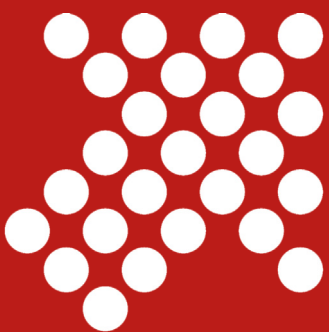


# Quality Account 2013/14

Providing services we  
would be happy for  
our family to use



# table of contents



## Part 1

Table of contents	1
Quality - Chief executive's view and declaration of Quality	3
Summary of Quality Account	5
What is the purpose of the Quality Account?	5
Why these areas?	5
Our key achievements in relation to quality in 2013-14	6
Our priorities for 2014-15	10
Mandatory statements	11
Statement of director's responsibilities in respect of the Quality Account	11



## Part 2

Who was involved in setting priorities for 2014-15?	12
How did we collect these priorities?	12
How did we shortlist?	12
Our priorities for 2014-15	13
Service user safety	13
Service user safety priority 1	13
Clinical effectiveness	13
Clinical effectiveness priority 1	13
Service user experience	14
Service user experience priority 1	14



## Mandatory statements

How NAViGO monitors quality and performance	14
Mandatory quality indicators	15
Participation in clinical audits	18
Participation in clinical research	24
Goals agreed with funders of services	24
Care Quality Commission registration	24



# NAViGO

moving forward with health and care services



## Mandatory statements continued

Data quality	25
Information governance	26
Our performance on information governance toolkit	26
Clinical coding	26

## Part 3



How we performed on quality last year – 2013-14	27
Performance on Quality Account priorities for 2013-14	27
Update on Improving Access to Psychological Therapies (IAPT) for people with Chronic Obstructive Pulmonary Disorder (COPD)	29
Improving quality in physical healthcare in Community Mental Health Services	30
Older adults memory service accreditation and excellent CQC results	31
Tukes mini market and People's Park Project, transforming local community and providing even more opportunities for education and training	31
NAVIGO medical directors receive clinical excellence awards	32
Early intervention identified as 'highest performing team'	32
Eating disorder inpatient unit (Rharian Fields) expansion and nomination by service users	32
Recognising social enterprise in North East Lincolnshire	33
Staff survey	33



## Glossary of key terms

## Statements from other organisations about the Quality Account

North East Lincolnshire Clinical Commissioning Group (CCG)	36
Healthwatch	37

# Part 1

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

---

This year's Quality Account while providing an overview of key areas of activity, also provides appraisal on some key issues that have been targeted as requiring our attention. There are indeed areas for improvement identified by service users, carers and staff that people felt would genuinely improve things further and also help in getting the detail right.

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. Indeed the priorities are set each year with all these people actively involved.

Overall we have been very successful in providing services that measure up well against our peers in other mental health services around the country.

We have over the past three years, since NAViGO's creation, won six national awards, this

year adding the 'GO Best Service' national award to our collection, beating numerous large well renowned companies

The CQC continue to validate our services as high quality, with some very pleasing feedback on our services. The Royal College of Psychiatrists have also rated four of our services as Excellent in their AIMs reviews done by professionals and service users from other parts of the country, this year seeing the Community Mental Health and Memory Service accredited under the scheme.

Our national staff survey has 65% top national scores and has produced similar results for three years despite challenges of limited resources and service closures.

Service user rated scores on recommending services are now being collated too (before a national mandate) and the results are showing we have made a strong start in these too.

At the forefront of service development, we have had over 100 visits to us to view NAViGO services and gain our advice. Our

strong achievements in trying to secure people 'valued roles', qualifications, work and stable accommodation all continuing while working with our community, partners and people who use the services we have clearly shown some important results.

For a comparatively small service much of this is highly pleasing, however there remains much to do. We need to get it right first time, every time. Ensure detail is always correct and have all our staff completely committed: topping the national scores is not enough.

We also need to find ways to do even more to influence other areas which exist in tandem with long term mental health problems such as Schizophrenia and Bi-Polar Disorder, like poor diet, lifestyle problems and physical health issues. Much work has gone into this, but people with long term mental health problems are massively disadvantaged in many areas of wider health determinants.



This year too we have concentrated a great deal more on working with partners in the general hospital and community, trying to help with the whole 'health economy' to offer new answers to the pressure on resources right across health and social care. These will need new approaches, to maintain and enhance quality we will need to do some things differently over time, looking at complex care with partners and meeting need in different ways.

Finally, everything else we have achieved: grants issued for wider good voted on by the membership thanks to - our staff working smarter and saving money, more quality initiative like 'star wards' peer

reviews, health checks on long term service users being enhanced to include more key physical health areas and - our wider supervision of RESPECT national/international ethical training responses to preventing aggression (which was recommended in the national mind report) - I hope you the reader can see we are striving hard to continue to bring better services.

Each year we see more people for less resource and although we have also managed to bring some funds into the local area from national specialist services such as eating disorder care and grants such as the Burdett Trust, this will prove difficult in the future.

Mental health services have always had severe limitations in resources cited in many national reviews, compared to other areas of health and social care, however we hope this report reassures that locally we are striving hard to continue to improve quality despite this and the reduced funds available to us to provide services.



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 2013-14

- 75% of NAViGO staff said if a friend or relative needed treatment they would be happy with the standard of care, compared to 60% nationally
  - Over ¾ of service users would recommend NAViGO to friends and family if they needed care or treatment
  - NAViGO won the 'Best Service' Award in the GO excellence in public procurement awards 2014-15
  - NAViGO's Community Mental Health Team won a Medipex NHS Innovation Award in 2013 for their pioneering work with service users
  - The Royal College of Psychiatrists rated all four of the NAViGO services which took part in Accreditation for Inpatient Mental Health Services (AIMS) reviews as 'Excellent'
  - NAViGO's Open Minds service received excellent results in the National Audit of Psychological Therapies (NAPT)
  - The quality of record keeping has been significantly improved across the whole of NAViGO
- NAViGO has achieved the majority of its performance targets in 2013-14; these include targets set by regulators such as the Care Quality Commission (CQC) and the Department of Health (DoH). Particularly pleasing performance has been achieved in relation to the percentage of service users in settled accommodation and service users in paid employment which NAViGO 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.
- Employment Specialists play a key role in helping a service user gain or maintain employment, begin studying or gain work experience through voluntary work. The four employment specialists cover adult community, social inclusion and open minds. In 2013/14, of the service users who had two or more appointments with an employment specialist 74% had an outcome of maintaining or gaining employment, voluntary work or college placements. A selection of positive comments from service users are shown below:

**"I feel positive and confident for the future, both in terms of work and in terms of my mental health and I believe that Open Minds, and the holistic support that it offers is a huge factor in my recovery."**

**"With fondness and gratitude, a true life changer. For the first time in eight years, I'm holding down a job – watch out Ed Milliband!"**

**"Thank you for the help you gave me for my nursing interview, it paid off. I don't think I would have done so well without the mock interviews you did with me so your help has been much appreciated."**

Figure 1 (overleaf) displays the number of referrals to NAViGO services alongside the funding NAViGO receives from its commissioner year on year by financial year. It is evident from figure 1 (overleaf) that referrals to NAViGO services have increased by 21% from 9,525 in 2011-12 to 11,622 in 2013-14, while the value of the contract NAViGO has with its main commissioner has reduced by an average of 5% year on year from just over £19.5 million in 2011-12 to £16.8 million in 2013-14 making the delivery of services increasingly challenging.

***"Every team member has been very warm easy to share my everything with and extremely helpful in helping me understand all I needed to. I am grateful to have received and be receiving the care and help of all those who have helped me this far."***



