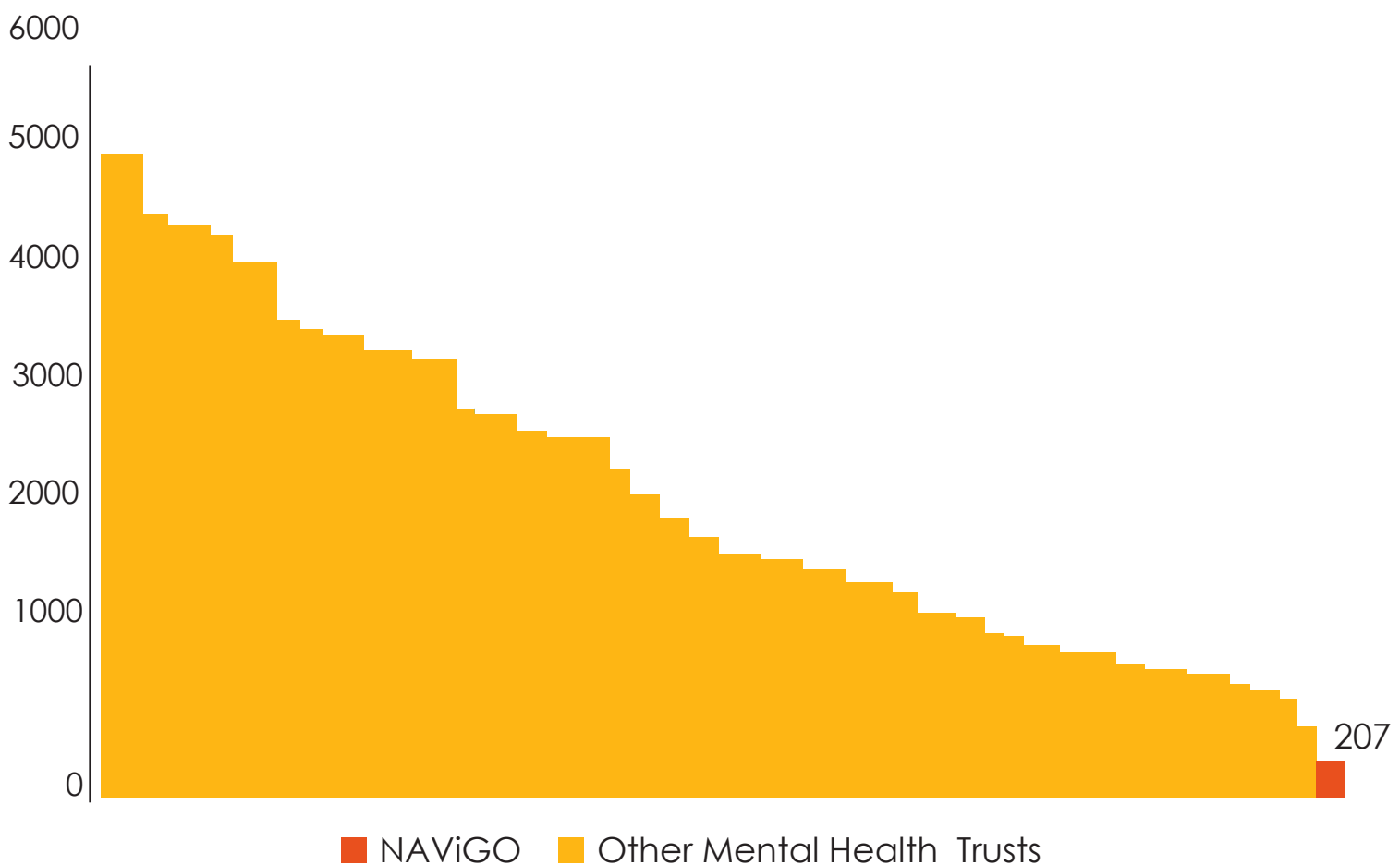
We hold a bi-monthly PALS meeting attended by senior managers and a service user/carer representative. In this meeting we scrutinize all feedback from surveys and produce action plans and lessons learnt for all negative feedback where this has not been addressed in advance of the meeting. We feel this has helped people who use our services to recognise that we are responsive and their feedback on our surveys are important to us.



**Service User Safety Incidents:** NAViGO are required to report on 'the number and, where available, rate of patient safety environment and incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in avoidable harm in severe harm or death.'

All trusts report their patient safety incidents to the National Reporting and Learning System (NRLS). The NRLS publishes this data nationally. NAViGO is categorised as a social enterprise by the NRLS. The NRLS do not publish data nationally for social enterprises, therefore NAViGO cannot compare itself to other nationally available data. All service user safety incident reports in NAViGO categorised as resulting in severe harm or death are individually reviewed by clinicians to make sure that as much as possible is learnt from these incidents, and, if appropriate, action taken at a national level.

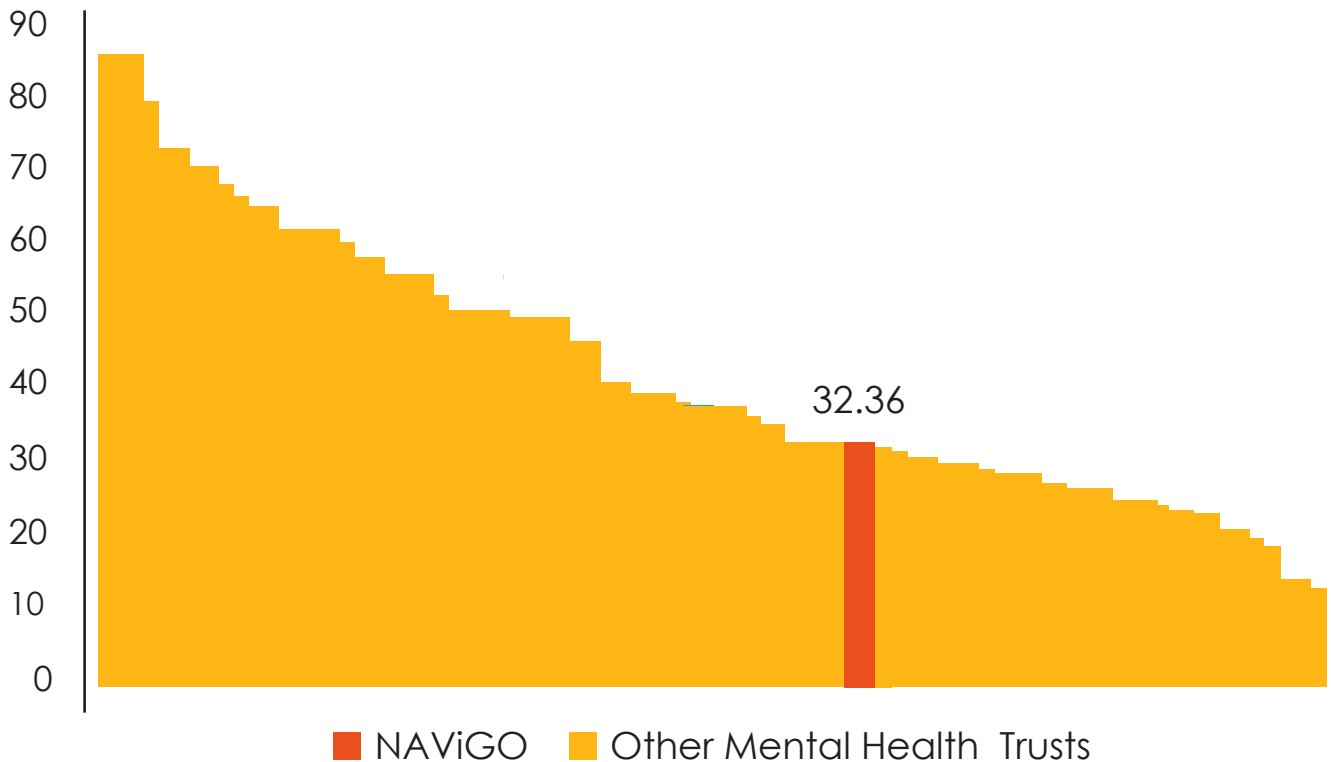
**Number of patient related safety incidents reported to the NRLS  
between 1st October 2015 and 31st March 2016**



**Figure 6\***

\*The data in Figures 6 (above) and 7 (overleaf) cannot be compared with other Trusts' Quality Account Figures as a local methodology has been used for the 'NAViGO Health & Social Care' figure, as there is no nationally available data for NAViGO.

