Quality Account 2010/11

Moving forward with health and social care

NAViGO

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Part 1: Statement on the Quality provided in North East Lincolnshire Mental Health Services (NELMHS)

We are proud to present the second quality account for NELMHS 2010 – 2011, and the first quality account for NAViGO Community Interest Company (CIC) as an independent not for profit provider of mental health and social care. This report illustrates the importance of Quality within our organisation, and how we intend to continuously improve in the coming year.

There are some significant challenges ahead in terms of government policy, plural markets and competition, but as an organisation based on membership of both staff and service users/carers with equal rights, we are confident in serving the local population in ever more focussed ways. As such we will also continue to innovate to create services that are as people who use the services want them to be, not simply bound by tradition.

This Quality Account provides our commitment as a provider that quality services remain our priority to the delivery of safe, clinically and cost effective services for our users and public. We believe strongly that by working in partnership with service users can reflect a journey towards a life lived with purpose and meaning; this is our testament to the quality of services we provide.

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Tom Hunter
Chairman
NAViGO Health and Social Care CIC

This Quality account reflects a full and honest review of the quality of NELMHS. I am pleased to report that a significant amount of improvements have been achieved within the last year, alongside the development of the new social enterprise 'NAViGO' without any adverse impact on the quality of services. We have improved in areas outlined and are addressing our challenges whilst continuing to support the principles outlined within the Department of Health's Quality Framework. To the best of my knowledge, the information in this document is accurate.

Barry Flintoft
Director of Operations
NAViGO Health and Social Care CIC

Part 2: Priorities for improvement and statements of assurance from the Board (in regulations)

Throughout 2010 – 2011, NELMHS were an arms-length provider of mental health and social care services under the auspices of North East Lincolnshire Care Trust Plus (NELCTP). The CTP provided the infrastructure support services for Quality (Clinical Governance), Performance Management, Workforce, Training and Development as well as support to Primary Care contracts in conjunction with all providers. Following the separation of NELMHS in April 2011, staff moved from NELCTP into NAViGO who have written and collated this report.

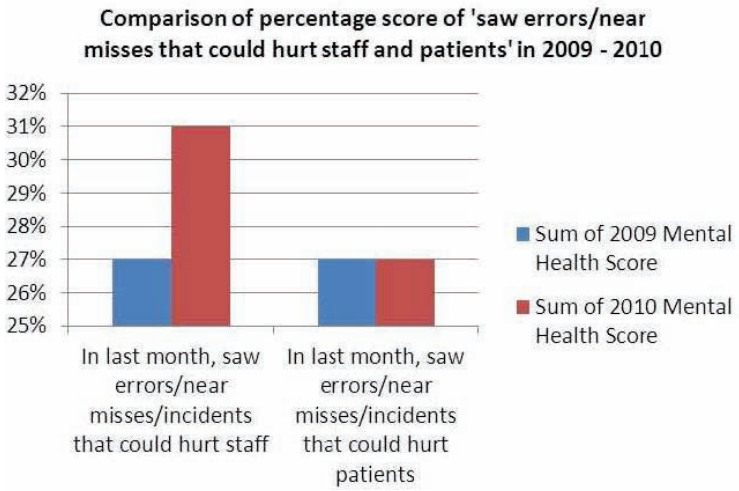
During 2011/11 our organisation has been in consultation with key stakeholders e.g. service users, the public, commissioners and assessed the key priorities for improvement. We have been conscious to set stretching targets and will continually reassess those throughout the coming year. Our priorities have been determined by the Quality domains of safety, clinical effectiveness and patient experience:

Patient safety

Priority 1: To ensure all errors/near misses/incidents that could hurt staff/patients/services users are reported on the patient safety database 'Datix' and that lessons are learnt

Rationale: It has been identified within the Staff Survey 2010/11 that in the last month*, staff saw errors/near misses/incidents that could hurt staff/patients/services users. In 2010, the number of errors/near misses/incidents that could hurt patients remained the same as in 2009, it increased four per cent for errors/near misses/incidents that could hurt staff. Both results were statistically significant for 2009 and 2010.

*please note: the last month means the previous month in which the staff survey was issued in 2010 e.g. November



Action: We are introducing measures to promote the reporting of errors, incidents and near misses and the resulting injuries to patients that may have a major impact on the delivery of care. We will do this through increased staff awareness/training and live reporting onto the new Datix patient safety web database. Following implementation of training, we will evaluate the effectiveness of reporting and identify the rationale and trends for any under reporting. This additional training will offer staff more confidence to report any errors/incidents or near misses that could hurt staff and service users.

Measurement: Monthly monitoring and reporting of incidents on patient safety database Datix, developing trend analysis and drilling down to specific details for action planning

Assurance: Weekly infrastructure meetings minutes, monthly and quarterly reporting to Clinical Governance Committee and NAViGO Board

Priority 1a: To reduce the number of service users from being Absent Without Leave (AWOL)

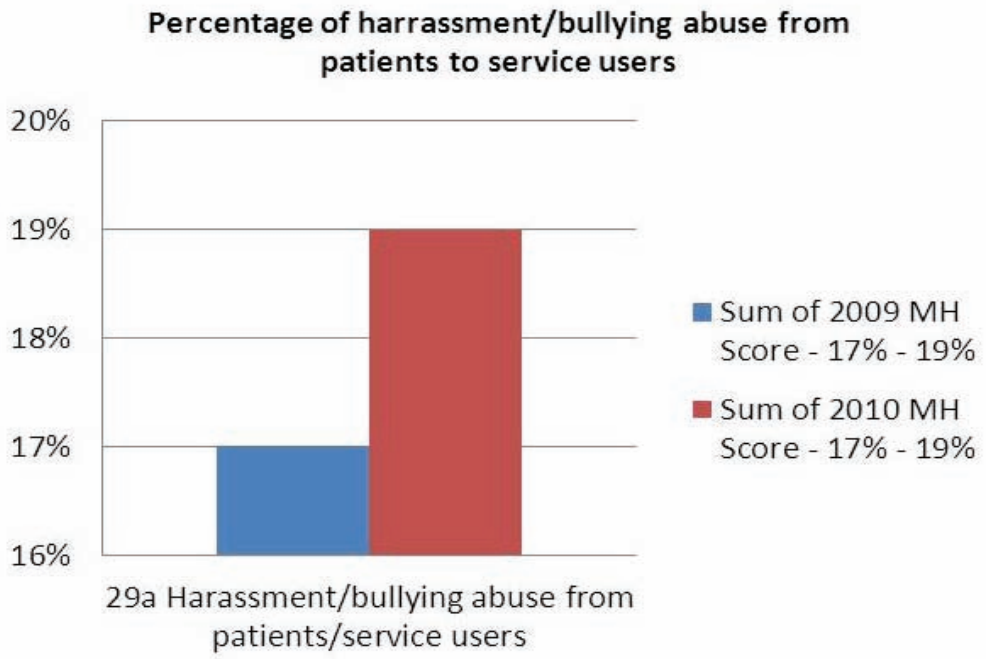
Rationale: Services are required to notify CQC of any absence without leave (AWOL) of a person detained or liable to be detained under the Mental Health Act 1983. Reporting incidents of this nature ensures that prompt action is taken, maintaining the safety of service users at the earliest opportunity.

Measurement: DoH Performance Framework benchmarking available via Mental Health Minimum Dataset (MHMDS), Notifications to CQC under the Health and Social Care Act 2008 (Services designated as 'general' security level should use the form to notify CQC of any incidence of AWOL when that absence occurs over midnight on any day).

Assurance: Quarterly performance reporting, weekly infrastructure meetings minutes, (exception reporting to NAViGO Board), contract meeting reports and minutes.

Priority 1b: Physical violence from patients/service users, their relatives or members of the public

Rationale: The 2010 Staff Survey highlighted an increase in the number of staff reporting physical violence incidents compared to other localities averaged within the CTP that were nationally compared to other health trusts. Similarly, in the 2009 Staff Survey, results reported for the same category 17% for the Directorate of Mental Health. The 2010 result increased to 19% however, still remaining higher than the average localities within the CTP (10% - 2009 and 9% - 2010 respectively).



Since last year, the organisation has carried out the following improvements:

- A new policy on violence and aggression implemented
- RESPECT Training (de-escalation techniques) available to all staff
- Incidents logged via Datix, reported and monitored monthly at the Clinical Governance Committee

We are now also BILD accredited and part of a wider national/international partnership in training on this and are leading these schemes for numerous trusts and providers nationally/internationally

This year we also intend to analyse further the number of incidents reported and to identify root causes to pin point actual causes.

Measurement: Monthly monitoring and reporting of incidents on patient safety database Datix, developing trend analysis and drilling down to specific details for action planning.

Assurance: Weekly infrastructure meetings minutes, monthly and quarterly reporting to Clinical Governance Committee and NAViGO Board.

Clinical effectiveness

Priority 2: Improve the coverage of Health of the Nation Outcome Scores (HONOS), ensuring all eligible service users have a HoNOS Payment by Results (PbR) Care Cluster recorded on the clinical patient administration system - Maracis

Rationale: HONOS is a clinical assessment tool used to identify the service user's current level of need. It is also the basis for Payment by Results which will be the source of the trust's income in the near future. Payment will be made depending on the number of service users the trust treats in each HoNOS Group or Care Cluster. Care Clusters will have defined Care Pathways in order that service users can clearly see the anticipated plan of care for their type of illness. Should HoNOS scores or Care Clusters change upon reassessment, this may indicate a change in the service user's health or social status. Local use will be of clinical and resource management benefit.

Measurement: CQC national and local performance indicator .

Assurance: Monthly performance reporting and weekly infrastructure meeting minutes (exception reporting to NAViGO Board).

Priority 2a: Participation in the national audit programme

Rationale: Last year NELMHS did not participate in any national audits due to local audits associated to similar topic areas identified nationally and resource implications. This year we intend to participate in the national programme and report our results with associated action plans to demonstrate our commitment to driving the clinical effectiveness of our services.

Measurement: Participation in national audits, reporting the number of cases submitted to each enquiry as a percentage of the number of registered cases required by the audit.

Assurance: Reported through Practice/Clinical Governance Committee and weekly infrastructure meetings minutes (exception reporting to NAViGO Board).

Priority 2b: Care for service users with Dual Diagnosis

Rationale: People with a dual diagnosis of mental illness, personality disorder, Learning Disability or receiving Adult Social Care and have a drug or alcohol problem should receive an assessment of all their needs and an appropriate package of care. Local services should have staff with appropriate skills to both assess and manage those with dual diagnosis; this will be reflected in care plans that address all the service users' needs. Last year NELMHS did not fully achieve the CQC standard for people with Mental Health and Learning Disabilities due to there being no documented care pathway. This is a quality requirement specified in the 2011-12 contracts with Commissioners and also forms part of our CQUIN requirements.

Measurement: CQUIN Performance Reporting Quarterly to Contract meetings, development of care pathways and training to be monitored at internal performance meetings monthly.