Service user comments on Crisis/Home Treatment team - 2013-14

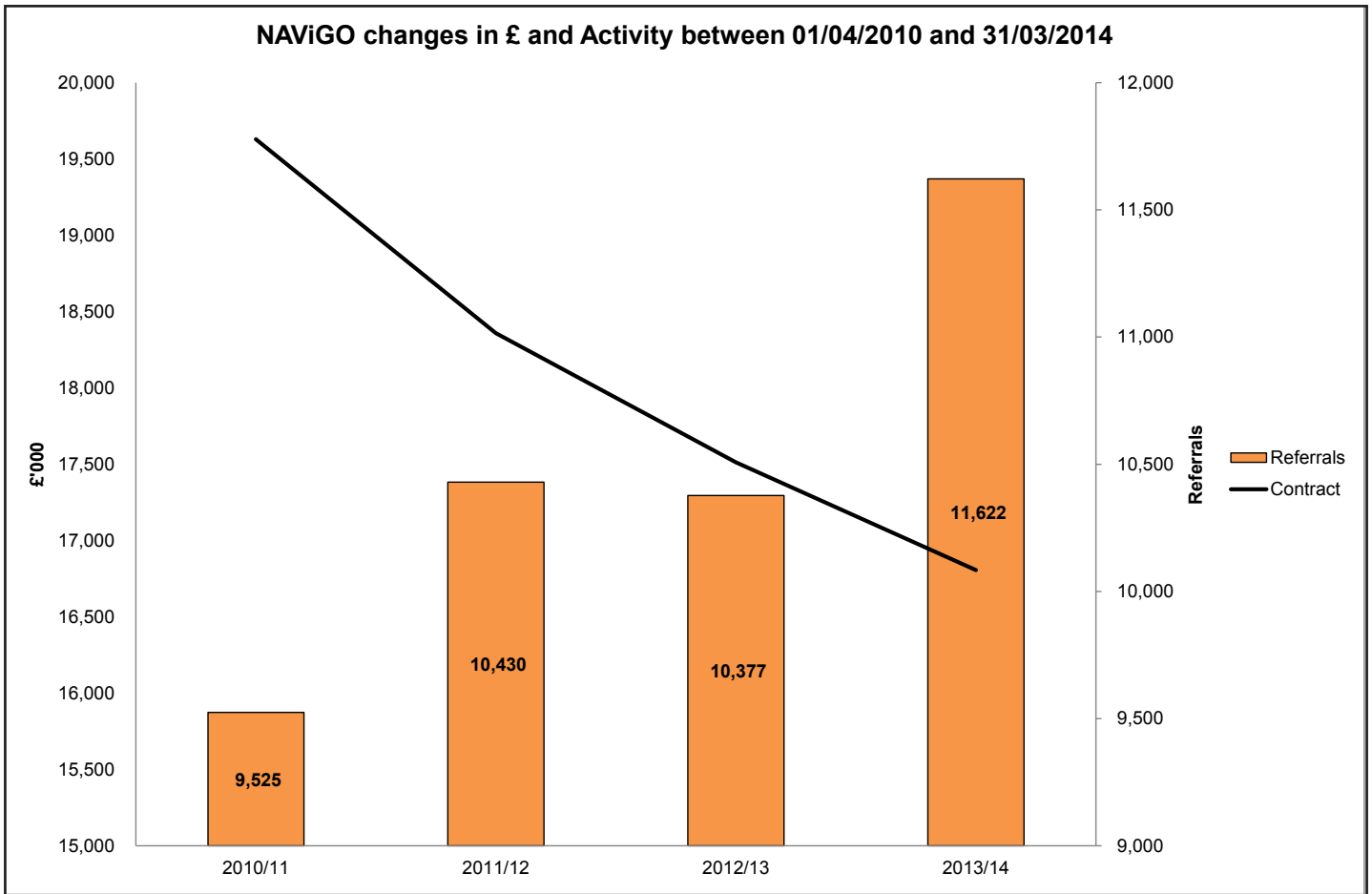


Figure 1

Priorities set for improving quality locally in last year's Quality Account were challenging and NAViGO struggled to reach the aspirational targets it set itself on some measures, as detailed in part 3. Pleasingly the priority of arguably the most significance, improving the quality of record keeping was fully achieved with detailed plans for further on-going improvements to be implemented throughout 2014-15, focusing on electronic patient records and becoming a paper-free organisation. NAViGO uses a system called Silverlink for electronic patient records.

It was clear from the research undertaken for the record keeping project that NAViGO staff at all levels of the organisation were committed to creating and maintaining a quality clinical

record. It appeared that barriers to achieving this largely related to technology (hardware and software) where financial investment is required managed through a robust IT Strategy and IT Strategic Lead.

This project was successful in that it achieved its objectives in evaluating the current level of understanding and competence in relation to record keeping, identified the gaps, and put processes in place to fill those gaps within current resources. Funding was secured but this is Capital only and re-curent investment is needed to ensure continued improvement and sustainability. There is also an identified need for leadership to support the move from paper-light to becoming paper-free.

A summary of the outcomes of the project in response to staff feedback and research is depicted in figure 2 on the next page.



***"I was initially sceptical before seeing (my IAPT therapist) on how this could help me or if I would allow it to help me. I have been surprised how much this has helped me get back to my normal self. I had complete confidence in everything (my IAPT therapist) has suggested and has really helped and supported me to get back to my normal self."***

Service user comments on Open Minds - 2013-14



Improvement Suggestion	Source	Outcome	Date Achieved
Silverlink Note Template	National Health Service Litigation Authority (NHSLA) Record Keeping Audit	Subjective, Objective, Assessment, Plan (SOAP) note template created by Performance Team in Silverlink service user notes, ensuring that all the required information is collected regarding a service user note	May 2014
Silverlink Document Centre Restructure	Staff Survey	Structure made generic and not team specific to easily locate documents as suggested	1st April 2014
Revision of Record Management Policy	NHSLA Record Keeping Audit, shadowing pilot areas, Managers' Development Day	Policy amended to be more specific and link to other Silverlink Guidelines	April 2014
Record Keeping Training	Staff Survey	Training delivered as part of Managers' Development Day in March 2014. Managers to cascade training to staff and further sessions available on request	March 2014
"How to" guides and increased communication on Silverlink developments	Staff Survey	Silverlink procedure/training notes all on shared network drive for all staff to easily view. Changes and Frequently Asked Questions (FAQ) are in the NAViGO quarterly newsletter	January 2014
Making Silverlink more intuitive	Staff Survey, shadowing pilot areas	A paper was sent to the Silverlink Board, Silverlink shadowed Open Minds who requested the most changes to the system, changes planned by Silverlink in the next 12-18 months	August 2014 onwards
Need for portable devices	Staff Survey, feedback following presentations to staff	£120,000 secured from the NAViGO commissioner (North East Lincolnshire Clinical Commissioning Group (NELCCG)) for new devices for clinicians to be project managed by Performance Team	November 2014
CPA Paperwork as windows in Silverlink	Staff Survey	£38,000 secured from NELCCG for the development of paperwork as windows in Silverlink	September 2014
IT customer service and stability of systems	Staff Survey	A paper was sent to IT. IT rota in progress to visit all NAViGO sites on a regular basis to provide hands on support, move planned from Citrix to Remote Desktop Service (RDS) to make the performance of Silverlink more efficient/stable	October 2013 - on-going
Improved guidance for admin staff inputting into Silverlink	Staff Survey and NHSLA Record Keeping Audit	Admin Pathways and Naming Conventions for all paperwork saved in Silverlink in progress, Administration Workshops in progress to troubleshoot queries/issues with Silverlink, Letter templates in development within Silverlink, Silverlink Newsletter and training notes on Shared Network Drive for all staff	August 2013 - on-going
Increased awareness of standards relating to record keeping	NHSLA Record Keeping Audit, shadowing pilot areas	Presentations on NHSLA audit, results delivered to all teams responsible for record keeping, audit tools available as part of record management policy to assist managers in checking quality and legal requirements	August 2013 – April 2014

Figure 2

Priorities relating to data collection of patient outcome (PROM) and experience measures (PREM) were achieved in part due to processes being in place to collect and report on compliance. Unfortunately the high uptake rate of 95% of service users being offered the chance to complete both outcome and experience measures was not evident with only 65% having been offered or completing the paperwork.

A large proportion of the service users without a Patient Rated Outcome Measure (PROM) recorded are service users with Organic conditions such as Dementia. Currently there is no PROM in place for service users with Dementia. Taking this into account and removing these cases, the proportion of service users with a PROM completed is 73.5%. 71 service users without a PROM do not have a named care coordinator or lead professional, these service users may be awaiting discharge or are being seen solely by Psychology who are yet to start recording outcome measures.

A further 61 service users are seen solely by Consultants whose appointments can be 6-12 months apart.

In 2013/14, 2981 PROM's were offered. Of the 2981 offered, 351 (11%) of service users declined or had no capacity to complete. A similar level of patient experience questionnaires (PREM) were offered or completed. These contained the friends and family test question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" with answers on a scale of extremely likely to extremely unlikely.

Currently there is no benchmarking data available as the test is currently in pilot stages for Mental Health and will not be fully introduced until December 2014. **The proportion of service users answering positively to the friends and family question in March 2014, based on the current national calculation which uses a score of -100 to +100, is +61.6.** In March, 362 patient experience surveys (PREM) were offered to service users, 70 (19%) of those service users refused or had no capacity to complete. 70.1% rated 'likely' or 'extremely likely'. Of the 292 completed surveys, 106 (36%) left comments, 86 (81%) were positive and praise the support given and the fact they are listened to. Some of the positive comments have been listed below:-

***"I feel that living in Cleethorpes, I am very fortunate because the area has a very supportive team both in Harrison House, and support in the Community is excellent."***

***"Was really nice and listened to me, let me speak and didn't judge. I felt human for a change"***

***"I received a lot of helpful information from <clinician> which will stand me in good stead for my future wellbeing. Thanks!"***

The PROM and Patient Rated Experience Measure (PREM) containing the friends and family test will continue to be monitored at service and board level monthly. Text messaging and email will be offered as alternative methods of completion for service users from September 2014 due to feedback from service users who said it was not always appropriate to complete paperwork during their clinical appointment. Results for both outcomes and feedback from the friends and family test will also be fed back to teams and individual workers via monthly meetings.

Any themes across the organisation where improvement may be indicated will be action planned at the bi-monthly complaints and

surveys group which has service user and staff representation.

The proportion of service users discharged from Open Minds that started treatment within 28 days of referral has consistently been around the 50-60% mark for the year. Open Minds are now receiving this information monthly to monitor, the national Open Minds data (Improving Access to Psychological Therapies (IAPT)) currently does not incorporate clock starts and stops at the beginning of treatment and looks at the first attended contact, if the service user has cancelled or not attended two or more initial appointments this could quite easily take the service users over 28 days.

