



Quality Account 2012/13

Providing services we
would be happy for
our family to use

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part 1



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"The service that has been offered to me has been a life saver and I mean that literally. It provided me with support, information understanding."

Comments from service users in 2012 -13



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"I just want to say how fantastic and supportive Harrison House have been with me and my husband in my recent crisis. I was falling down fast and if it hadn't been for the reassuring, supportive and caring staff and the fantastic service at NAViGO I honestly don't know what I would have done. You are all a true inspiration. Thank you from the bottom of my heart!"

Comments from service users in 2012-13

part 1

quality: chief executive's view and declaration of Quality Account accuracy

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NAViGO Community Interest Company is a not for profit organisation that emerged from the NHS in April 2011 to run all local mental health and associated services in North East Lincolnshire.

We have all the services you would expect of a mental health provider including acute facilities, but also specialist services such as eating disorder services, systemic family therapy, highly developed employment and training services running our own and other people's ancillary services (catering, cleaning, maintenance, etc.) creating jobs and training for people with mental health problems and many more. We designed the services in conjunction with people who use them and as such many are bespoke.

Our mission is simple - to provide the quality and type of services that we would be happy for our own families to use and we do everything with this in mind. In the latest NHS confidential survey 80 percent of our staff said if a friend or relative needed treatment they would be happy with the standard of care in any of the services provided by NAViGO, compared to only 60 per cent in other services nationally.

However, we will continue to strive to increase this result and want every single member of our staff to feel they can provide the standard of service they would as if they were treating a member of their family, even understanding that resources are limited.

This Quality Account illustrates how we place quality at the heart of our organisation, delivering award winning services in partnership with our local community. We believe strongly that by working in partnership with our members we can reflect a journey towards a life lived with purpose and meaning; this is our testament to the quality of services we provide.

As an organisation we are truly unique. We have a voting membership giving **service users** and carers equal rights to staff. We continually strive to provide quality services in partnership with the people who know our services best, our staff, our **service users** and carers.

Partnerships are crucial to NAViGO's success, both locally and internationally.

Over the last year NAViGO has continued a partnership with an institution based in

Macedonia, to help support staff development and training while also hoping to improve the physical surroundings for **service users**.

A number of staff from the institution, which provides care to a range of people of all ages with both learning difficulties and mental health problems, visited NAViGO services for four weeks to receive training and to experience how services are provided here. NAViGO staff have also subsequently visited Macedonia on several occasions. Fundraising has also been undertaken for the institution with a number of staff involved in various events, including a skydive.

NAViGO also has strong links with the Caribbean islands of Antigua and Barbuda, providing regular **RESPECT training** for nursing staff, police and emergency services. **RESPECT training** is now an integral part of the Antigua and Barbuda Mental Health Training Partnership which encompasses NAViGO, IAS (UK), Antigua and Barbuda Ministry of Health, The National Mental Health Association of Antigua and Barbuda and the North East Lincolnshire Mental Health **Independent Service User and Carer Forum**.



Closer to home, NAViGO is heavily involved with many local organisations in the health and social care sector and beyond. A number of partner organisations sit on the Membership Board which governs the organisation including the **Independent Service User and Carer Forum**, the local council and several voluntary bodies involved with mental health services.

As you will see throughout this report, services are also being developed with other health care organisations including work with locally based social enterprise Care Plus and the local general hospital, Diana, Princess of Wales.

Against a background of national service cuts, by working smarter, reducing waste, ensuring everyone relates directly to those who use the services and are therefore more efficient, having less managers and bureaucracy, we have managed (in our first years as a **social enterprise**) to not only save significant sums of money required of us, but also generate some surplus money to reinvest

back into our services, creating accommodation for vulnerable people as voted for by our members and developing new specialist services such as Rharian Fields, our new dedicated inpatient eating disorder service, the first of its kind for North East Lincolnshire. We have also opened shops as part of our employment schemes and have begun running the local People's Park.

We have also managed to secure funding to further develop different parts of our services. As part of a pathfinder programme, £427,000 of funding has been awarded to NAViGO by the **Department of Health**. This has enabled the expansion of local forensic mental health services to provide an expert panel to the magistrate's court and more assertive follow up for signposted offenders. Open Minds has also secured a £200,000 grant from the Burdett Trust for Nursing (The Empowerment Programme) to develop integrated pathways for the assessment and treatment of depression and anxiety in people with severe COPD.

We are national top scorers for many indicators thanks to the innovative design of not just our physical buildings, but the ways in which our services work fluidly around them and have won numerous awards over the last years including being named over all winners of The Guardian Public Service Awards as well as receiving the Employee Ownership Rising Star Award and the Best Public Sector Employee-Led Mutual Organisation (ELMO) Award at The Philip Baxendale Awards.

In conclusion, we will keep trying to be more flexible and changing the way we do things to create reinvestment each year, giving our members a real voice in the development of our local services and creating a service which is truly part of the local community.



Kevin Bond
Chief executive



In accordance with the NHS (Quality Accounts) Amendment Regulations 2011 No. 269, I hereby state that to the best of my knowledge the information in this document is accurate.

summary of the Quality Account

what is the purpose of the Quality Account?

The purpose of the Quality Account is to:

- Evidence to the public the quality of service NAViGO delivers
- Show measureable quality improvement in identified areas and discuss plans to further improve quality
- Involve and respond to **service user** feedback

The three areas of priority we have chosen to focus on are:-

- **Service user** safety – Ensuring service users do not come to harm whilst in our care
- Clinical effectiveness – Applying the best knowledge, derived from research, clinical experience and preferences of **service users** to ensure we achieve the best outcomes for our **service users**
- **Service user** experience – Listening to and acting on **service users** views in order that we provide the best service and experience possible

why these areas?

Service user safety, clinical effectiveness and **service user** experience were the three categories Lord Darzi used in his review of the NHS in 2008, *“High Quality Care for All”*.

Lord Darzi felt that keeping **service users** safe, providing them with an effective service to produce the best outcomes, and acting on their feedback, would ultimately lead to health services focusing on quality rather than speed of service delivery.

In this way health services would be led by **service users** and not by government targets. This vision fits with NAViGO's vision of providing services we would be happy for our families to use.



our key achievements in relation to quality in 2012-13

NAVIGO has achieved the majority of its performance targets in 2012-13 including targets set by regulators such as the **Care Quality Commission** and the **Department of Health**. Particularly pleasing performance has been achieved in relation to the percentage of service users in settled accommodation, where NAVIGO was one of the top five performing providers of mental health services nationally and service users in paid employment, which NAVIGO also consistently performs above the national average of mental health providers despite changes in the economy which have meant that it is a challenging time to find paid employment anywhere in the country.

Services across NAVIGO have been developed following feedback from **service users**, **carers** and the results of clinical research. For example, the Community Mental Health Service ran a successful pilot in 2011 aimed at supporting people with severe mental health problems in managing the physical health concerns often associated with mental ill-health. Feedback was really positive and the outcome of the pilot showed a significant number of people treated did actually have either known physical illness or in many cases (including one case of acute appendicitis) unknown health complaints which we were able to treat quickly in partnership with the G.P's. The wellbeing service is now being rolled out across case supervision services on the back of this successful pilot and an update can be found in part three which details progress made in the roll out of these clinics in 2012-13.

All of the priorities set for improving quality locally in last year's Quality Account were achieved, as detailed in part three. What NAVIGO learned in relation to these areas was that it was assured it thoroughly investigates incidents/near misses, that root causes are identified for these incidents, they are then discussed at its Clinical Governance meetings, and with its Board, where necessary. Data from incidents and near misses are analysed and trends identified are shared across the service and at Board level to enable continuous improvement and learning, to be realised and to keep service users, staff and the public safe.

NAVIGO is working well with other local partnership organisations such as the local authority, GP's and the Clinical Commissioning Group (its funder of services) to raise awareness on self-harm and suicide prevention. It has delivered training to GP's and colleagues within Primary Care and NAVIGO itself on self-harm which received positive feedback. Further work is being done in order to promote suicide awareness to the public and drug/alcohol services in conjunction with a service user

who is assisting in delivering the sessions. An audit was carried out to evaluate shared care between NAVIGO and the local drug/alcohol service. Unfortunately there were only a small number of shared cases at the time of the audit so recommendations focus on further audit for 2013-14 which re-focuses audit standards on cases seen by NAVIGO, where the outcome of the assessment was to advise **service users** to also attend local drug and alcohol services. This audit is hoped to explore how effective advice has been and whether advice or referral is always made when indicated by the assessment.

Treatment at home as opposed to hospital has been achieved in over 80% of cases referred to the Acute Community Mental Health and Memory Service Team throughout 2012-13. Associated patient/carer surveys provided excellent feedback from **service users** and **carers**. Waiting times targets for both those **service users** presenting in crisis and those seen in **Open Minds** for first assessment were achieved and there is further work to now focus on reducing the wait from first assessment to second appointment at **Open Minds** in 2013-14.



our key achievements in relation to quality in 2012-13 continued

NAVIGO partook in the National Audit for Psychological Therapies (NAPT) which commenced in 2012-13 with results from the national team still to be published. NAVIGO did not participate in, 'prescribing audits for mental health services'; which requires a £5,000 per year subscription. NAVIGO became a member of the Prescribing Observatory for Mental Health (POMH) in November 2012 and will participate in the first available audit which focuses on prescribing standards in Attention Deficit Hyperactivity Disorder (ADHD). NAVIGO reviewed and action planned against one national

clinical audit in which it took part in 2011-12. The results of the National Audit of Schizophrenia (NAS) which NAVIGO participated in during 2011-12 have been reviewed in conjunction with national results. NAVIGO performed in the middle range of most of the standards. Performance was in the top 10% nationally for evidence of involvement of service users in deciding on antipsychotic treatment.