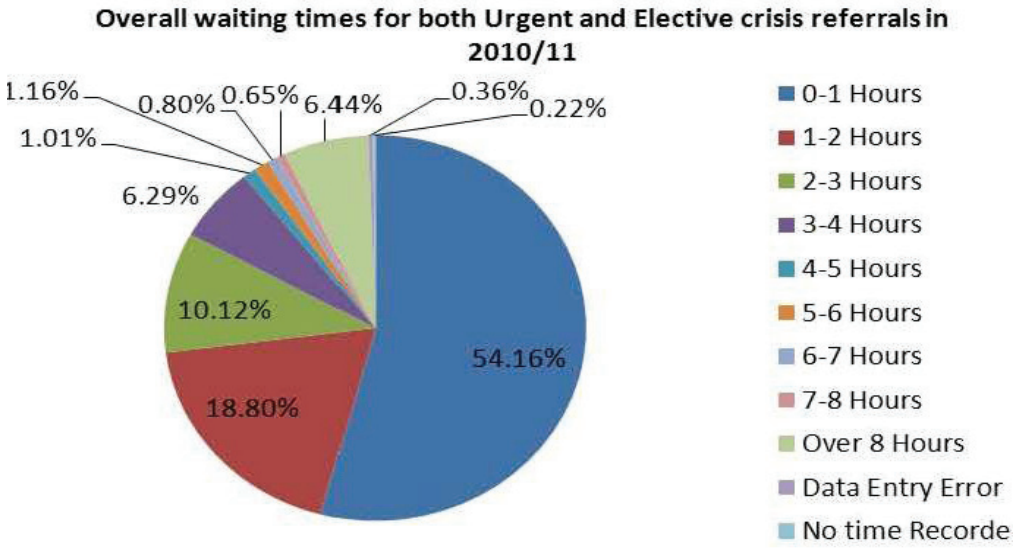
Assurance: Monthly performance meetings, contract meeting minutes and escalation to Board if required.

Service user experience

Priority 3: Service user experience of waiting times in crisis (Harrison House)

Rationale: Service users have identified that their experience when waiting for crisis appointments could be improved by way of providing a separate area to wait for their appointments if they are feeling very unwell (at present they are within a designed café/meeting area in the acute facility with access to all facilities to make any wait comfortable, but for some, further privacy and a more relaxed atmosphere is required).

We have combined outcome measures of performance alongside a patient experience survey following implementation of a facility for service users to wait. This will improve overall experience of waiting times. The pie chart below details the waiting times of all referrals, however, regardless of source and urgency, 89% of Service Users have been seen within 4 hours of being referred and we aim to improve this target also.



Measurement: the local waiting time performance indicator, service user experience survey report and action plan for improvement (if indicated). An additional evaluation of service user experience of facilities once completed (documented at the Independent Forum meeting minutes).

Assurance: Monthly performance reporting, weekly infrastructure meetings (exception reporting to NAViGO Board) and Clinical Governance Committee.

Reception / cafe area at Harrison house

Priority 3a: Service user experience in Outpatient Department

Rationale: Service users identified (via the Independent Forum) that their experience in the outpatient department could be improved, particularly in regards to customer services and administration. This priority has been selected as service users provide the indicator of quality within the service.

Action: Carry out a service user experience survey.

Measurement: Service user experience survey report and action plan for improvement (if indicated).

Assurance: Clinical Governance Committee meeting minutes, Independent Forum presentation and meeting minutes.

Priority 3b: CQC Community Mental Health Survey 2010

Health services should be shaped by what matters most to patients and the public. The NHS patient survey programme enables the Care Quality Commission and others to build up a national picture of people's experience for comparisons of:

- performance of different organisations
- changes over time
- variations between different patient groups.

Service users are asked specific factual questions about what happened to them during their recent healthcare experience. These 'reporting' style questions highlight where the problems are and what needs to be done to improve care.

Action: As per the CQC guidance NELMHS has produced a random sample of 850 service users, aged 16 and over, seen by its services between 1st July 2010 and 30th September 2010 - i.e. including those on the CPA (Care Programme Approach) and also those not on the CPA but receiving specialist care or treatment for a mental health condition. As at 21st April 2011, the Trust had a response rate of 32% of those surveyed returning a questionnaire.

Assurance: Results will be available to NAViGO from 6th May 2011. From this point forward the organisation will be comparing results with previous surveys and assessing its performance using the benchmarking information provided which indicates whether the organisation is comparable to the average response received in all mental health trusts. This information will be used to generate an action plan for improvement.

Statements of assurance from the Board

During 2010/11 NELMHS provided 3 (three) NHS services (Acute, Older People and Community services) and sub-contracted 1 (one) NHS service.

North East Lincolnshire Mental Health Services has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed between 2010/11 represents 100% per cent of the total income generated from the provision of NHS services by North East Mental Health Services for 2010/11

Review of Quality Services

NELMHS provides adult and older people's in-patient services at two locations, a community based service for working age adults and older people and a rehabilitation/day care unit for older people. During 2010/11, the quality of our services has been constantly reviewed by us as part of North East Lincolnshire Care Trust Plus (CTP). As a provider, the CTP provided the infrastructure to ensure data on quality was collected, analysed and reported directly to the CTP. We worked in partnership with the CTP to ensure our performance was reviewed regularly through performance clinics, contract meetings and various committees (Integrated and Clinical Governance). A Provider Associate Board was also developed to provide additional assurance by providers on the quality of services delivered.

2010 has been a year of development for the new social enterprise 'NAViGO' as a not for profit independent provider of health and social care services. Our Service Users and Staff appraisal group provided a driver for change and unanimously voted via systematic consultation, to move towards becoming a separate provider organisation. We gained the first wave right to request and engaged external consultants to undertake an options appraisal and a second consultation with Service Users and Staff members agreed the preferred option of the development of a social enterprise. This proposal was agreed by the CTP Board and a formal submission of the first wave right to request was submitted. An Integrated Business Plan (IBP) was developed with key stakeholders and was agreed in principle by the CTP Board, contingent on the due diligence process. The due diligence process was undertaken with Deloitte and a further vote by staff and service users and carers who voted overwhelmingly in favour of the move into the social enterprise CIC. The Response by Deloitte led to a revised IBP which the CTP endorsed and the Strategic Health Authority approved in December 2010. A steering group led the implementation of the shadow organisation which went live on 1st April 2011 and is a community interest company with a membership of both staff and service users/carers and genuinely interested people from the local community. All members have equal rights.


NAViGO

moving forward with health and care services

All payments for NAViGO shares will be deducted via payroll as this is a safe and secure payment method.

I confirm that I wish to become a staff member and authorise NAViGO to deduct £1 via payroll to cover the cost of my share.

Signed

Date

Please return to:
Membership applications
Eleanor Centre
21 Eleanor Street
Grimsby
North East Lincolnshire
DN32 9EA

For any questions relating to membership please email:
info.navigo@nhs.net

Providing services that we would be happy for our own families to use

Staff membership representatives

The role of a staff membership representative is to act as an advocate and articulate the views of the employees on either the Business Board or the Membership Board of NAViGO and at other meetings and events within the local community.

Why don't you consider putting yourself forward for election to become a staff membership representative? If you feel that you can make a positive contribution on behalf of your colleagues and help to ensure that their needs and views are taken into account then you would be an ideal candidate. Once the membership is formed we will be contacting all staff members to begin the process of staff representative elections.

Of the four representatives, two will be reserved for staff at band six or below to ensure a spread of experience and roles.

NAViGO

NAViGO Health and Social Care CIC, The Eleanor Centre, 21 Eleanor Street, Grimsby, North East Lincolnshire, DN32 9EA
Tel: (01472) 625800
www.navigocare.co.uk

NAViGO Health and Social Care CIC (formerly North East Lincolnshire Mental Health Services), trading as NAViGO, is a not for profit Social Enterprise providing services to The NHS and beyond.
Company Registration Number 7608926

NHS

Staff membership

Make a contribution to your local mental health services

NAViGO

Right: Staff membership application form

Participation in Clinical Audits

During 2010/11, 3 (three) national clinical audits and 1 (one) national confidential enquiry covered NHS Mental Health Services within North East Lincolnshire Care Trust Plus.

During that period NELMHS participated in 0% of national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits that NELMHS were eligible to participate in during 2010/11 were as follows:

National Audit
Depression & anxiety
(National Audit of Psychological Therapies)
Prescribing in mental health services (POMH)
National Audit of Schizophrenia (NAS)
National Confidential Inquiry
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH).

The national confidential enquiries that NELMHS participated in during 2010/11 are as follows:

Enquiry
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH).

The national confidential enquiries that MH participated in, and for which data collection was completed during 2010/11 are listed below alongside the number of cases submitted to each enquiry as a percentage of the number of registered cases required by the terms of that enquiry.

National Confidential Inquiry	**Data Collected and submitted**	**Percentage**
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH).	N=8	100

NELMHS were invited by the CTP to participate in the national clinical audit programme however, due to on-going clinical audits in the same topic areas as the national programme, it was decided to continue with these rather than commence a new programme of activity.

As NAViGO, we are currently in the process of setting up a Practice/Clinical Audit Committee with the Medical Director, senior Consultants and multidisciplinary professionals. This Committee will oversee and facilitate the national and local clinical audit programmes, ensuring quality standards are embedded and monitored on an on-going basis throughout the organisation. We will continue with a rolling programme of activity as previously undertaken in the CTP.

The reports of 16 (sixteen) local clinical audits/surveys were conducted and reviewed in 2010/11, all of which contain individual action plans for improvement and have been discussed at local governance groups or committees.

Audit Title	Numbers Participated (N=)	Outcome Actions
Audit of Eating Disorders Service (NICE)	15	•The importance of the initial physical assessment of service-users before referral and the documentation of this in the referral letter needs to be communicated with GPs •A training session with the eating disorders team to re-enforce guidelines •A letter to GPs should be sent following the initial assessment and at discharge of ALL service-users. •Re-audit in 12 months time to re-evaluate the service.
NHSLA (National Health Service Litigation Authority) Record Keeping Audit with additional consent audit standards	90	•Record keeping updates on standards to be included in the NAViGO induction day
An audit of prescribing documentation on prescribing sheets	33	•Report audit findings to all services in internal teaching programme /journal club invite ward managers in adult services to raise the awareness among team leaders and staff. •Raise further awareness of prescribing guidelines for prescribing of medicines •Re-audit prescription sheets for Inpatients adult and older people psychiatric wards
An audit of Adult Attention Deficit Hyperactivity Disorder	12	•To ensure that all individuals diagnosed with Adult ADHD are provided with product characteristics before prescribing. •To ensure that a valid consent is obtained from the patient before prescribing and document that it is given as "off-label" •To enquire about tolerability and side effects of medications at each visit and document it in the notes. •To use rating scales for diagnosis of ADHD along with psychological assessment and observational data.