The Open Minds Manager has been to several national meetings where the indicator has been discussed and highlighted that the majority of trusts are not meeting the target.

Consequently the target percentage may be revised nationally.

Open Minds are also trialling telephone assessments to try to engage service users in commencing treatment, a recent report on Did Not Attend (DNA) rates has shown a high proportion DNA their first or second appointments following referral and are never actually seen within the service. An on-going piece of work is being done to keep waiting times at a minimum by encouraging more referrals to the service from general practitioners who have been well-briefed on the referral criteria for the service.

An extra member of staff has been employed to see people when they first enter the service to immediately assess their needs and advise on the next stage of treatment, if appropriate. This practitioner also runs two additional sleep and panic groups which service users could access as soon as six days on average following their first initial assessment.

NAVIGO partook in all eligible national clinical

audits between April 2013 and March 2014. Excellent results were evident in the National Audit of Psychological Therapies (NAPT) which our Open Minds service took part in. The results for overall service user satisfaction were very high in comparison with the national sample. In particular, satisfaction in terms of experience was statistically significantly higher than the national result. 100% of service users stated that the treatment helped them to understand their difficulties and 95% said that they would come back again if they had similar difficulties.

The recovery rate and the rate for people that recovered and reliably improved were both higher than the national sample.

The amount of people dropping out of the service is higher than the service would like and this has been included in the action plan to be investigated and also to look at ways of improving the drop out rate. This will include auditing that text messages are sent to people to remind them about their appointments and asking people why they dropped out of the service. It is recognised that a lot of appointments are wasted due to people cancelling at short notice or failing to attend without notification.

---

## Our priorities for 2014-15

After consultation with our members at Membership Board (which include service users, community members and staff), these priorities (right) for quality improvement have been identified. These priorities will be NAVIGO's focus in improving service user safety, the effectiveness of its services and service user experience between April 2014 and March 2015.

Priorities were chosen after analysing data including waiting times, complaints, feedback from the Membership Board, service user surveys, and incidents and accidents.

The shortlist of priorities was developed based on the ethos of NAVIGO – providing services we would be happy for our families to use. 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.

- **service user safety priority 1**

- To ensure 90% of all discharge summaries for NAViGO inpatients are received by the service user's General Practitioner (GP) within 24 hours of discharge.

- **clinical effectiveness priority 1**

- To evaluate patient rated outcome, service user experience feedback and peer review feedback by team/individual worker where appropriate and incorporate any actions for improvement or positive results into annual personal development reviews.

- **service user experience priority 1**

- To perform in the top 25% of mental health providers for the friends and family test where service users are asked whether they would recommend NAViGO and it's services to friends and family. This is part of NAViGO's mission - to provide services our friends and family would use.

# Mandatory statements

## 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



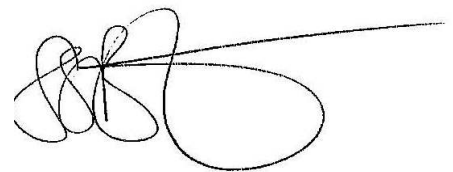
**Kevin Bond**

chief executive



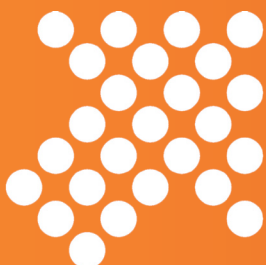
**Barry Flintoff**

director of operations



**Simon Beeton**

director of finance





# Part 2

## Who was involved in setting priorities for 2014-15

NAVIGO's priorities for quality improvement for the financial year April 2014 to March 2015 were identified in conjunction with the Membership Board (which includes service user, community and staff members) and NAVIGO's main funder of services, North East Lincolnshire Clinical Commissioning Group (NELCCG).

## 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 2013 to March 2014). 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 as part of the NHS Standard Contract 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 Independent 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, 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. 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.

*“When I phone...(and my care co-ordinator)... is not there and I leave a message, ... (they)... always phone me back. (My care co-ordinator)... understands me...(is)... always there if I need...(them)... and is a very good listener and helps me out a lot. Number one key worker.”*

*“Very happy with the support I have received on what has been a long road (7 years). Feeling good about myself and confident for the future. I very much appreciate all the help and support which has helped me get to where I am today.”*

*Service user comments on Hope Community team - 2013-14*

# Our priorities for 2014-15

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 services is paramount to NAVIGO delivering on its vision of providing services we would be happy for our families to use. Feedback from service user experience

surveys and the local main funder of NAVIGO Services, North East Lincolnshire Clinical Commissioning Group (NELCCG), has suggested that there is room for improvement in how NAVIGO proactively communicate with General

Practitioners (GP) in the wider care team. Information sharing is paramount in ensuring service user safety. A significant part of effective communication is how timely the information reaches other aspects of the care team:

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

### Service user safety priority

To ensure 90% of inpatient discharge summaries for NAVIGO are received by the service user's General Practitioner (GP) within 24 hours of discharge.

## Clinical effectiveness

Ensuring the services we provide are as effective as they can 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 last two weeks combined with their previous presentations. It will be the vehicle by which all mental health providers will be paid in the near future. The Patient Rated Outcome Measure (PROM) 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. Last financial year NAVIGO focused on collecting this information. This year it is important to extend this and use the information alongside patient experience surveys, including the friends and family test, staff surveys and Clinical Rated Outcome Measures (CROMs) to evaluate how effective different parts of the service may be compared with others and feed the

results into individual workers' Personal Development Reviews (PDR's) to ensure consistency across the service and inform any training requirements.

This has been identified as part of the staff friends and family test which has recently commenced where some staff have suggested they would recommend some parts of the service but not others due to a variation in how effective they view different elements of the service to be.

### Clinical effectiveness priority 1

To evaluate the patient rated outcome measure (PROM), service user experience feedback and peer review feedback by team/individual worker where appropriate and include any actions for improvement or positive results into annual personal development reviews (PDR's).

## 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.

## Service user experience priority 1

To perform in the top 25% of mental health providers for the friends and family test where service users are asked whether they would recommend NAViGO to friends and family. This is part of NAViGO's mission - to provide services our friends and family would use.

---

# Mandatory statements

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.

## How NAViGO monitors quality and performance

NAViGO's Performance Team produces data from the Service User Electronic Patient Record (Silverlink) 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 (NELCCG). 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 Board. The Board and the main service funder receive a performance report including

a summary of exceptions where targets have not been met every quarter.

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

---

***“Always developing and adapting needs and delivery of service to service users. Patient's personality always taken into account, respected and given dignity. Team at Rharian Fields work fantastically together and it's so lovely to walk in and sense that atmosphere.”***

Service user comments on eating disorder service, Rharian Fields - 2013-14

***“The care and understanding I have received from my team is nothing more than exceptional, they have fulfilled my needs and requirements, excellent.”***

Service user comments from the Service User Survey - 2013-14



# 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 figure 3 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 seven days of discharge to reduce risk of suicide and social exclusion and improve care pathways. **The national target is to follow up 95% of patients within seven days.**