Performance was above average for monitoring of weight. Actions have been put in place to address below average performance in the percentage of **service users**

being prescribed more than one antipsychotic drug. These **service users** (less than 30) are all in the process of having their medication reviewed by the consultant and amended where clinically appropriate.

Performance was below average for advice about diet and exercise. Actions are in place to improve data capture on physical health checks by amending data collection forms within the service rather than obtaining this information from GPs. This new data collection form will be completed as part of the physical health and well-being clinics detailed in part three.

our priorities for 2012-13

After consultation with **service users**, members and staff, the following priorities for improvement have been identified. These priorities will be our focus in improving **service user** safety, experience and service effectiveness between April 2013 and March 2014.

Priorities were chosen after analysing data including waiting times, complaints, feedback, **service user** surveys, incidents and accidents.

Following presentation of the potential priorities at the **Service user and Carer's Forum**, quality improvement priorities reached the shortlist where there were trends in both the qualitative (feedback from complaints/patient surveys) and quantitative (numbers of incidents/people seen/people waiting for appointments) data.

• service user safety priority 1

- Ensure staff are fully aware of responsibilities around record keeping and the level of quality NAVIGO expects in relation to **service user** records. NAVIGO will re-examine how current **service user** records are kept and will revise relevant policies, fully communicate and train staff on expected standards, and put controls in place to ensure quality and consistency.

• clinical effectiveness priority 1

- Collection of Patient Rated Outcome Measures (PROMs) data to support implementation of Payment by Results (PbR) and to evaluate how effective NAVIGO's care and treatment has been in improving outcomes for **service users**.

• service user experience priority 1

- Ensuring people have a positive experience of care. The Friends and Family Test will provide timely, granular feedback on patient experience. NAVIGO will conduct patient surveys at each clinical assessment and review/evaluate results of the question: "Would you recommend our services to friends and family if they needed similar care or treatment?" with action plans for improvement by service area if required.

• service user experience priority 2

- To produce monthly monitoring of time taken to start treatment for people referring to **Open Minds**, to ensure people referred start treatment within 28 days, thus reducing **service user** waiting times. Improvement to be made in waiting times each month beginning from July 2013 with waiting times as at June 2013 set as the baseline waiting time for improvement monthly thereafter.

mandatory statements

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statement of director's responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The **Department of Health** has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with **Department of Health** guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



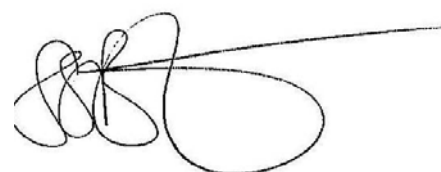
Kevin Bond

chief executive



Barry Flintoft

director of operations



Simon Beeton

director of finance

"I'm sure we wouldn't have made anywhere near the same progress without your input. Yet again, I can only praise highly your work, and the difference it really makes to my work in such circumstances, and to the benefit of those motivated patients I've referred to you."

Dr J Loughton, General Practitioner



part 2

who was involved in setting priorities for 2013-14?

NAVIGO's priorities for quality improvement for the financial year April 2013 to March 2014 were identified in conjunction with service users and carers, NAVIGO's main funder of services, North East Lincolnshire Clinical Commissioning Group, and NAVIGO members of staff.

how did we collect these priorities?

NAVIGO is a **social enterprise**, it is owned by the staff and run by community and staff members. Community members are **service users**, **carers** or people in the local area with a genuine interest in mental health.

The membership sits on the Board as **non-Executives** and helps set priorities, plan and monitor if processes are working. Members are part of every committee and issues of quality are always discussed. The Quality Account helps focus this process and activity into an annual plan.

The process for identifying priorities began with a review of our performance in the previous financial year (April 2012 to March 2013). This included an evaluation of priorities featured in last year's Quality Account to establish whether further work was needed in these areas or whether enough work had been done to justify retiring these priorities, whilst continuing to monitor them through regular internal performance reporting.

Performance Indicators set nationally for mental health providers by the **Care Quality Commission** and the **Department of Health** were examined to ascertain whether NAVIGO was performing below target or had a downward trend in results which would necessitate the need for identifying them as a priority for improvement.

Staff meetings involving representation from the Service user and carer's Forum discussed potential quality improvement priorities based on the results of the previous financial year performance review alongside a range of qualitative and quantitative data.

This data featured complaints, service user safety incidents and accidents, local service user surveys, feedback from the **Service user and carer's Forum** and **Commissioning for Quality and Innovation (CQUIN)** indicators set by NAVIGO's main **commissioner**, North East Lincolnshire Clinical Commissioning Group.

how did we shortlist?

- The shortlist of priorities was developed based on the ethos of NAVIGO – providing services we would be happy for our families to use.
- Following presentation of the potential priorities at the **Service User and Carer's Forum**, quality improvement priorities reached the shortlist where there were trends in both the qualitative (feedback from complaints and patient surveys) and quantitative (numbers of incidents/people seen/people waiting for appointments) data.



"Rharian Fields and the Eating Disorder Service is amazing, and although I know I'm not 'recovered' yet, I know that my life has been saved and it's with an abundance of thanks to you and the RF team!"

Comments from service users in 2012 -13



our priorities for 2013-14

NAVIGO felt it was important to categorise its quality improvement priorities under the headings of service user safety, clinical effectiveness and service user experience in order to align them to the government paper, **High Quality Care for All**, which uses the same headings. It was hoped this would give added clarity to NAVIGO's priorities and enable comparison between NAVIGO and other providers of health and social care services.

service user safety

Ensuring service users come to no harm whilst receiving high quality services is paramount to NAVIGO delivering on its vision of providing services we would be happy for our families to use.

In light of this, the recent findings from the Francis Enquiry, themes of local complaints, **CQC** inspections and feedback from staff, members and service users, it has been identified that quality and the way in which service user records are kept needs to be re-examined.

By reducing duplication in paperwork to free up more **service user** facing time for clinical staff, we can ensure a uniformed approach for service consistency.

This will lead to improved communication, more joint working between teams, an increase in staff morale and an improvement in care and consistency delivered to **service users**.

With this in mind, it was decided that the priority for 2013-14 would be:



service user safety priority 1

To ensure all NAVIGO staff know where, how and when to record data for **service users** and the quality expected.

NAVIGO will re-examine how current service user records are kept and following this, will revise our record keeping policy, communicate and train staff on what is expected of them, and put controls in place to ensure quality and consistency.



"My Care Co-ordinator's input in my care is really good and supportive – both when I am well and when my mental health deteriorates. She is always prompt in support and action working with the consultant to get me seen and medication reviewed."



Comments from service users in 2012 -13

clinical effectiveness

Ensuring the services that we provide for our service users at every level are as effective as they can possibly be is a significant part of what NAViGO believes should define quality.

Payment by Results (PbR) clustering measures how the **service user** has been feeling in the last two weeks combined with their historic presentation.

It will be the vehicle by which all mental health providers will be paid in the near future.

The Patient Rated Outcome Measures (PROMS) questionnaire is an extension of this and will record if the **service user** has achieved their expected outcomes whilst receiving care and treatment from NAViGO.



clinical effectiveness priority 1

To ensure that 95% of NAViGO's **service users** have a Patient Rated Outcome Measure (PROM) questionnaire completed every time the **service user** has a Payment by Results (PbR) cluster assessment or review.

The questionnaire will assess how the **service user** is feeling at each stage and will allow better care planning and treatment of the **service user**.



"If I had not had such good support, I am in no doubt that I would have ended my life." (HOPE Community Mental Health Team)

Comments from service users in 2012 -13



service user experience

The heart of what NAViGO does is providing positive experience and outcomes for **service users** and **carers**.

The importance NAViGO puts on **service users** and **carers** to drive the quality of its services is significant and can be proven by the influence of its **Service User and Carer Forum**, its membership or shareholders, which has a high **service user** representation, and its commitment to providing employment and training

opportunities for its service users within its **Tukes** enterprise.

The following priorities have been identified from discussions at the NAViGO staff, **service user** and stakeholder Membership Board.

Service users will be asked whether they would recommend our services to their friends and family if they needed similar care or treatment. This means every

service user who has received care in a NAViGO service will be able to give feedback on the quality of the care they receive. The Friends and Family Test will provide timely, granular feedback from **service users** about their experience.

The 2011/12 national inpatient survey showed that only 13 per cent of patients in acute hospital inpatient wards and A&E departments nationally were asked for feedback.



service user experience priority 1

Ensuring people have a positive experience of care and treatment through ensuring 95% of all **service users** who have received care are asked for their feedback using the Family and Friends test.

All feedback from this survey will be reviewed to ensure NAViGO take appropriate actions to maintain the high quality of care it provides.

service user experience priority 2

To produce monthly monitoring of time taken to start treatment for people referring to **Open Minds**, to ensure more people referred start treatment within 28 days of the referral, thus reducing the **service user's** wait to start their choice of treatment.

Improvement to be made in waiting times each month beginning from July 2013 with waiting times as at June 2013 set as the baseline waiting time for improvement monthly thereafter.

mandatory statement



how NAViGO monitors quality and performance

The following sections are mandated for inclusion in all Quality Accounts. This is to enable the public to compare NAViGO with other providers of health and social care.

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NAViGO's Performance Team produces data from the **Service user** Administration System (Maracis) to inform progress against national performance indicators set by the **Care Quality Commission**, the **Department of Health** and the Local Authority.

Performance is also monitored locally against priorities set in contracts with funders of services, namely North East Lincolnshire Clinical Commissioning Group.

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. Any constant under-performance is escalated to the Director of Operations and the Membership Board. The Membership 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 the **service user** administration system are identified on a daily 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**.

mandated quality indicators

Set out in the tables below are the quality indicators that providers of services are required to report in their Quality Accounts.