## Patient safety incident rate per 1,000 bed days between 1st October 2015 and 31st March 2016



**Figure 7\***

The latest nationally available data from the NRLS is for the period 1st October 2015 to 31st March 2016. Figure 6 shows that NAViGO reported very low incident numbers compared to other mental health trusts during this time period, with 207 incidents. Figure 7 shows the patient safety incident rate per 1,000 bed days and shows NAViGO reported 32.36 incidents per 1,000 bed days in this time period. Although NAViGO is a small trust in terms of the numbers reported, NAViGO produce an average number of incidents when scaled up to the average number of trusts.

The most common categories of NAViGO patient safety incidents reported to the NRLS during this time period were actual self-harm, attempted self-harm (18.4% of reported incidents compared to 43.7% of reported incidents in the 2016 Quality Account) and inpatient falls not witnessed (41.5% of reported incidents compared to 18.6% of reported incidents in the 2016 Quality Account). For the actual self-harm and attempted self-harm incidents, these mainly related to particular service users who all had a DICES risk management plan or their DICES-(Suicide) updated when required following incidents.

Regarding the inpatient falls that were un-witnessed, all service users had a DICES risk management plan or a falls assessment updated following an incident. The rise in the number of falls recorded was a result of increased activity in the service user group most susceptible to falls with the opening of the 'Home From Home' ward.

### **Serious Incidents**

NAViGO review all of its incidents and provides full lessons learned reports to its funder of services where serious incidents have occurred. Serious Incident reports, actions and recommendations are reported to service leads in detail for implementation and learning through the service. Themes from serious incidents are made available to staff as part of a quarterly Quality Newsletter which promotes best practice and shared learning.

## Data Quality

Part of NAViGO's commitment to providing quality services is to ensure it keeps accurate, complete and up to date records.

All performance indicators are monitored at least monthly using a traffic light system (green for on or above target, amber for slightly below target and red for well below target). Data is broken down into service areas and discussed at monthly meetings with service leads. Any issues are passed down to operational staff and action plans for improvement are agreed.

Underperformance is escalated to the Associate Director of Nursing and Quality, the Director of Operations and the Business Board and is discussed in detail at the newly established individual service business meetings with our Chief Executive. The Business Board and the main service funder receive a performance report including a summary of exceptions where targets have not been met every quarter.

Any data quality issues within Silverlink are identified on at least a weekly basis using internal reports. This includes missing data where it is a vital part of the service user's record, such as the National Health Service number (NHS number). NHS numbers are traced using an electronic system which ensures health records are linked to the correct service user.

The following are mandatory for inclusion within all Provider Quality Accounts to allow the public to compare NAViGO with other providers.

NAViGO submitted records during 2016-17 to the Mental Health Services Dataset (MHSDS)\*.

Indicator	NAViGO	National Average
Service Users with a recorded NHS Number	100%	99%
Service Users with a recorded valid General Practitioner Code	98%	99%
Service Users with a recorded and valid Ethnic Category Code	96%	83%

**Figure 8**

*\*Latest published data January 2017.*

These results are above the national average and/or are close to or are 100% therefore there are no actions required to improve data quality in these areas.

### Performance on Information Governance Toolkit

The 2016-17 toolkit was submitted on 31st March 2017, with NAViGO's target level of 'level 2 – satisfactory'. The IGT is awaiting review by the Health and Social Care Information Centre (HSCIC).

### Clinical Coding Error Report

NAViGO was not subject to the Payment by Results clinical coding audit for 2016/17 by the Audit Commission.

# National Staff Survey Results 2016-17

The annual National Staff Survey produced excellent results this year. We have developed a formal action plan going out to local teams with the results, recommendations and seeking their input on what key changes need to take place. We are looking for staff champions to take this forward. We will present a summary of key findings to Board during June 2017, and themes to act on. The plan also includes a series of 'Chat with the Chair' sessions for staff by service areas to have an informal off the record conversation with our Chairman, Tom Hunter.

## Our 5 lowest ranking scores are;

Indicator	NAViGO %	NATIONAL %
Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	29	26
Percentage of staff/colleagues reporting most recent experience of violence	88	93
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	26	21
Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	58	26
Percentage of staff appraised in last 12 months	80	89

## Actions to address lowest ranking scores in 2017-18

- A debrief team is being developed to mitigate the detrimental effects to staff of witnessing distressing events. We have commissioned specific debrief training for the core group of staff.
- To address our lower than national incident reporting we will remind staff via the quarterly Quality Newsletter of the importance of learning lessons through incident reporting.
- NAViGO had encouraged staff through the appointment of a Police Liaison Officer to actively pursue incidences of violence and aggression through the criminal justice system.
- NAViGO is reviewing its workforce policies to ensure all line managers have a clear and consistent approach to follow when monitoring sickness.
- To improve compliance with annual PDR and corporate supervision policy all line managers are required to complete quarterly returns to the Workforce Department.

## Our top 5 ranking scores are:

Indicator	NAViGO	NATIONAL
Fairness and effectiveness of procedures for reporting errors, near misses and incidents	4.04	3.71
Effective use of patient / service user feedback	3.90	3.68
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	94%	85%
Staff satisfaction with resourcing and support	3.67	3.33
Staff recommendation of the organisation as a place to work or receive treatment	3.95	3.64

**NB:** The National staff survey aggregate, weight and rank data to provide a score out of 5 for some factors particularly to enable equitable comparison across all NHS trusts, and leaves a % score for some. The survey results and accompanying notes are publicly available at: [www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2016/](http://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2016/)

## Participation in clinical audits

During 2016-17, NAViGO Health and Social Care (CIC) participated in all three national clinical audits and the one national confidential enquiry of those which we were eligible to participate in. This was in addition to NAViGO's local clinical audit programme, local audits were generated from either serious incidents, NICE guidelines or CQC recommendations and follow priorities set out in the current Clinical Audit Policy and Strategy.

The three national clinical audits that NAViGO participated in and for which data collection was completed during 2016-17 is listed below, alongside the number of cases submitted and the number of registered cases required by the terms of that audit.

Audit/Confidential Enquiry	Trust Participation	Audit of Practice	
		Submissions	Minimum number of submissions
Mental Health Clinical Outcome Review Programme - Suicide, Homicide & Sudden Unexplained Death	Yes	N/A	N/A
Prescribing Observatory for Mental Health (POMH)-UK Prescribing antipsychotic medication for people with dementia	Yes	136	No minimum specified
POMH UK Monitoring of patients prescribed lithium	Yes	13	No minimum specified
POMH UK Rapid tranquillisation	Yes	8	No minimum specified

**Figure 9**

## Local Audit Programme

A number of additional audits were also carried out during 2016-17 and monitored via the NAViGO Clinical Audit Committee. Figure 10 shows a selection where improvements to care based on re-audit results have been made, aligned with the 2016-17 over-arching organisational objectives last year.

Local / National/ NICE / CQUIN / CQC	Audit name	Number of records audited	Date complete	Outcomes achieved	Alignment to 2016-17 objectives
Local	Clinical letter	90	Dec 2016	In 18 out of 19 standards performance was over 95% compliant in relation to completion of clinic letters following corporate template guidelines. This evidences improvement from the baseline audit and shows doctors have implemented changes to ensure that their clinic letters are standardised and complete meaning that the GP and the service user receives comprehensive and consistent information.	Providing safe services/ Engagement and promotion
National	Communication Preference	80	March 2017	Over 82% of service user communication preference alerts recorded on the electronic patient record were adhered to, an improvement of over 10% from the previous financial year. One member of staff had overlooked some of the preferences in less than 10 cases. Further training will be provided to this member of staff to ensure 100% of preferences are adhered to in future, supporting service user choice.	Engagement and promotion
Local	Medication cards	125	Oct 2016	Of all of the medication cards audited, 89% were fully legible and correctly scanned onto the electronic patient record.  A small proportion of 11% had a small area of information missing at the left hand side of the document. This indicates a problem with the scanning method. It is likely that the document has not been placed accurately on the glass for those 11 which are not fully legible. This has been addressed by the administration manager.	Providing safe services

**Figure 10**

## Goals agreed with funders of services – CQUINs

A proportion of NAViGO's income from NELCCG (and NHS England for our Eating Disorder inpatient unit) in 2016-17 was conditional on achieving quality improvement and innovation goals agreed between NAViGO and any person or body it entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

In 2015-16 we achieved 100% of our CQUIN milestones receiving full payment for all 4 quarters. At the time of writing, NAViGO has achieved and has been paid in full for 100% of the 2016-17 CQUIN milestones. A summary of the 16-17 CQUIN can be found below, alongside the confirmed CQUIN's for 17-18.