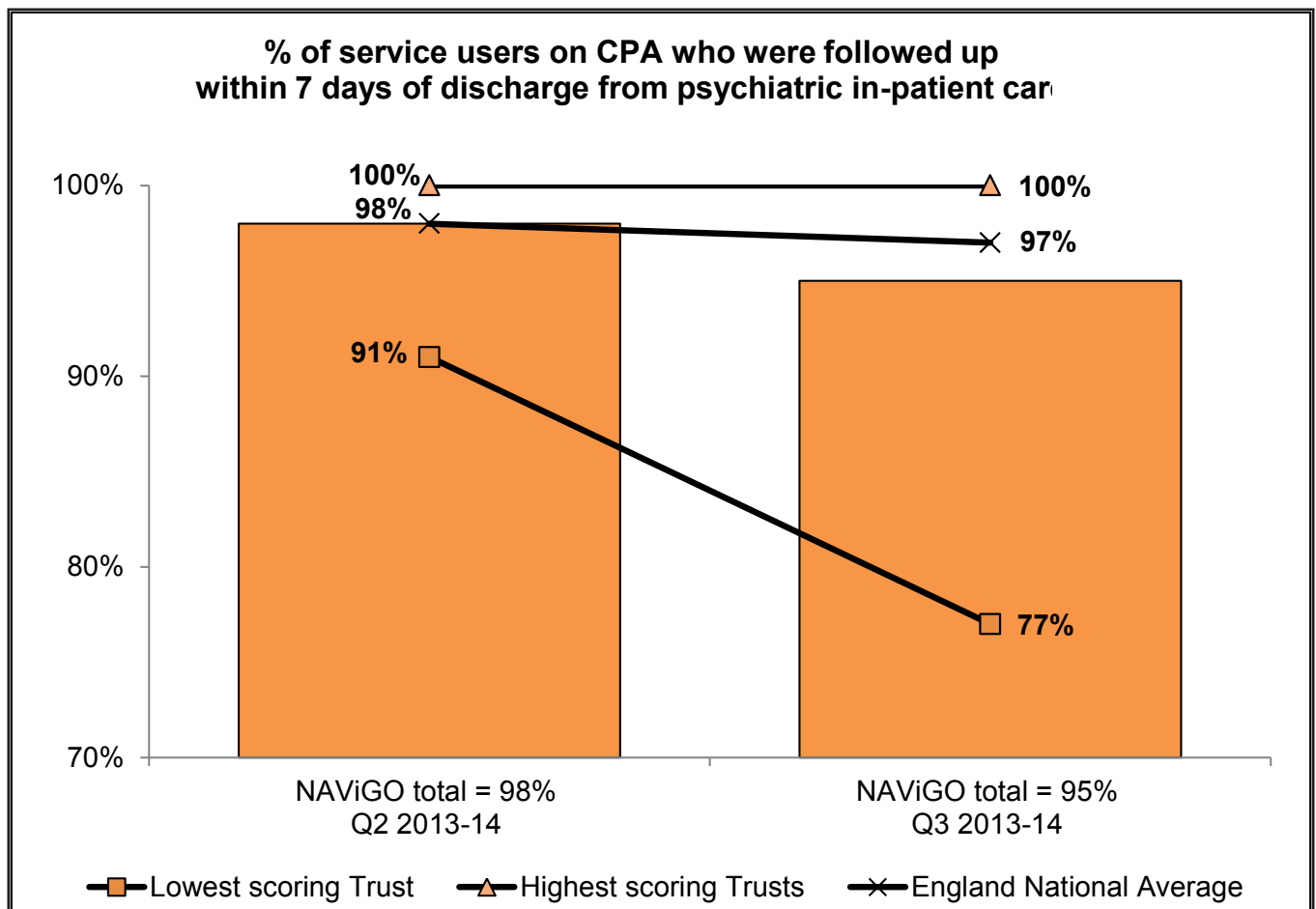


Figure 3

NAViGO considers that this data is as described for the following reasons: There was actually only one service user NAViGO was unable to contact directly within seven days of their inpatient discharge between July 2013 and December 2013. The source of the data in figure 3 above is the Health and Social Care Information Centre (HSCIC). NAViGO submit a quarterly return on compliance with this indicator which does not have the facility to be

refreshed after the submission is made. Data on NAViGO's Electronic Patient Record (Silverlink) was updated following the submission and reflects that **NAViGO actually performed 100% of seven day follow up visits during quarter two and 98% during quarter three which is attributed to one service user in December 2013 receiving a contact after the seven days.** 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, and so the quality of its services, 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 seven 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 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. 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 target is to gate keep 95% of all admissions to psychiatric inpatient wards.**

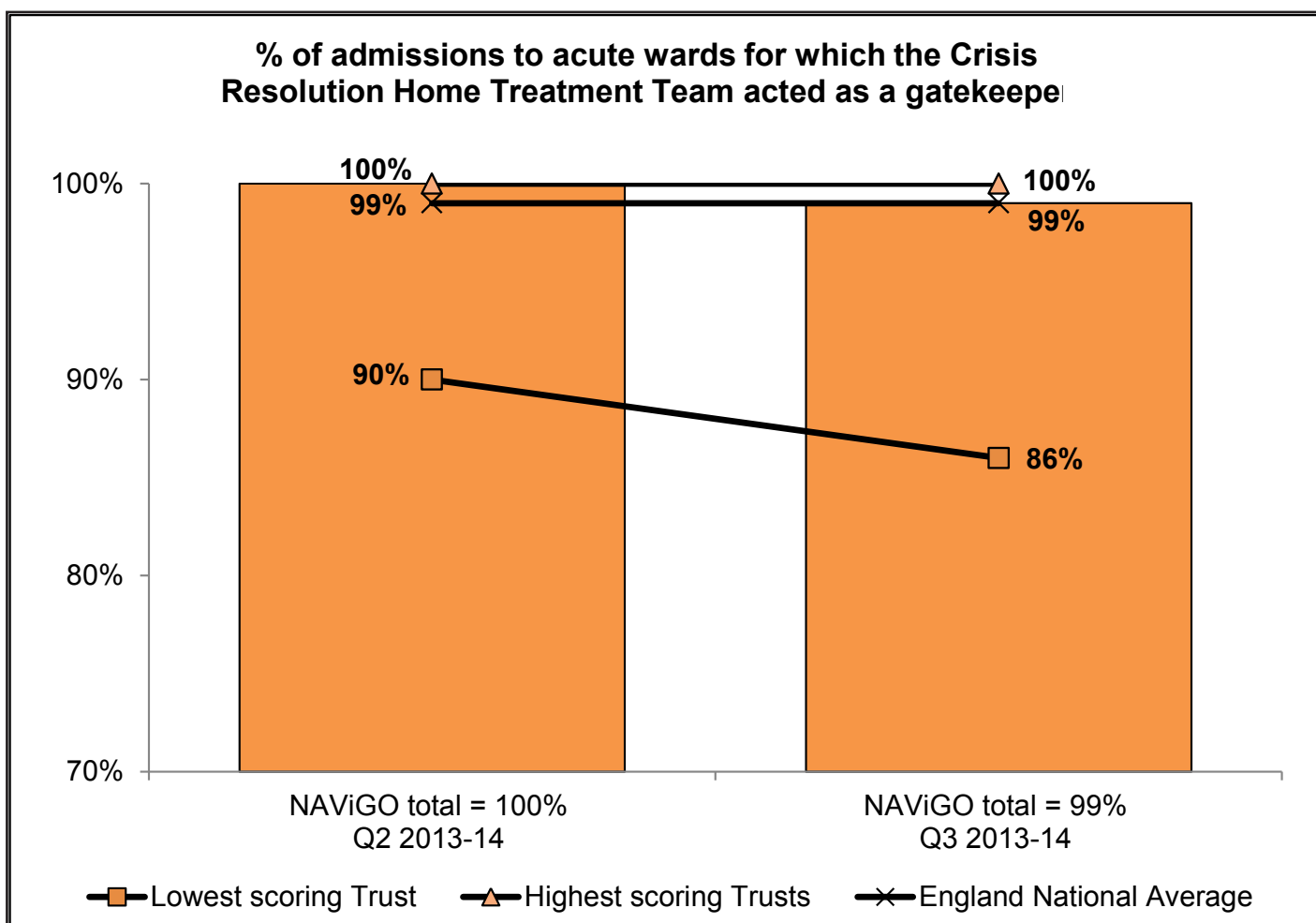


Figure 4

NAVIGO considers that this data is as described for the following reasons: The source of the data in figure 4 above is the Health and Social Care Information Centre (HSCIC) who collate quarterly return data from all trusts. The score of 99% in quarter three is attributable to one service user who wasn't gate kept by NAViGO's crisis team. The service user was assessed by another trust's crisis team and had an elective and planned admission to an inpatient unit at NAViGO.

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 figure 5 overleaf is to help monitor NHS success in prevention and treatment outside hospital.

Emergency admissions to hospital can be avoided if local systems are put in place to identify those 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	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. Benchmarking data is only being made available for NHS Organisations.

The 2013 survey of people who use community mental health services involved 51 NHS trusts in England (including combined mental health and social care trusts, Foundation Trusts and primary care trusts that provide mental health services). Responses were received nationally from more than 13,000 service users, a response rate of 29%. Service users aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1 July and 30 September 2012. 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 or social care worker during the reporting period can be seen in figure 6 below. The score provided is the overall score which is based on the question: "Overall, how would you rate the care you have received from NHS Mental Health Services in the last 12 months?"

The score is based on the individual responses which were converted into a score on a scale of 0 to 10. A score of 10 represents the best possible response. Therefore, the higher the score, the better the trust is performing.

