

QUALITY

ACCOUNT

15-16



Contents

Part 1

QUALITY - CHIEF EXECUTIVE'S VIEW AND DECLARATION OF QUALITY ACCOUNT ACCURACY	4
SUMMARY OF QUALITY ACCOUNT	6
What is the purpose of the Quality Account?	6
Why these areas?	7
Statement of Director's responsibilities in respect of the Quality Account	7

Part 2

WHO WAS INVOLVED IN SETTING PRIORITIES FOR 2016-17?	8
HOW DID NAVIGO COLLECT THESE PRIORITIES?	8
HOW DID NAVIGO SHORTLIST?	9
PRIORITIES FOR 2016-17	9
OVER-ARCHING ORGANISATIONAL OBJECTIVES	10
Objective 1: Creative development of workforce and career pathways	10
Objective 2: Engagement and promotion	10
Objective 3: Service Developments	11
Objective 4: Carers and Young People	11
QUALITY INDICATORS	12
Service user safety	12
Clinical Effectiveness	12
Service user and Carer Experience	13
MANDATORY STATEMENTS	14
HOW NAVIGO MONITOR QUALITY AND PERFORMANCE	14
MANDATED QUALITY INDICATORS	15
Service users on CPA who were followed up within 7 days of discharge	15
Crisis Resolution Home Treatment (CRHT)	17
Readmissions	18
Staff who would recommend NAViGO to their friends and family	19
Service user experience of community mental health services	21
Service user safety incidents	22
Key Performance Indicators (KPI's)	24
PARTICIPATION IN CLINICAL AUDITS	26
Local Audit Programme	27

PARTICIPATION IN CLINICAL RESEARCH	28
Transcranial Magnetic Stimulation (TMS)	29
GOALS AGREED WITH FUNDERS OF SERVICES	29
CARE QUALITY COMMISSION (CQC)	30
EQUALITY AND DIVERSITY	32
DUTY OF CANDOUR IMPLEMENTATION	33
DATA QUALITY	33
INFORMATION GOVERNANCE	34
PERFORMANCE ON INFORMATION GOVERNANCE TOOLKIT	34
CLINICAL CODING	34

Part 3

HOW NAVIGO PERFORMED ON QUALITY LAST YEAR – 2015-16	36
Performance on Quality Account Priorities for 2015-16	36
Achievements across the service in 2015-16	40
Serious Incidents	41
Home from Home service	42

Glossary of key terms	44
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Statements from other organisations about the Quality Account	46
HealthWatch	46
North East Lincolnshire Clinical Commissioning Group (NELCCG)	47
Independent Service User and Carer Forum	48

Words highlighted in orange throughout the Quality Account can be found in the glossary on page 44.



Part 1

Quality - Chief Executive's view and declaration of Quality Account accuracy

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

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

NAVIGO's mission is simple - to provide the quality and type of services that it would be happy for its families to use and it does everything with this in mind.

You will forgive me a slightly more personal tone, I hope in this, my final year, following some 15 years of running the services in different forms locally, from failing services to the largely admired ones we have now, it has been hard for us all, but largely my pleasure to be with you on that journey.

In 2015-16 it has been the hardest year yet. More and more people are accessing our services (at least 7% more each year for the last five years) and funds available to us have been much less year on year in tandem. Last year some 1% of commissioner's total funds less

than national average (more than £2m). As such a great deal of emphasis has been placed on maintaining the breadth of services we have and trying to ensure quality is also maintained. Despite the challenges with funding, we still managed to achieve well above average results in the NHS staff survey 2015, whilst some pressures are beginning to show in our staff group. We are also Mental Health Inpatient Survey top scorers in some categories; we are listed in the Sunday Times Top 100 not for profit organisations and achieved more ratings of 'Excellent' with the Royal College of Psychiatrists (RCPsych) Accreditation of Inpatient Mental Health Services ratings (AIMS).

We must acknowledge though that to keep services at the level we have locally, we have balanced on a financial tightrope this year. This uncertainty was reflected in our staff survey to some extent and more assertive discussions are taking place to address this. Changes were made to the management structure reducing this further still by integrating our Community Services with Open Minds to provide a more cohesive community service, streamlining processes and removing barriers to accessing services and creating better pathways between services. Alongside this, there have been changes in the infrastructure, to provide a more integrated team approach, to support the treatment and care teams.

The majority of people entering Improving Access to Psychological Therapies

(IAPT) treatment are waiting 6 weeks or less for more complex interventions and the Early Intervention in Psychosis & Transition Service has been able to achieve person centred outcomes within 18 weeks of referral for all but one service user, in line with the new National Institute for Health and Clinical Excellence (NICE) guidelines.

Our Grimsby Offender Liaison & Diversion (GOLD) service has been developed in order for us to work with young people from the age of criminal responsibility and we are developing a wider model across the south bank with partners at the request of NHS England.

We worked in partnership with the local Northern Lincolnshire and Goole Foundation Trust (NLaG) to develop Home from Home, an innovative in-reach/ out-reach model that cares for and treats older people who are confused with any cause and in need of acute general hospital care. It provides cutting edge healthcare in a purposely refurbished area that aims to support and maintain independence by offering a truly person centred service. Services users have the freedom and space to carry out every day activity in a homely environment and relatives can be admitted and stay with the person being cared for. The unit was opened by the national old age director Professor Young who commented that it was the best he had seen.

In our Acute Services we have received wonderful support, hugely positive commentary

and encouragement from 'Star Wards' an external charity aiming to improve standards in acute mental health areas. Many of our staff members have gained standards required in support worker roles and added to our previous accreditations. We also reshaped and opened the Sequoia Community initiative to support people with longer term difficulties that require an individual approach.

Transcranial Magnetic Stimulation (TMS) gained NICE recommendation following all the research we have supported for many years now, this is a wonderful achievement locally. Thus extending existing opportunities and the variety of treatment and providing another activity which assists in funding local services and reinvestment.

We have been continuing our efforts to reduce stigma locally and developments have been made this year to engage younger people through partnership working with the Grimsby Institute, Franklin College, North East Lincolnshire Council's (NELC) youth parliament and engagement workers and also through the establishment of our own youth forum.

Tukes, our employment and training scheme, took ownership of the Grimsby Garden Centre, which now provides employment placements and training opportunities for people and roots NAViGO back into the community with a central hub, slowly raising the profile of mental health and reducing stigma further. All this, whilst working as a business with any 'profits' generated going straight back into local services.

NAViGO continues to endeavour to be accountable

to the local population and has a membership of over 750 staff members, people who use the service and carers, all of whom have equal voting rights. The membership set the objectives, vote representatives onto the boards and can appoint, or indeed remove senior figures, including the Chief Executive Officer (CEO) and Chair. Jointly managing services is unique and precious and continues to drive much of what we do.

On a wider basis NAViGO have continued despite the local difficulties to continue support to the Demir Kapija hospital in Macedonia and indeed have gained an international grant to help with the reform of the institution by improving the environment and changing practice. Our staff have given much time and also raised funds to support this. We also continue to support the public services of Antigua, at their government's request. These wonderful initiatives enrich our staff members too.