An audit of Adult Attention Deficit Hyperactivity Disorder (continued)		•To ensure that Methylphenidate if prescribed as a first line medication. •To ensure that Atomoxetine is prescribed if there are any concerns about drug misuse •To improve the documentation about use of illicit substances (? To include drug misuse history in the printed clinical notes such that this history is not missed) •To develop a patient information leaflet providing information about details of the condition, diagnosis, assessment and support groups. •To re-audit in 12 months time, to continue to evaluate practice
Baseline Audit of Service User Transfer Process	24	•Ensure all service areas have transfer/ discharge protocols and documentation in place that capture all criteria outlined within the audit •Ensure all staff are trained in record keeping as outlined in the workforce development training calendar (specialist training for social care staff) •Re-audit in six months
Audit of Supervision (workstreams)	8	•Supervision Policy to be reviewed to meet specific Mental Health needs •Ongoing monitoring of supervision
Audit of Psychology Referrals & Record Keeping	7	•Implement Psychology Policy and ensure all Acute staff have knowledge of the Policy •The lead psychologist from Acute to assist the community teams with finding a way to organise amalgamated files if open to community •Acute Psychology Referral Form to be updated as and when required
An audit of the Care Programme Approach	163	•Individual supervision to be used to discuss reviews and assessments using error reports and to ensure that impairment levels are documented
Audit of Post-Traumatic Stress Disorder (PTSD)	23	•Options for providing training for Clinicians for use of necessary PTSD tools to be investigated •All patients of PTSD to be referred for Trauma focussed CBT or EMDR •Primary Care Staff will be made aware via CTP Clinical Governance Group and Publication of the audit report

Audit of Post-Traumatic Stress Disorder (PTSD) (continued)		•The decision for drugs to be used as an adjunct to psychological intervention and not as a first line of treatment will remain a matter of clinical judgement of each individual in perspective of existing co morbidities •The objective of Physicians to be encouraged to prescribe drugs as recommended by the local guidelines to be re-assessed when the local guidance is reviewed at the CPD meeting in the near future •Audit annually
Staff Survey of the use and effectiveness of the Interpreters Policy	8	•Promote interpreter policy within teams •Re-audit in 12 months
Baseline Survey of Staff Understanding of Emergency Preparedness within Provider Services	30	•Improvement in frequency and attendance levels for emergency preparedness training
A Baseline Survey of Records Management – archiving & disposal	25	•Raise further awareness of records management within Information Governance training. •Ensure all staff are familiar with the contact details of the confidential waste contractor and archiving contractor
A Baseline Survey of Confidentiality in Practice	24	•Ensure all staff maintain IG training according to statutory/mandatory training requirements and log all attendances •Raise the profile of security page on the CTP intranet and incorporate Information Governance updates within the CTP newsletter. •Review frequency of training updates to ensure staff are fully conversant with policy and procedures •Develop quick glance information sheet and circulate to staff/promote in Quality Matters newsletter
Infection Control – Essential Steps Audits	•On-going rolling programme	
Waste Management audits	2 sites	•Ongoing rolling programme

Additionally, NELMHS were included in the organisational audits conducted by the CTP which included:

- Audit of RIDDOR Incidents July to December 2010
- Re-Audit of RIDDOR Incidents organisational audit - August 2010 onwards
- Baseline organisational audit - document control policy

Participation in Research

The number of patients receiving NHS services provided by NELMHS in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 6 (six) projects.

Commitment to research as a driver for improving the quality of care and patient experience

Participation in clinical research demonstrates NELMHS' commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

NELMHS was involved in conducting 6 (six) clinical research studies in mental health during 2010/11. Our patients are only recruited into studies that have been approved by a NHS Research Ethics Committee and study information is recorded on to a database, consistent with research and development departments. In 2010, a licence was commissioned to have a robust research governance monitoring tool called Reda implemented. The system provides a local updated record of the research projects that are currently active and those that have been completed or put on 'hold'.

There were 6 (six) members of clinical staff involved in research projects approved by one of the Research Ethics Committee allocated from the Central Ethics Allocation Service. The Ethics committees have reconfigured and applications go through a central system at Leeds who decides which committee it will be sent on to for approval. These staff participated in research covering all areas of mental health specialty.

As part of the research governance pathway the Research Governance Manager has set up a North and North East Lincolnshire Research Governance working group which fulfils the role of ratifying the research projects so the NHS permissions can be instigated.

As part of the governance process, one of the key governance checks is that a favourable ethics opinion is in place. The Governance Manager has set up an identified proforma which outlines the governance checks that are undertaken; this is available on the CTP intranet site.

To promote and further engage clinical staff in the enhancement of research local workshops have been set up this has been with the university of Hull and colleagues in NLAG (North Lincolnshire and Goole NHS Foundation Trust). Further workshops are being planned.

We aim to increase this number of projects to ensure clinical staff stay abreast of the latest treatment possibilities, particularly in the area of TMS (Trans Magnetic Stimulation) to demonstrate the clinical effectiveness of this treatment and others associated with the treatment of mental ill-health. The research into TMS has been led by service users who have received the traditional treatment for severe depression and having suffered the side effects, were keen that we explore alternatives. The traditional treatment is to pass an electrical current through the brain (Electro Convulsive Therapy) which can make very significant improvements for many patients at a cost including memory loss. We have listened to our service users and initiated a new research project with TMS to test the use of magnetic stimulation to create the same benefits without the side effects; this will give an alternative treatment for patients to consider.

We strongly believe that research leads to successful patient outcomes and aim to demonstrate this through various ways:

- Recruitment of a Professor of Research to ensure compliance with Good Clinical Practice (GCP) standards that are applied to the Research Governance Framework and all research within our portfolio of projects (all research projects to be subject to systematic governance processes and appropriate ethics approval).

•Recruitment of TMS (Trans Magnetic Stimulation) Consultant with particular interest and facilitation of sponsorship to research projects, recruitment and selection, ensuring clinical effective treatments are given priority.

As well, in the last three years, no publications have resulted from our involvement in NIHR (National Institute of Health Research), as previous projects are on-going, however, we have the commitment and desire to improve patient outcomes and experience across our services which will become more apparent as we develop as an independent provider.

Our engagement with clinical research also demonstrates that NELMHS' commitment to testing and offering the latest medical treatments and techniques indicated within the Operating Framework that aim to continuously improve the quality of our services.

Exemplar: Leading to Quality Research Project

Leading to Quality is a mental health research project that examines whether the leadership and culture of NHS staff teams affects quality of care. The project aims to bring benefits to people not only in North East Lincolnshire but across the whole of Yorkshire and the Humber as it involves NHS and social care staff, service users and carers across the whole region.

This success of the project will depend on gathering the honest views and opinions of people who use mental health services and their carers through providing the opportunity to describe their experiences and to help shape better mental healthcare.

The Leading to Quality project is being led by the South West Yorkshire Partnership NHS Foundation Trust and was commissioned by Yorkshire and Humber Strategic Health Authority. North East Lincolnshire Care Trust Plus is actively involved in the project and is looking to speak to local people who use mental health services about their experiences.

The research is being carried out by a team from the School of Management at the University of Bradford. They will try to find out if there is a link between the quality of care provided and the leadership and culture of the teams who provide the care.

It is hoped that the project will develop methods to help teams work effectively and so provide consistent and high quality care for local people. The research will also help develop methods of good team working that could apply to the whole NHS, so it could improve services across the whole country.

Goals agreed with Commissioners

Use of the CQUIN (Commission for Quality and Innovation) payment framework

A proportion of NAViGO income in 2010-11 was conditional on achieving quality improvement and innovation goals agreed between NELMHS/NAViGO and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

CQUIN payments were split into regionally defined indicators set by Yorkshire and Humber Strategic Health Authority (YHSHA) and locally defined indicators set in conjunction with local commissioners.

All Regional CQUINs were achieved for 2010-11 and all local CQUINs were achieved apart from indicator 1 - Agree and implement recovery outcome measures for patients on the Care programme Approach (CPA) with clinical conditions relating to functional illnesses. The chosen outcome measure was not clearly defined in 2010-11 but an action plan is in the process of being drawn up for 2011-12.

Outcome measures included in next year's CQUINs are:

- the Recovery Star and
- the Wellness Recovery Action Plan.

Further details of the agreed goals for 2010-11 are available electronically at:

http://www.navigocare.co.uk/index.php?id=news

Statements from the Care Quality Commission

NELMHS was required to register with the CQC and its registration status in 2010 was as an arm's length provider of mental health and social care services within the North East Lincolnshire CTP. NELMHS has no conditions placed on its registration and the CQC has not taken enforcement action against NELMHS during 2010/11.

Our services have undertaken a thorough provider compliance self-assessment of the 16 (sixteen) CQC Essential Standards of Quality and Safety to ensure standards are achieved and maintained. Regular reporting of improvement actions and updates has been monitored via the Provider Associate Board, Integrated Governance Committee, Mental Health Clinical Governance Committee and CTP Board.

NELMHS has not participated in any special reviews or investigations by the CQC during the reporting period, however, there was a service review planned for 2010/11 'Meeting the physical health needs of people with learning disabilities and Meeting the physical health needs of people with mental illnesses' which was put on hold by the CQC in February 2011.

On 2nd June 2010, the Mental Health Act Commission (MHAC) visited Harrison House; Meridian Lodge our state of the art acute in-patient facilities. The outcome of this visit was positive and the MHAC provided the following feedback:

- "The new facilities are very spacious, cool and comfortable and are tastefully decorated throughout. I hope that they provide a pleasant environment in which you can recover from your mental health problems with the support of staff. I liked the use of window seats to give you space for private time if wished.
- The facilities available to you in Harrison House such as the Tukes café and the gym are welcome additions.
- Staff work flexibly to provide continuity of care for you from crisis assessments to inpatient stays to home treatment if appropriate.
- Staff are meeting the requirements of the Mental Health Act, for example by giving you information about your rights if you are detained and making sure that you have a copy of your Section 17 leave form"

Mental Health Act Commissioner

Harrison House, Peaks Lane, Grimsby

Under the directive of Transforming Community Services, registration as a social enterprise commenced in the latter quarter of 2010/11 and currently, NAViGO is awaiting final registration with CQC as an Independent Provider of health and social care.

As an independent provider of health and social care services, we have purchased the patient safety database 'Datix' with modules in Standards, Library, Incidents, PALS/Complaints and Risk Management. This system will facilitate the regular reporting and monitoring of compliance with CQC standards that incorporate safety, quality and effectiveness. We are currently rolling out training to our organisation, embedding quality standards and ensuring quality remains at the heart of all we deliver.

AIMS Accreditation

The re-accreditation of the adult inpatient service by the Royal College of Psychiatrists took place in 2010/2011. This is an external, independent assessment over 3 days to consider all areas of practice against a Royal College framework of best practice. Standards relate to staffing, timely and purposeful admission, safety, environment and facilities, therapies and activities. We are very pleased to announce that Harrison House: Meridian Lodge and Pelham Lodge received Royal College of Psychiatrist Accreditation Level 3, the highest level of accreditation for these standards, rated as 'excellent'.

Right: Lounge, Meridian Lodge

Left: Bedroom, Pelham Lodge

Information on data quality

Accurate and timely data is paramount in meeting the needs of our service users. It enables delivery of effective, relevant and timely health care, minimising clinical risk and it gives confidence that the data we monitor our service against is correct.

The trust makes data submissions to the Government Information Centre quarterly. These submissions contain record level data about the care of adults and older people using secondary mental health services.

The data submissions are designed to provide local clinicians and managers with better quality information for clinical audit, service planning and management. At a local level they are used for monitoring the performance of individual teams and healthcare professionals and for measuring the outcomes of care for patients. At a national level submissions are used to monitor the delivery of National Service Framework priorities, facilitating feedback to trusts and setting benchmarks.

In 2009/10 NELMHS achieved 99.93% data completeness of the Minimum Dataset which includes the patient's NHS number, marital status, GP practice and postcode. Reports were devised to highlight missing fields within the Trust's Patient Administration System and we expect the results for the same fields in the 2010/11 assessment to be consistent with the year previous. Results have not yet been published.

NHS Number and General Medical Practice Code Validity

NAViGO submitted records during 2010-11 to the Secondary Usage Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data (January 2011). The percentage of records in the published data:

– Which included the patient's valid NHS number was:

- 99.5% for admitted patient care;
- 100% for out patient care

– Which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care;
- 100% for out patient care

Information Governance Toolkit attainment levels

NELMHS (as provider of NELCTP) Information Governance Assessment Report overall score for 2010 was 76% and was graded as 'not satisfactory'. The CTP have produced an action plan of improvement which will be monitored through its Integrated Governance/Audit Committee.