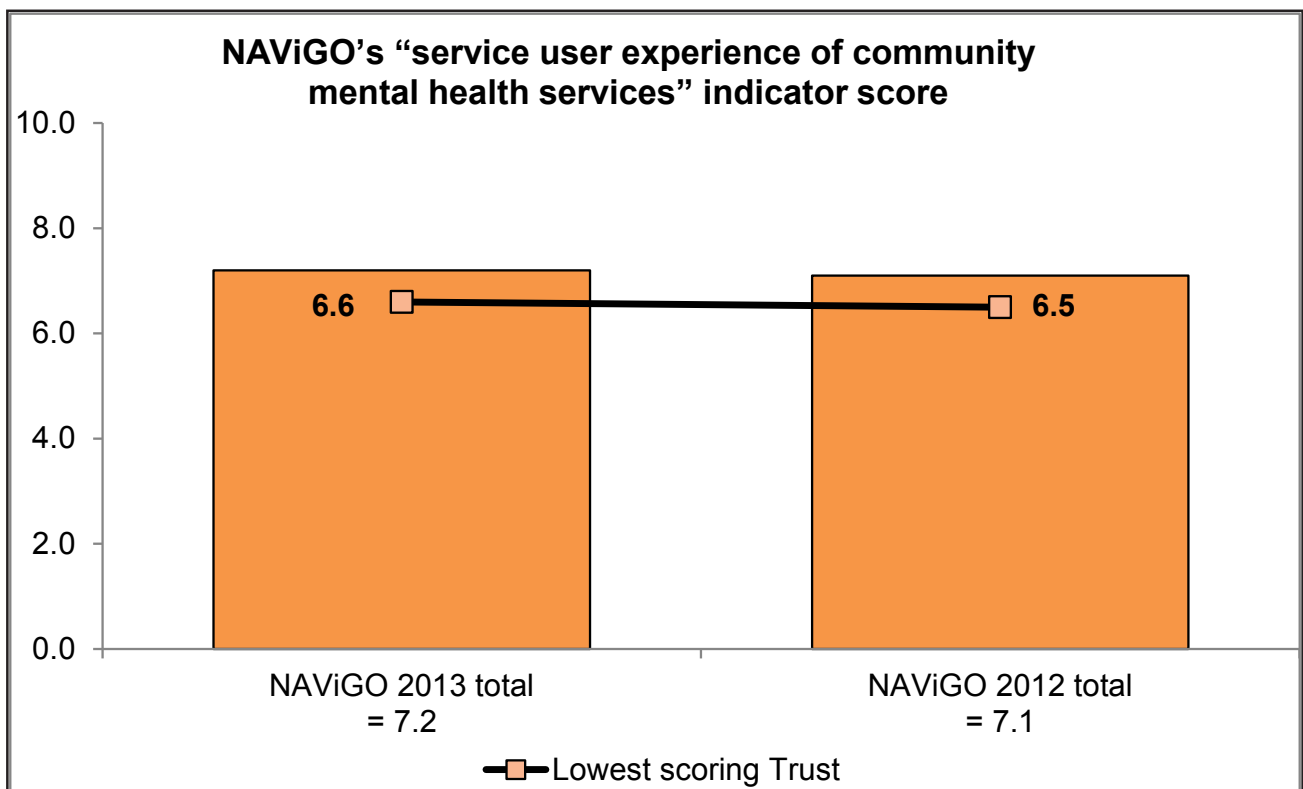


Figure 6 \*The highest scoring trust data is not available for this indicator.

NAVIGO considers that this data is as described for the following reasons: NAVIGO has improved year on year from a score of 6.7 in 2011 to 7.1 in 2012 and 7.2 in the 2013 survey. A score of 7.2 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 has developed local survey user surveys to gain more frequent written feedback throughout the year with action plans for every service area each quarter.

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, action taken at a national level. The indicator below 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 environment and incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in avoidable harm in severe harm or death	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 7

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 provided full lessons learned reports to its funder of services where serious incidents have occurred. Themes from serious incidents are made available to staff as part of a quarterly Quality Newsletter which promotes best practice and shared learning.

## 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 which Mental Health providers were required to report on as part of the Quality Account.

During 2013/14, NAVIGO Health and Social Care Community Interest Company (CIC) participated in five national clinical audits and one national confidential enquiry, out of five national clinical audits and one national confidential enquiry which it was eligible to participate in. This was in addition to NAVIGO's local clinical audit programme.

The national clinical audits that NAVIGO participated in and for which data collection was completed during 2013/14 is listed in figure 8 overleaf, alongside the number of cases submitted and the number of registered cases required by the terms of that audit.

<b>Audit</b>		<b>National Audit of Schizophrenia (NAS)</b>	<b>National Audit of Psychological Therapies (NAPT) for Anxiety and Depression</b>	<b>Prescribing for Attention Deficit Hyperactivity Disorder (ADHD)</b>	<b>Monitoring of patients prescribed lithium</b>	<b>Prescribing anti-dementia drugs</b>
	<b>Trust Participation</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	<b>Organisational Questionnaire Completed</b>	<b>Completed</b>	<b>Therapist questionnaire completed (20)</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Audit of Practice</b>	<b>Submissions</b>	<b>100</b>	<b>617</b>	<b>33</b>	<b>6</b>	<b>180</b>
	<b>Minimum number of submissions</b>	<b>100</b>	<b>6 (guidelines)</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Service user questionnaires</b>	<b>Submissions</b>	<b>62</b>		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
	<b>Minimum number of submissions</b>	<b>50</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Carer questionnaires</b>	<b>Submissions</b>	<b>23</b>	<b>N/A</b>	<b>N/A</b>		<b>N/A</b>
	<b>Minimum number of submissions</b>	<b>25</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

Figure 8



Open Minds took part in the National Audit for Psychological Therapies (NAPT) audit which was commissioned by the Healthcare Quality Improvement Partnership (HQIP).

The aim of the audit was to evaluate and improve the quality of treatment and care provided to adults with anxiety and depression; provide feedback to individual services in relation to (a) agreed standards, (b) performance of other services; provide a national overview.

Four dimensions of quality were audited - access, appropriateness, acceptability, effectiveness/outcomes.

All NHS funded services, were eligible to take part providing psychological therapy to adults in the community presenting primarily with anxiety/depression. Audit tools consisted of:

- |  |                                   |
|--|-----------------------------------|
| <b>1. Service contextual questionnaire</b> | <b>3. Therapist questionnaire</b> |
| <b>2. Service user questionnaire</b>       | <b>4. Case records</b>            |

220 services submitted data for this audit. Of these 131 were IAPT services.

## Summary of results

In terms of access, results supported what had already been identified locally in relation to the population of older adults being underrepresented at Open Minds and work is taking place to encourage more referrals for older adults. This is included in the action plan.

The results for waiting times evidence that Open Minds' waiting times were better than the results for the national sample. Pathways are continuously being reviewed alongside the number of assessment and treatment appointments offered in order to reduce waiting times.

In relation to appropriateness the results show that more people received a NICE recommended therapy and the NICE recommended number of sessions at Open Minds compared with the national sample. In relation to 'acceptability' satisfaction was higher than the national result in terms of the elements that clients rated as being important to them. However, it is acknowledged that currently Open Minds is unable to offer a choice in terms of therapist gender due to not having any male therapists in post. This is despite interviewing all male therapists applying for vacancies who meet the required criteria.

The results for standard eight (service users report a high level of satisfaction with the treatment they receive) were all higher than the national sample apart from the question about receiving enough information before treatment began (which was 1% lower than the national result). This has been included in the action plan.

The Improving Access to Psychological Therapies (IAPT) Payment by Results (PbR) pilot (which Open Minds became involved in after this audit was completed) includes an assessment Patient Experience Questionnaire which also asks whether people were given a choice of treatment and enough information about treatment. Open Minds now scores highly on this and new booklets are being developed to explain disorder specific conditions and treatments. Supporting literature will be given out to people at the end of the assessment.

The results for overall satisfaction were very high in comparison with the national sample. In particular, satisfaction in terms of experience was statistically significantly higher than the national result. 100% of service users stated that the treatment helped them to understand their difficulties and 95% said that they would come back again if they had similar difficulties.

The recovery rate and the rate for people that recovered and reliably improved were both higher than the national sample.

The attrition rate is higher than the service would like and this has been included in the action plan to investigate why people drop out of the service and to look at ways of improving this. This will include auditing that text messages are sent to people to remind them about their appointments and asking people why they dropped out of the service. It is recognised that a lot of appointments are wasted due to people cancelling at short notice or failing to attend without notification.

A number of local audits were also carried out during 2013-14 and monitored via the NAViGO Clinical Audit Committee. Two of these audits are depicted in figure 9 below.

Local Audits completed in 2013-14	Numbers partaking in the audit	Actions agreed
Eating Disorder Unit (Rharian Fields) Optimisation of Care Pathways Audit	15	<ul style="list-style-type: none"> <li>• Rharian Fields assessing clinicians to ensure the names and contact details of Care Coordinators are identified at point of admission. Where no Care Coordinator is allocated an interim representative must be identified with agreement for them to liaise with Rharian Fields, to receive inpatient updates and attendance at Care Programme Approach (CPA) review meetings.</li> <li>• Rharian Fields administration staff to be routinely informed of review meetings planned and given a list of invitees, these will be recorded on the electronic patient record (Silverlink) in the Care Programme Review screen.</li> <li>• Clinicians inviting care teams verbally to CPA reviews must ensure this information is passed to administrators, the invitee will then be added to the Silverlink record in the CPA window.</li> <li>• A clear admission pathway checklist to be devised and introduced to Rharian Fields' admission pack.</li> <li>• CPA review questionnaires are being completed prior/post review, however the additional aids introduced by the Eating Disorder manager recently, specifically the review agenda and review action sheet must be completed and scanned into Silverlink.</li> <li>• Staff to improve documentation to ensure evidence is clear of care team involvement at planning stage and at point of discharge.</li> </ul>
Record Keeping	243	<ul style="list-style-type: none"> <li>• Produce guidance and administration pathways to highlight where documents should be scanned into the electronic patient record (Silverlink) document centre to decrease duplication and make the document centre clearer.</li> <li>• To improve the percentage of notes entered onto Silverlink within 24 hours.</li> <li>• To provide a template For Silverlink for entering notes with the contact date and time and a reason for delay if retrospectively written present within the template.</li> <li>• Standardise all localised data collection forms so that they show the NAViGO logo and have all mandatory criteria included.</li> <li>• Performance Team to work together with a pilot team and optimise Silverlink to make record keeping easier and timely.</li> </ul>

Figure 9

These local audits contributed to improving the care of service users and the quality of service NAViGO provides. Details of the improvements are described on the following pages.

.....