Additionally, where the necessary data is made available to NAViGO by the Health and Social Care Information Centre, a comparison of the numbers, percentages, values, scores or rates of NAViGO (as applicable) are included for each of those listed in the table with:

- a) the national average for the same; and
- b) with those NHS trusts and NHS foundation trusts with the highest and lowest of the same, for the reporting period.

People cared for by specialist mental health teams are likely to be monitored under the Care Programme Approach (CPA). Service users on CPA usually have multiple needs and require care coordination which is usually managed by a care plan.

All service users on CPA discharged from psychiatric inpatient care are to be followed up either by face to face contact or by phone within 7 days of discharge to reduce risk of suicide and social exclusion and improve care pathways. The national threshold is to follow up 95% of patients within 7 days (see figure 1).



Performance Indicator Description	Related NHS Outcomes Framework Domain	NAVIGO	National Average	Highest and Lowest scoring Trusts
The percentage of service users on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period.	1: Preventing People from dying prematurely	Quarter 2:		
		39 people out of 41 discharged in the quarter (95.1%)	97.20%	Lowest scoring trust 466 people out of 519 discharged in the quarter (89.8%) 5 other trusts scored 100%
	2: Enhancing quality of life for people with long-term conditions	Quarter 3:		
		36 people out of 37 discharged in the quarter (97.3%)	97.60%	Lowest scoring trust 0 people out of 6 discharged in the quarter (0.0%) 4 other trusts scored 100%

Figure 1

NAVIGO considers that this data is as described for the following reasons: There was actually only one person NAVIGO was unable to contact directly within 7 days of their inpatient discharge between July 2012 and December 2012.

One person was identified and flagged up for a scheduled contact visit in the first seven days following discharge and several attempts were made to contact this service user. Messages were left for this service user to contact NAVIGO about their welfare but unfortunately this service user chose not to get back in touch with NAVIGO until after the 7 day period following discharge had elapsed.

One person reported as having not been contacted within 7 days of discharge was actually seen for a welfare visit within the 7 day period but this contact was not recorded as being attended until after the data was reported and published nationally.

One person reported as having not been contacted within 7 days of discharge was actually transferred to another hospital with a different mental health provider but this was not recorded correctly on the electronic patient record until after the data submission was made.

NAVIGO has since asked that this data may be re-submitted in order to be reflective.

NAVIGO has taken the following action to improve this percentage, by reminding staff to begin attempts to contact service users as early as possible following discharge to give as much opportunity as possible to make contact within 7 days of discharge from hospital.

Weekly reports continue to be sent to the care team to flag service users who have been discharged and still require a welfare visit.

Outstanding visits are also highlighted by the administration team who remind the care team to visit on a daily basis. Reminders have been sent to staff to stress the importance of keeping the electronic patient record up to date within 24 hours of any contact with service users taking place.

Crisis Resolution Home Treatment (CRHT) teams offer intensive short-term support for people in mental health crisis in their own home, or suitable alternative non-NHS setting, thereby avoiding hospital admissions (see figure 2).

All admissions to psychiatric inpatient wards are gate kept by a CRHT team by assessing the service user before admission and by being involved in all requests for admission.

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

Performance Indicator Description	Related NHS Outcomes Framework Domain	NAVIGO	National Average	Highest and Lowest scoring Trusts
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	2: Enhancing quality of life for people with long-term conditions	Quarter 2:		
		100%	98.1% for England	Lowest scoring trust – 84.4%
		Quarter 3:		
		100%	98.4% for England	Lowest scoring trust – 90.7%
				18 trusts scored 100% including NAVIGO.

Figure 2

NAVIGO considers that this data is as described for the following reasons:

NAVIGO's policy is to ensure all admissions are assessed by the Crisis Resolution and Home Treatment Team as appropriate for admission. Service users can also be treated at home by the team where possible to prevent admission to hospital where this is suitable for their needs.

The purpose of the performance indicator below (see figure 3) is to help monitor National Health Service success in prevention and treatment outside hospital. Emergency admissions to hospital can be avoided if local systems are put in place to identify those at risk and target services.

Performance Indicator Description	Related NHS Outcomes Framework Domain	NAVIGO	National Average	Highest and Lowest scoring Trusts
The percentage of patients aged— (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period	3: Helping people to recover from episodes of ill health or following injury	Not available for NAVIGO as latest comparable data covers the financial year 1 st April 2010 – 31 st March 2011 before NAVIGO existed as an organisation	Not Applicable (see previous column)	Not Applicable (see previous column)

Figure 3

Unfortunately NAViGO is unable to compare its performance in this area given that the latest comparable data available for emergency readmissions is in the financial year prior to NAViGO being established as an organisation.

The 2012 survey of people who use community mental health services involved 61 NHS trusts in England (including combined mental health/ social care trusts, Foundation Trusts and primary care trusts that provide mental health services).

With a response rate of 32%, we received over 15,000 replies. **Service users** aged 18 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and had been seen by the trust between 1 July 2011 and 30 September 2011.

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 '**service user** experience of community mental health services' indicator score with regard to a **service user's** experience of contact with a health/social care worker during the reporting period can be seen in the table below.

The score provided is the overall score which is based on the question: "how would you rate the care you have received from NHS Mental Health Services in the last 12 months?"

Based on the individual responses, results were converted into a score on a scale of 0 to 10. A score of 10 represents the best possible response. The higher the score, the better the trust is performing (see figure 4).

Performance Indicator Description	Related NHS Outcomes Framework Domain	NAViGO	National Average	Highest and Lowest scoring Trusts
NAViGO's "service user experience of community mental health services" indicator score with regard to a service user's experience of contact with a health or social care worker during the reporting period.	2: Enhancing quality of life for people with long term conditions 4: Ensuring that people have a positive experience of care	7.1 (2012 Annual Survey)	Not available	6.5 (2012 lowest performing trust) 7.8 (2012 highest performing trust)

Figure 4

NAViGO considers that this data is as described for the following reasons:

NAViGO has improved its score from 6.7 in the 2011 survey to 7.1 in the 2012 survey. A score of 7.1 puts NAViGO in the middle range of performing mental health providers in the country meaning it has an overall **service user** experience score which is as good as the majority of mental health providers.

NAViGO has taken the following actions to improve this score, and so the quality of its services, by continuing to have regular **service user** input in the way it shapes and develops its services via the Membership Board and the **Independent Service User and Carer Forum**.

NAViGO is also looking to develop local **service user** surveys to gain more frequent written feedback throughout the year with action planning by service area every three months.

All patient safety incident reports submitted to the National Reporting and Learning System (NRLS) 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, take action at a national level.

The indicator below (see figure 5) looks at the rate of severe incidents to assess how safe a provider may or may not be.

Performance Indicator Description	Related NHS Outcomes Framework Domain	NAVIGO	National Average	Highest and Lowest scoring Trusts
The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted avoidable harm in severe harm or death.	5. Treating and caring for people in a safe environment and protecting them from avoidable harm	Data not available nationally for Social Enterprises	No data for NAVIGO published nationally so cannot compare to other nationally available data	No data for NAVIGO published nationally so cannot compare to other nationally available data

Figure 5

Unfortunately NAViGO is unable to compare its performance in this area as its data is not published nationally due to it being a **Social Enterprise** and data only being available for NHS Organisations.

NAViGO does review all of its incidents and has audited that the current practice is safe and fit for purpose (see the section reviewing NAViGO’s performance on its Quality Account priorities set in 2012-13).



"We appreciate the support given by NAViGO in helping to improve the lives of people with mental health difficulties. We very much appreciated the training and direction given and look forward to continued co-operation." (RESPECT Training)



Tom Armstrong, APSW, Northern Ireland, 2012-13

participation in clinical audits

Clinical audit provides a way to review and reflect on current practice to assess whether a healthcare provider is doing what it should be doing according to national and local guidance.

Clinical audit is important because its aim is to continuously improve the quality of care provided to **service users**.

National confidential enquiries collect data on adverse events to identify shortfalls and improve future clinical care; they also highlight short falls/failures in service organisation. In 2013-14 there was one national confidential enquiry into suicides and homicides which Mental Health providers were required to report on as part of the Quality Account.

During 2012/13, NAViGO Health and Social Care Community Interest Company (CIC) participated in one national clinical audit and one national confidential enquiry, out of three national clinical audits and national confidential enquiries which it was eligible to participate in. This was in addition to NAViGO's local clinical audit programme.

The national clinical audit that NAViGO participated in and for which data collection was completed during 2012/13 is listed in the table below (see figure 6), alongside the number of cases submitted as a percentage of the number of registered cases required by the terms of that audit.

National Audits applicable to Quality Account	Participation (yes/no)	Percentage (%) of required cases submitted
Prescribing in mental health services	No (subscribed in November 2012 with first audit to take place in April 2013)	Not applicable
National audit of Psychological Therapies (NAPT)	Yes	100%
Suicide and homicide in mental health, or Mental Health Clinical Outcome Review Programme	Yes	100%

Figure 6

A number of local audits were carried out during 2012-13 and monitored via the NAViGO Clinical Audit Committee. Two of these completed audits are depicted in the table below (see figure 7).