With many top national scores, benchmarked against other NHS providers and top quartile indicators; NAViGO is a successful organisation, but does not rest on these achievements and continues to work with the population and its membership to develop more bespoke solutions to local issues. As always, we have been visited by many other health providers and the comments have been very flattering indeed.

Finally this will be my last year as CEO and I will be stepping down in August 2016. I am immensely proud of what has been achieved in the five years of NAViGO and also pleased to say that as I leave, the service is largely in very good order and there is a new CEO ready to take the reins straight

away. We had the Care Quality Commission (CQC) inspection this year and received an overall rating of 'Good' which is an excellent achievement we are very proud of. The only real problem that exists would appear to be with resource and fair treatment of people with mental health problems, a national problem that is magnified even more locally and this has meant everyone has had to work even harder this year mostly to maintain the services we already have. NAViGO is trying to address this inequality and is hopeful of positive results, after a period of uncertainty, in terms of resource.

I formally thank everyone for their wonderful truly remarkable efforts to transform services to what they are today. People are what make NAViGO and when we have truly done things together, staff, people who use services, carers and local community, the results have been a real joy to see.

With that in mind, please, please continue together in that vein and I wish you a long and prosperous future. It has been my pleasure to serve you all.



Kevin Bond
Chief Executive



Summary

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 deliver
- 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 NAViGO has chosen to focus on are:

- Service user safety – Ensuring service users do not come to harm whilst in NAViGO's care
- Clinical effectiveness – Applying the best knowledge, derived from research, clinical experience and preferences of service users to ensure NAViGO achieve the best outcomes for service users
- Service user and carer experience – Listening to and acting on service users views to ensure that the best services and experience possible is provided.



Why these areas?

Service user safety, clinical effectiveness and service user and carer 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 delivering the service. 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 it would be happy for its families to use.

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 2012 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:

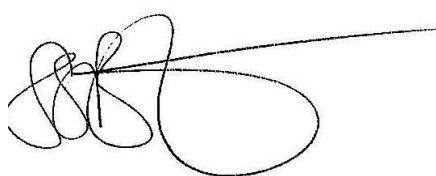
- The Quality Account presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The figures underpinning the measures of performance reported in the Quality Account are 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.

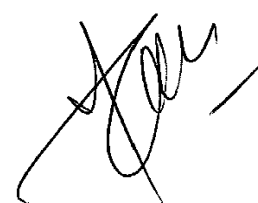
By order of the Board



Kevin Bond
Chief Executive



Simon Beeton
Director of Finance



Dr Aamer Sajjad
Medical Director

Part 2

Who was involved in setting priorities for 2016-17?

NAViGO's priorities for quality improvement for the financial year April 2016 to March 2017 were identified in conjunction with the Membership Board (which includes service user, community and staff member representation) and NAViGO's main funder of services, North East Lincolnshire Clinical Commissioning Group (NELCCG).

How did NAViGO 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 representatives sit on the Board as **non-Executive directors** and help set priorities and plans and monitors 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 performance in the previous financial year (April 2015 to March 2016). 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. Members' priorities (both staff and people who use the service/**carers**) are gleaned from various events and surveys to become the core objectives.

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 in any, or had a downward trend in results which would necessitate the need for identifying them as a priority for improvement.



2016 Membership Engagement Event

How did NAViGO shortlist?

The shortlist of priorities was developed based on the ethos of NAViGO – providing services it would be happy for its families to use. Quality improvement priorities have been approved at the NAViGO Membership Board.

Priorities for 2016-17

Each year NAViGO consult with its community members and staff to define key organisational objectives which are then built into team and individual staff personal development objectives. These are detailed below and provide an over-arching sense of direction for the organisation in the coming 12 months. Following on from these organisational objectives are the measurable quality indicators NAViGO members have identified to improve quality over the next 12 months. The measurable quality indicators are referenced to the organisational objectives by the objective number.

Over-arching Organisational Objectives

The following objectives have been identified and developed in partnership with NAViGO's membership following a consultation event with members on 8th March 2016. They have been agreed by the Independent Service User and Carer Forum, who were present and an integral part of the objective setting process, and NAViGO's Membership Board and endorsed by the Senior Management Team and the CIC Board.

Objective 1: Creative development of workforce and career pathways

Creative thinking in the way in which the workforce is developed and utilised to have a positive impact on staff morale, allocation of resources and improve the quality of services provided.

To include:

- Development programmes for all levels of staff (not just leadership development)
- Employment schemes, apprentices with development programme and volunteers
- Seek out and engage with service users to offer opportunities to utilise their skills

Development for promotion into roles:

- Creativity in replacement of posts
- Evidence based practice in clinical areas
- Mandatory training – efficiency in meeting requirements
- Matching skills to pay scales. Review to ensure the right people are in the right posts
- Retention of staff
- Effective use of Personal Development Review's (PDR's).

Objective 2: Engagement and promotion

The continuation and development of staff and community engagement to improve awareness, reduce stigma and improve services.

- Encourage staff to take ownership of the organisation, value it and take responsibility for its future
- Improve engagement with membership and staff
- Ensure members understand the purpose of their interactions
- Better communication and filtering throughout the whole organisation
- Development of Horizon Scanning Forum, raising the profile and involvement of wider range of people

Objective 3: Service Developments

Continue good practice of innovation in service delivery models and seek out new areas in which to grow, develop and improve.

- Continuing and developing models of care (i.e. Home from Home)
- Promotion on older people not going out of area
- Integration of Health and Social Care – Dementia
- **Transcranial Magnetic Stimulation (TMS)** (including eating disorder)
- NAViGO Extra - increased support outside of Mental Health
- Improve waiting times for Community Mental Health Teams (CMHT) (New patient Screening)

Objective 4: Carers and Young People

Whilst the Carers Support Centre is contracted to provide support for carers, NAViGO have continued to provide activity in this area despite not being funded or contracted to do so. NAViGO feels it is important to involve all members of the community in Mental Health and NAViGO's function.

The objective is to continue support to NAViGO carers. NAViGO have good engagement from some groups of carers, including those of working age. However there is a recognition that NAViGO need to do more to engage young carers.

- Continue to promote engagement from all groups of carers, including working age carers and young carers
- Improvements and developments in the transition into adult services
- Mental health and carers assessments timescales and performance improvements

Quality Indicators

NAVIGO felt it was important to categorise its quality improvement priorities under the headings of service user safety, clinical effectiveness and service user and carer 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. The over-arching organisational objectives have been aligned to the priorities below.

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.

Service user safety Priority 1: (aligned to objectives 1 and 3)

NAVIGO quarterly quality reports have highlighted that the number of unwitnessed service user falls in inpatient wards on a night is higher than the number of witnessed falls during the day. The Older Adults Service Manager has identified possible solutions, including trialling a sensor which will turn on lighting for service users when moving about at night on the inpatient wards.

- To reduce the number of unwitnessed service user falls on **inpatient** wards on a night. Falls will be monitored throughout 2016-17 and will monitor if the trial of the sensor, which will turn lighting on if a service user moves, has reduced falls.

Clinical Effectiveness

Ensuring services are as effective as they can be is a significant part of what NAVIGO believe should define quality.