***“The service I have received has been excellent. If it wasn't for people like you I wouldn't like to think where I'd be now.”***

Service user comments from the Service User Survey - 2013-14

## Record keeping

A Clinical Audit using NHS Litigation Authority (NHSLA) standards, local policy and Information Governance Toolkit Record Keeping Guidelines was conducted in June 2013 with a re-audit carried out in March 2014. The aim of the audit was to ensure all notes and documents recorded electronically were clear, concise and recorded in a timely and consistent manner in line with NHSLA record keeping standards.

The audit focused on the quantitative and mandatory requirements rather than the qualitative aspects of the clinical record.

Objectives set from the baseline audit were:-

1. To improve record keeping of health records (documents in the document centre of the patient administration system)
2. To improve record keeping of health notes
3. To standardise record keeping across NAViGO
4. To optimise the patient administration system to improve record keeping

The re-audit indicated room for improvement in both clinically driven and administrative aspects of record keeping pertaining to the service user record, as discussed in the next section. Following presentations to staff and discussion in administration workshops, significant improvements were made relating to the number of pages in the health record having the service user's full name and local patient number present. More pages had patient labels attached and where documents were typed, footers were included to capture the information.

### **To improve record keeping of health records (documents in the document centre of the patient administration system)**

Guidance and administration pathways have been produced. A restructure of the document centre was rolled out on 1 April. Training sessions are currently being run to train administration staff on the document restructure and the naming convention that should be followed for all documents. Once this has been completed the document centre should be easier to follow and quicker to pinpoint the document needed.

## To improve record keeping of health notes

The number of notes written retrospectively has generally seen no change between the two audits. Although, a higher percentage of staff are now including the date in the body of the note so a retrospective note is more obvious to spot whereas previously a retrospective note could have gone unnoticed due to no contact date recorded. To improve timeliness of entering notes, in particular within the community, appropriate portable devices are being explored for clinicians to use whilst out on visits, as detailed in objective one above.

One of the objectives set last year was to develop a note template for clinicians to use. Initial feedback from some clinicians indicated that this would be more time consuming to use but following serious incident investigation and further exploration at Managers' Development Days and the Clinical Governance Committee, it has been agreed that this will be implemented from May 2014.

### **To standardise record keeping across NAViGO**

The proportion of standardised documents uploaded to the document centre in the audit sample had decreased since the previous audit. The performance team worked with administrators to standardise letter templates. This work has been completed and the templates will be in use in the near future. Documents which were found not to be standardised in the audit tended to be locally created documents and as such NHSLA standards had not been followed. An example is the Chronology report where different teams are using different versions, none of which met the NHSLA standards fully.

The proportion of standardised documents may also have decreased due to the increase of documents being uploaded to the document centre due to the national drive to become paper free by 2018. These documents may not have been scanned in when the previous audit was completed and may have only been collected in the paper file. The audit also highlighted that unnecessary documents were being scanned into the document centre, such as leaflets given to the service user. Over 20 documents were identified with a missing NAViGO logo, and further documents did not meet NHSLA standards, for example, fields such as worker signature or job title were missing.

## To optimise the patient administration system to improve record keeping

The Performance Team worked together with three pilot teams, Eating Disorder Unit (Rharian Fields), Older People Acute Liaison and Older People Care Home Liaison, incidentally, both Rharian Fields and Older Peoples' services saw an increase in documentation scanned into the document centre and have vastly improved in regards to the number of pages in the health record with the service user's full name and local patient number present.

A proposed action plan has been devised as part of the re-audit and will be discussed and approved at the Clinical Audit Committee in May 2014.

The NAViGO Service User Record Management Policy was re-evaluated for its relevance and clarity. Consultation with staff indicated that more detail was required on NAViGO's aspirations to become paper-free along with further clarity on responsibilities and processes.

The policy was revised in March 2014 following consultation with staff at the NAViGO Managers' Development Day. Processes were amended where they felt difficult and out-dated and a frequently asked questions page was placed at the beginning of the policy for quick reference.

### Eating Disorder Unit (Rharian Fields) Optimisation of Care Pathways Audit

Quarterly audits were set up to help improve the care pathway for inpatients on Rharian Fields in line with Yorkshire & Humber Commissioners' Admission Pathway Guidelines. Compliance with the guidelines ensures length of stay is enhanced with timely admission and discharge criteria followed.

The baseline audit recommended an admission checklist be implemented to guide clinicians on the process to follow for admissions. The checklist included prompts to ensure a

care coordinator or interim representative is identified prior to admission to improve communication with out of area teams.

Rharian Fields' Service Manager recognised the need to improve the Care Programme Approach (CPA) review process; agendas, questionnaires and action sheets were introduced. The audit identified the need to reintroduce these processes to clinical staff as the documentation was being missed.

The discharge process needed to be tightened up to meet the required standards although this was not a problematic area on the whole. Care plans on discharge needed to be shared with the care team taking responsibility for the service user post discharge, with more robust communications with care coordinators.

A re-audit was carried out between January and March 2014 which confirmed the inclusion of a revised care plan which clearly shows the information is being shared with the care team/family/carer where permission has been granted by the service user.

New paperwork for the admission and discharge process implemented more recently are working well, they act as reminders for staff to ensure they have fully completed requirements on admission and discharge.

Improvements have been made over the past 12 months; these have been mostly around recording practices and development of new paperwork to use as evidence. CPA reviews have improved with a more structured approach using a questionnaire to format an agenda with unmet needs being recorded on an action plan.

It is expected that with better communication implemented via weekly reports, Care Coordinators will now have a greater understanding of progress made by their service users and the whole care team will be able to plan together a more effective and timely discharge.

.....  
***“Nothing is too much trouble, the team have always been available explaining each step of my treatment. My family have felt involved too when needed. I am very grateful and vital service and very much needed.”***

Service user comments on eating disorder service, Rharian Fields - 2013-14



## 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 2013-14 that were recruited during that period to participate in research approved by a research ethics committee was 30, all of whom were treated as part of 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.

The NAViGO TMS centre has over the last year implemented a new brain (Electroencephalography (EEG)) analysis system using Independent Component Analysis (ICA) and low resolution brain imaging called sLoreta. These provide important images of brain activity that can be used to guide the application of TMS to treat people with depression, anxiety, Obsessive Compulsive Disorder (OCD) and Post-Traumatic Stress Disorder (PTSD). The aim is develop a TMS

treatment database which will be an evidenced based system to identify which subtypes of mood disorders will respond to TMS. So far 30 people have been treated and 20 have shown a significant benefit which is a 60% success rate that compares extremely well to other forms of treatment.

An EEG assessment and TMS treatment process has been established with acute psychology for Pelham and Meridian lodges based at NAViGO's Harrison House inpatient site. This process combines the EEG and TMS together with psychological therapy to offer a unique treatment protocol that has so far produced significant benefits for service users.

The TMS centre also offers TMS treatment to out of area service users for a modest fee. For further information on the service offered please visit <http://www.navigocare.co.uk/services/transcranial-magnetic-stimulation-tms-centre/> where information is available on the NAViGO EEG and TMS treatment service and how out of area service users can make a request for treatment.

## Goals agreed with funders of service

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 (NELCCG) is the main funder of services at NAViGO. They set NAViGO targets based on quality and innovation.

A proportion of NAViGO's income from the NELCCG in 2013-14 (£430,053, 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 2013/14 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 (CQC) registration

The CQC 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 CQC and its current registration

status is registered. The CQC has not taken enforcement action against NAViGO during 2013-14.

NAViGO has worked hard in achieving all standards of care being fully compliant at all three registered sites: Harrison House,



the Gardens (including Rharian Fields), and NAViGO House (covering headquarters, community services and Tukes). Inspection 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.

NAViGO has passed every one of its CQC inspections, all inspection reports have been very positive and demonstrate NAViGO is a safe, effective, caring, responsive and well led organisation. NAViGO continue to strive for even better services for its local community. Updates and discussion regarding compliance are discussed in Service area team meetings regularly. A list of some of the improvements made following recommendations made by CQC inspectors are below.

### Inpatient whiteboards

Inpatient names recorded on the whiteboard in the nursing office were visible through glass panels, it was noted that NAViGO may wish to conceal the names. As a result a screen was applied to the whiteboard to ensure inpatient names remained confidential.



### Data quality

Part of NAViGO's commitment to providing high 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 2013/14 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

### Complaints poster

The inspector noted that a NAViGO poster informing service users how to complain was not explicit; it did not explain how to complain externally should they choose to do so. The poster was amended to include how to complain or give feedback via the CQC's website and to the Ombudsman.



### Consent forms

During preparation visits to NAViGO teams it was apparent that NAViGO's Confidentiality and Consent Form, part of the CPA pathway, was not always readily accessible, referred to or updated as required in instances where the initial assessment took place several years ago as the form was not always in the current team's case file.

As a result of this the form is always scanned into the electronic patient record (Silverlink) and staff are encouraged to revisit consent to share information regularly, particularly each time a service user goes through a relationship change or their interaction with partnership organisations change.

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

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

\*Latest published data January 2014

## 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. NAViGO is utilising the skills of North Yorkshire and Humber Commissioning Support Unit (NYHCSU) through a service level agreement which covers Information Governance and Security.

NAViGO's information governance framework has been developed in partnership with the NYHCSU's Information Governance and Security Manager.