Local Audits completed in 2012-13	Numbers partaking in the audit	Actions agreed
Acetyl cholinesterase inhibitors (ACI) Medication Audit	80	<ul style="list-style-type: none"> •Results presented to Community Mental Health and Memory Service team •Results presented to Doctors •Produce documentation which can be scanned into electronic service user record document centre to demonstrate adherence to NICE guidelines •Improve documentation of carers views •Amend the data collection tool to capture reasons why criteria cannot be met •Re-audit planned for Sep/Oct 2013
Consultant Record Keeping	200	<ul style="list-style-type: none"> •Produce PowerPoint presentation and present it to the local Continuing Professional Development programme •Circulate the template of the letter with the summary of the audit results to all the community doctors and community administration staff •Include the information about the format of the letter in the induction programme for all the new doctors joining NAViGO •Add NHS number to Standard 2 when re-auditing •Re-audit in 6 to 12 months

Figure 7

These local audits contributed to improving the care of **service users** and the quality of service NAViGO provides by:

Acetyl Cholinesterase Inhibitors (ACI) Medication Audit

Acetyl cholinesterase inhibitors (ACI's) and Memantine are the only licensed pharmacological agents for the treatment of Alzheimer's disease in the United Kingdom.

The ACI's are licensed for mild to moderate dementia in Alzheimer's disease with the exception of Rivastigmine which is additionally licensed for mild to moderate dementia in Parkinson's disease. Memantine is licensed for moderate to severe dementia in Alzheimer's disease.

These drugs are commonly initiated across the UK in secondary mental health services with continuation of prescribing once efficacy has been established under Shared Care Agreements with Primary care.

The aim of the project was to evaluate the effective prescribing of the Acetyl cholinesterase inhibitors and memantine against the NICE Clinical Guideline and to formulate action plans if appropriate to improve the **service user's** experience upon its completion.

The audit found that prescribing was consistent with NICE guidance in the majority of cases. It highlighted the need to evidence involvement of **carers** and to attain and listen to their views throughout the time the **service user** is accessing NAViGO services rather than just at the beginning of treatment.

This has led to documentation being altered to prompt the clinician to record who the **carer** of the **service user** may be (should they have one) and to seek their views at the point of assessment and review of medication.

There is a re-audit taking place in September 2013 to check that the amended documentation is being completed and **carers'** views are being sought consistently.

Consultant Record Keeping

This audit was planned to ensure adherence to agreed community clinic letter template across all four community consultants' clinics.

The audit aimed to evaluate consistency in record keeping using the agreed letter template. Objectives were to ensure that all the doctors adhere to the same community letter template and to ensure there is clear and cohesive communication between community doctors and respective General Practitioners (GPs). Communication between mental health services and GPs is important for the effective care and treatment of **service users**.

GPs need to be kept up to date about how the **service user** is progressing against their plan of care, their medication regime, and diagnosis and who to contact in mental health services for further information. This information needs to be presented clearly and in a standardised

format in order that it is easily understood and provides continuity of care.

The audit found that whilst 100% of letters audited were clearly set out in respect of **service user** demographic details (name and address, date of birth, etcetera) and also had the full contact details of the NAViGO consultant involved in the care, they were deficient in providing a diagnosis and listing medication before and after review at the beginning of the letter.

Actions have been put in place to re-circulate the standard letter template to all consultants and to present the audit findings and reasons for using the standard template in a face to face meeting. Junior doctors will be instructed on how to use the standard templates as part of their induction with NAViGO. A re-audit will take place in October 2013 to evaluate improvement and consultants will monitor until then as part of monthly clinical supervision.

participation in clinical research

Clinical research involves gathering information to help us understand the best treatments, medication or procedures for **service users**. It also enables new treatments and medications to be developed.

The number of **service users** receiving NHS services provided by NAViGO in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was twenty five.

Participation in clinical research demonstrates NAViGO's commitment to improving the quality of care we offer and to making its contribution to wider health improvement. NAViGO's clinicians stay abreast of the latest treatment possibilities and active participation in research leads to successful patient outcomes.

NAViGO was involved in conducting seven clinical research studies in mental health during 2012/13 and there were nine clinical staff participating in research approved by a research ethics committee during this period.

As well, in the last three years, nine publications have resulted from NAViGO's involvement in research, which shows commitment to transparency and desire to improve patient outcomes and experience across the NHS.

One of the key areas of research within NAViGO is the on-going research study by Professor Ann Mortimer, M.D. and Dr Colin Robertson, Ph.D into Transcranial Magnetic Stimulation (TMS) to treat chronic depression.

Over the last year, NAViGO has made significant progress whereby it can now offer the new predictive TMS treatment. The predictive capability is the result of having acquired new software that enables the imaging of a person's brain to identify the cause of their condition. This capability can be used to classify mental disorders.

Where a psychiatric diagnosis is based on behaviour it will be possible to ascertain which brain system is impaired, which then enables the specific subtype to which a person belongs to be identified. With this information the treatment can be tailored to the subtype making it predictive and therefore personalised to a patient, increasing the chances of a successful outcome.

NAViGO has acquired ethical approval to undertake a large study of 148 people over four different conditions that includes depression, anxiety, obsessive compulsive disorder and post-traumatic stress disorder.

As more people are treated with this method a unique treatment database may be developed. This treatment database aims to develop the business potential of the treatment process. NAViGO has established that TMS is cost effective with a typical treatment per service user costing £320 compared to **Cognitive Behavioural Therapy (CBT)** per service user ranging from £490 to £1400.

Also, TMS has been established to have net savings of £712 per year in comparison to antidepressants of £1500 per year.

With the database NAViGO will be able to explore the potential to sell the analysis and TMS treatment as a cost effective package.

Furthermore, the intention is to use the database to undertake a randomised clinical trial over the next few years, with the aim of acquiring a recommendation from NICE that NAViGO's treatment protocol be adopted nationally in clinical practice.

goals agreed with funder of services

Clinical Commissioning Groups hold the NHS budget for their area and decide how it is spent on hospitals and other health services. This is known as 'commissioning'. North East Lincolnshire Clinical Commissioning Group is the main funder of services at NAViGO. They set NAViGO targets based on quality and innovation.

A proportion of NAViGO's income in 2012/13 (£427,180, 2.5%) was conditional on achieving quality improvement and innovation goals agreed between 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)**.

Further details of the agreed goals for 2012/13 and for the following 12-month period are available electronically at: <http://www.navigocare.co.uk/index.php?id=providing-quality-services>

Care Quality Commission registration

The **Care Quality Commission** regulates and inspects health organisations. If it is satisfied the organisation provides good, safe care, it registers the organisation.

NAViGO Health and Social Care is required to register with the **Care Quality Commission (CQC)** and its current registration status is registered. The **Care Quality Commission** has not taken enforcement action against NAViGO Health and Social Care during 2012/13.

NAViGO has worked hard in achieving all standards of care being fully compliant at all four registered sites: Harrison House, The Gardens (including Rharian Fields), The Willows and The Eleanor Centre (covering headquarters, community services, and Tukes). Latest inspections were carried out between October 2012 and February 2013, full reports can be viewed on the **CQC** website at <http://www.cqc.org.uk/directory/1-177460793> NAViGO teams continue to work to improve the quality of services provided and to provide assurance to the Board.

"Nothing was too much trouble, visiting was not restricted, assistance was readily available if needed." (Konar Suite, Older People's Services)

Comments from service users in 2012 -13



data quality

Part of NAViGO's Health and Social Care's commitment to providing quality services is to ensure it keeps accurate, complete and up to date records. Data quality measures include whether **service users'** NHS numbers were present in their health records.

NAViGO submitted records during 2012/13 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data*.

The percentage of records in the published data, which included the **service user's** valid NHS number was:

- 100% for admitted **service users** care;
- 100% for outpatient care

The percentage of records in the published data, which included the **service user's** valid General Medical Practice Code was:

- 100% for admitted **service users** care;
- 100% for outpatient care

* Latest published data February 2013

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

information governance

Information Governance ensures necessary safeguards for, and appropriate use of, **service user** and personal information.

The director accountable for managing **service user** information and ensuring **service user** confidentiality is also known as the Caldicott Guardian. NAViGO's Caldicott Guardian is Dr Barry Flintoft, Director of Operations.

As a new organisation, NAViGO is utilising the skills of North East Lincolnshire Commissioning Support Unit (CSU) through a service level agreement which covers Information Governance and Security. NAViGO's information governance framework has been developed in partnership with North East Lincolnshire CSU's Information Governance and Security Manager. We continue to take our duty to protect personal information and confidentiality very seriously and are committed to taking all reasonable measures to do so, both for electronic information and paper records.

At Trust Board level, our Director of Finance is accountable for managing the service level agreement with North East Lincolnshire CSU which covers all information assets and any associated risks and incidents.

Our Caldicott Guardian is responsible for the management of **service user** information and **service user** confidentiality. Information governance and information risks are managed and controlled via the Information Governance Toolkit submissions and the Clinical Governance Committee. There is regular reporting to NAViGO's Clinical Governance Committee on how it is performing against the standards set in the Information Governance Toolkit.

The toolkit and supporting evidence focuses on:

- The formal assignment of responsibilities to named individuals or groups;
- Documented policies subject to formal review, approval and dissemination; and
- Checks and measures of staff understanding, and compliance with policies and processes.

our performance on information governance

NAViGO's Information Governance Assessment Report overall score for 2012/13 was 70% achieving level two (satisfactory).

Last year was the first time NAViGO, as a new organisation, had been assessed against the Toolkit in its own right and has seen improvements this year in local policies and procedures monitored through its Clinical Governance Committee to evidence compliance with the Toolkit standards.

The local action plan put in place in 2011-12 to address under performance in areas of the Toolkit where NAViGO achieved level one was fully completed in time for submission in March 2013 to demonstrate NAViGO had now achieved level two across all indicators in the Toolkit. The evidence submitted is in the process of being validated by external auditors.

clinical coding

Clinical codes are a way of recording service user diagnosis and treatment.

NAViGO Health and Social Care was not subject to the Payment by Results (PbR) clinical coding audit during 2012/13 by the Audit Commission.