Clinical effectiveness priority 1 : (aligned to objectives 1,3 and 4)

Ensuring staff have the skills to carry out their job is important to maximise effectiveness. NAVIGO has a comprehensive mandatory training programme and positively encourages staff to complete further training to develop professional skills, including specialist training for the specialist teams in NAVIGO, such as Eating Disorders, Early Interventions, etc. However the current percentage of staff members completing statutory and mandatory training is 70%, which is below the standard NAVIGO is happy with, therefore the recommended priority for 2016-17 is:

- For 90% of all NAVIGO staff to complete statutory and mandatory training.

Service User and Carer Experience

The heart of what NAViGO does centres on providing positive experience and outcomes for people who use the service and **carers**. The importance NAViGO put on service users and **carers** to drive the quality of its services is significant and can be proven by the influence of its Independent 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 service users within its **Tukes** enterprise.

Service user and Carer experience priority 1 (aligned to objectives 2, 3 and 4)

Waiting times are important to service user experience and can also impact on a service user's health and recovery. In 'No Health Without Mental Health and Closing the Gap', the Government set out its commitment to achieving parity of esteem for mental health. Timely access to services and then for treatment is one of the most obvious gaps in parity. **The Department of Health (DoH)** and **NHS England** set out to 'achieve better access to mental health services by 2020' by ensuring waiting standards are in place across all mental health services, thereby delivering better integration of physical and mental health care. Whilst there is currently no national target for waiting times for Community Mental Health Teams (CMHTs), NAViGO will begin monitoring waiting times for starting treatment as this is likely to be monitored as part of the 5 year plan for 2020 in the future.

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

Service user and Carer experience priority 2 (aligned to objectives 2, 3 and 4)

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



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 monitor 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 Associate Director of Operations and the Business Board. The Business Board and the main service funder receive a performance report including a summary of exceptions where targets have not been met every quarter.

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

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 (HSCIC), a comparison of the numbers, percentages, values, scores or rates of NAViGO (as applicable) are included for each of those listed in the table with

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

Service users on CPA who were followed up within 7 days of discharge

People cared for by specialist mental health teams are likely to be monitored under the Care Programme Approach (CPA). Service users on CPA usually have multiple needs and require care coordination which is usually managed by a care plan. All service users on CPA discharged from psychiatric inpatient care are to be followed up either by face to face contact or by phone within 7 days of discharge to reduce risk of suicide and social exclusion and improve care pathways. The national threshold is to follow up 95% of service users within 7 days.

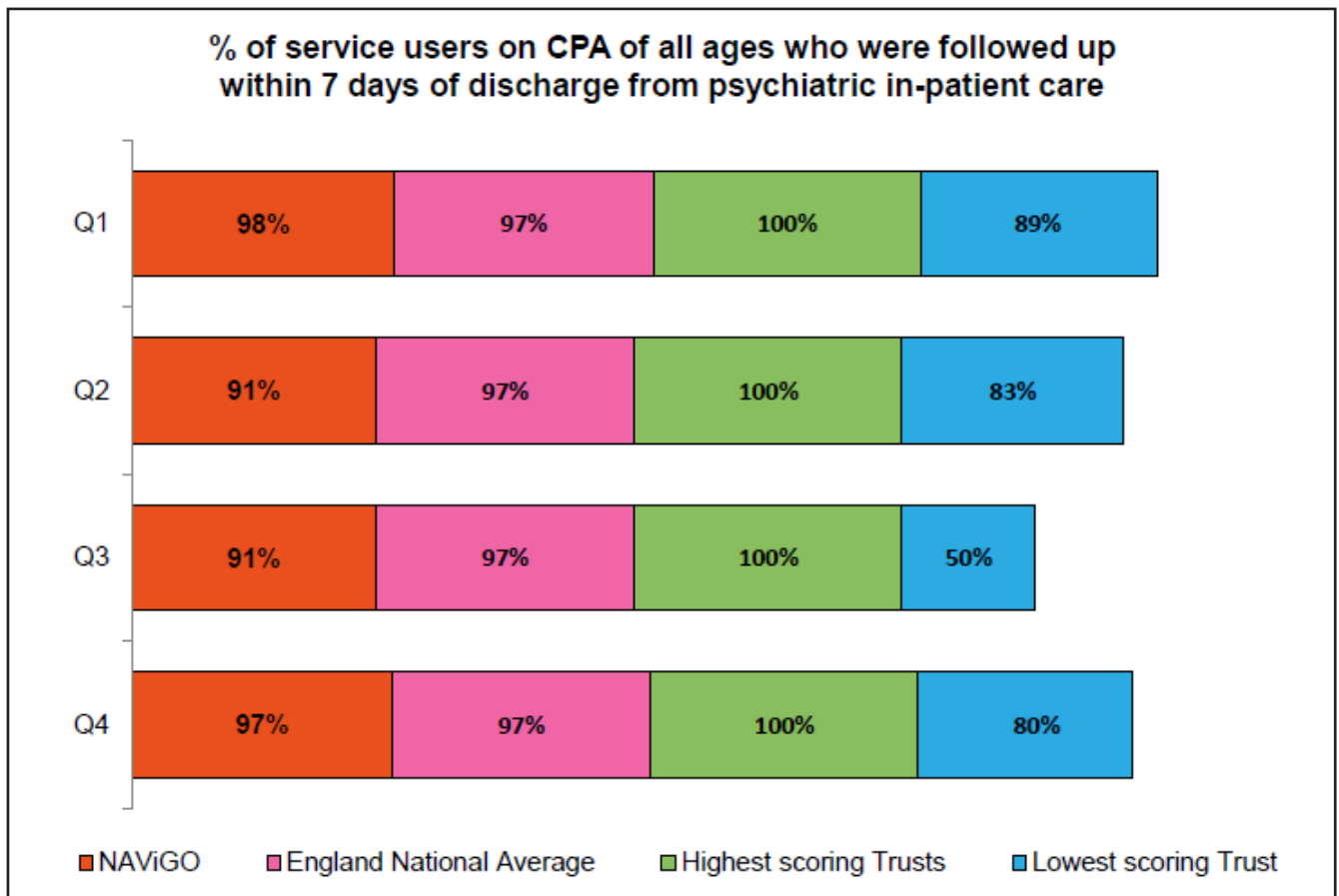


Figure 1.1

Figure 1.1 shows the percentage of service users on CPA who were followed up within 7 days of discharge and includes service users of all ages. NAViGO consider that this data is as described for the following reasons: the national data in figure 1.1 doesn't consider the discharge destination of a service user, and therefore does not remove those service users who have been discharged to other Mental Health Trusts, as these service users do not require a 7 day follow up. Figure 1.1 shows NAViGO is above the 95% threshold in quarters 1 and 4, 2015-16 with 98% and 97% respectively. However in quarters 2 and 3, 2015-16 NAViGO is lower with 91% each.

NAViGO's internal data shows NAViGO is above the 95% threshold for all 4 quarters in 2015-16. In quarter 1, 60 out of 61 (98%), in quarter 2, 61 out of 64 (95%), in quarter 3, 45 out of 47 (96%) and in quarter 4, 31 out of 32 (97%) service users were followed up. This equates to 7 out of 205 service users who did not have a 7 day follow up in all 4 quarters 2015-16. 3 service users were followed up by a NAViGO staff member (2 were within 9 days and 1 within 10 days) who spoke to care home staff to ensure the service users were safe, 1 service user was followed up within 10 days (an attempt was made to contact the service user within the 7 days), 1 service user was followed up within 12 days (after not attending a pre-arranged appointment), another service user of no fixed address who required to be contacted via a worker from another organisation was followed up within 39 days, Staff attempted to phone another service user within 2 days and 4 days of their discharge and there were several attempts to contact the service user after the 7 days, however the service user did not attend a pre-arranged appointment and did not contact NAViGO.