### 2016-17 CQUIN's

Local/ National/	CQUIN	Q1 16-17	Q2 16-17	Q3 16-17	Q4 16-17	Total value (£)
National	<b>1a</b> Introduction of Health and Wellbeing Initiatives - Option B	✓	No submission required	No submission required	Awaiting confirmation of achievement	47,479
National	<b>1b</b> Healthy food for NHS staff, visitors and patients	✓	No submission required	No submission required		47,479
National	<b>1c</b> Improving the uptake of flu vaccinations for frontline clinical staff	No submission required	No submission required	No submission required		47,479
National	<b>4a</b> Cardio metabolic assessment and treatment for patients with psychoses	✓	✓	✓		37,983
National	<b>4b</b> Communication with General Practitioners	No submission required	No submission required	✓		9,496
Local	<b>1.</b> Social Work Benchmarking	No submission required	✓	✓		94,958
Local	<b>2.</b> Dementia and Delirium CQUIN: discharge summary and follow on recommendations.	Home from Home was closed shortly after confirming the local CQUIN's however NAViGO completed an evaluation on good practice in relation to discharge summaries and follow up recommendations. The information was submitted to the CCG, accepted & paid in full.				94,958
Local	<b>3.</b> Acute Care Admission & Re-admission pathways	No submission required	No submission required	✓	Awaiting confirmation of achievement	94,958
Specialised Service	<b>MH.</b> Specialised Eating Disorder - Improving Carers Standards (Enhancing the care pathway journeys)	✓	✓	✓		21,363

Figure 11

## 2017-18 CQUIN's

Local/National/ Specialised Service	CQUIN
National	<b>3a</b> Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with Psychoses
National	<b>3b</b> Improving Physical healthcare to reduce premature mortality in people with SMI: Collaboration with primary care clinicians
National	<b>9a-e</b> Preventing ill health by risky behaviours - alcohol and tobacco
Local	<b>1.</b> Service user focused care planning
Local	<b>2.</b> Risk identification and monitoring
Local	<b>3.</b> Review of community care pathways for CMHT and dementia
Specialised Service	To help improve eating disorders services by developing a regional CQUIN with the people who use services

**Figure 12**



## Key Performance Indicators

NAVIGO is proud to be fully compliant with all Quality Requirements and Nationally Specified Events (contractual requirements), meeting all quality indicators in its NHS contracts with both NHS England (for its Adult Inpatient Eating Disorder and Liaison and Diversion contracts) and North East Lincolnshire Clinical Commissioning Group (NELCCG) (for the Adult Mental Health contract). No Data Quality Improvement Plans are in place for any of these contracts which evidences commissioner satisfaction with performance and delivery of these contracts.

### Highlights include:

- Achievement of all national waiting times standards for Early Intervention and Psychosis Services, Eating Disorder Services and Improving Access to Psychological Therapy (IAPT) Services

Quality Requirement	Target	NAVIGO
Service Users living in settled accommodation	80%	94%
Service Users experiencing a first episode of psychosis commenced a NICE concordant package of care within two weeks of referral	50%	87%
Service Users referred to an IAPT programme are treated within 6 weeks of referral	75%	94.3%
Service Users in paid employment	10%	10.2%
Completeness of demographic information	99%	99%

**NAVIGO acknowledge there is further work to complete to ensure other contractual targets currently performing within 5%-10% of being achieved are met. These include:**

- Payment by Results (PbR) data completeness including those assigned to a PbR cluster and those reviewed within cluster review periods (over 85%, targets 95%)
- Discharge summaries sent to Primary Care within 24 hours of discharge (91.2%, target 95%)
- People with depression/anxiety receiving psychological therapies (14.2% target 15.8%)
- People accessing psychological therapies moving towards recovery (49.4% target 50%)

### Actions underway to address these include:

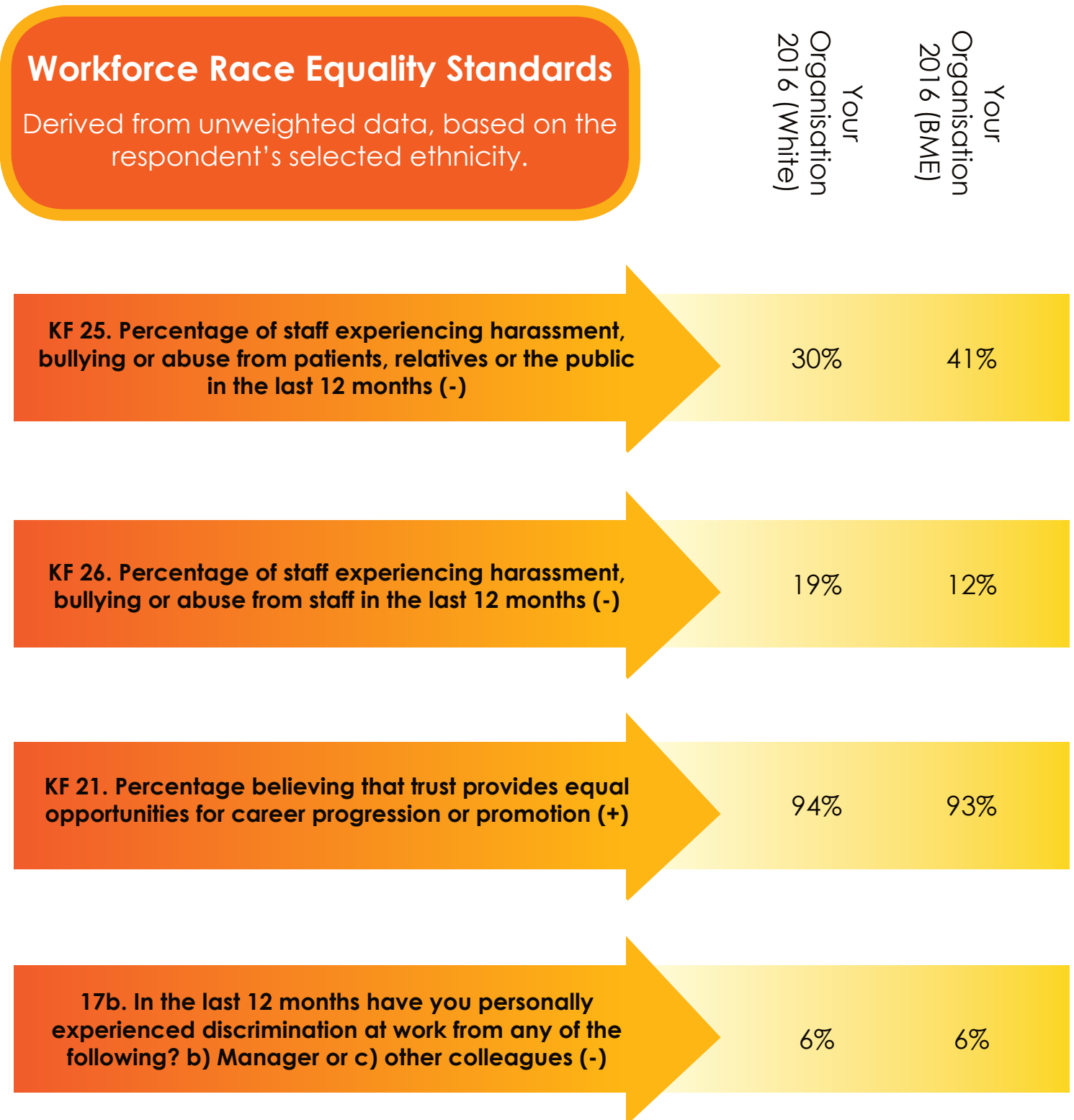
- Previously, PbR has been monitored within NAVIGO's infrastructure meetings using management level key performance indicator dashboards and an associated action plan. However, this information has sometimes not been cascaded down to staff on ground level. In late February the performance team rolled out clinician level dashboards for each care coordinator/lead professional to view and manage their caseloads, including PbR indicators. Clinicians have access to the dashboards whenever they need them via an icon on their

desktop. This should have a positive impact on the PbR indicators in future months.