NAViGO continues 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 NYHCSU 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 Toolkit

NAViGO's Information Governance Assessment Report overall score for 2013/14 was 70% achieving level two (satisfactory). NAViGO received the same overall score last year after making improvements in local policies and procedures monitored through its Clinical Governance Committee to evidence compliance with the Toolkit standards. 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 2013/14 by the Audit Commission.

# Part 3

## How we performed on quality last year 2013-14

Part three of the Quality Account evaluates NAViGO's overall performance in 2013-14. 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 2013-14

The following performance review of last financial year (March 2013 to April 2014) 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 (Figure 10).

Theme	Objective	Actions achieved	Outcome	Achieved?
Service user Safety	Ensure staff are fully aware of their 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 following this, will revise the local record keeping policy, fully communicate and train staff on the standards expected of them, and put controls in place to ensure quality and consistency.	Audit and re-audit carried out against national record keeping standards. Policy revised in conjunction with staff. Staff trained at Manager's Development Days. Further training is now available on request from the Training Department. Regular quality audits are now built in to staff supervision which follow the same standards.	Re-audit shows an improvement against national record keeping standards. Monitoring will continue quarterly as part of supervision. An on-going record keeping project will devise an implementation plan to go paper-free with all service user records by service area to reduce duplication and enhance the quality of information held within records.	Yes

Figure 10

Theme	Objective	Actions achieved	Outcome	Achieved?
Clinical effectiveness	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.	Monthly monitoring of data collection compliance in place with action planning by service area. Promotion of outcomes achieved by service area in a staff newsletter. Text messaging being investigated to increase uptake rate of completed questionnaires.	The total uptake across all service areas eligible for PbR is 65%. Common barriers to achievement which include service re-design and redundancies, service user incapacity/choice not to complete, timing and method of PROM completion and administrative support. It is thought that the uptake rate of PROMs could be enhanced by using text messaging and making the tool available for completion via the NAViGO website. Paperwork has now been amended to include the service user's email address and mobile telephone number. Once data capture begins the process for emailing and texting the PROM will be rolled out by service area. Roll out is planned to begin in September 2014.	Partially
Service user Experience	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 friends and family test.	Monthly monitoring of data collection compliance in place with action planning by service area. Promotion of outcomes achieved by service area in a staff newsletter. Text messaging being investigated to increase uptake rate of completed questionnaires.	Service users are being offered the opportunity to complete the friends and family test as part of a larger questionnaire. There is evidence that around 60% of people had been offered or completed the questionnaire as at March 2014. It has been challenging to reach the 95% target due to difficulties in evidencing compliance. This will be improved by automating the process by using text messaging and making the questionnaire available for completion via the NAViGO website. Paperwork has now been amended to include the service user's	Partially

Service user experience continued...			email address and mobile telephone number. Once data capture begins the process for emailing and texting the questionnaire will be rolled out by service area. Roll out is planned to begin Sept 2014.	
Service user experience	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.	Proportion of service users discharged from Open Minds that started treatment within 28 days of referral has consistently been around the 50-60% mark from April 2013.	Open Minds are now receiving this information monthly to monitor, the Improving Access to Psychological Therapies (IAPT) data currently does not incorporate clock starts and stops at the beginning of treatment and looks at the first attended contact, if the service user has cancelled or not attended two or more initial appointments this could quite easily take the service users over 28 days. Once the data has been created in the data warehouse it will hopefully make reporting the data easier and incorporate clock starts and stops. The Open Minds Manager has been to several national PbR meetings where the indicator has been discussed as part of the PbR pilot and at current, pilot trusts are not meeting the target set within the PbR guidelines and are looking to lower the target percentage.	Partially

## Achievements across the service in 2013-14

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.

### Update on Improving Access to Psychological Therapies (IAPT) for people with Chronic Obstructive Pulmonary Disease (COPD)

NAVIGO's Improving Access to Psychological Therapies (IAPT) service was awarded a two year grant in 2012 from the Burdett Trust to develop integrated pathways for people with chronic obstructive pulmonary disease (COPD).

Up to 67% of people with COPD experience depression and anxiety (Department of Health, 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.





In addition to individual CBT, group sessions on depression and anxiety have been delivered as part of the Pulmonary Rehabilitation (PR) programme.

During the second year services were extended to take cardiac referrals as well as providing input to the cardiac rehabilitation groups.

326 people have been referred for individual CBT and a further 254 attended the group sessions for pulmonary and cardiac rehabilitation groups. Results indicate that 86% of those completing one to one CBT therapy so far have achieved clinically reliable improvement for depression and anxiety.

Results from the Clinical COPD Questionnaire (CCQ) measuring quality of life indicate that 63% of people achieved statistically significant improvement on the overall measure, which includes mental state, functioning and physical COPD symptoms. Breaking this down, 49% showed significant improvement in physical symptoms; 63% showed significant improvement in mental state and 66% showed significant improvement in 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 88% of people had an improvement in their scores, particularly in the 'social leisure' and 'home management' components.

## Improving quality in physical healthcare in Community Mental Health Services

The senior operational manager of the Community Mental Health Team (CMHT) was named Innovation Champion at the Mediplex 2013 NHS Innovation Awards for the CMHT's pioneering work with service users. The award recognises the best new healthcare innovations in Yorkshire, the Humber and the East Midlands.

The CMHT piloted a drive which links both the mental and physical health of service users; an idea which could be adopted across the country and potentially improve the life expectancy of many people with long-term mental health issues. This pilot led to the introduction of the Wellbeing and Health Improvement Service (referred to as 'WHISe').

WHISe compliments the treatment given by the CMHT and aims to address the physical and holistic needs of people suffering from severe

Statistical analysis has been carried out on hospital admissions and A&E attendances for people that completed treatment more than six months ago to look for reductions in admissions compared with the six months prior to treatment.

Results showed a statistically significant reduction in avoidable hospital admissions following CBT intervention as well as a significant reduction in bed days. Analysis of A&E data also shows a statistically significant reduction in A&E attendances.

Translation of the actual reductions into estimates of savings equates to a minimum of £76,170 based on Hospital and Community Health Services (HCHS, 2010/11) estimates.

Projections of potential future savings have been estimated for the next three years and forecast a significant increase in savings in line with the achieved increase in referrals over the last two years. Compared with 2012, there was a 64% increase in referrals during 2013 and another 34% increase during January to April 2014 compared with the same period last year.

Additional funding has been secured from the Burdett Trust until the end of September 2014 and by the CCG until the end of the financial year. A business case will be submitted to the CCG for long term funding to develop the service to include other long term conditions.

and complex mental health conditions. Keen interest and support has already been received about WHISe from local partners such as Public Health, Healthwatch, NLAG and the CCG. Services are also being developed for Carers as part of the expansion plan.



## Older Adults Memory Service Accreditation & excellent CQC results

April 2014 saw NAViGO's memory service accredited as excellent by the Royal College of Psychiatry for the third year.

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

In testament to the accreditation, a service user's daughter contacted the Grimsby Telegraph to thank the memory service with all their help with their father who was diagnosed with Alzheimer's. The family, whose mother had recently died, praised the memory service on the care they provided their father, the reminiscence sessions they organised and the referrals to two social centres where their father now visits regularly to meet friends and take part in activities.

The Memory Service also arranged for the service users' daughters to go on a course which provided support on how to care for a relative who has Alzheimer's disease.

## Tukes mini market and People's Park project, transforming the local community and providing even more opportunity for education and training

Tukes, continuing to build on the achievement of transforming a once neglected part of the town - the bus station retail arcade, have opened a Mini Market, this is in addition to the shabby chic furniture shop, the second hand shop and the Tukes workshop facility.

Tukes have also taken over management of the café/floral hall in People's Park, which will allow for excellent community integration and help reduce stigma associated with mental health.

Local ward councillors allocated money for the restoration of the run down glass houses in the floral hall and Tukes also successfully bid for a grant application through Lincolnshire Community Foundation and Big Lottery, who awarded Tukes over £26,000 to restore the glass houses and develop a whole host of community based activities suitable for the whole spectrum of North East Lincolnshire residents. The successful bid had local support and was voted for by readers of the local Grimsby Telegraph newspaper.

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

Tukes Property Services also recently undertook the redecoration of Grimsby Ice Area in partnership with fellow CIC Lincs Inspire, the redecoration was completed within four weeks by an army of Tukes members, volunteers, one member of staff and with a day completed by CEO Kevin Bond a total of 790 man hours were given to complete this huge project. This provided invaluable experience for Tukes members and volunteers.





## NAVIGO medical directors receive clinical excellence awards

Dr Kate Pietura, the current medical director, and Dr Wojciech Gierynski, the previous medical director, have both received a Clinical Excellence award. The awards, judged by the Employer Awards panel 2013 were hosted by Humber NHS Foundation Trust in November 2013.

Clinical Excellence Awards recognise and reward NHS consultants who perform 'over and

above' the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

To be considered for an award, consultants have to demonstrate achievements in developing and delivering high quality patient care, and commitment to the continuous improvement of the NHS.

## Early Intervention identified as 'highest performing community team'

The Early Interventions team, which provides mental health services for adults aged 18-35, were identified as NAVIGO's highest performing community team with regard to key areas identified of staff morale, well-being and team performance as part of the Leading to Quality (LTD) research project.