To improve the percentage, NAViGO introduced a new process where staff meet and greet service users on the Adult Acute Lodges and request initial information, including up to date contact details. NAViGO is committed to visiting service users at their home address where telephone contact cannot be made or service users have not attended a pre-arranged appointment. This has been re-enforced to staff and is being closely monitored through service level reporting with exceptions noted to the NAViGO Board.

Crisis Resolution Home Treatment (CRHT)

CRHT teams offer intensive short-term support for people in mental health crisis in their own home, or a suitable alternate 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 threshold is to gate keep 95% of all admissions to psychiatric inpatient wards.

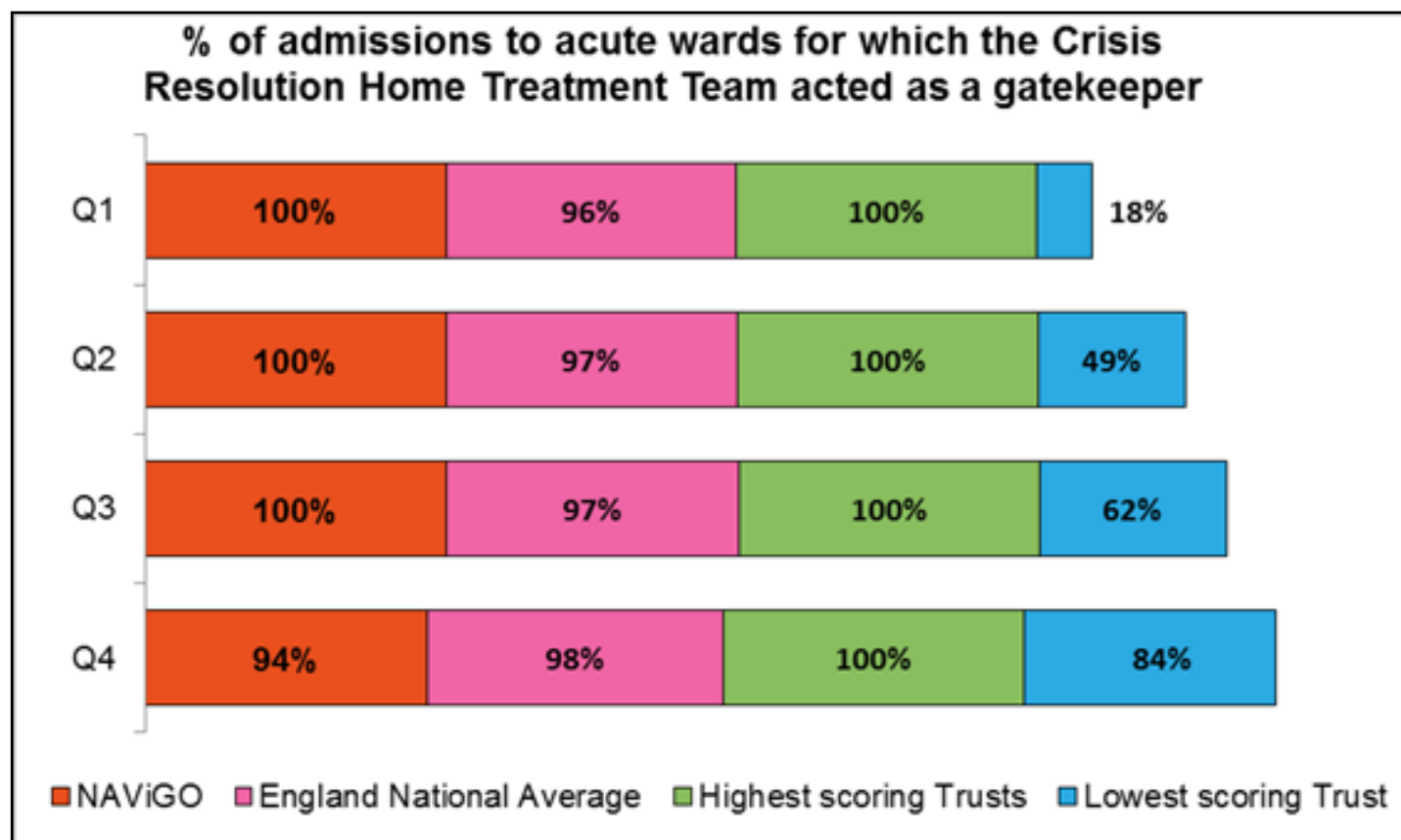


Figure 1.2

NAViGO consider that this data is as described for the following reasons: NAViGO's CRHT team has acted as a gatekeeper for 100% of service users in quarters 1, 2 and 3, 2015-16 and 78 out of 83 (94%) in quarter 4, 2015-16 as shown in figure 1.2. NAViGO performed within the top 25% of all trusts in England for this indicator in quarters 1, 2 and 3, 2015-16. In quarter 4, 2015-16 one service user was an elective admission who had already been assessed as appropriate and it was planned for them to come back to NAViGO as an inpatient. Another service user was admitted from another hospital provider, if a service user is admitted from another hospital provider, they do not require to be gatekept. The three remaining service users showing as not gate kept were due to data quality issues, the incorrect admission method had been selected on NAViGO's EPR (Silverlink), these have been checked and amended on Silverlink. Taking this into account, 82 out of 83 (99%) of service users were gatekept in quarter 4, 2015-16.

Readmissions

The purpose of the indicator shown in figure 1.3 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.