Clinical coding error rate

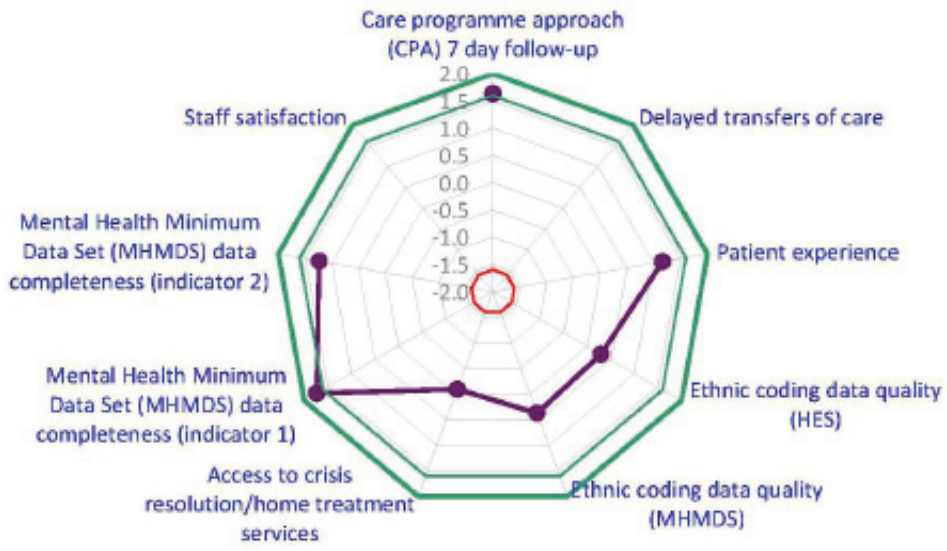
NAViGO was not subject to the Payment by Results clinical coding audit during 2010-11 by the Audit Commission.

In 2010/11 our commitment to improving performance was reflected in a number of key measures used by the Care Quality Commission (CQC) to monitor national priorities. The national priorities assessment looks at performance against priorities set during the Department of Health's 2008-2011 planning round. These include goals for the whole of the NHS, such as reducing health inequalities and improving the health of the population.

CQC review of National Priorities

In 2009/10 the Care Quality Commission did not publish an overall rating such as 'good', 'excellent', 'poor' for Mental Health Trusts. Instead it concentrated on benchmarking the results of individual trusts against the National Priority indicators and Vital Signs which remain in the 2010/11 NHS Operating Framework.

The graph on the follwoing page represents the Trust's performance in 2009/10 against these indicators compared with the national average. In all cases except Access to Crisis Resolution Services the Trust performed in the expected range or above. Data was classed as not available for Delayed Discharges and not applicable for the Staff Survey. This is because in 2009/10 Mental Health Services were still provided as part of North East Lincolnshire Care Trust Plus who provided and commissioned services. Consequently the data for the Provider Arm could not be separately assessed for these indicators due to the way the data was captured collectively per trust. Access to Crisis Resolution was slightly below the expected range at 95.61%. In a small number of cases the Crisis Team did not produce assessment paperwork for service users admitted under the Mental Health Act. These service users had been assessed by Approved Mental Health Act Professionals who ensured the admission to hospital was appropriate. The data, which is monitored monthly, highlighted that the Trust needed to formalise the gatekeeping process. In 2010-11 the Crisis Team approved and produced assessment paperwork for all admissions. In 2010-11, 100% of admissions were gate kept by the Crisis Team.



Part 3: Review of quality performance overview

Throughout 2010/11 NELMHS identified and developed programmes for a number of quality and safety projects which were worked on throughout the year. The following quality metrics were chosen in conjunction with key stakeholders; commissioners, staff and service users/public:

Service User Safety

Reducing the number of incidents relating to discharge

There is firm evidence that there are higher than average risks associated with patients who have been discharged from an inpatient unit than with other service users. The national standard is that they are all followed up with either a telephone or face to face contact within 7 days of discharge from inpatient care. Our performance remained consistent in this area at 98.7%. This is largely owing to a weekly report which enables staff to highlight any service users who have been discharged and not yet visited prior to the 7 day deadline. This has led to improvements in the quality and timeliness of the service which helps guard against suicide risk.

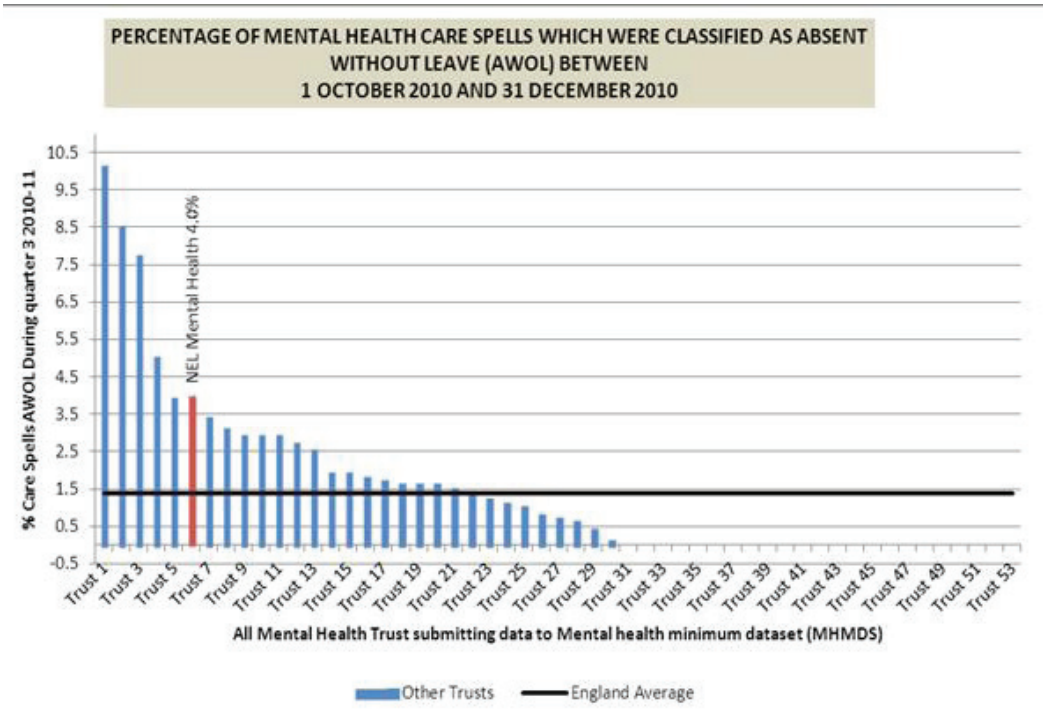
Additional improvements have been noted in year where a total of 4 incidents relating to discharge were independently reported in quarters 1, 2 and 3 of 2010. Our aim was to reduce this number to zero and this was reported in quarter 4.

Suicide

In September 2009 an audit of all suicides as defined by the coroner in 2008 was reported. 4/14 suicides were known to mental health. As a result we pledged to pay greater attention to past history and conducted an audit of the DICES risk assessment which is currently being analysed and reported. An action plan will be produced and results shared with key partners in the delivery of services.

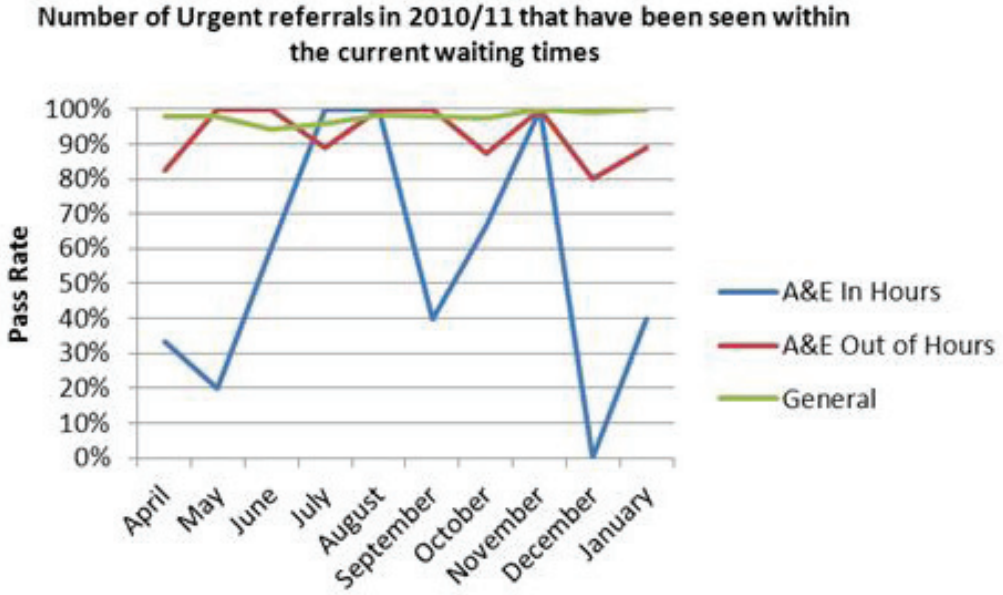
Service users being Absent Without Leave (AWOL)

We continue to have a higher percentage than the England average in terms of service users who are sectioned under the Mental Health Act and are AWOL. Clearly there needs to be some internal investigation into the whether there is a specific cause e.g. is it a timing issue of people returning back late from leave which has been granted. This presents a challenge for our new inpatient lodges which are purposely designed to promote a non-institutionalised environment. We aim to investigate each case and put measures in place to ensure lessons are learnt to ensure the safety of our service users.



Access to Crisis Resolution Services

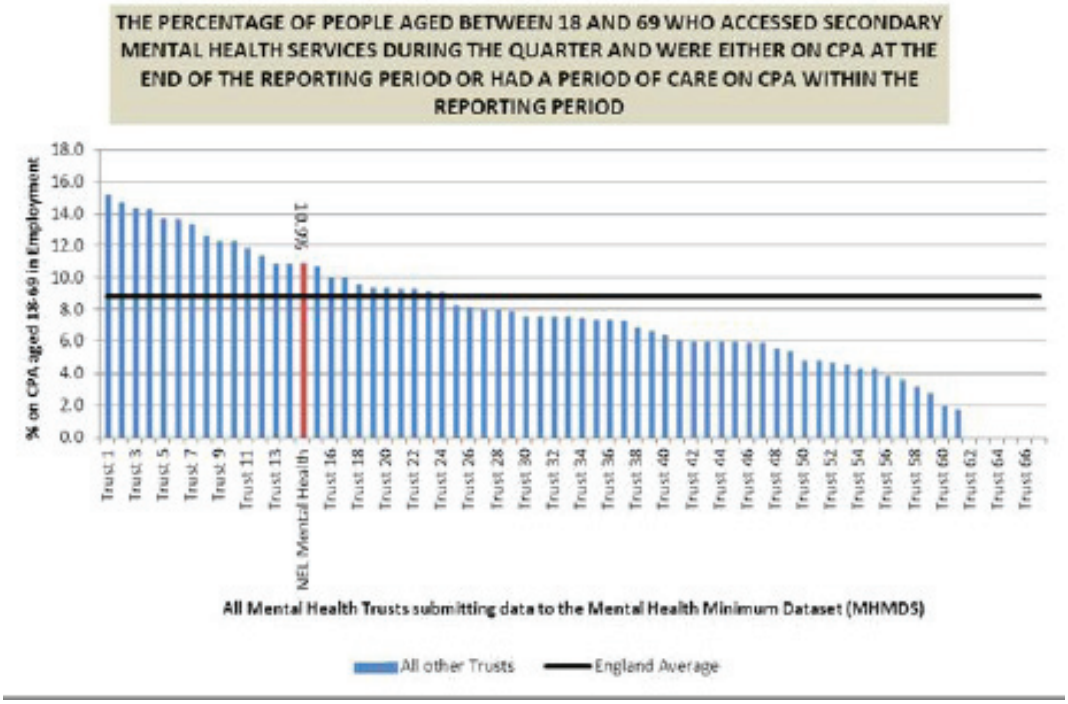
In 2010/11 performance improved on Access to Crisis Resolution Services. This measure examines whether our crisis service functions properly as a gateway to inpatient care and facilitates early discharge of service users. In 2009/10 95.6% of service users were assessed by the crisis service prior to inpatient admission. This improved in 2010/11 to 100%. This is largely due to the use of a live data quality monitoring report.