"This training has definitely helped to create a stronger working team and strengthen our abilities and therefore create a happier, working and learning environment for all, with a better understanding of our clients and their needs. The trainers are expert in this field – we wouldn't use anyone else." (RESPECT Training)

Glebe House Project, Loughborough



part 3

how we performed on quality last year 2012-13


Part 3 of the Quality Account evaluates NAViGO's overall performance in 2012-13. This includes a review of whether or not NAViGO achieved the priorities set in the previous year's Quality Account.



Achievements over the past 12 months are subsequently discussed, which contribute to improved quality for service users.

Lastly there is a summary of achievements in relation to national reporting requirements set by regulatory bodies such as the Department of Health, and the Care Quality Commission. This should allow comparison between NAViGO's performance measures, which link to quality, and other providers of mental health services who are required to report on the same performance measures.

performance on quality account priorities for 2012-13

The following performance review of last financial year (March 2012 to April 2013) will summarise NAViGO's performance against the quality priorities set in the previous year using a traffic light rating system. Green meaning objectives were fully achieved, amber meaning objectives almost achieved whilst recognising there is still work to do, and red meaning there is significant work still to do to realise objectives.


theme	objective	actions achieved	outcome	achieved?
service user safety	Any service user safety incidents reported on Datix rated as having major/catastrophic consequences should have a documented root cause analysis and associated action plan discussed and monitored at the Clinical Governance Committee.	All major/ catastrophic incidents were investigated and monitored appropriately	All service user safety incidents rated as major/catastrophic did have a documented root cause analysis and associated action plan discussed and monitored at the Clinical Governance Committee in 2012-13.	

theme	objective	actions achieved	outcome	achieved?
service user safety	<p>Review the North East Lincolnshire strategy for suicide prevention and work in partnership with other organisations (predominately public bodies) in refining the strategy to ensure it helps guide local practitioners in achieving better outcomes for people in crisis.</p> <p>The strategy will include suicide awareness training for staff and a review of current procedure, to support staff in recognising the signs of suicidal thinking and ultimately prevent suicide from occurring.</p>	<p>NAVIGO has met with North East Lincolnshire Council (NELC) and the Clinical Commissioning Group (CCG) to review the strategy and highlight who is at risk and how to achieve better outcomes for people in crisis.</p>	<p>NAVIGO has reviewed the strategy with NELC and the CCG.</p> <p>NAVIGO is currently carrying out work looking at specific employment sectors with workers most statistically likely to commit suicide and targeting employers within these sectors to offer training and support in recognising workers who may be vulnerable to self-harm or commit suicide.</p> <p>Links are also being made with local drug and alcohol services whilst also liaising with the local health promotion service to widen public knowledge.</p> <p>Suicidality training has been discussed within NAVIGO, which will include guidance on self-harm to support staff in recognising the signs of suicidal thinking.</p>	
	<p>Audit the current care and treatment of service users with a dual diagnosis of drug and alcohol and mental health problems against National Institute for Clinical Excellence (NICE) guidelines to establish the effectiveness of current treatment where care is shared between NAVIGO and other agencies.</p> <p>Recommend improvements to include policy review and action plans.</p>	<p>A Dual Diagnosis Audit was undertaken at the beginning of 2012/13, NAVIGO is in the process of arranging a re-audit for early 2013-14.</p>	<p>Performance team to produce sample ensuring that it meets with the criteria given in the methodology. Data Collection tool to be refined to make it easier to use.</p> <p>Staff collecting the data to be given clear guidance and support on collecting the data. Re-Audit in 2012/13.</p>	

"I simply want to thank each and every one of you for the wonderful care that you have all shown to my husband and myself over the many years of his illness. Including all the help and understanding you gave when he sadly had to go into care."

Comments from service users in 2012 -13





theme	objective	actions achieved	outcome	achieved?
service user safety and clinical effectiveness	<p>To measure how many people with Dementia have treatment at home as opposed to hospital during 2012-13 and to use this as a target for working towards more treatment delivered at home in subsequent years.</p> <p>To supplement this data with service user and carer surveys to determine whether treatment at home provides a more positive experience and better outcomes for the service user.</p>	<p>The proportion of service users eligible for admission but referred to home treatment has stayed consistently above the 80% target in 2012-13, the highest number of referrals for the year was in December with 49 referrals.</p>	<p>The Home Treatment team have received compliments from service users branding them as the 'Dream Team' and providing professionalism and consistent care not only to the service user, but also the family members of the service user. Early results from the ongoing service user and carer survey have shown that of those who had had an admission to hospital within NAVIGO, 100% stated that they preferred being supported at home.</p> <p>The key reasons for this were 'I was more comfortable in my home'; 'I was not separated from my friends and family'; 'I was not around other ill people' and 'I was treated as an individual'. 100% stated that they felt staff really listened to them.</p>	

"The service was excellent for me. Just to sit and talk to someone about my past experiences, bereavement that has bottled up over the years. I would recommend the service to my friends if they ever felt like I did. Thank you so much." (Open Minds)

Comments from service users in 2012 -13



theme	objective	actions achieved	outcome	achieved?
service user experience	As per priority set in 2010-11, to monitor waiting times for people needing a crisis team assessment to ensure 97% of referrals are seen within 4 hours and 85% of referrals are seen within 2 hours.	NAVIGO has consistently seen over 97% of service users within 4 hours of referral and over 80% of service users within 2 hours and this rose to over 90% in November and December.	NAVIGO has exceeded the target for 4 hours and has increased the percentage seen within 2 hours over the year.	
	To produce monthly monitoring of time taken to assess and start treatment for people referring to Open Minds, to ensure 95% of referrals are assessed within 10 days and, following assessment, the service user's wait to start their choice of treatment is reduced.	<p>In September 2012 a new system for referrals was implemented, where everyone was given an information leaflet about the service; those who self-refer were given an assessment appointment within a few days (a maximum of 10 days).</p> <p>New referrals from GPs/ other professionals were also contacted and offered an assessment appointment within the same time frame. Referrals from other areas of NAVIGO were discussed by the referrer with Open Minds to ascertain agreement about the referral to ensure that a seamless service was provided and to reduce duplication and delays in identifying appropriate services for people's needs.</p>	<p>There has been a vast improvement in service users offered an appointment within 10 working days due to the new system implemented.</p> <p>The percentage of service users offered an appointment within 10 working days rose above 95 % in November, December and January 2012.</p> <p>There is further work to do to reduce the waiting time from first assessment to second appointment where one to one therapy is required and this priority is present in the 2013-14 Quality Accounts priority list of indicators.</p>	

achievements across the service in 2012-13

NAVIGO has had another busy year. Many more developments have been made to a service which is flourishing, guided by what its members and **service users** want. These are detailed below by service area.

launch of the Gardiner Hill Foundation: NAVIGO's partner charity

NAVIGO's preferred charity, The Gardiner Hill Foundation, was launched in June to enhance and enrich the lives of people with mental health problems and promote good mental health.

The charity has been established to work alongside and supplement our core funded essential services.

The principle aim of the foundation is to support people with mental health issues in ways which empower them.

The foundation encourages and supports education and training, and in August 2012 launched grants to help people access opportunities to further their learning.

Trustees of the charity include Tom Hunter, Jacqui Ellis, Jo Walker, Simon Beeton and Nicola Pougher from NAVIGO as well as George Baker, public governor for RDaSH, Trevor Wray, principle of Franklin College, Alwyn Onley, associate hospital manager and Lesley Brown, manager of the Independent Forum.

update on Improving Access to Psychological Therapies (IAPT) for people with Chronic Obstructive Pulmonary Disorder (COPD)

NAVIGO CIC provides the improving access to psychological therapies (IAPT) service in North East Lincolnshire and was awarded a two year grant from the Burdett Trust to develop integrated pathways for people with chronic obstructive pulmonary disease (COPD). COPD is the second highest cause of emergency admission to hospital. Up to 67% of people with COPD experience depression and anxiety (DOH, 2011). This psychological co-morbidity can increase hospital admissions and significantly reduce quality of life (Yohannes et al, 2010).

In line with evidence for talking therapies in long term conditions (Kings Fund, 2012), pathways were developed for assessing and treating depression and anxiety; integrating **cognitive behavioural therapy (CBT)** with acute and community COPD services at Diana Princess of Wales hospital, Hope Street Clinic, the Complex Case Managers and practice staff. Organisations are working collaboratively across the hospital community interface; offering sessions on hospital wards, the community and people's homes. In addition to individual **CBT** sessions, regular group sessions focusing on depression and anxiety have been delivered as part of the Pulmonary Rehabilitation (PR) programme at Hope Street clinic.

Outcomes include monitoring reductions in health care use e.g. hospital admissions, primary care appointments and Accident and Emergency (A&E) attendances. Improvements are also measured for depression, anxiety, functioning, quality of life and satisfaction.

During the first eleven months of the project 116 people were assessed and offered individual sessions of **CBT** and a further 140 people attended the group sessions that were provided as part of the PR programme at Hope Street. Results indicate that 70% of those completing one to one **CBT** therapy so far have reached recovery for depression and anxiety (using the national definitions of recovery using the PHQ9 and GAD7 scales) and 62% have reached recovery using the panic disorder severity scale. A further 25% have achieved statistically significant improvement on one or both scales (overall a total of 83% have achieved statistically significant improvement) and have often achieved life changing improvements in quality of life and functioning.



"I certainly never have seen such facility before in my life. The whole discussion that followed the "tour" was truly eye opening for what mental care should mean."



Comments from visiting Senior Clinicians from Macendonia, 2012 -13

Results from the Clinical COPD Questionnaire (CCQ) measuring quality of life indicate that 44% of people achieved statistically significant improvement on the overall measure, which includes significant improvement in terms of their mental state, functioning and physical COPD symptoms. Breaking this down into the separate domains, 33% showed significant improvement on the physical symptoms domain; 44% showed significant improvement on the mental state domain and 67% showed significant improvement in terms of their functioning, which is a good indication of improvement in overall quality of life.