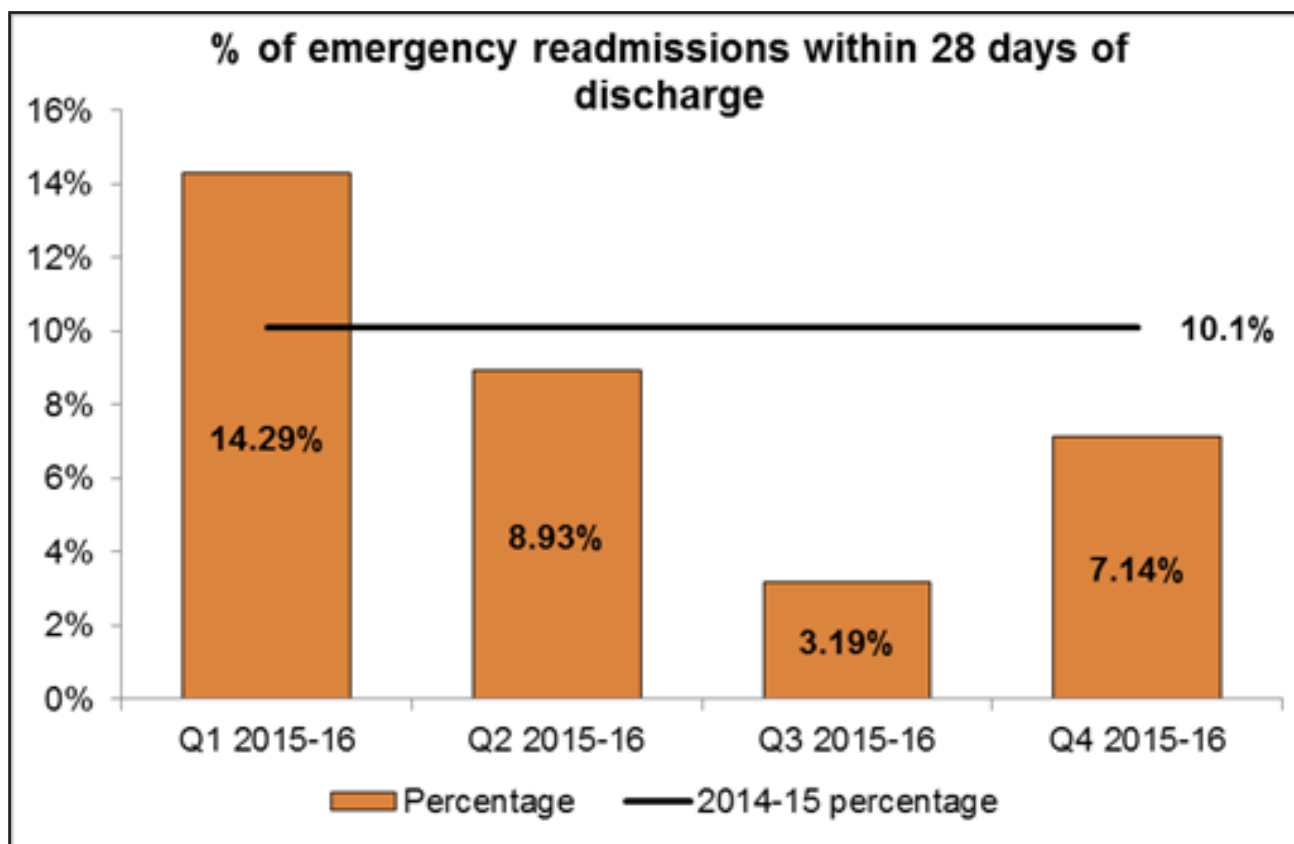


Figure 1.3

The data on readmissions has been produced using NAViGO's internal data. National published data could not be compiled due to NAViGO having small readmissions. Any readmissions below 5 per month are not published. The target used is the previous year's readmission percentage. The total percentage for 2015-16 is 9.0%, 1.1% below last year's total percentage of 10.1%.

There were 16 readmissions in quarter 1, 10 in quarter 2, 3 in quarter 3 and 7 in quarter 4. In total 36 readmissions in 2015-16. The reasons behind readmissions were mainly due to suicidal ideation, self-induced poisoning, aggressive and threatening behavior and a decline in mental health. 1 readmission was due to a service user discharging themselves and being re-admitted the next day. All discharge plans are checked by qualified staff to ensure they are appropriate and clinically relevant, in addition, discharge reviews take place on the ward prior to discharge, in which the consultant and the main members of the care team discuss discharge with the service user.

To improve the percentage, NAViGO is creating awareness on what classifies as an emergency readmission and ensuring the correct discharge destination is chosen when recording the discharge on NAViGO's Electronic Patient Record (EPR), named [Silverlink](#).

Staff who would recommend NAViGO to their friends and family

As a provider of NHS services, NAViGO is required to undertake an annual 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 into local and national assessments of quality, safety, and delivery of the NHS Constitution.

The survey is completed every year and surveys all NHS trusts in England. The 2015 survey was completed in quarter 3, 2015-16, the response rate for NAViGO was 56% (284 usable responses from a sample of 505), which was 15% higher than all other trusts surveyed.

This shows as a decrease compared to the 2014 response rate of 62% (281 usable responses from a sample of 453), but a similar number of staff responded in 2015. The percentage shows as a decrease in the response rate from 2014, because 52 less staff members in NAViGO were eligible to complete the survey in 2014.