Homelessness

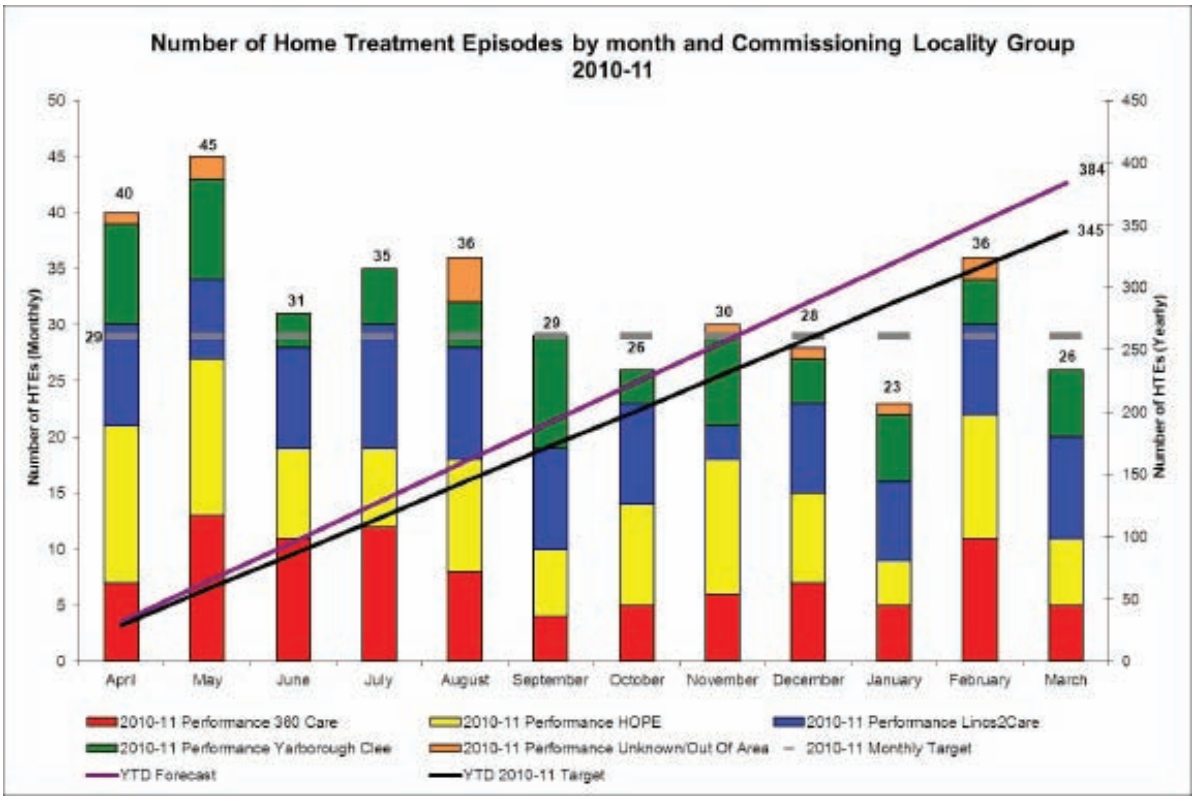
NELMHS is committed to working to reducing social exclusion by actively monitoring support provided to service users who are homeless or out of work. Regular reports are generated from the Patient Administration System to inform workers of people who are new to services or who have had a change in circumstances which means that they are no longer in settled accommodation. These cases are then assessed to check whether they need support from our homelessness team. Employment Specialists work with our service users to support them back into work or to assist in finding a job.

We are proud to be one of the top 15 performing Mental Health Trusts in this area (out of 69 trusts submitting data) with 10.9% of service users on the Care Programme Approach (CPA) aged 18-64 in employment compared with the England Average of 8.8%. (Mental Health Minimum Dataset Quarterly Reports Q3 2010/11). We continue to invest more time and effort in this area, as we would hope to achieve higher over time.



Home Treatment Service

The number of service users receiving treatment and support in their own home has also increased in line with the ethos of the service which delivers care and treatment in a familiar environment away from the traditional hospital setting, however, home treatment is also performed flexibly in in-reach/outreach by our acute staff. In 2010/11, there were 378 home treatment episodes compared with 363 in 2009/10.



Risk Management

Within NELMHS we believe risk management is central to ensuring the safety and effectiveness of our services at every level. During 2010/11, risk has been managed strategically and managerially as well as operationally through the CTP performance management database 'Covalent'. All risks have been assessed regularly, updated monthly and monitored through CTP performance clinics, contract meetings, various committees and the Board. Risks have been identified via data collated from incident reporting, risk assessments and business risks that have been highlighted from the operation to Board level.

In April 2011, NAViGO purchased a risk management module within Datix and now record and monitor reports that are reviewed monthly and endorsed by Board on a quarterly basis. This fulfills our statutory requirement for corporate risk control and the NHSLA (National Health Service Litigation Authority) Risk Management Scheme for Trusts (CNST).

Fire Risk Assessments – during 2010/11, the Local Authority in conjunction with the CTP carried out up to date Fire Risk Assessments (FRA) on most sites of the NELMHS estate and these are sited within their site safety logs, held on premises. The health and safety committee oversees all risk assessments (along with building co-ordinators); implementation of action plans and monitoring arrangements.

Waste Management Audits - in 2008/2009, the CTP commissioned Waste Management Audits to be conducted by the then Competent Person via a contract with Nexus across all sites. This contract was terminated in 2010. Since December 2010, the Local Authority Health & Safety Team has acted as the Appointed Competent Person on behalf of the CTP. A work programme is in place to ensure that all sites have a Waste management audit conducted according to a priority rating which is based on the risk associated with the types and number of work streams i.e. all sites where Hazardous Waste and Offensive Waste are produced will have a Waste Management Audit completed by the end of June 2011.

Between the 1st January 2011 and 31st March 2011, a total 2 sites had a waste management audit completed (Harrison House and the Willows) and action plans for improvement are in place, monitored by the Health and Safety Committee. Further sites are planned to complete audits include the Gardens and Community locations.

Workplace Inspections (WPI)
Normally workplace inspections would be carried out at a frequency of between 12 and 24 months dependent upon the complexity of the workplace and the findings from each inspection to determine the safety of premises and knowledge of staff. Most sites have had a WPI in the last two years. Since the commencement of the SLA, all sites where a second work place inspection has been carried out all show a significant increase in the overall percentage of compliance. A further programme of inspections is monitored through the Health and Safety Committee.

Safeguarding

The CTP reported a 'sea of green' for the annual Statement of Compliance in respect of Safeguarding Children which assured the Board that all minimum standards were in place. A review of compliance with NAViGO has been completed and the Designated Nurse for Safeguarding has accepted compliance has been maintained with standards.

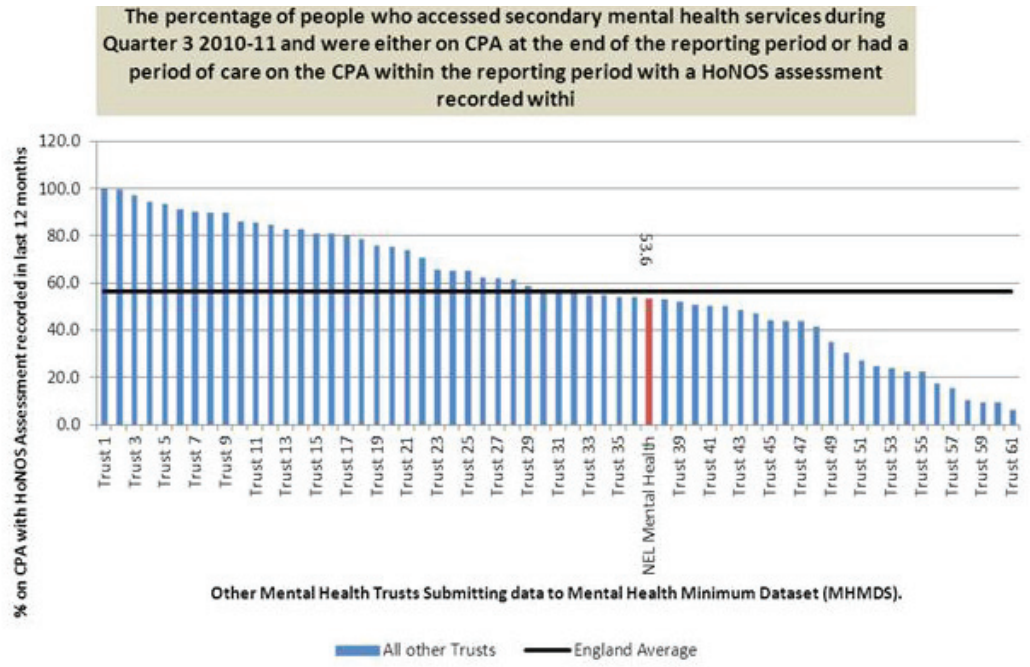
During 2010/2011, we have worked in partnership with the CTP to deliver and maintain safeguarding standards within all areas. Performance reporting on safeguarding has been a function of the commissioner and provider and the patient safety database 'Datix' was further developed to alert the CTP of any safeguarding incident as it arose. We have been fully engaged with reporting processes and action planning to ensure safeguarding incidents are given the highest priority.

Clinical Effectiveness

Payment by Results Clustering and HoNOS

This is a national requirement. We are currently falling behind the national average in terms of the percentage of people we have a HoNOS recorded for. HoNOS and Care Clustering are used to determine clinical effectiveness and to make the care pathways for people accessing mental health services much more uniformed across the country.

Our current under performance is due to our Older People's service using a HoNOS variation – HoNOS 65+. As a result we are part of a pilot in conjunction with the Department of Health to use the HoNOS 65+ Assessment Tool to Care Cluster service users accessing Older People's services rather than using the Adult HoNOS Clustering tool. The tool is in development with our system provider and we wish to focus on ensuring this element of our service comes up to speed with the rest of the service once the tool is ready for use. This is to confirm our commitment to better outcomes for service users.