- It should be noted that although slightly below target in March, there has been vast improvements in performance for discharge summaries sent to primary care within 24 hours in Quarter 4 and the indicator was above target for the first time in February. In March there were 3 discharge summary fails. One failed by 6 minutes, 1 service user self-discharged against medical advice which caused delays in the discharge process and 1 has no reason recorded for the fail. All fails are sent through to the acute teams and managers for review and action.
- Open Minds (The IAPT service) continue to try and promote the service. Four recruited trainees will have completed training in the next month reducing the waiting time and allowing more clinical availability for assessments which will improve the access rate. Open Minds is also planning on implementing an online referral form which will increase the number of referrals for service users who do not wish to self-refer face to face.
- NAViGO has continued to perform well with IAPT recovery, although marginally below the 50% target in March. The overall percentage for Quarter 4 was 50.8%. The increased performance appears to be continuing in to 2017-18 with April's percentage currently at 53.8%. NAViGO has completed all actions from a recovery action plan co-produced with NELCCG. There have been 3 clinical workshops held on Case Management/ Supervision, arriving at a provisional diagnosis and using the correct Anxiety Disorder Specific Measure. There is also a planned workshop to have an overview of all workshops. Full data analysis on recovery has been completed and is being used as part of the overview workshop. Clinician dashboards are all completed and demonstrated to the team by a member of Performance to facilitate real time information being fed back to front line staff and improve data quality. Text messages are now being sent to service users who have dropped out of treatment asking them to complete a PHQ9 and GAD7 outcome measure via survey monkey to enable measurement of recovery if these people have disengaged with the service due to feeling better and also to offer opportunity to re-engage if their mental health has not improved or deteriorated.

# Equality and Diversity

During 2016/17 NAViGO has migrated our two ticks disability scheme to the new Disability Confident scheme and are positively engaged with the scheme as 'Disability Confident'. Workforce equality indicators (WRES) are being populated this year and for publication by June 2017.



**Figure 13**

Indicators above from the national staff survey show that BME staff report a higher incidence of harassment or bullying from the public than non BME staff, (41% BAME, 30% non BME). This figure of 41% has reduced from 2015 staff survey by 6%. BME staff report a lower incidence of harassment from colleagues and other staff than non BME staff.

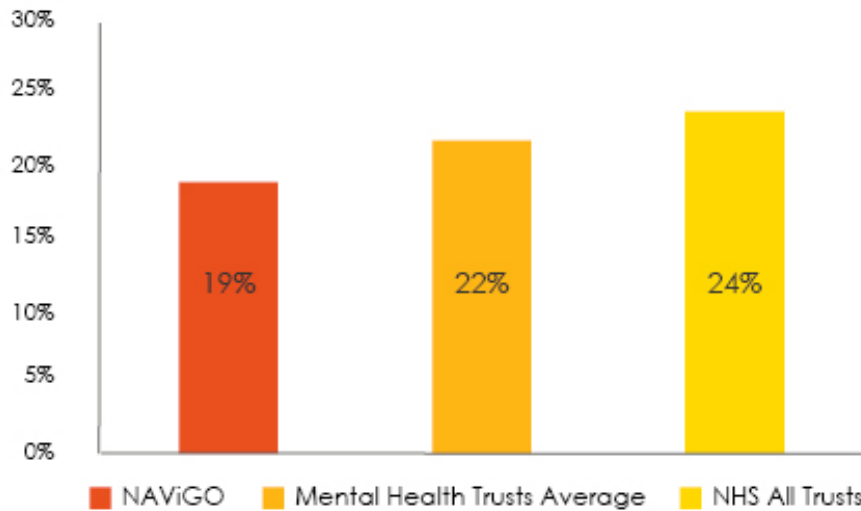
# Workforce Race Equality Standard 1

We have been asked to include our most recent NHS Staff Survey results for the following indicators:

- KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)  
NAViGO's 2016 staff survey showed overall 19% of staff were experiencing this, however, the results compared favourably to peer Mental Health Trusts, and the national Mental Health Trust average of 22% and NHS all trust figure of 24%. It shows a slight improvement over the figure of 20% for 2015 staff survey. This figure for BME staff is much lower, with only 12% of BAME staff experiencing this.

We have appointed a 'Freedom to Speak Up' guardian to support staff to speak up in times of need to reduce this figure going forward.

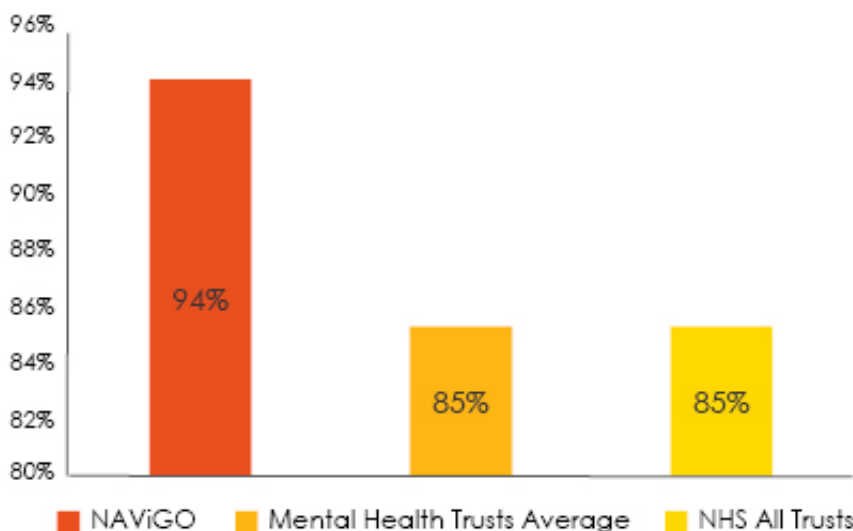
**% of staff experiencing harassment, bullying or abuse from staff in the last 12 months**



**Figure 14**

- KF21 (percentage believing that Trust provides equal opportunities for career progression or promotion). NAViGO's 2016 staff survey results showed that 94% of staff felt NAViGO provided equal opportunities, this was significantly higher than all peer trusts and both the mental health trust and all trust averages, each at 85%. This figure has remained the same with no change from the 2015 staff survey, also 94%. This figure is marginally less at 93% for BME staff feeling NAViGO provide equal opportunities.

**% believing that Trust provides equal opportunities for career progression or promotion**



**Figure 15**

## Recruitment

NAVIGO prides itself on including service user/carer representation on interviews when recruiting staff. Representation has been requested for 100% of our interviews of these 61% of interviews included a service user or carer representative. There were various reasons for no independent representation at of our interviews such as sickness on the day and no available trained interviewers.

We aim to increase independent representation as part of our recruitment process by facilitating additional interview training sessions as part of our values based recruitment where we extend our interview process in some areas to include observing interaction between candidates and service users/carers and staff.

## CQC - CARE QUALITY COMMISSION

The CQC is England's regulator of Health & Social Care. They ensure all health providers register with them prior to providing a service to the public to ensure the service is appropriate and will be properly managed with good governance. The role of the CQC is also to monitor health providers with robust scrutiny and inspection visits and to respond to concerns raised with them by the public or staff working within the services.

NAVIGO experienced its first full CQC inspection in January 2016, at the time of publishing the last Quality Account we had not received our inspection report or ratings however we are now very happy to share the findings with you.

### **The CQC completed a full inspection of our core services in January 2016 this included:**

- Harrison House
- Adult Community Mental Health Teams
- The Gardens
- Older Peoples Community Mental Health (Eleanor Centre)

The overall rating from this inspection was "good". We were not issued with any requirement notices and we were given three provider actions to work on as Adult and Older Peoples Community Services were rated "requires improvement" in the "safe" domain, these were:

### **Adult Community Mental Health Teams – Provider Actions**

1. Mandatory training compliance was below target for safeguarding adults, safeguarding children and information governance. We were re-inspected in January 2017 and satisfied the CQC that we had exceeded the CQC's own target of 75% and exceeded our in-house, post inspection target of 85%.

### **Training figures at re-inspection visit:**

- Safeguarding Adults Training - East team 86% West team 88%
- Safeguarding Children Training - East team 100% West team 96%
- Information Governance Training - East team 86% West team 83%

## Older Peoples Community Mental Health (Eleanor Centre) – Provider Actions

2. The service did not have a robust process to ensure medication was stored securely at the Eleanor Centre and the service did not have a robust process for the reconciliation and monitoring of medication at the Eleanor Centre.