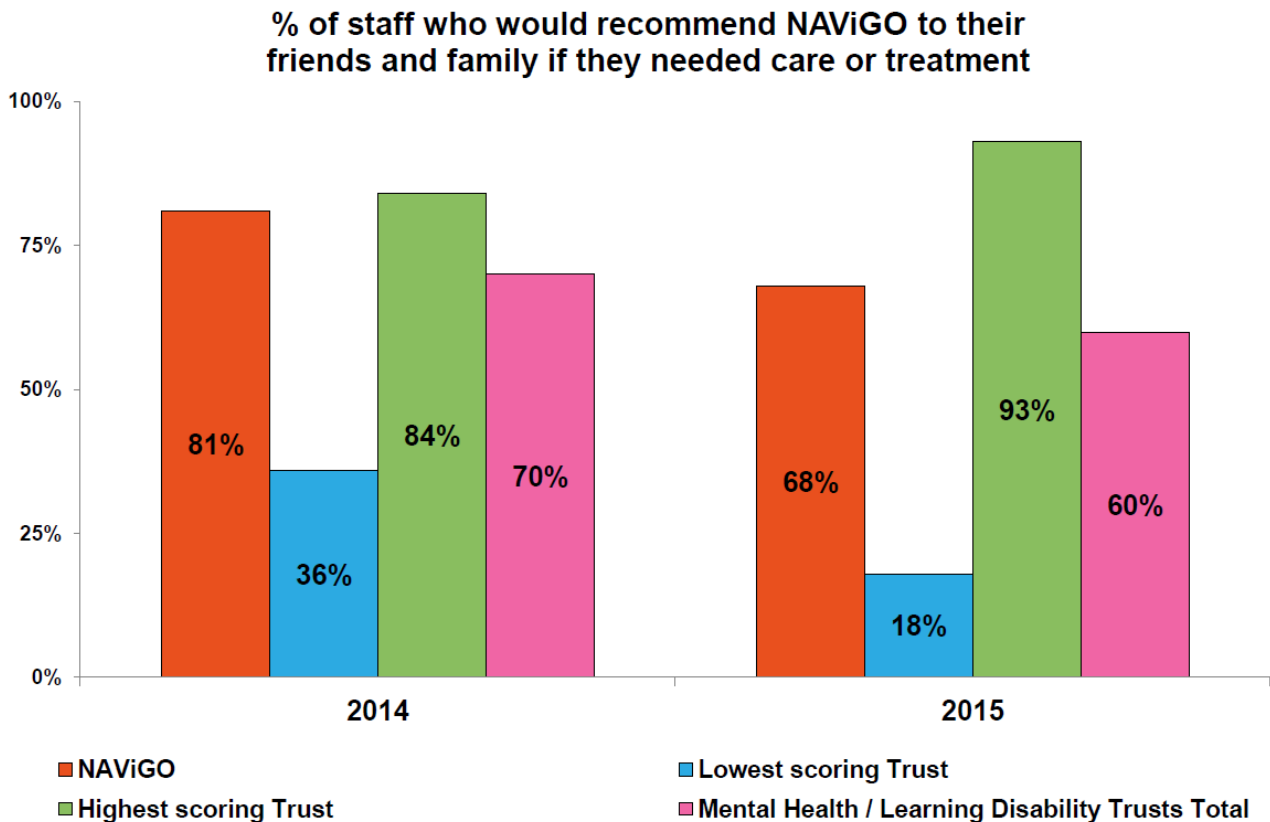


Figure 1.4

Figure 1.4 shows the percentage of NAViGO staff who would recommend NAViGO to their friends and family if they needed care or treatment has decreased in 2015 (68%) compared to 2014 (81%). In previous years, the figure for this data has included the England National Average, however this year it has been amended to include the 'Mental Health / Learning Disability Trusts Total', as this is more comparable to NAViGO, due to NAViGO being a mental health provider. A similar number of staff responded to this question in both the 2014 and 2015 NHS Staff survey. Looking at the results from other questions in the 2015 NHS Staff survey, it shows staff members are answering less positively to the majority of questions, by selecting 'agree', instead of 'strongly agree'. There is also a decline in the number of staff answering positively to questions relating to service user care, compared to 2014. However NAViGO staff members are answering more positively to these questions, compared to the 'Mental Health / Learning Disability Trusts Total' in the survey.

To a certain extent a decline in results was predictable given the current pressures facing the organisation financially. Staff members face a lot of pressure doing more for less, but despite these challenges NAViGO continue to achieve prestigious accolades which demonstrate how highly staff members rate the organisation.

NAVIGO has achieved number 72 in the Sunday Times list of top 100 best not for profit organisations to work for in 2016. NAVIGO is new to the top 100 list this year and was included following a Best Companies "b-heard" survey staff completed about management, working conditions and NAVIGO's values.

NAVIGO's top 3 ranking factors were how happy the workforce is with pay and benefits, the extent staff feel they are stretched and challenged by their job and how staff members feel about their immediate colleagues (team working). Over 70% of staff said they were proud to work for NAVIGO and that their managers care about them as individuals.

However, NAVIGO recognise more needs to be done to improve ongoing vacancy difficulties, as well as a general lack of engagement with organisational activity, fluctuating sickness rates and staff transferring between teams as well as reduced engagement with questionnaires and surveys.

NAVIGO consult with staff on a regular basis and have staff representatives elected by its membership, who consult with staff on organisation developments and positive or constructive feedback. This is then fed to NAVIGO's board, which has representation from senior management, the community membership and staff. The staff representatives also feedback to NAVIGO staff members following the board. Additionally, NAVIGO is currently conducting a project directly looking at main concerns amongst staff by carrying out focus groups, drop in sessions, attending team meetings and also from exit interviews. The Projects Officer leading the project will be meeting with teams where morale is good, sickness is low, conduct is good and team working is effective to gain insight into best practice and share this throughout the organisation.



The NHS Equality and Diversity Council announced a Workforce Race Equality Standard (WRES) in 2014 which requires NHS organisations to demonstrate progress against a number of indicators of workforce equality, to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. NHS England has requested the two indicators below from the NHS Staff Survey be reported upon in the 2015/16 Quality Account.

- 21% of staff from a white ethnic background and 7% of staff from a BME background say they have experienced harassment, bullying or abuse from staff in last 12 months. Only 5% of staff members who answered the question on ethnicity are from BME backgrounds in NAVIGO.
- 94% of staff from a white ethnic background and 100% of staff from a BME background believe NAVIGO provide equal opportunities for career progression or promotion.

Read the summary document of the staff survey results here:

www.navigocare.co.uk/who-we-are/key-documents/

Service user experience of community mental health

The 2015 survey of people who use community mental health services involved 48 trusts in England (including combined mental health and social care trusts, foundation trusts and primary care trusts that provide mental health services). Responses were received nationally from more than 13,000 service users with a response rate of 29%, NAViGO's response rate was higher this year with 30% (243 usable responses from a usable sample of 813). Service users aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1st September and 30th November 2014. 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 regards to a service user's experience of contact with a health or social care worker during the reporting period can be seen in figure 1.5. The score provided is an overall score based on a weighted average of four survey questions from the community mental health survey (score out of 100). The higher the score, the better the trust is performing.

NAViGO's "service user experience of community mental health services" indicator score