The Work and Social Adjustment Scale (W&SAS) which also measures functioning similarly indicated that 86% of people had an improvement in their scores, particularly in the 'social leisure' and 'home management' component. 75% of people completing the service evaluation questionnaire indicated that since receiving **CBT** they can now manage anxiety and breathlessness at home without phoning an ambulance or going into hospital, where previously they had used emergency services when they became breathless/panicky.

In addition, 38% of people who completed the pre/post treatment questionnaires indicated

that they have reduced the amount of medication that they use (e.g. oxygen and nebulizers) since receiving **CBT**. 85% of people completing treatment have rated the individual care that they received as 'excellent' and the remaining 15% rated it as 'very good'.

Further analysis at the end of the first year of the project will look at the impact on hospital admissions, A&E attendances and reductions in other health care use.

We are also looking at the number of people that have been treated that have multiple physical long term conditions (E.g. COPD and Coronary Heart Disease, diabetes, arthritis etc.) with a view to establishing evidence for the efficacy of providing a service to people with other long term conditions in the future.

Recent developments for the second year of the project include developing specific pathways for referrals from the oxygen clinics at Diana Princess of Wales hospital and leaflets and posters have been developed and distributed to promote the service in GP practices and other health centres to encourage practice staff to refer as well as opening up the service so that people can self-refer.



improving quality in physical healthcare in community mental health services

Since the community mental health service ran its successful pilot study aimed at supporting people with severe mental health problems in managing physical health concerns often associated with mental ill-health it has rolled out these clinics to two other sectors (HOPE & Lincs 2 Care).

Between March and December 2012 there were a total of 120 clients booked into the clinics. They were offered a full health screen utilising the Health Improvement Profile (HIP) which includes family history, BP, urinalysis, blood tests and other related health screening questions.

We continue to receive 100% positive feedback from those who attended with 91% of them reporting the sessions as useful to them. It has allowed professionals to educate clients in the importance of living a healthier lifestyle and signpost those to utilise other services, including smoking cessation, sexual health and self-examination.

NAVIGO are currently in the process of designing their own self-help leaflets to cover these aspects and more including sleep

hygiene, caffeine intake, tooth care etc. The main issue found with the clinics however was attendance rates.

During the above mentioned period 77.6% did not attend (DNA). This is being addressed by the Health & Wellbeing lead who is planning a series of presentations to be made to the care coordinators in order to highlight the importance of these clinics and their support in order to improve the DNA rates.

We are also offering a mobile clinic to try and outreach to those who find it difficult to attend clinics. Since January 2013 360, Immingham CMHT has started their Wellbeing clinics with Yarborough Clee expected to start in May 2013.

Wellbeing 'champions' have now been identified within these teams with regular update meetings scheduled in order to continue to develop and maintain these important and valuable clinics.

new retail arcade officially opened, transforming the local community/providing more opportunity for education and training

The redeveloped **Tukes** bus station retail arcade, Brighowgate, was officially opened in August 2012 by Stan Thomas, former chair of The **Independent Service User and Carer Forum** and community membership representative for NAVIGO, who retired in February this year.

Tukes property services transformed the former Brighowgate bus station into retail units, including a shabby chic furniture shop and second hand shop along with the **Tukes** workshop facility.

Stan Thomas is a long term supporter and friend of **Tukes** and his background as a carpenter meant the project was close to his heart. Stan appreciated the skill base needed to complete the project and the expertise required to enter into this occupation.

The opening of the completed development was a massive achievement for **Tukes**.

When **Tukes** originally launched the second hand shop in summer 2011, it had high hopes for the rest of the arcade which have now come to fruition, transforming a once neglected part of the town.

The new workshop facilities mean that **Tukes** is now able to produce its own furniture as well as upcycling pieces that are donated and purchased which are then lovingly restored and sold in the shabby chic shop.

The arcade is a great example of the property services that **Tukes** can offer as well as providing fantastic training opportunities for members.

Tukes activity continues to grow and now, with the edition of the new retail units, we will be able to provide a wider range of development opportunities for members.

memory service accreditation

May 2012 saw NAViGO's memory service accredited as excellent by the Royal College of Psychiatry.

The Memory Services National Accreditation Programme (MSNAP) works with services to assure and improve the quality of memory services for people with memory problems / dementia and their carers.

It engages staff in a comprehensive process of review through which good practice and high quality care are recognised and services are supported to identify and address areas for improvement.

Following the process of accreditation, NAViGO's memory service was accredited as Excellent.

Accreditation assures staff, service users and carers, commissioners and regulators of the quality of the service being provided.

This is the third service that NAViGO provides which has been accredited as Excellent, alongside both Pelham and Meridian Lodges. This reinforces NAViGO's mission: to provide services that we would be happy for our own family to use.

recognising social enterprise in North East Lincolnshire

Grimsby and NAViGO were highly commended at the UK **Social Enterprise** Awards in October. The national competition, organised by **Social Enterprise** UK, recognised excellence in Britain's growing social enterprise sector.

Grimsby was one of five shortlisted and the only town to be highly commended in the **Social Enterprise** Town category, which recognises communities that have benefitted from **social enterprise** initiatives.

The accolade was awarded on behalf of six local **social enterprises** – NAViGO, Open Door, E-Factor, Care Plus Group, Green Futures and CPO Media.

Social Enterprises in Grimsby have a collective turnover in excess of £50million. The two largest employers outside of the public sector are **social enterprises**, with over 2000 people employed in **social enterprises** locally which equates to two per cent of the total population of North East Lincolnshire.

This award recognises how the local area has embraced the **social enterprise** model of business development, in what is undoubtedly challenging economic times.

There are 68,000 **social enterprises** in the UK, businesses that exist to help people in need such as those who are young and out of work, living with disabilities or on the streets.

staff survey

As a provider of NHS services, NAViGO is required to undertake a yearly staff survey. The survey results form part of the monitoring required by **CQC** and is also used by the **Department of Health**.

2012-13 saw some impressive results. Official results published in February 2013 showed that we were one of the highest performing **social enterprises** in the UK.

Data published from the 2012 NHS National Staff Survey showed that NAViGO were the top performer in a number of areas when staff were

surveyed to provide organisational feedback. We were extremely pleased with these excellent results.

As an organisation we increased our results from the previous year in practically all areas, placing us above the national average for the majority of indicators.

The results showed a very pleasing upward trend since we became a **social enterprise**, giving more control to our staff and the people who actually use our services through the membership.

Against a backdrop of national cuts and general uncertainty for the NHS, it was fantastic to see that our staff remain dedicated to us as an organisation and to the local community which we serve.

NAVIGO's mission is to provide services that we would be happy for our families to use and this is one indicator in which the organisation has performed extremely well in.

The percentage of NAVIGO staff who said if a friend or relative needed treatment they would be happy with the standard of care provided by NAVIGO has increase year on year, now standing at 80% compared to just 60% nationally.

We are of course perfectionists and will not be totally happy until this statistic is 100% but the results show that we are moving in the right direction and that compared to other care providers nationally; our staff have much more faith in the quality of the service which we provide.

Other impressive statistics include:

84% of staff agreed care of **service users** is NAVIGO's top priority, up 15% since becoming NAVIGO, up 5% on last year's results and 22% higher than the national average 88% of staff agreed they are able to do their job to a standard they are personally pleased with, up 20% since becoming NAVIGO, up 13% on last year's results and 9% higher than the national average.

60% of staff agreed communication between senior managers and staff is effective, up 19% since becoming NAVIGO, up 20% on last year's results and 22% higher than the national average.

The NHS Staff Survey is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety, and delivery of the NHS Constitution.

To view the full results, please visit the NAVIGO website <http://www.navigocare.co.uk/>



"Superb personal service. My one to one counsellor was excellent and I felt she could relate totally to how I felt and help me to address my feelings and thoughts. Thank you so much for your help and support when I needed it most."