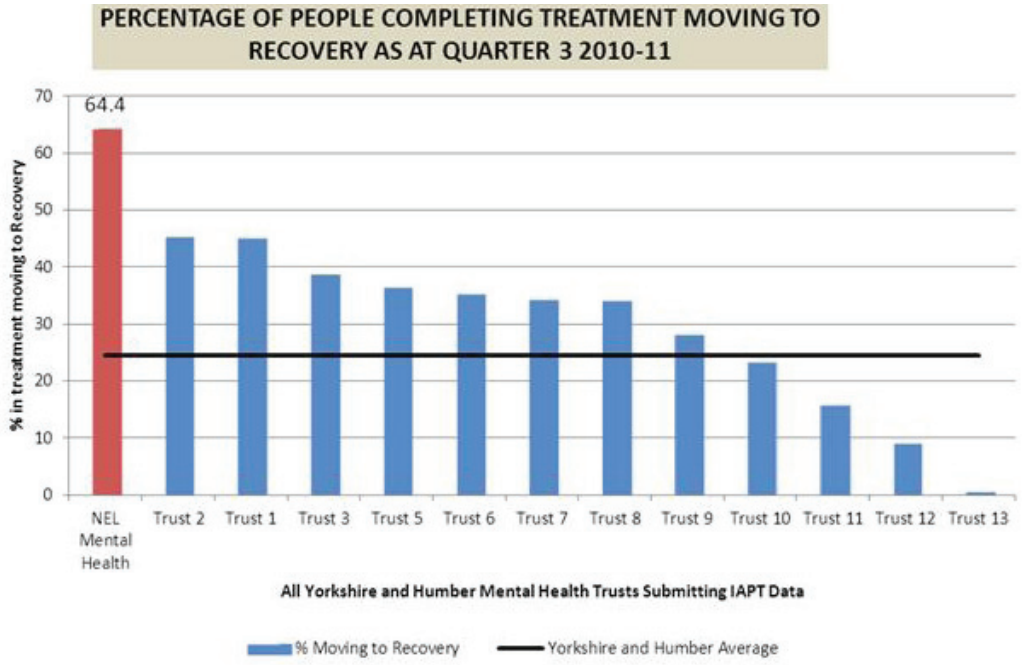


Improvement Access to Psychological Therapies (IAPT) services

Left: Open Minds, Cleethorpes

Above: Open Minds, Grimsby

IAPT services conduct routine clinical outcome monitoring to monitor the effectiveness of psychological therapies NICE guidance indicates the delivery of evidence based psychological therapies or depression and anxiety disorders should support recovery for at least 50% of patients completing treatment. 64.4% of service users completing treatment with our IAPT service have moved into recovery as at quarter 3 2010-11. This is the highest out of Mental Health Trusts providing IAPT services within the Yorkshire and Humber region also nationally of all Primary Care Tusts (PCTs). Our services also feature in 3 (three) of the top five national scores indicators in IAPT including moving off sickness benefits.



NAViGO will be continuing the following actions to improve data quality:

•Continue to monitor via live Missing Data Reports staff can run themselves anytime from within the Clinical Patient Administration System.

•Escalate any data quality issues to individual Team Performance Meetings and then to the Board if necessary

•Performance Team meet regularly with service areas to support them in achieving data quality targets

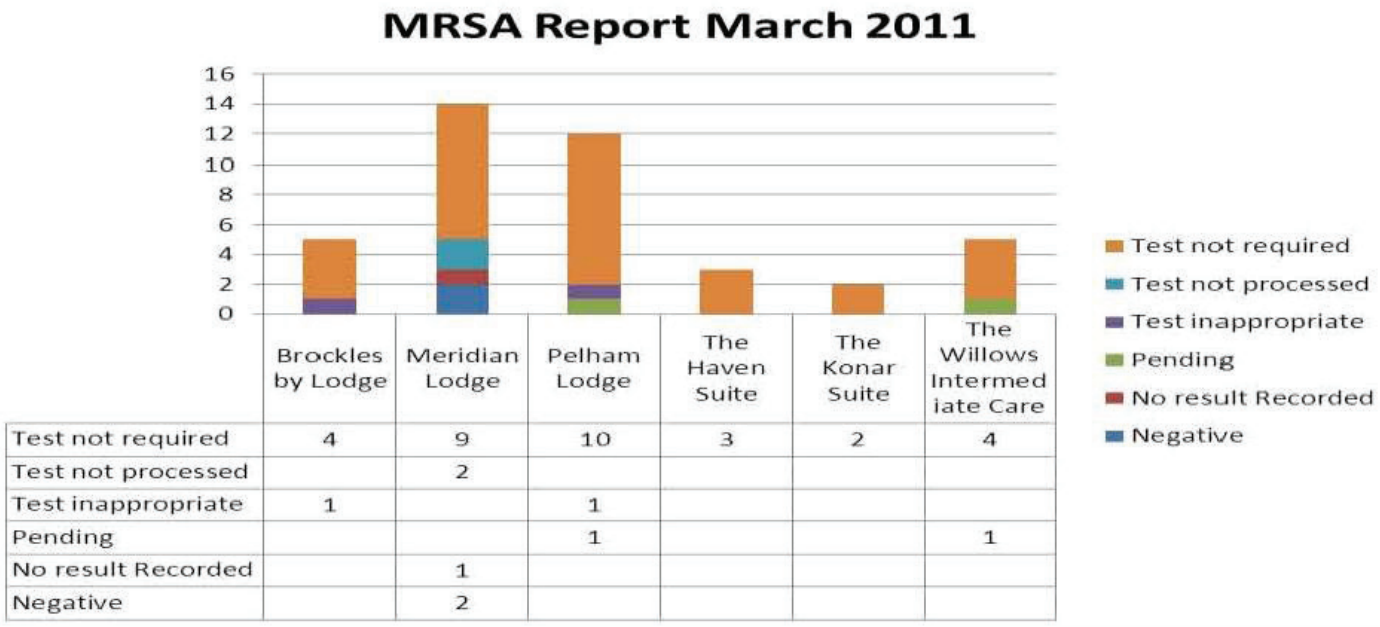
•Benchmark against national standards published in the Mental Health Minimum Dataset quarterly and the Secondary Usage Service (SUS) Data Quality Dashboard Monthly.

•Ensure all staff are familiar with the Data Quality Policy and that Performance measures and quality standards are set as objectives in their Personal Development Reviews

Infection Control

All inpatients admitted to NELMHS have the option to be screened for MRSA on admission if they fit the criteria for screening as defined nationally. Screening is monitored via the Electronic Patient Administration System (Maracis) on a monthly basis to remind staff of any outstanding screening results and people yet to be screened.

The graph on the following page is an example of the information provided to staff for monitoring purposes.



	Brockles by Lodge	Meridian Lodge	Pelham Lodge	The Haven Suite	The Konar Suite	The Willows Intermediate Care
Test not required	4	9	10	3	2	4
Test not processed		2				
Test inappropriate	1		1			
Pending			1			1
No result Recorded		1				
Negative		2				

In 2010/11, the CTP reported the number of MRSA bacteraemia cases was 7 (annual target no more than 5 for North East Lincolnshire), none of these have been community acquired and following a root cause analysis lessons learnt have probably prevented more cases.

NELMHS are pleased to announce that 0 (zero) cases of MRSA bacteraemias have been reported within 2010/11.

Similarly, the CTP reported the number of cases of Clostridium difficile remains within target of 83 cases in NEL. The new figure released for April 2011 is no more than 36 cases in NEL community. The Antimicrobial Prescribing Policy has been updated this year.

During 2010/11, the following outcomes have been reported for NELMHS, Harrison House:

- 98% of staff received an annual update and this has been passed on to the training team as an annual mandatory requirement
- The infection control team based themselves at Harrison House in July 2010 to carry out Essential steps training for Acute staff
- Screening is part of the admission protocol for MRSA; both units are meeting their obligation. No positive reports of infections with medical staff
- Environmental audit carried out 2010 result 98%

During 2010/11, the following outcomes have been reported for NELMHS the Gardens; Older Peoples Mental Health Services:

- Delivery of infection control strategy - Score 82%
- All frontline staff to undertake an assessment of practice – not achieved. A programme has been put in place to improve this
- All appropriate screens performed and no positive reports of infections with medical staff have been reported
- An annual environmental audit will be undertaken and an action plan produced - overall score = 92%; the Gardens, overall score = 87% the Willows. Action plans have been monitored through the Clinical Governance Committee.

Star Wards

We are also part of the national Star Wards scheme which works with mental health trusts to enhance mental health inpatients' daily experiences and treatment outcomes.

Star Wards is a scheme set up by a service user after she had had an inpatient admission herself in London and came up with a 75 ideas that could enhance her stay in hospital. This has now developed into Star wards 2 the Sequel http://www.starwards.org.uk/publications with hundreds of ideas that are free and cost only initiative and motivation. Starwards has been adopted by many of the trusts throughout the county. It is easy to access via the website, Twitter, Iphone apps etc and is ideal for inspirational ideas for groups, activities and brightening up the inpatient environment. All staff can use it and it has links to other trusts, blogs and benchmarking tools shared by other areas. It has recently starting publishing a Daily Sparkle for older peoples mental services. It has certainly inspired mental health inpatients in Grimsby prior to the move to Harrison House to brighten up the environment and develop the activities on offer.

Service User Experience

Consultation and surveying patient and user experience is of paramount importance to mental health provision, where service users and carers are engaged in all Mental Health developments, the design of services and general management functions. In 2010, NELMHS Board previously held 6 seats for service users/carers from the recognised Independent Forum and associate voluntary bodies.

Service user representation is embedded within our service operations where they actively participate with the day to day running of the business via the Independent Forum. Members are involved in all major training initiatives that include the design and delivery of training. From a total of circa six hundred members of staff (600), circa fifty (50) service users that we know are accessing services, are also employed representing 8.3% of the workforce within mental health services. Our philosophy is never to recruit to posts without a service user on the panel

Mental Health services have a shadow board for its employment and training schemes (Tukes) involving a number of service users. These national award winning schemes now run all of our catering, all of our cleaning and many other ancillary needs for the service and other contracts for other local bodies providing training, volunteering, work experiences and employment for people with MH problems. At any point, Tukes have one hundred and fifty (150) active participants made up of members, trainees, work placements and volunteers within our services. All our café areas that are catered by Tukes for all our services and the public have 4 (four) or 5 (five) star environmental health certificates.

Collectively, the views of service users and staff have helped shape the new organisational structure and governance arrangements, shadow format and its community representation by occupying seats on the main NAViGO Health and Social Care CIC and membership boards, empowering members to make numerous key decisions by:

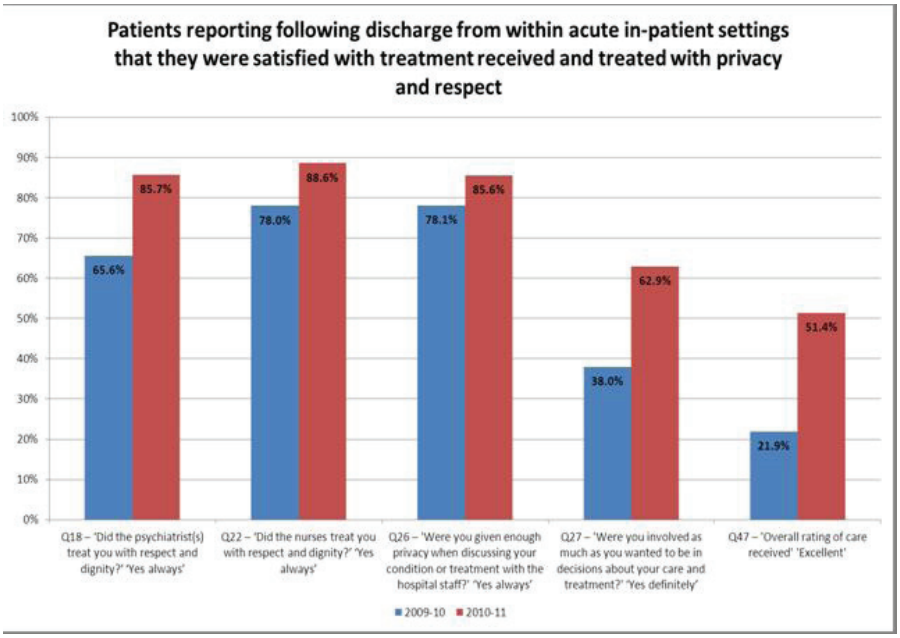
1. Appointing the Chair, usually at the AGM (Annual General Meeting) from nominations received
2. Voting on the reappointment or de-selection of the CEO every four years
3. Occupying four (4) community representative seats (the majority of which must be recent service users) on the Membership Board (out of a total of eight, where four (4) seats are held by staff representatives). The role of this board is charged with the day-to-day running of NAViGO, overseeing all regulated activities
4. The four (4) staff and four (4) community representatives elect one representative each to be a member on the Main NAViGO Board as a full Non-Executive Director
5. Opening community membership to all the public with an interest in mental health in the geographic area. The Independent User Forum will continue as currently but further members and groups will be encouraged to join; to ensure the voice of service users and carers are heard at both the Membership Board and Business Board

NAViGO Health and Social Care CIC Board

The main Board will have six Non-Executive posts; one of these will be a service user representative and one, a staff representative. All committees of the board will have service user (and carer) representation. The chair will also be elected by the membership.