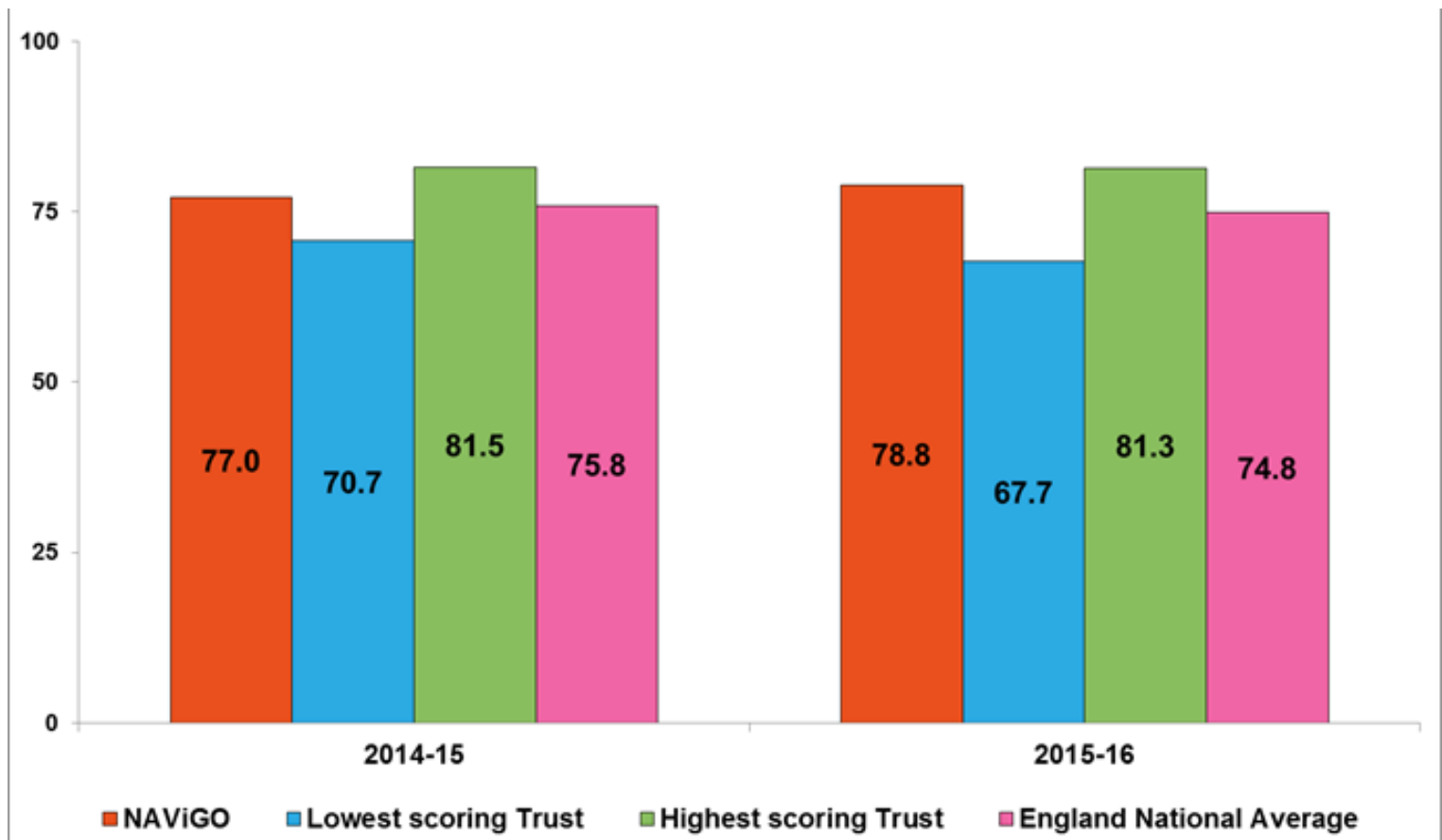


Figure 1.5

NAViGO consider that this data is as described for the following reasons: NAViGO's score has increased since 2014-15 to 78.8 and is above the England National averages of 75.8 in 2014-15 and 74.8 in 2015-16. NAViGO took the following actions last year 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, its community membership and the Independent Service User and Carer Forum. NAViGO also developed local survey user surveys to gain more frequent written feedback throughout the year with action plans for every service area each quarter.