When re-inspected in November 2016 and again in January 2017 the Eleanor Centre had relocated the medication cabinet to a secure room with a numerical keypad entry system. The new room has temperature control and temperatures are recorded daily to ensure it does not exceed 25°C. The pharmacy now deliver medications in clear plastic bags to allow easy reconciliation with orders prior to delivering to service users, the reconciliation is logged on a dedicated sheet.

3. The process in place at the Eleanor Centre for the disposal of the sharps box stored on the premises did not meet the requirements of the Hazardous Waste Regulations. When re-inspected in November 2016 and again in January 2017 the CQC were happy that The Eleanor Centre sharps boxes were now being collected by the contractor which collects from our other buildings. This is audited monthly by our pharmacist, we were able to show evidence of collections.

As the CQC now recognise that we are fully compliant with all regulations NAViGO's services have all been re-graded as "good" in all domains with no "requires improvement" ratings and we have one "outstanding" rating for the domain of "well-led" at The Gardens. An all user e-mail was shared with staff informing them of our updated rating and excellent achievements.

SAFE	GOOD ●
EFFECTIVE	GOOD ●
CARING	GOOD ●
RESPONSIVE	GOOD ●
WELL LED	GOOD ●

**Overall CQC rating for NAViGO services: GOOD ●**

In addition to the full CQC inspection, unannounced inspections to specifically monitor NAViGO's use of and compliance with the Mental Health Act were individually completed by the CQC at Rharian Fields, Specialist Eating Disorder Unit and Meridian Lodge, Acute Inpatient Unit in 2016-17. Ratings are not given for these inspections, findings were as follows:

**Rharian Fields** received a very positive inspection report. There was one provider action issued which was relating to four new bedrooms which were considered by the inspector to have potential ligature points. All three issues were quickly addressed and appropriate changes made to ensure the unit is anti-ligature compliant. The CQC inspector noted comprehensive care plans which included service users' views. They remarked on detailed and unambiguous conditions documented on section 17 leave paperwork, well-trained staff in specialist eating disorders and the presence of appropriate documentation compliant with mental health act legislation.

## Meridian Lodge - Mental Health Act inspection was in January 2017

We have received the report which is very positive and has some excellent observations noted by the inspectors. We were given five provider action statements as follows:

- No clear signage informing informal inpatients of their right to leave the unit
- Evidence was seen of inpatients on a section of the Mental Health Act being read their rights in line with the Code of Practice however NAViGO set more stringent standards for which there was no evidence in some cases.
- CQC Inspectors were informed staff perform "room sweeps" daily, in fact staff perform "safety checks" daily and "room sweeps" where risks are identified.
- Care plans did not have evidence of service user views or carer/family member views and did not indicate where copies had been shared.
- The inspector felt copies of expired Section 17 leave forms held on files could cause confusion.

All of the above actions have been addressed, an action plan to meet these requirements was completed and monitored at monthly Practice Clinical Governance Committee (PCGC) Meetings. An audit of the actions has also been completed to assure Hospital Managers, the PCGC and CIC Board that the actions have been incorporated within our teams. Ad-hoc quality audits of care plans are performed by the Quality Team.

## Home from Home Service – CQC Inspection 19th August 2016

A full CQC inspection visit took place at Home from Home Service in August 2016, (the unit cared for older people with physical conditions combined with dementia or confusion and was based at Diana, Princess of Wales Hospital). The CQC made a decision to report on this service completely independent of NAViGO's other registered services, the inspection produced very positive comments and was awarded an overall rating of GOOD.

SAFE	REQUIRES IMPROVEMENT	●
EFFECTIVE	GOOD	●
CARING	OUTSTANDING	★
RESPONSIVE	GOOD	●
WELL LED	GOOD	●

## Duty of Candour

NAViGO has embraced the Duty of Candour directive. Being open and honest when things go wrong is the way we have always conducted ourselves as an organisation and the additional steps we are now taking to evidence our compliance with Duty of Candour is enabling us to demonstrate our openness. We have trained existing staff, attended team meetings and include Duty of Candour responsibilities and protocol in our Corporate Induction which all new staff attend. To further embed responsibilities we produced and displayed Duty of Candour information posters in all service areas and sent out information by email to all staff. In addition, we have uploaded guidance within the Duty of Candour section of Datix to assist staff when recording incidents on the electronic incident records system. Relevant NAViGO policies are being updated to reflect Duty of Candour responsibilities.

Between April 2016 and March 2017 we have recorded 9 incidents under Duty of Candour where NAViGO has actively apologised to service users, carers or family members. These can be broken down by month as follows:

8 of the 9 Duty of Candour incidents were relating to the deaths of service users open to NAViGO which met the criteria for Duty of Candour and 1 of the 9 incidents was relating to an injury incurred on one of our units.

April 16	1
May 16	0
June 16	0
July 16	0
August 16	1
September 16	4
October 16	2
November 16	0
December 16	0
January 16	1
February 16	0
March 16	0

**Figure 16**



# PART 3 –

## Review of Quality Performance

Part 3 of the Quality Account evaluates NAViGO's overall performance in 2016/17. This involves a review of progress against indicators for quality improvement and feedback from our service users, staff and our membership.

THEME Service User Safety
<p><b>OBJECTIVE</b></p> <p>To reduce the number of unwitnessed service user falls on inpatient wards at night. Falls will be monitored throughout 2016-17 and will monitor if the trial of the sensor, which will turn lighting on if a service user moves, has reduced falls.</p>
<p><b>ACTIONS ACHIEVED</b></p> <p>A plan was put in place to review unwitnessed falls to identify any trends/themes and look at evidence based interventions that could support us to reduce the number of falls. This was monitored quarterly via clinical governance sub- committee.</p> <p>A project group involved the Senior Operational Manager, the Estates Manager, Clinical Team Lead and Physiotherapist. The group explored options available - this included research into falls solutions and attending the National Falls Conference to understand best practice and the range of options available in the current market. We agreed to trial 3 pieces of equipment and we purchased bed sensors, floor sensors and room sensors.</p> <p>Every sensor was analysed in terms of effectiveness after 14 days use. The floor sensor was found to be better suited for our client group. The bed sensor was very disruptive for the service user, the room sensors did not integrate into the current call system within the unit. Since January 2017 the team has routinely been using floor sensors for those service users identified as a high falls risk, but we only have one sensor at this time.</p>
<p><b>OUTCOME – PARTIALLY ACHIEVED – OBJECTIVE CONTINUED FOR 2017/18 FOR FURTHER REFLECTION/ANALYSIS AND MONITORING</b></p> <p>Changes were put in place from January 2017 following researching best practice and options. There were 5 incidences recorded in January, none in February and 3 in March evidencing a downward trend. The same period last year saw 6 in January, 5 in February and 6 in March, further evidencing improvement and a downward trend following intervention.</p> <p>We need to further review the Falls Policy for the organisation and to continue to invest in further solutions. We are not limiting ourselves to the use of floor sensors; we will continue to look for other ways of reducing the number of incidents, accepting that we do encourage positive risk taking and independence in care planning, which will therefore never eliminate falls completely. As part of the Sign Up to Safety campaign we have proposed falls reduction to be an organisational priority.</p>

**THEME**  
**Clinical Effectiveness**

**OBJECTIVE**

Ensuring staff have the skills to carry out their job. The current percentage of staff members completing statutory and mandatory training is 70% which is below the standard NAViGO is happy with, therefore the recommended priority for 2016-17 is:  
For 90% of all NAViGO staff to complete statutory and mandatory training.

**ACTIONS ACHIEVED**

There has been a full review and implementation of additional learning materials and courses for core learning across NAViGO including reorganisation of core learning consistent with Skills for Health (online learning) and recognised frameworks.

At our CQC re-inspection in January 2017 the inspectors were satisfied with the core learning process and achievements across NAViGO. The CQC revised their inspection report rating NAViGO as Good in all domains after acknowledging that the national recognised threshold is 75%.

**OUTCOME – PARTIALLY ACHIEVED**

A significant improvement has been achieved over 2016/17. NAViGO set the target for compliance at 90% however the CQC threshold is 75% which we exceeded achieving 88%.

This action has been partially achieved and to ensure continued compliance a quarterly workforce report is produced which informs NAViGO's Senior Management Team of any training requirements in their service areas.

To continually excel the national threshold of 75%.