Comments from service users in 2012 -13



national performing reporting requirements

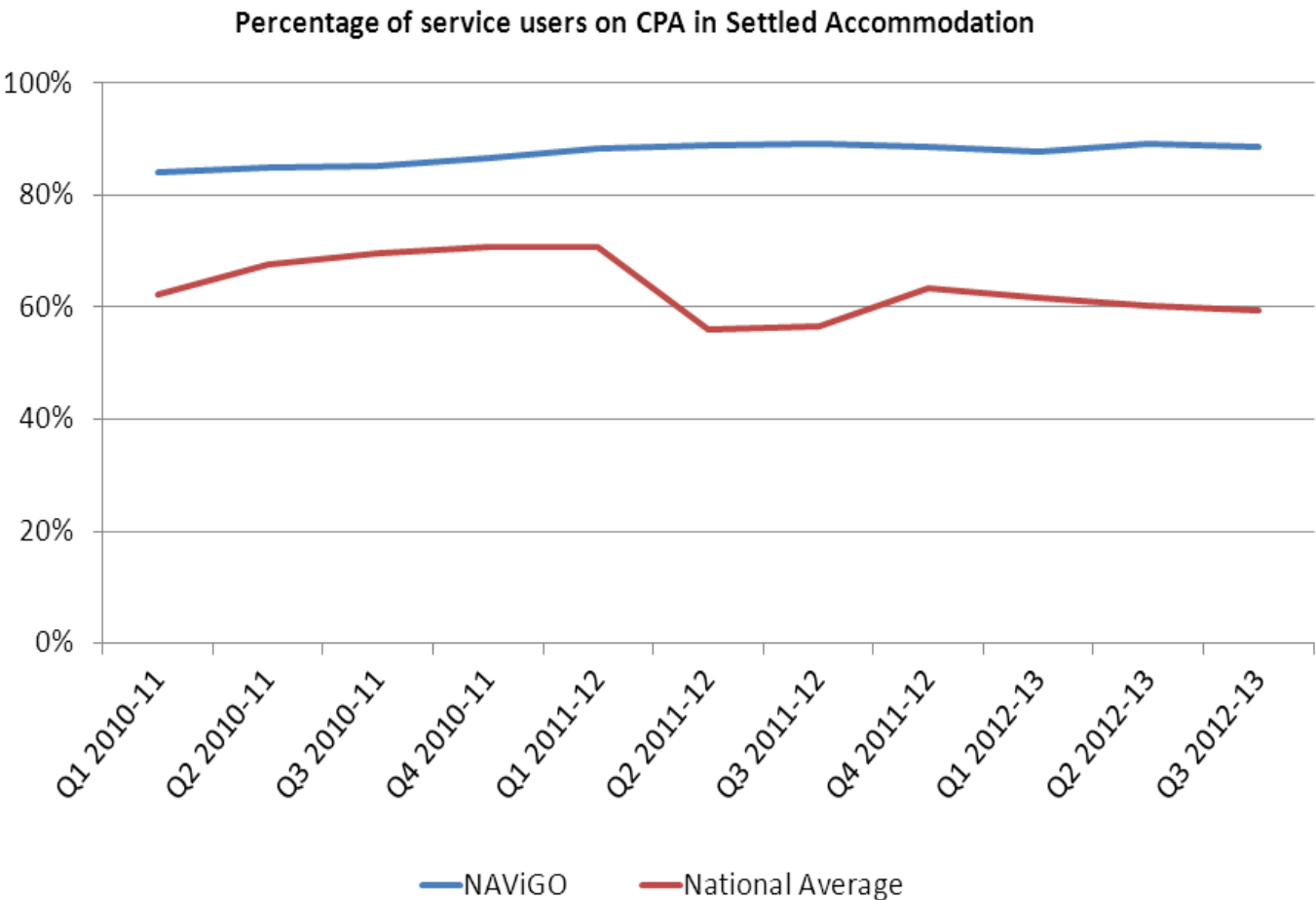
employment and accommodation in North East Lincolnshire

Being in sustainable employment and long-term settled accommodation are key factors in reducing the likelihood and impact of social exclusion for at-risk adults. It can have positive effects on health and well-being. This is why the Government set targets for Mental Health providers under a Public Service Agreement which strives to improve employment and accommodation prospects for people on the Care Programme Approach.

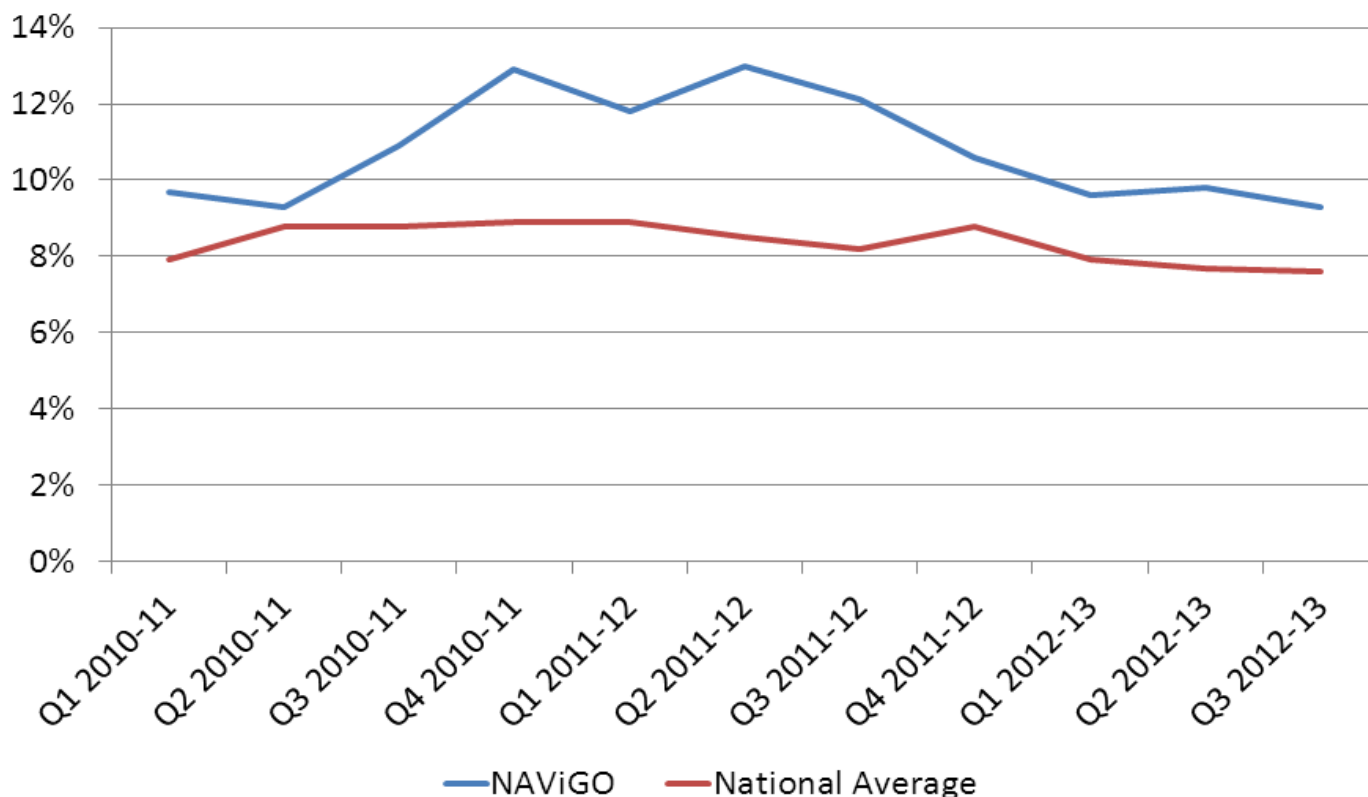
The Mental Health Minimum Data Set is the vehicle which monitors the number of service users on the Care Programme Approach (CPA) in Settled Accommodation and Employment and informs the results of the **Department of Health** Performance Framework.

NAVIGO is particularly proud to be in the top five performing mental health providers in the country when it comes to securing settled accommodation opportunities for its **service users** and consistently above the national average in relation to finding paid employment for its service users on the Care Programme Approach.

The trend graphs below show NAVIGO's progress against the national England average performance from March 2010 to December 2012 which is the latest available published data.



Percentage of service users on CPA in Paid Employment



*Q1 2011-12 uses internal data due to issues with the released MHMDS for the quarter.

Health of the Nation Outcome Scales (HoNOS)

HoNOS is an outcome measure which is used in the clustering process known as Payment by Results (PbR).

Service users are allocated to Care Clusters using the mental health clustering tool based upon HoNOS (how the **service user** is feeling in last two weeks) and alongside service user history which in turn supports care planning and enables Mental Health Payment by Results (MH PbR).

The clustering tool supports providers and funders of services in measuring health and social care outcomes in mental health without the need to collect additional data.

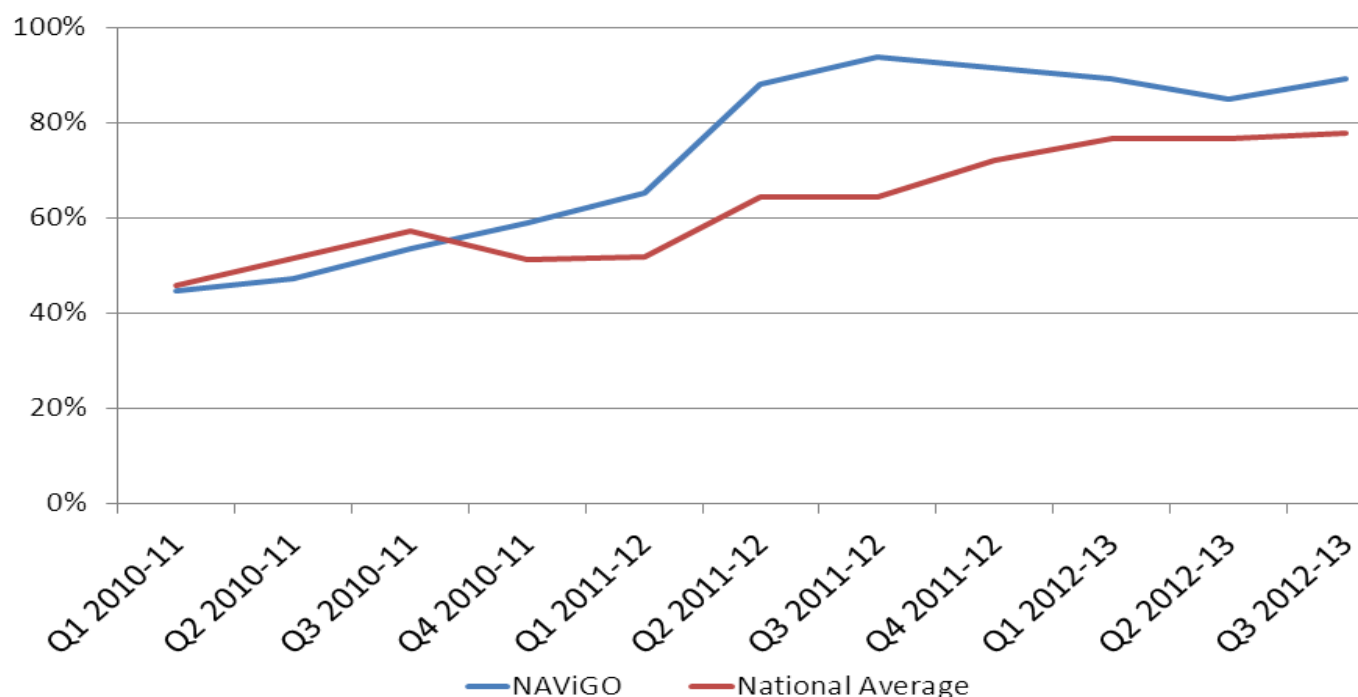
It will also form the basis for NAViGO's contract and how it will be paid in the near future. Rather than issuing a block payment for services provided, funders of services will calculate the cost of providing services based upon the level of need historically which will be calculated by a fixed cost per cluster and the number of service users in those clusters.