Adult In-Patient Service User Survey

A local inpatient survey was conducted between July 2010 and December 2010 to assess whether improvements had been made from the previous year's CQC inpatient survey. Questions focused on Respect and Dignity which Commissioners identified as an area for priority in 2010 as part of its local CQUIN framework. The graph below shows improvements have been made on all questions posed to service users compared with 2009.



Service users also suggested areas for improvement in the 2009 inpatient survey. We have taken the following steps to provide improvements in these areas:

Service user comments for improvement from 2009 inpatient survey:

"Very little activity. Very bored most of the time"

Number of activities increased. Gym provided for service users; netball/basketball courts, football pitches, table tennis, Cinema Room and Tukes Cafe all on site.

"More seating in lounge".

Two quiet rooms – one for males and one for females. This is in addition to the open plan lounge/ kitchen diner. Outside seating areas also provided including garden area on both units. Separate patio areas. Communal decking area accessible between the three lodges.

Left: Cinema room, Harrison House

Right: Quiet room, Meridian Lodge

Additional improvements made based on service user feedback in relation to respect and dignity since February 2010:

- Every admission is offered a swipe access card to their personal bedroom suite
- Separate communal areas for males and females
- Highly Specialist Clinical Psychologist dedicated to Acute Services service users
- Consultant Psychiatrists now established in the team for over a year which provides consistency

Eliminating Mixed Sex Accommodation

NELMHS have confirmed they are compliant with the Department of Health's requirement to 'eliminate mixed – sex accommodation, except when it is in the patients overall best interest, or reflects their personal choice.' We have the necessary facilities, resources and culture to ensure that all patients who are admitted to our hospitals have their own on-suite bedrooms. There are no shared facilities in our health and social care establishments and we continue to monitor compliance and report any breaches accordingly.

Informed decisions about care and the choices available to Service Users (diagnosis and medication management)

In 2009/10, our Community Mental Health Survey found that service users required more information on their diagnosis, medication management and the provision of information that included side effects. As a result, during 2010/11 the training team, in collaboration with service users and the community mental health teams developed packs with a full range of information provision relating to the whole care pathway a service user may follow when first being assessed by mental health services.

In 2011, NAViGO appointed a Service User Engagement Lead to further ensure that our Service Users and Public are fully engaged with the design, development and delivery of our services; that we act on their feedback and demonstrate real, meaningful improvements to them and the public.

Workforce

Monitoring

In year workforce monitoring was undertaken by the CTP. The average number of staff employed in NELMHS was 584 (five hundred and eighty four). The number of staff employed on the 1st April 2010 was 565 (five hundred and sixty five) and on the 30th March 2011 was 602 (six hundred and two). The average is needed to calculate the percentage turnover of staff.

The turnover of staff for NELMHs between 1 April 2010 and 30 March 2011 was 9.76%. This is the percentage of the total staff that left Mental Health Services in the period. The turnover figures have increased significantly this year (2010/11), as in this period, the transition to become a social enterprise brought with it several management posts that were subject to voluntary redundancy. This was in line with NAViGO policy to make significant savings required without affecting 'frontline services' and as such, management posts were reduced.

During the same time period, sickness rate was recorded at 4.97% and includes the percentage of available days lost due to sickness absence.

Ongoing monitoring will continue within NAViGO workforce.

Staff Experience/Staff Survey

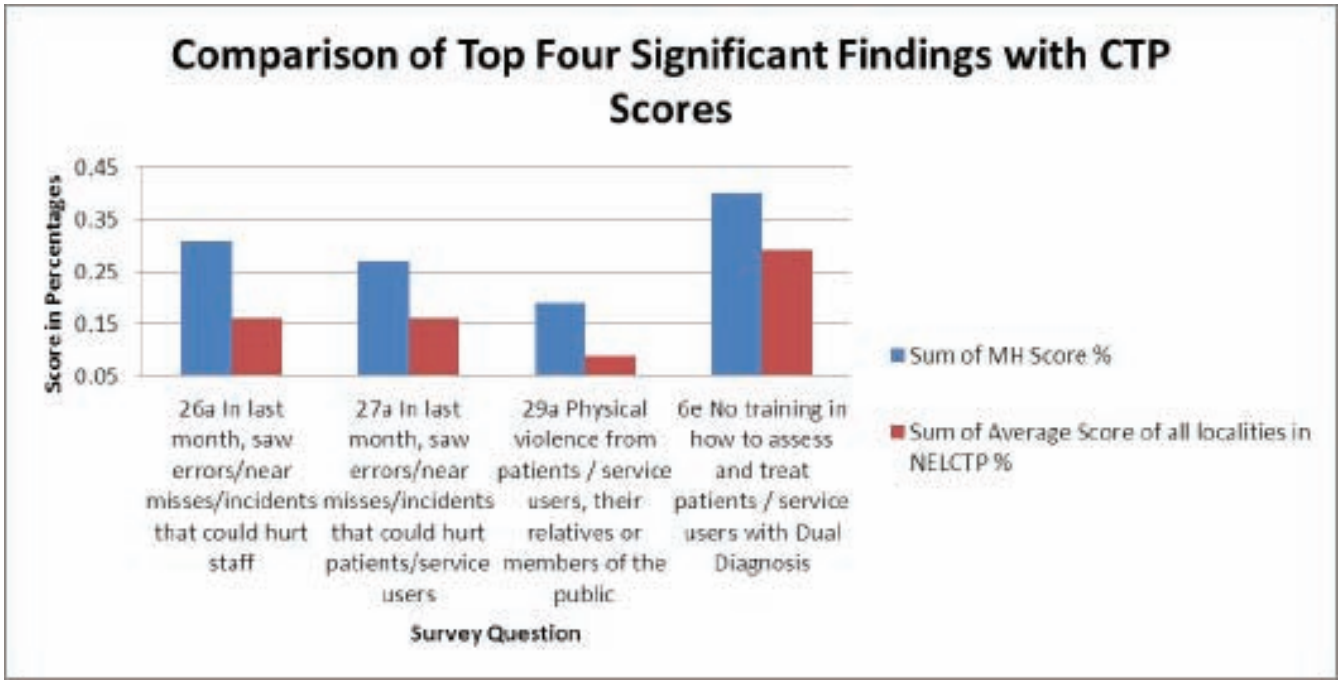
NELMHS believes that to deliver high quality services requires a motivated and dedicated workforce. The health and wellbeing of our staff therefore, is paramount to ensuring they are physically and mentally able to perform their roles/duties. During 2010/11 NELMHS has listened to its staff considerably through regular consultations concerning the development of the new social enterprise, engagement through board level structures and understanding their concerns highlighted within the national CQC Staff Survey.

In 2010, the CQC Quality and Risk Profile (QRP) highlighted key areas relating to staff appraisals/ reviews following results of the 2009 Staff Survey:

Question	2009 Negative Value (%)	2010 Negative Value (%)
9a No appraisal/KSF review in last 12 months	61	16
9c Did the appraisal/review help you agree clear objectives for your work?	4.5	16
10a - In the last 12 months, as part of your KSF development review, appraisal, performance development review or ARCP, did you agree a Personal Development Plan?	5.9	9

The 2010 results demonstrate that 84% of staff received an appraisal in 2010 and confirmed it helped them agree clear objectives for work, additionally, in 91% of cases, a PDP (Personal Development Plan) was agreed. These results show a major improvement in this area and monitoring continues with a commitment that everyone in the organisation should receive a personal development review by June 2011.

The Staff Survey 2010, also revealed the top four significant findings of a negative value that require address by NELMHS, having been compared against all localities average scores within NELCTP. These will be addressed as part of our priorities for the coming year.



During 2010, NELCTP introduced a web based patient safety system 'Datix' to all Directorates of the CTP. Staff underwent a training programme to ensure appropriate and timely incident reporting would occur to ensure the safety of staff and service users.

Following separation from the CTP on 1st April 2011, NAViGO have purchased a similar web-based system and is undergoing a similar programme of staff training to ensure patient safety remains a high priority for the organisation and a culture of safety is embedded within its services. This training is expected to be on-going throughout the year and we are continually evaluating its effectiveness via reporting to the Clinical Governance Committee and the NAViGO Board.

Training

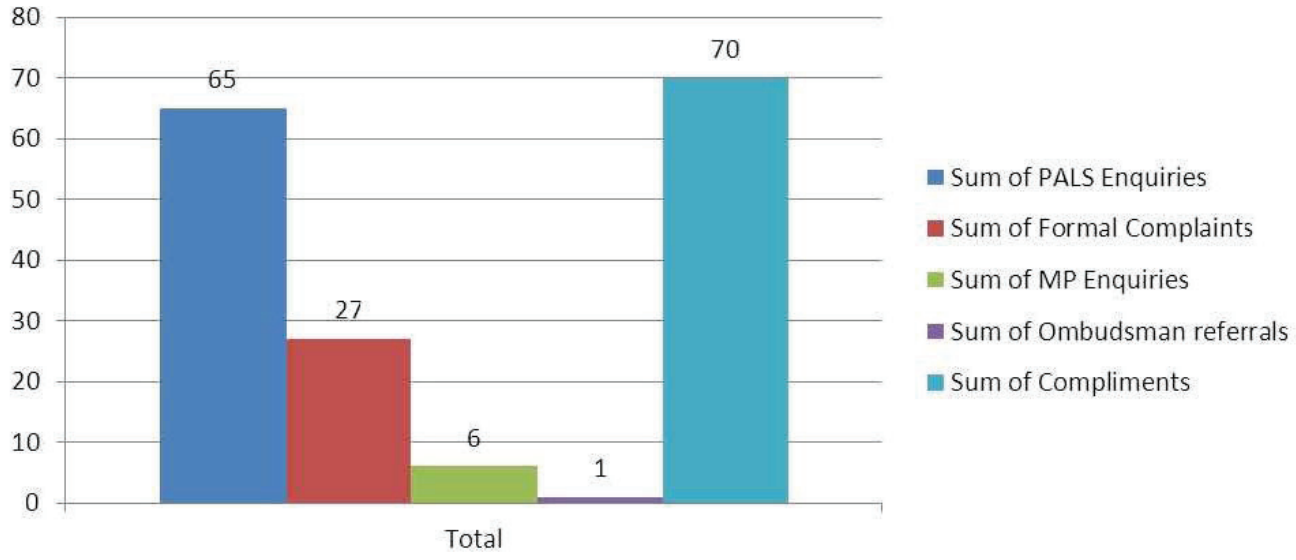
During the last year, we have recognised that training in Dual-Diagnosis requires improvement, and have revised the policy during 2010 in conjunction with the CTP, whereby staff have clear referral pathways outlined, including new referrals with the Single Point of Access service based at Harrison House and joint assessments with other providers/agencies. All indicators thus far are proving favourable however, we have identified our performance could be stretched as staff need to feel confident in the delivery of dual diagnosis and this has been confirmed within the CQC staff survey. We have identified this as one of our priority areas of address this year.

Public Experience - PALS (Patient Advice and Liaison Services) and Complaints

North East Lincolnshire Care Trust Plus' (NELCTP) Customer Care Team administered the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 on behalf of Mental Health services (NAViGO) during 2010/2011. This activity is supported by a robust Complaints procedure as well as strong links with Safeguarding Adults and Serious Incident investigations.