To continue to promote the development of our staff through specialist training to ensure we are delivering quality evidence based care.

**THEME**  
**Service User and Carer Experience 1**

**OBJECTIVE**

To monitor the waiting times of the Community Mental Health Teams (CMHTs) from referral to starting treatment. The waiting time will be placed in NAViGO's data warehouse, which will be monitored at NAViGO's internal infrastructure meetings with clinical managers and also in the board report. The business board which receives the board report quarterly has representation from NAViGO senior management, NAViGO staff and community members.

**ACTIONS ACHIEVED**

All actions achieved

**OUTCOME – PARTIALLY ACHIEVED**

In 2015/16 the waiting time for CMHT was 13.2 working days for a new assessment. In 2016/17 we have improved this to 10.8 working days.

To continue to improve on this figure NAViGO has appointed a new team dedicated to providing initial assessment for all new referrals to CMHT. The target NAViGO has set for referral time from referral to assessment is 10 working days.

**THEME**  
**Service User and Carer Experience 2**

**OBJECTIVE**

To monitor the waiting times of carers' assessments of working age adults from referral to assessment. The waiting times will be placed in NAViGO's data warehouse, which will be monitored at NAViGO's internal infrastructure meetings with clinical managers and also in the board report. The business board which receives the board report quarterly has representation from NAViGO senior management, NAViGO staff and community members.

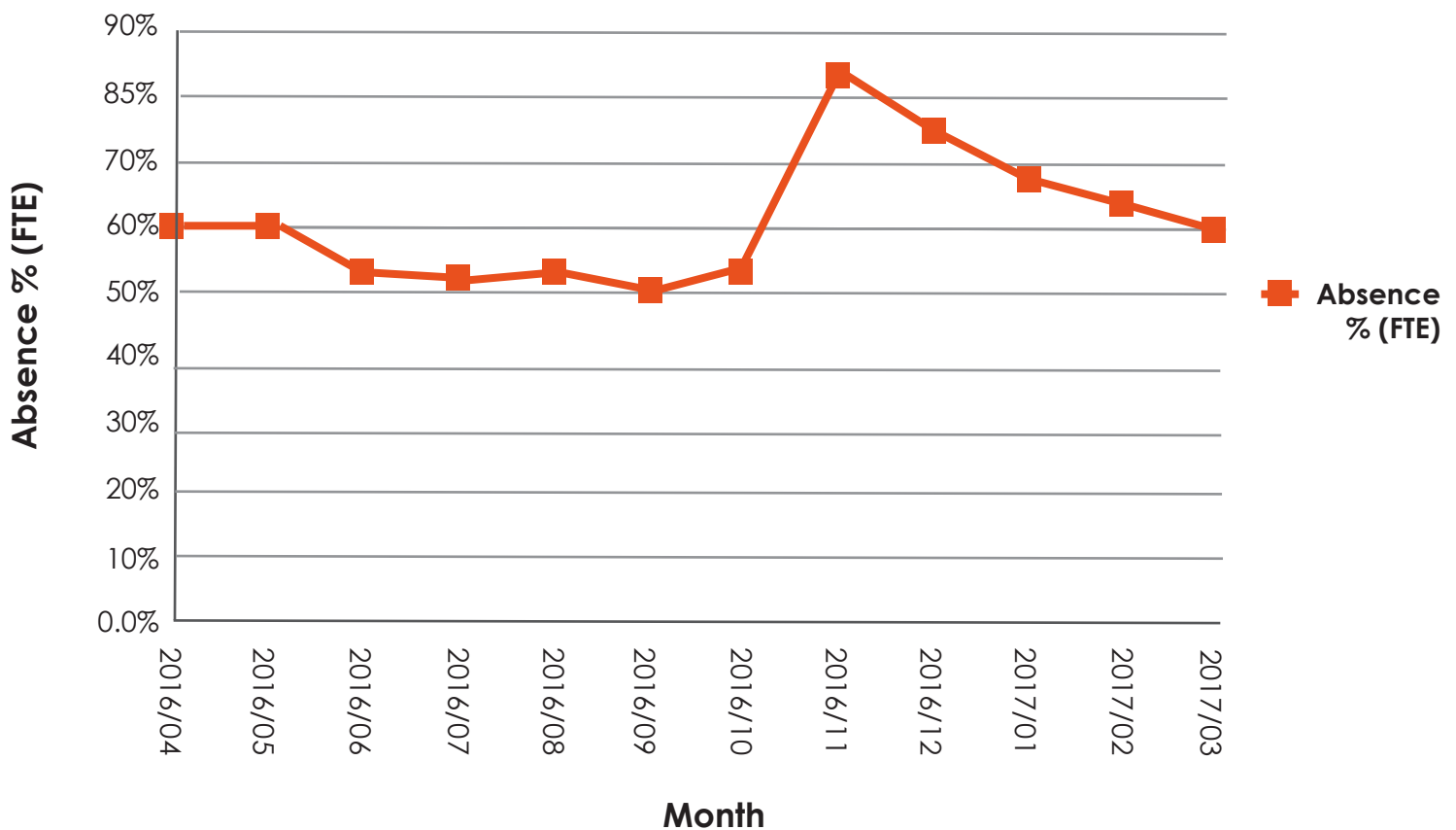
**ACTIONS ACHIEVED**

We recruited a dedicated Carers' Officer to ensure all carers of working age adults who agree to a carers assessment receive an assessment and care plan. The Carers' Officer records this information into our electronic system to help with reporting.

**OUTCOME – PARTIALLY ACHIEVED - OBJECTIVE CONTINUED FOR 2017/18 FOR FURTHER IMPROVEMENT, ANALYSIS AND MONITORING**

There have been significant developments and improvement of data collection, monitoring and reporting which has been further enhanced with a appointment of a dedicated "Engagement and Projects Manager".

## Staff Absence



**Figure 17**

The figure above demonstrates NAViGO staff absence for 12 months is at **3.05** compared to the NHS national average of 4.46.

We congratulate our staff on attaining these high levels of attendance and acknowledge to them that this is a major factor in the delivery of quality mental health services to our service users.

## Statutory and Mandatory Training

The table below demonstrates that we have achieved a significant increase in statutory and mandatory training compliance during 2016/17.

The introduction of Skills for Health online training throughout the organisation has helped to increase compliance.

Competence	March-17	Annual change compared to March-16	CQC Target	NAViGO Target
			75%	85%
Induction	92.91	↑		
WRAP - Prevent	91.76	↑		
Health & Safety	91.57	↑		
Safeguarding Children	91.00	↑		
Mental Capacity Act	89.85	↑		
Diversity	89.66	↑		
Moving & Handling	88.89	↑		
Safeguarding Adults	88.12	↑		
<b>Overall Compliance Rate</b>	<b>87.31</b>	<b>↓</b>		
Information Governance	83.33	↓		
RESPECT (Conflict Resolution)	83.21	↑		
Fire Awareness	80.84	↑		
Infection Control	77.41	↑		

Figure 18

NAViGO remains committed to the upskilling of its workforce to ensure safe, effective and quality services are delivered to our service users. Compliance with our targets will be monitored through quarterly workforce reports to ensure we maintain above the national target.

## Incidents

Our Datix incident/accident reporting system is being robustly monitored on a weekly basis by the Associate Director of Nursing & Quality alongside the Estates & Facilities Manager and a Performance analyst. Themes of incidents/accidents are identified and actions produced to reduce recurrences are shared with Team Leads to disseminate with their staff.

Number of NAViGO Incidents reported	2014-15	2015-16	2016-17	Grand Total
Community Services	211	130	127	468
Inpatient Services	274	723	649	1646
<b>Total NAViGO Incidents reported</b>	<b>485</b>	<b>853</b>	<b>776</b>	<b>2114</b>

Figure 19

<b>Number of NAViGO Incidents reported, by impact:</b>	<b>2014-15</b>		<b>2015-16</b>		<b>2016-17</b>		<b>Grand Total</b>
No Harm	316	65%	574	67%	532	69%	1414
Minor Harm	127	26%	211	25%	176	23%	514
Moderate Harm	28	6%	56	7%	49	6%	133
Major Harm	3	1%	6	1%	6	1%	15
Catastrophic, Death	11	2%	6	1%	13	2%	30
Total NAViGO Incidents reported	485	100%	853	100%	776	100%	2114

**Figure 20**

The table above shows data taken from our Datix incident reporting system. We would like to point out that the category of "catastrophic, death" does not indicate the total number of 13 deaths meeting the NHS England Serious Incident Framework criteria whereby NAViGO would complete a comprehensive investigation to learn lessons from the incident and produce actions in response to the learning. The 13 deaths recorded in 2016-17 include some deaths due to natural causes when Home from Home provided end of life care.