NAViGO has worked hard to implement HoNOS and Payment by Results.

The trend graph on the following page is based upon the data submitted to the Mental Health Minimum Dataset shows that as at December 2012 almost 90% of service users have had a HoNOS assessment recorded on Maracis.



The proportion of service users on the Care Programme Approach who have had a HoNOS assessment in the last 12 months

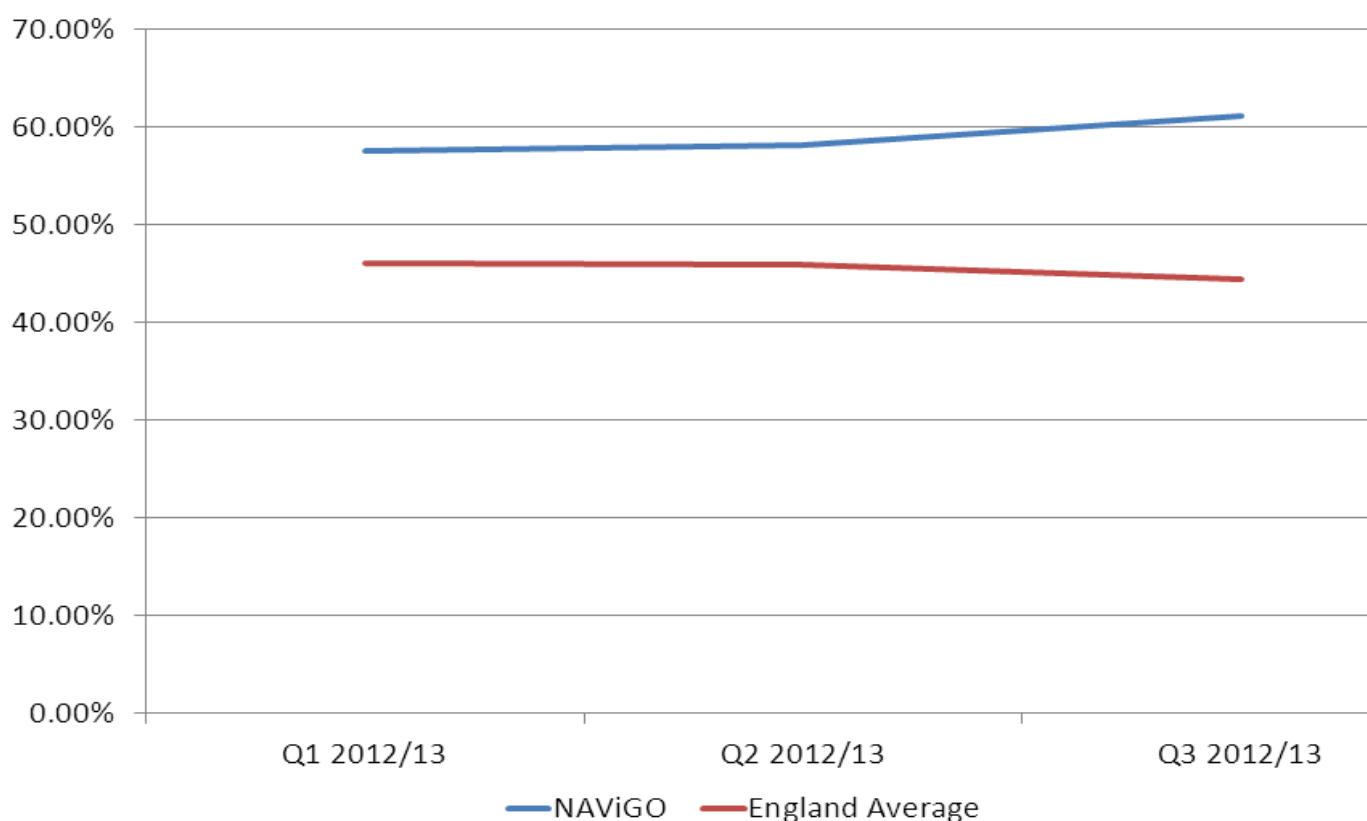


Improving Access to Psychological Therapies (IAPT)

Open Minds, part of NAViGO, provides the talking therapies (IAPT) service for people with common mental health problems in North East Lincolnshire. Part of the national reporting requirements for IAPT services are the IAPT Key Performance Indicators (KPI).

The chart below shows the proportion of **service users** moving to recovery after treatment at **Open Minds** is progressively increasing each quarter whereas the England average is decreasing per quarter. **Open Minds**, as part of NAViGO, is currently one of the top five performing trusts for this national indicator.

Proportion of service users completing treatment and moving to recovery



glossary of key terms

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 someone who looks after their relatives or friends on an unpaid, voluntary basis often in place of paid care worker.

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.

Electronic service user record

Details of a service user's current health and history held on a computer.

Forensic Mental Health Services

Specialist services for people with mental health problems, who have been arrested, are on remand or have been to court and found guilty of a crime.

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'.

National Institute for Clinical Excellence (NICE)

It 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 Patient Safety Agency (NPSA)

The NPSA 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.

Non-executive

An individual who sits on the business board. They have the same powers and responsibilities as directors but are not involved in the day to day running of services.

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.

RESPECT Training

RESPECT is a training scheme that promotes the use of non-restrictive de-escalation over control and restraint techniques.

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.

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.

Systemic Family Therapy

Family therapy can help support families through communications problems and other issues to help improve the family environment.

Tukes

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

"I feel like I have got someone to talk to now, no matter what time or where I am." (Crisis Team)

Comments from service users in 2012 -13



statements from other organisations about the quality account

North East Lincolnshire Clinical Commissioning Group

As lead commissioner for health and social care services in NEL, North East Lincolnshire CCG are pleased to have the opportunity to comment on this Quality Report.

It is of course published at a time of unprecedented pressure on the system, driven by rising demand and diminishing resources. The overall impact of a national economy in retraction points to increased risks to the nation's mental health from unemployment, debt and workplace stress.

The introduction to the report sets out in detail progress that has been made in the last financial year and well as setting clear priorities and goals for the year ahead.

It is pleasing to note that NAViGO has made considerable progress in forging links with local key stakeholders both in health, social care and the third sector. Equally, Navigo has forged strong international links, ensuring that best practice is shared across a much wider health platform. Clearly collaboration and further integration of commissioning and provision will continue to be a key strategy in mitigating the pressures described above.

NAViGO are to be congratulated on having a clear and coherent user involvement strategy, providing clear evidence that this is threaded throughout the organisation. It is pleasing to see strong evidence of service users and their families being involved in the setting of the organisational priorities in terms of quality standards. Equally, there is good evidence to demonstrate that the three key areas are linked to governmental strategy in terms of;

- Service user safety – Ensuring service users do not come to harm whilst in the providers care
- Clinical effectiveness – Applying the best knowledge, derived from research, clinical experience and preferences of service users to ensure best outcomes are achieved for service users;
- Service user experience – Listening to and acting on service users views in order that the provider delivers the best service and experience possible.

Clearly the future will be challenging. The commissioner pledges its commitment to continue to work with NAViGO in the coming years to continue to drive up standards. How NAViGO responds to these pressures while managing funding restraint will be the barometer of success over the coming years. A priority for the mental health providers will be to offer commissioners, practitioners and service users a set of solutions to managing this while continuing to deliver quality outcomes.

Paul Kirton –Watson
Strategic Lead- Quality and Experience
North East Lincolnshire Clinical Commissioning Group


**North East Lincolnshire
Clinical Commissioning Group**

“My family and I are so grateful for the staff’s invaluable care. Rharian Fields has saved me. I am so honoured to have been cared for at Rharian Fields. I owe them my life that I can now live again”.
(Rharian Fields, Eating Disorders Service)



Comments from service users in 2012 -13

North East Lincolnshire Mental Health Service Service User and Carer Independent Forum

Independent Forum members were pleased to be asked to comment on the draft NAViGO Quality Account for the coming year. At the weekly Forum meeting on 1st May 2013 the achievements of 2012 2013 were reviewed and members felt that NAViGO should be commended for the service developments and consideration of the service user experience.

Following on from the monitoring and improvement of the waiting time for assessment in the Open Minds Service as highlighted in the priorities for 2012 – 2013, members endorsed the inclusion of waiting time for subsequent individual therapy as a priority for 2013 -2014. The extension of the research projects for TMS were noted as a commitment by NAViGO to build up the evidence base for the eventual approval to be able to offer TMS as a treatment.

Members had been concerned that basic service user details were not always checked, resulting in some correspondence going astray and missed appointments, so were pleased to see priority being given to the improvement of record keeping for 2013- 2014.

The Quality Account for 2013-2014 shows a continued commitment to acting on service user feedback to provide a service which staff and service users alike would recommend to their family and friends.

*THE FORUM IS AN INDEPENDENT SERVICE USER & CARER INITIATIVE PROMOTING SERVICE USER & CARER INVOLVEMENT
North East Lincolnshire Mental Health (Service User & Carer)
Independent Forum*



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Printed copies can be obtained by contacting:

The performance team on (01472) 252366 extension 265.