Quarterly Public Experience reports covering complaints, concerns, compliments, representations and enquiries received through the Customer Care Service is presented to the CTP's Integrated Governance Committee for scrutiny and ratification; these reports are then discussed at the Mental Health Clinical Governance Group. Annually a report is prepared for the CTP Board and also presented to North East Lincolnshire Council Cabinet as open documents.

During the period 1st April 2010 to 31st March 2011 the following public experience information was collated:



Key service improvements as a result of this activity are outlined in the table below:

Theme	Details	Outcome
Support	Family unhappy with support offered to their late daughter	It has been identified that there needs to be written guidance in respect of identifying clinical pathways for patients, particularly where a service is not offered. Where alcohol is a significant contributory cause, and where there is a clear issue of alcohol being seen as a primary and singular issue, a contingency plan will be written and available to all services that are likely to have clinical contact. Care Programme Approach (CPA) training is to therefore include guidance on contingency planning.
Support	Issue raised about lack of care provided by Mental Health Services and GP Practice.	SUI Investigation and complaint.
Communication	Service User complained that he was unable to contact staff by e-mail and were unavailable when he phoned and did not return his phone calls	Reiterated to all staff that patients can contact staff via e-mails if this is their preferred method of communication
Communication and Record keeping	Various issues including procedure followed regarding admission to Mental Health facility. Help and support needs not addressed. Delay in referral for treatment.	Allocation of new care coordinator and a review is to take place to improve communications between Community and Acute services and specifically planned admissions. Staff will be reminded to log all calls and accurate record keeping

Theme	Details	Outcome
Communication and Support	Concerns about lack of support provided by Care Coordinators and lack of communication between service users and staff – complaint via solicitors	Assertive Outreach agreed to introduce a clear policy for the reviewing and coordination of out of county placements
Communication and Support	Complaint about the lack of support provided by the Crisis Team and the information provided by a consultant in A&E.	Crisis Team agreed that an Approved Mental Health Practitioner (AMHP) will undertake crisis assessments.
Care Plan not followed	Complaint about Meridian Lodge and that a Service User's care plan was not followed.	Apology provided as care plan not adhered to. Manager reiterated to all staff the importance of their legal duties re: care plans. Acknowledged lack of communication.
Support	Concerns raised about service user not being supported when the worker is off sick.	Improved process introduced ensuring cases are fully handed over to another member of staff in the event of sick leave/ absence
Care provided	Multi agency complaint with issues surrounding the care provided to a dementia patient.	The standard OPMHS information pack to be distributed to all relatives on accessing the service. Changes to the way referrals are sent ensuring details of all service users with capacity issues are highlighted and a named person to open the letter.
Support and care provided	Complaint regarding the lack of care provided by a particular staff member	For monthly visits to work with the carers and provide practical help and guidance. For staff member to educate and guide the carers in how to manage the patient and how his disease would progress. For monthly meetings with family and the lead carer to discuss the progression of the disease and how it would be managed. For family to be able to contact the staff for information etc. For the staff member to advise (in advance) when she was attending.

Theme	Details	Outcome
Support	Enquirer advises patient recently took an over-dose and was admitted to Harrison House. Patient has now been discharged from Harrison House however she feels the level of care has not continued.	Patient requesting 1:1 counselling.
Support	Patient makes regular phone calls to various departments when she is inebriated saying she will take her life if no-one phones her back.	PALS initiated a MDT meeting, led by Consultant, resulting in a consistent approach for all agencies when the patient contacts.
Transition	Concerns raised about ADHD medication is-sues where consultants are requesting that GPs provide prescriptions for specialist medication.	Issue not resolved and service users over 18 remain with ADHD Child Consultant.
Transition	Concerns raised about breakdown in school holiday support for a service user who attends an out-of-county educational placement (joint funded by LA/CTP)	Family requesting 52 week funded out-of-county placement (via solicitor)

Total compliments	70 compliments were received thanking staff for the support and care given. Including: Acute Team, Harrison House, Pelham Lodge, The Willows, Employment Specialist, Field View and Community Mental Health.

North East Lincolnshire NHS
Care Trust Plus

The North East Lincolnshire Care Trust Plus (CTP) Board are pleased to comment on and approve the Quality Accounts for NAVIGO.

2010/11 has been a challenging year with the implementation of the national policy on transforming community services which has seen the separation of providers and commissioners. These accounts reflect on the year 2010/11 when services were provided and commissioned by the CTP. They also look to the future with on-going services provided as a social enterprise.

The CTP has always been committed from both a commissioner and a provider perspective to ensure services are of the safest and highest quality. The Board would like to congratulate all staff for their contribution to the achievements over the past year and their on-going work to improve the quality of services. There will always be challenges to meet and both commissioners and providers will strive for the highest quality in all care provided, putting patients at the heart of everything we do.

The Quality Accounts reflect the creation of a holistic, integrated care system built on a long history of partnership across health and social care which is now showing real benefits to the local community. This has enabled the development of a model of care for services valuing people working alongside the person, their families and carers to support enablement and inclusion. We have also worked closely with community members, your representatives, to ensure we focus on those things which mean the most to people and listen to your views of the care you received - changing this when necessary and always seeking to improve.

As a result we have focused a large proportion of our time on quality, looking at the things that really matter to our community – safe services, high levels of customer satisfaction, and improved clinical outcomes.

Of particular note is the involvement of Mental Health services in research and development which will not only increase our understanding and knowledge base in regard to mental health but will also provide access to the very best care to our local population.

We are satisfied that the indicators contained in the report gives a balanced view focusing on successes whilst highlighting areas for continued development and improvement within 2011/12.

I have been proud to witness the on-going commitment and enthusiasm and energy within the CTP for delivering a high quality service to the public and I am sure this will be reflected in the further development and implementation of the quality frame and improvement in outcomes for the local community.

To the best of my knowledge the information contained in this report is true and accurate.

Val Waterhouse
Chairman

NE Lincs Mental Health Service User and Carer Independent Forum

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Quality Account 2010/2011

North East Lincolnshire Mental Health (Service User and Carer) Independent Forum is pleased to be asked to comment on the Quality Account for 2010/2011 which gives an accurate report of the facilities provided by North East Lincolnshire Mental Health Services over the last year and the vision which NAViGO has for the future provision of services for the local community. The content of the document is well laid out and the information clear.

Even under the management of North East Lincolnshire Primary Care Trust Plus Mental Health Services actively sought service user and carer input in the running of local mental health services and our members look forward to the formalisation of this relationship through the plans for the governance of NAViGO. The involvement over the past ten years, e.g attendance at the local management board, participation in recruitment interviews and in staff training has demonstrated the value of the contribution of those who have experienced mental health services, either as a service user or caring for somebody who uses services, and we believe that this partnership has been of mutual benefit in the development of services locally.

While acknowledging that ECT can be of benefit in some cases Independent Forum members obtained the reassurance of Consultant Psychiatrists some years ago that it would only be used as a last resort and were involved in drawing up the agreed protocol. Some members had been to Widnes to talk to service users there about their experience of Transcranial Magnetic Stimulation as an alternative and are delighted that the research project can finally be launched in the hope that the findings will demonstrate the effectiveness of TMS and allow it to be offered routinely in the future.

Independent Forum Members were keen to support the development of a service which did not require a referral by a professional in the hope that it would reduce stigma and encourage people to seek help before formal referral to secondary mental health services became necessary, challenging NEMHS not to compromise the Open Minds service when the provision of Improved Access to Psychological Therapies became mandatory. They are delighted to note therefore, that the service in North East Lincolnshire has achieved such success in the national league tables.

In terms of the Quality Account for 2010/2011 The Independent Forum endorses the priorities detailed in Part 2 and had already raised the issues of service user waiting times in crisis, particularly the lack of a designated private waiting area, and some concerns about the administration of outpatient appointments with NAViGO management via the Membership Board.

The care of mental health service users with a drug and/or alcohol problem had also been previously identified by Independent Forum members and reported via attendance at Clinical Governance and Serious Untoward Incident meetings.

The Independent Forum is pleased to see that, in addition to agreeing locally to improve in these areas, NAViGO have published these as priorities for improvement in what is generally an excellent service for the population of North East Lincolnshire.

NORTH EAST LINCOLNSHIRE COUNCIL
www.nelincs.gov.uk

To whom it may concern

On behalf of the North East Lincolnshire Health and Wellbeing Scrutiny Panel, thank you for providing members with the opportunity to comment on the NAViGO quality account.

Members of the Scrutiny panel voiced comments on a number of issues which I have paraphrased and grouped under the headings below;

Patient Safety

Including patient safety within the beginning of the report shows intent and is pleasing to see. Within this however, the action point states you are increasing staff awareness and training to promote the reporting of errors yet there is no mention of the current culture amongst staff. It would be beneficial to see this addressed.

Participation and Commitment to Research

This can only benefit and improve the quality of service and not only considers the aspects of quality of patient experience, safety and clinical effectiveness, but also takes into account the public and workforce experience. This results in key improvements being identified and appropriate outcomes actioned.

Visual Aids

It would be helpful to have some visual aids that make it clear where there is room for improvement, what's on track and where we should be celebrating success. The graphs that illustrate the report are quite simple but difficult to understand and could do with some more data to show the overall context. Having said this, the 'pie' chart does do this with great effect and this approach should be encouraged.

Further general comments highlighted that the quality account shows that there has been wide consultation with stakeholders and public to determine local priorities and areas for improvement. It also clearly details how these will be achieved through actions and monitoring.

Overall, members feel there appears to have been thorough and in depth engagement and consultation with service users, commissioners and staff and, more importantly, this seems to have been listened to. The document is presented in an engaging format and there are no concerns to be raised at the time.

Scrutiny members look forward to being involved in the future consultation of your Quality Accounts.

Kind Regards

Laura Pearson

Performance and Scrutiny Officer
North East Lincolnshire Council

North East Lincolnshire
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14/06/2011

Dear Kevin Bond,

RE: NAViGO Quality Accounts NEL LINk Response

North East Lincolnshire Local Involvement Network (LINk) appreciated being involved in the NAViGO Quality Accounts. Our members were given the opportunity to feedback on the draft and raised a few minor issues.

One NEL LINk member provided written feedback on the report which has been attached.

The two main concerns raised were around the language and the lack of meaningful consultation around user priorities.

All the members agreed that the Quality Accounts were too difficult for the public to understand. The language and technical detail was felt to be suitable for management level and professionals, but not for members of the public.

NEL LINk members felt that there was little reference to the users views and opinions on the priorities for NAViGO. Also the members thought it was not clear what the targets are for next year, which would help them to compare with the next Quality Accounts.

Some pages do show significant improvement, but the structure and layout made it difficult to pick out these key details. It was suggested that a glossary and a summary sheet would have been useful in facilitating the publics understanding of the NAViGO Quality Account.

NEL LINk recognises and understands that NAViGO is a new organisation and the members commend and applaud NAViGO for its early success. The members also commend Kevin Bond's approach and enthusiasm to his work and engaging with the public. One particular member was very impressed with openness and transparency when she was taken out by the Chief Executive.

Overall, NEL LINk was satisfied with the work of NAViGO, but believed the content and presentation of the Quality Account did not reflect the transparency, openness and professionalism aspired by the Chief Executive and leadership team.

Yours sincerely,

Ray Oxby,
LINk Chair

Developing health and social care services around you

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NAViGO Health and Social Care CIC (formerly North East Lincolnshire Mental Health Services), trading as NAviGO, is a not for profit Social Enterprise providing services to the NHS and beyond
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