### **Serious Incident Management**

NAViGO takes pride in having a robust, open, honest and transparent investigation process. The Mazars report recommendations from the CQC and NHS England further confirmed that our engagement of service users and their families in serious incident investigation already exceeded the new recommendations. We are fully compliant with the recommendations identified.

### **NAViGO Incidents meeting the Serious Incident Framework for Investigation**

<b>Deaths</b>	8
<b>Accidents</b>	1
<b>Incidents Affecting Staff</b>	1

**Figure 21**

### **Learning Lessons from Serious Incidents**

We have a robust process for the identification and reporting of serious incidents. Incidents are recorded on DATIX, our electronic reporting system. The decision to investigate is taken by the Quality Team who liaise closely with Commissioners and our local CQC Inspector. Our management team are trained in root cause analysis. Two managers without connection to the service area involved to ensure an unbiased report are nominated for the investigation. Prior to director sign off of the report all recommendations and actions are approved and accepted by the lead Senior Manager, here it is agreed how lessons learnt from the investigation will be shared with staff and embedded throughout the organisation. Once complete the report is shared with all staff involved in the case and with service users/family members, Commissioners and our CQC inspector. The action plan incorporating recommendations is monitored at monthly Practice Clinical Governance Committee Meetings.

# Complaints, Compliments and other Feedback

There were 17 Formal Complaints received in the period 1 April 2016 – 31 March 2017. Thirteen of the complaints were not upheld, and four were partially upheld. One complaint was referred to the Parliamentary Health Service Ombudsman and their decision was not to investigate as they were satisfied with the complaints process and that our response was appropriate.

During the same period, 413 compliments were received from service users, carers and families regarding our services. Examples of the feedback provided are:

“  
‘I have enjoyed your visits and will miss you coming’

‘This has given me hope about carrying on with treatment and hope for the future and achieving aspirations and goals’

‘There is nothing to improve the staff are amazing they always listen to you’  
”

For 2017/18 the Quality Team now take responsibility for all complaints and disseminate learning from this valuable resource within staff briefings. A feedback questionnaire is being developed which will be shared with complainants for their feedback on how their complaint has been managed once the complaint is finalised to allow us to identify any areas for improvement when managing complaints.

We also received 427 positive Patient Related Experience Measure (PREM) and Patient Experience Questionnaire (PEQ) completed questionnaires. PREMs are used to obtain and record feedback from service users from all teams except Psychology and Open Minds. PEQs are used to receive feedback from Open Minds service users. Examples of the comments included in the feedback from PREMs and PEQs are:

“  
‘I would recommend this service to anyone who is struggling’

‘This has been an amazing experience and one I will remember for life. Absolutely first class service’

‘If it was not for the team, I don't know how I would have got through the last two years’  
”

## Friends and Family Test

An important element of the PREM is the national Friends and Family Test where NAViGO ask service users how likely they would be to recommend our services to their friends and family.

The mental health England average is that **88%** would recommend services (Feb 2017 NHS England). For 2016/17, **95.9%** of NAViGO service users would recommend NAViGO to their friends and family.

The results of the 2016 CQC National Community Mental Health Services survey were extremely positive. The survey results were published in sections in the areas of ‘Health and Social Care Workers’, ‘Planning Care’, ‘Reviewing Care’, ‘Crisis Care’, ‘Treatments’ and ‘Support and Wellbeing’. Our performance in each of those areas was as follows:

Section	NAViGO's Section score
Health and Social Care Workers	Better than other Trusts
Organising Care	About the same as other Trusts
Planning Care	Better than other Trusts
Reviewing Care	Better than other Trusts
Changes in who people see	About the same as other Trusts
Crisis Care	Better than other Trusts
Treatments	Better than other Trusts
Support and Wellbeing	Better than other Trusts
Overall views of care and services	About the same as other Trusts
Overall experience	About the same as other Trusts

All actions from complaints, survey results and compliments received are monitored via the 'PALS Meeting' which is held every other month and attended by Senior Managers and a service user/ carer representative. A quarterly report of complaints is produced for our Practice and Clinical Governance meeting.



# Key Changes & Achievements in 2016-17:

## Accreditations achieved/working towards:

Royal College of Psychiatry accreditations achieved in 2016/17 and those being worked towards which our dedicated staff have worked so enthusiastically to earn:

### Older People's Services:

- Community Mental Health & Memory Service – (MSNAP) Memory Services National Accreditation Programme
- Konar Suite (AIMS) Accreditation for Inpatient Mental Health Services (re-accredited)
- Home Treatment Team - Working towards accreditation

### Adult Acute Services:

- Pelham Lodge – (AIMS) Accreditation for Inpatient Mental Health Services – (re-accredited)
- Meridian Lodge – (AIMS) Accreditation for Inpatient Mental Health Services - (re-accredited)
- Sequoia Therapeutic Community – Working towards accreditation for CoC (Community of Communities)

### Eating Disorder Service:

- Rharian Fields Inpatient Unit – (QED) Quality Network for Eating Disorders – (re-accredited)

## Specialist Training Achievements

NAVIGO are committed to improve the quality of services by investing in the development of our workforce, we have commissioned specialist training in 2016/17 based on identified staff development needs recorded in PDR's and to meet service developments. Examples of training include:

- RESPECT Instructors Qualification
- Post Graduate Diploma in Eating Disorders
- Post Graduate Diploma in Child and Adult Mental Health (to provide quality service to younger service user presentations)
- Specialist training in personality disorders (SCID Training)
- Cognitive Analytic Therapy Post Graduate qualification.
- Post Graduate Diploma in Clinical Neuropsychology
- Dementia Care Mapping training
- Best Interest Assessor Training
- Care Certificate Qualification

## New model of inpatient care – crisis changes

In response to staff feedback and to ensure a more robust crisis service NAVIGO have reviewed its acute model and have dedicated staff covering the crisis function of acute during busy periods separating this from our inpatient services. The focus remains on an integrated model to ensure continuity of care and sharing of staff experience, however, pulling the crisis function out of the inpatient units has allowed inpatient staff to focus on the inpatient population and has stabilised both functions of acute care.

A new manager was appointed to oversee the crisis access function of acute and to ensure a robust access service into mental health services. This is a newly appointed role that we will be able to reflect on over the coming year.

## **Expansion of Liaison & Diversion Service**

The Liaison and Diversion service has successfully expanded to cover North Lincolnshire with input from Youth Offending Teams, Probation and Police. This means there is a consistent approach to the provision of diversion from custody services across the whole of the South Bank of the Humber and work is currently being planned to enable the team to engage with those people who come into contact with the Criminal Justice System as voluntary attendees. Vulnerable people in custody or at court are now able to be effectively signposted and supported into the correct service area to meet their needs. The service is also instrumental in informing the bench with relevant information to ensure the appropriate sentencing plans are made. In addition there are some preliminary discussions and plans being made to house the Liaison and Diversion team in the new South Bank custody hub which is planned for 2018/19.

## **Bringing Service Users Back Into Area**

In line with the Five Year Forward View for Mental Health and national best practice supported by the Royal College of Psychiatrists NAViGO returned service users placed in out of area locked rehabilitation units back to the local area. We identified 12 service users to either return or prevent from being placed out of area. By expanding our services all except one have been brought back into the local area, there is a planned return for the last person in May 2017. Only two people remain in low secure, monitored by NHS England, we have accommodated all others.

The Bungalow was opened in January 2017, this is our new rehabilitation facility, staffed 24 hours per day, which can accommodate four service users who would otherwise be placed out of area.

Brocklesby Lodge, Adult Unit, is currently accommodating one service user we have returned from out of area, the unit has been staffed with a dedicated team who are effectively maintaining the care plan and progressing well to step down to Pelham Lodge, Adult Acute Unit, before seeking accommodation in the community.

## **Home from Home Closure**

It was with immense sadness and disappointment in October 2016 that NAViGO closed down the Home from Home Service particularly after receiving such a positive CQC inspection report achieving GOOD overall and OUTSTANDING for "caring".