The LTD project aimed to help NAVIGO, and the five other organisations who participated in it, understand the nature of the leadership challenge for community mental health services and explore the links between strong leadership, good team working, staff engagement and positive well-being, which

are believed to be at the heart of delivering high quality, safe and effective care to service users and carers.

The LTD project, apart from increasing understanding of the challenges, also helped develop two new questionnaires to evaluate service user and carer satisfaction, a new evidence based model of the relationship between team leadership, team working and team outcomes and the production of a development toolkit containing several practical activities that teams, leaders and trusts can use.

## Eating disorder inpatient unit (Rharian Fields) expansion and nomination by service users

Rharian Fields has been open for over two years now and has successfully treated many service users who were suffering from an eating disorder. It has been so successful, due to the extremely high quality of care and dedication of the staff, that all inpatient beds have been full for the past year and the team have had to turn down many potential service users. In light of this, NAVIGO are planning to extend the unit to include three extra beds, with plans for the future to build a new purpose built unit which will accommodate 10 inpatients.

In March 2014, Rharian Fields were nominated by Eating Disorder service users for the Beat Awards team of the year. Beat is the national charity for eating disorders and is a well-respected authority on eating disorders internationally. The team were nominated by service users who were, at the time, being treated in the inpatient service. Even though Rharian Fields did not win, the team were

shortlisted in the final three along with other well established organisations, achieving high recognition from the people using the service.

One of the service users who nominated Rharian Fields said: ***"This team have literally saved my life. If it wasn't for their welcoming, caring approach I would not be here today. The team should be nominated because in my mind their dedication, support and encouraging approach have helped so many people and they will continue to do so in the future"***.



## Recognising social enterprise in North East Lincolnshire

NAVIGO won the 'Best Service award' at the National Government Opportunities (GO) Excellence in Public Procurement Awards 2014-15 in March 2014. The GO awards recognise progress in "commissioning, procurement and public service delivery" and NAVIGO topped ten other organisations to collect the Best Service award.

The organisation has previously won a number of national awards, including The Guardian Public Service Award 2011, The Phillip Baxendale Fellowship Award and Mediplex Champion Award.

NAVIGO has also recently been shortlisted for two new awards; the 'Positive Practice in Mental Health' Awards, which recognise innovative mental healthcare services, and the Grimsby Community Awards, which seeks to find individuals and organisations that have a huge and positive impact in North East Lincolnshire.

Grahame Steed, managing editor of GO and lead judge, commented: "Once again the

National GO Excellence in Public Procurement Awards have demonstrated the depth and breadth of talent and innovation across the sector. The 2014-15 awards have set a new benchmark, with finalists from across the UK showcasing some genuinely outstanding initiatives and advancements."



This year's winners included some of the country's leading procurement innovators and competition at the awards was strong with a number of major NHS health trusts, public procurement and commissioning groups, city councils and large conglomerates also nominated in each category.

## Staff survey

As a provider of NHS services, NAVIGO is required to undertake a yearly staff survey. 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.

Official results published in February 2014 showed that NAVIGO were one of the highest performing social enterprises in the UK. The results showed that NAVIGO were in the top 20% of all other organisations which took part in the survey for the vast majority of categories. These excellent results were extremely pleasing. Even though some scores have dropped slightly since last year's survey, the percentages were still high and the majority were above the national average in the majority of categories.

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 particularly 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 increased by 12% since becoming a social enterprise in April 2011 to 75% in 2013 and is 15% higher than the 2013 national average.

To view the full results, please visit the NAVIGO website [www.navigocare.co.uk](http://www.navigocare.co.uk) (search "staff survey 2013").



# 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 Resolution Home Treatment 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 patient record**

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

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

The NRLS is the reporting system of the National Patient Safety Agency (NPSA). The NPSA is an arm's length body of the Department of Health. It was established in 2001 with a mandate to identify patient safety issues and find appropriate solutions 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+ that are experiencing common mental health problems, such as stress, depression and anxiety.

### **Route cause analysis**

Root Cause Analysis is a way of investigating the key reason why an incident occurred, to ensure lessons are learned to prevent similar occurrences. Incidents investigated using root cause analysis are often serious and may involve harm to a service user.

### **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.

### **Silverlink**

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

### **Social enterprise**

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

## 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.

---

# Statements from other organisations about the quality account

## North East Lincolnshire Clinical Commissioning Group

North East Lincolnshire Clinical Commissioning Group (NELCCG) are pleased to receive and endorse NAViGO's Quality Account for 2013/2014. We particularly note and congratulate NAViGO on involving service users in preparation on this report. Throughout the report there is strong evidence of service user involvement and the report is easy to read and jargon free.

It is positive to note that the regulator for NAViGO, the Care Quality Commission (CQC) has given NAViGO a clean bill of health, noting where necessary, areas for improvement which we are confident that NAViGO will deliver upon.

Throughout the report there is recognition that NAViGO works closely with other stakeholders, both locally and nationally to deliver a safe, effective and user facing service – this will be key to its continued success in the future as the NHS landscape evolves and changes.

The NELCCG recognises and applauds the organisation for its excellent Royal College of Psychiatrists review and it is particularly pleasing to note that the Community Mental Health and Memory Service has been formally accredited within the past year.

Staff care, wellbeing and feeling valued are crucial to the success of any organisation; it is therefore very pleasing to note the excellent results in the staff survey. Similarly organisations only exist because of the clients they serve, the 75% Friends and Family test results clearly demonstrate that NAViGO continue to place service users at the heart of service delivery.



**North East Lincolnshire  
Clinical Commissioning Group**

## North East Lincolnshire Healthwatch

Thank you for the opportunity to comment on your draft Quality Account for 2013-14. We do welcome your stated priorities for 2014-15 and endorse the need for prompt communications between in-patient units and GPs to promote service user safety. We would add, in line with the national Special Inquiry by Healthwatch England that priority should be given to discharge at a time that allows for community support services to be promptly established where necessary.

We do welcome the service user focus contained both in the clinical effectiveness and service user experience priorities. It is vital that there is organisational learning through listening to the voice of service users and their carers. We would particularly ask that regular publicity is given to this feedback via your website or other means e.g. a 'you said – we did' page.

Finally, we would want to extend our thanks to NAViGO for its co-operation and responsiveness with Healthwatch North East Lincolnshire as a new organisation during 2013-14 and we look forward to continuing and developing partnership working during 2014-15.



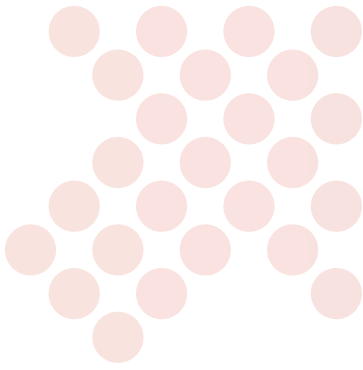
If you require this leaflet in another format please ask an English speaking relative to contact PALS on (01472) 583040.

Arabic	تيفيك ن ع راسفتس الال وأ ققيثولل هذهل ىرخا ةخسن ىلع لوصحلل لاصتال اءاچرلا ققيثولل ىرخا غيىص دوجو ةينالما ىلع لوصحلل ىلاتل مقررلاب (01472) 583040
Czech	Ohledně dalších exemplárů (kopií) tohoto dokumentu a/ nebo dotazů o alternativních formátech, volejte prosím na tel.č. (01472) 583040
French	Pour des copies supplémentaires de ce document ou pour l'obtenir sous d'autres formats, veuillez contacter le (01472) 583040
Kurdish	ىك ةوي ةوي ش ةب ر ةطةئى دوخاي ةتن ي موكؤد مةئى ىرتاي زى شوك ؤب ةكب ةوي ةرامؤ مةب ىدن ةوي ةئ ةيكت ةوي ةئ ةد (رت ىك ي تامرؤف) رت (01472) 583040
Latvian	Lai iegūtu šā dokumenta papildu eksemplārus vai uzzinātu par citu formātu pieejamību, lūdzu, zvaniem pa tālr. (01472) 583040
Lithuanian	Norėdami gauti šio dokumento kopijas arba paklausti dėl kitų formatų skambinkite telefonu 01472 583040
Polish	W celu otrzymania kolejnych kopii niniejszego dokumentu, lub w celu zapytania o dostępności innych formatów dokumentu, należy dzwonić pod następujący numer telefonu (01472) 583040
Russian	Чтобы получить дополнительные копии настоящего документа или узнать о других возможных форматах, пожалуйста, позвоните по телефону (01472) 583040
Slovenian	Naročilo dodatnih izvodov tega dokumenta ali povpraševanje po drugih formatih nam lahko posredujete po telefonu (01472) 583040

Copies of this Quality Account can be obtained from our website <http://www.navigocare.co.uk/index.php?id=providing-quality-services> and the NHS Choices website <http://www.nhs.uk>

Printed copies can be obtained by contacting:

The performance team on (01472) 583028.



NAViGO Health and Social Care CIC  
NAViGO House, 3 – 7 Brighowgate,  
Grimsby, North East Lincolnshire, DN32 0QE  
Tel: (01472) 583000

[www.navigocare.co.uk](http://www.navigocare.co.uk)

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



search NAViGO  
Health and Social  
Care



follow  
@NAViGOCARE