## **Freedom to Speak Up Guardian**

Freedom to Speak Up Guardians were borne out of recommendations in the Francis Report to ensure staff within healthcare were enabled to speak up about concerns of safety. NAViGO has responded to this with the appointment of a Freedom to Speak Up Guardian, (Amanda Simpson, Associate Director of Nursing and Quality) to provide independent advice and support to staff who want to raise concerns and to hold the Board to account if patient safety is not prioritised. Amanda reports directly to the Chief Executive in this role. Within induction, all new staff are given information on this role and their responsibility to speak up when things go wrong and NAViGO's role in ensuring that staff feel safe to do this.

## Awards/Grants Achieved

- Positive Practice in Mental Health Awards 2016 – Acute Pathways in Mental Health was awarded to Harrison House.
- Positive Practice in Mental Health Awards 2016 – Eating Disorder Service was awarded to Rharian Fields.
- Medipex Innovation Awards 2017 – Best Innovation Award was awarded to NAViGO's TMS (Transcranial Magnetic Simulation) this award included £4000 funding towards business development of the TMS service.
- Dementia Action Alliance Award for Quality Improvement in Dementia care.
- Best Companies – NAViGO achieved 78th place on The Sunday Times Best Companies to work for list 2017.
- In 2016 NAViGO invited staff applications for income generating innovation projects "NAViGO Project of the Year" the winner, an affordable holistic therapy centre aimed at staff and the public (including service users and their carers) has now been developed into a sustainable business – Simply You @ NAViGO. The business opened at The Floral Hall in Grimsby's People's Park in December 2016 and the customer base has grown by 49% between January and March 2017.



## Statement from Clinical Commissioning Group

On behalf of North East Lincolnshire Clinical Commissioning Group (NELCCG) thank you for the opportunity to review and comment on NAViGO Quality Account for 2016/17.

We are pleased to note the dedication to providing a transparent, well governed organisation, focused on learning lessons, valuing staff and embedding quality in all areas and focus.

NELCCG recognises NAViGO's achievements included in the Quality Account and in particular in attaining an overall Good CQC rating and Good across the domains (CQC, 2017), maintaining national accreditation for inpatient units and achieving national awards for innovative practice.

The quality priorities set for 2017/18 are based around Lord Darzi's definition of quality and include focused improvement objectives for each of the elements; experience; effectiveness and safety. The CCG recognises NAViGO's breakdown of the safety goals and recognises that these are based on areas for improvement identified through incidents and quality data.

We confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by NAViGO and that the data and information contained in the report is accurate.

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



**North East Lincolnshire  
Clinical Commissioning Group**

## Statement from Healthwatch

Healthwatch North East Lincolnshire welcomes the opportunity to comment on the draft NAViGO's Quality Account 2016/17. We have made a number of observations about the draft around size of text and explanation of narrative and data which we hope will be addressed in the finalisation of the document.

We would want to commend NAViGO for the quality, achievement and recognition received for the work that you carry out locally in adult mental health. We do support the goals that are being set for 2017/18. We also recognise that the account does not report on all aspects of performance but would ask that any data which reflects local patient experience should be included including how this is being reflected in the actions that you are taking in the year ahead.

We recognise that NAViGO is required to complete this Quality Account in line with national guidance, but it remains a 'heavy' read in part and we would ask that you consider producing an easy read version of the key messages for public consumption.

We finally do want to thank NAViGO for their dialogue and candour with this local Healthwatch over the last year and look forward to continuing co-operation in the year ahead.



# Glossary of key terms

## **Accreditation for Inpatient Mental Health Services (AIMS)**

AIMS is a standards-based accreditation programme designed to improve the quality of care in inpatient mental health wards.

## **Care Quality Commission (CQC)**

The CQC regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisations. It also protects the interests of people detained under the Mental Health Act.

## **Carer**

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

## **Cognitive Behavioural Therapy (CBT)**

This is an approach to treatment that involves working with people to help them change their emotions, thoughts and behaviour. A person's personal beliefs are addressed in order to understand and change behaviour.

## **Commissioning for Quality and Innovation (CQUIN)**

The CQUIN payment framework enables the people who fund services (commissioners) to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

## **Crisis Team**

The Crisis Home Treatment Service works directly with people who are experiencing a severe mental health crisis and need immediate and more intensive care and treatment, mostly at home.

## **Department of Health (DoH)**

The DoH provides leadership for public health, the NHS and social care in England. Its purpose is to improve England's health and well-being and in doing so achieve better health, better care, and better value for all.

## **Dual Diagnosis**

This refers to two or more disorders affecting one person, for example, mental illness and learning disability. It is also used for people who have a mental health problem and also misuse substances such as illegal drugs, legal drugs or alcohol.

## **Early Intervention in Psychosis & Transition Service**

The Early Intervention in Psychosis Service offers support to young people aged 14-35 who have or may be experiencing their first episode of psychosis.

## **Electronic Patient Record**

Details of a service user's current health and history held on a computer. NAViGO uses a system called Silverlink for this purpose.

## **Liaison & Diversion Service**

Specialist services that offers signposting and support to access treatment to people who have offended who are vulnerable.

## **Health and Social Care Information Centre**

The national provider of information, data and IT systems for funders of services, analysts and clinicians in health and social care. HSCIC is an executive non-departmental public body, sponsored by the Department of Health (DoH).

## **High Quality Care for All**

A national report published on 30 June 2008, resulting from a year-long review of the NHS, led by health minister and surgeon Lord Darzi. High Quality Care for All sets out the government's approach to health policy, focusing on quality outcomes for service users rather than the speed of delivering the service. It encompasses three key areas for measuring quality: service user outcomes and experiences and clinical outcomes which come under the headings of 'service user safety', 'service user experience' and 'clinical effectiveness'.

## **Improving Access to Psychological Therapies (IAPT)**

IAPT is an NHS programme of talking therapy treatments recommended by the National Institute for Health and Clinical Excellence (NICE) which supports frontline mental health services in treating depression and anxiety disorders. 'Open Minds' provides psychological therapies for people experiencing common mental health problems in North East Lincolnshire as part of the national IAPT programme.

## **National Institute for Health and Clinical Excellence (NICE)**

NICE provides clinical staff and the public in England and Wales with guidance on current treatments. NICE is an independent organisation that provides national guidance and standards on the promotion of good health and the prevention and treatment of ill health.

## **National Reporting and Learning System (NRLS)**

The NRLS is the reporting system of the National Patient Safety Agency (NPSA). The NPSA is an arm's length body of the Department of Health. It was established in 2001 with a mandate to identify patient safety issues and find appropriate solution leads and contributes to improved, safe service user care by informing, supporting and influencing the health sector.

## **NHS Connecting for Health**

NHS Connecting for Health (NHS CFH) maintains and develops the NHS national IT services.

## **NHS England**

NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

## **Non-Executive**

An individual who gives advice to a company, but is not responsible for making decisions or making sure the decisions are carried out.

## **Northern Lincolnshire and Goole Hospital Trust (NLaG)**

NLaG provides acute hospital services and community services to people across North and North East Lincolnshire and East Riding of Yorkshire.

## **Open Minds**

Open Minds provides care and support for people age 16+ who are experiencing common mental health problems, such as stress, depression and anxiety.

## **Royal College of Psychiatrists (RCPsych)**

The Royal College of Psychiatrists is the professional body responsible for education and training, and setting and raising standards in psychiatry.

## **Service user**

A service user is someone who uses health services and may also be referred to as: service user or client.

## **Service User and Carer's Forum**

The Forum is for mental health service users and carers in North East Lincolnshire to have a say in the planning, development and monitoring of local mental health services.

## **Sequoia**

Sequoia Therapeutic Community which offers support to those living with personality disorders.

## **Silverlink**

Silverlink is the name of the electronic patient record (EPR) system NAViGO utilises.

## **Social enterprise**

A social enterprise is a business whose goals are mainly social, and whose profits are put back into its services or the community.

## **Star Wards**

Star Wards is a project of the social justice charity Bright and was set up by Bright's Chief Executive, Marion Janner, following her experience as a detained patient. Star Wards provides practical ideas and inspiring examples from and for mental health ward staff.

## **Transcranial Magnetic Stimulation (TMS)**

TMS is a painless, non-invasive stimulation of the human brain. TMS can be used to treat people with depression, anxiety, obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD).

## **Tukes**

Tukes provides training, skills development and work experience in real working environments for people with mental health problems and others.



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# NAVIGO

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