Service user safety incidents

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

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

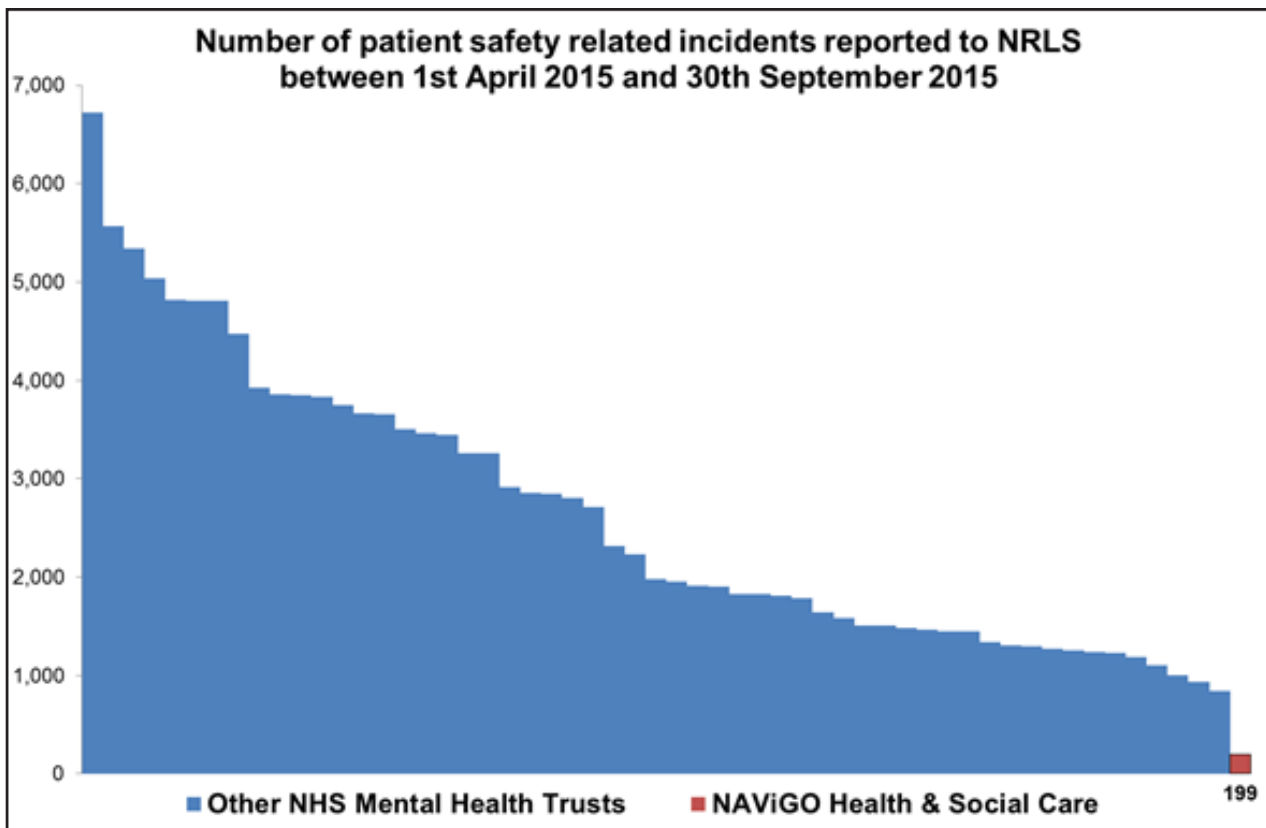


Figure 1.6

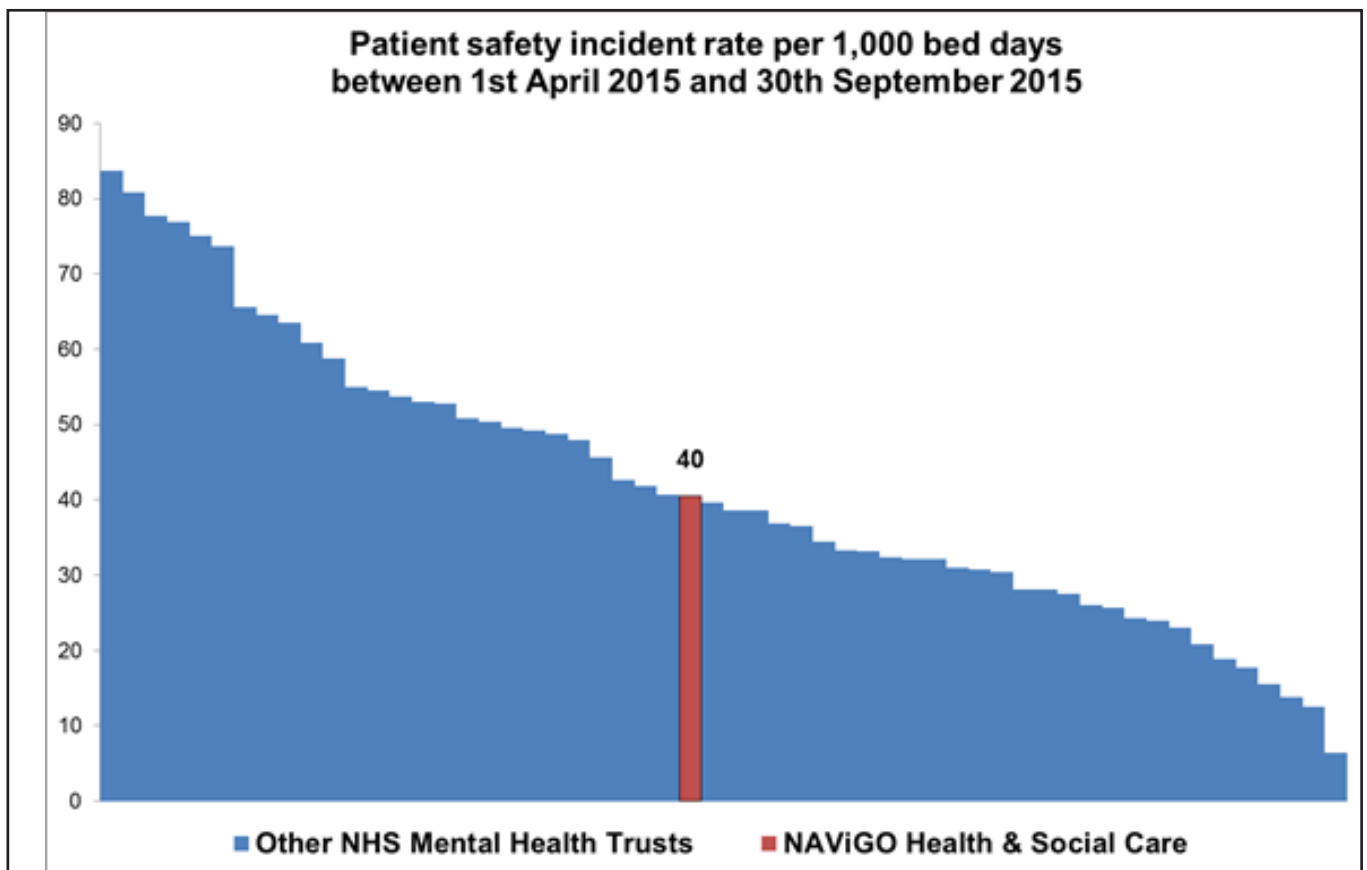


Figure 1.7

****The data in figures 1.6 and 1.7 cannot be compared with other Trust's Quality Account's figures as a local methodology has been used for the 'NAViGO Health & Social Care' figure, as there is no nationally available data for NAViGO.***

The latest nationally available data from the NRLS is for the period 1st April 2015 to 31st September 2015. Figure 1.6 shows that NAViGO reported very low incident numbers compared to other mental health trusts during this time period, with 199 incidents. Figure 1.7 shows the patient safety incident rate per 1,000 bed days and shows NAViGO reported 40 incidents per 1,000 bed days in this time period. Although we are a small trust in the terms of the numbers we report, we are producing an average number of incidents when scaled up to the average number of trusts.

The most common categories of the patient safety incidents reported to the NRLS during this time period were actual self-harm, attempted self-harm and inpatient falls not witnessed. For the actual self-harm and attempted self-harm incidents, these mainly related to particular service users who all had a DICES risk management plan or their DICES-S updated when required following incidents. Regarding the inpatient falls that were un-witnessed, all service users had a DICES risk management plan or a falls assessment updated following an incident. As mentioned in the Quality Account in part 2, our service user safety priority for 2016-17 is to reduce unwitnessed inpatient falls by trialling a sensor, which will turn lighting on if a service user moves.

NAViGO review all of its incidents and provides 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.

Key Performance Indicators (KPI's)

Feedback from NAViGO's funder of services (North East Lincolnshire Clinical Commissioning Group (NELCCG)) on last year's Quality Account mentioned a complete picture of the performance against some of NAViGO's quality indicators would have been informative to see that quality measures overall are being maintained, improved or where not, they are being addressed, even if there are no benchmarks to compare to as yet. In response to this, performance is detailed below against KPIs, which are mandated by the national NHS contract.

NAViGO perform better than the England average on all 6 of its Payment by Results (PbR) indicators, these are shown below. NAViGO is currently paid on a block contract annually; PbR is a method of payment whereby activity is paid for on an individual basis and additional payment is based on meeting service user satisfaction and outcomes. PbR may be adopted as a method of payment for NAViGO in the future.

- Proportion of service users on the Care Programme Approach (CPA) who have had a review in the last 12 months – NAViGO is also the top provider in England for this indicator.*
- Percentage of service users with an ethnicity recorded
- Proportion of service users on CPA with a crisis plan
- Proportion of service users in scope of PbR with:
 - > A cluster recorded (a PbR cluster informs the level of need and care pathway for a service user)
 - > A cluster review on time
 - > Being seen by the appropriate team for their cluster

***Latest nationally published data for November 2015.**

NAViGO met 19 out of 21 (90%) of targets for the quality requirements and nationally specified events in March 2016, these included:

Completion of the **IAPT** (Open Minds) Minimum Data Set outcome data for all appropriate service users

- Service users who feel they have been treated with dignity and respect
- Delayed transfers of care
- Average length of stay for mental health inpatient admissions
- Number of service users on the Early Intervention caseload
- Number of home treatment episodes by crisis home treatment – Adult and Older Adults
- Mixed sex accommodation breaches
- Proportion of service user records submitted nationally by NAViGO without errors in the service user's NHS number, usual residence, date of birth, gender, ethnicity, code of commissioner and General Practitioner (GP) Practice code

NAVIGO performed below target for the percentage of adults on CPA in paid employment and also for the proportion of adults on CPA in contact with secondary mental health services who live independently with or without support. Having reviewed the data in February 2016, it was clear that the data had been captured for this but if the employment and/or accommodation status had not changed – e.g. the service user remained in employment/settled accommodation after 12 months, a new date had not been entered on NAVIGO's EPR ([Silverlink](#)) to reflect this. An action plan was created and shared with commissioners to ensure all records that were over 12 months were updated; this included ensuring it was included in our data quality dashboards. The data for these indicators is taken from the nationally published data, which doesn't match the local data in NAVIGO; this is why the indicators show below target. Local data shows NAVIGO are above target for these.

Another indicator which was below target relates to the number of service users with their marital status recorded. The performance team is currently devising a data quality dashboard in the data warehouse to allow teams to view where there may be missing or incorrect data and amend them on Silverlink which will improve data quality.

The data in this section is from April 2015 to March 2016 and the majority is locally produced rather than using the nationally published data from the Health and Social Care Information Centre (HSCIC); this is due to the timeframe of publishing the data nationally and also due to differences between the locally captured data and the nationally published data, as the Mental Health Services nationally published dataset does not yet include key information needed to calculate data accurately. For example discharge destination is not considered for 7 day follow up to exclude people transferred to another mental health provider. NAVIGO have very small numbers of service users so percentages can be adversely affected by this. For example, another trust may report 95% followed up in 7 days but the 5% not followed up could equate to 80 service users due to the numbers involved. In NAVIGO the 5% could equate to 3 service users and 2 of these could have been discharged to another mental health provider. The performance team is currently working on matching the local data to the published data from the HSCIC. Queries around data not yet including key information needed to calculate it accurately have been raised with the HSCIC.

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 2015-16 there was one national confidential enquiry into suicides which Mental Health providers were required to report on as part of the Quality Account.

During 2015-16, NAViGO Health and Social Care (CIC) participated in four national clinical audits and one national confidential enquiry, out of the four 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, local audits were generated from either serious incidents, NICE guidelines or CQC recommendations and follow priorities set out in the current Clinical Audit Policy and Strategy.

The four national clinical audits that NAViGO participated in and for which data collection was completed during 2015-16 is listed in figure 1.7, alongside the number of cases submitted and the number of registered cases required by the terms of that audit.

		Audit of Practice		
	Audit	Trust Participation	Submissions	Minimum number of submissions
Prescribing Observatory for Mental Health (POM-H)	Antipsychotic prescribing in people with a learning disability	Yes	46	N/A
	Prescribing for Attention Deficit Hyperactivity Disorder (ADHD) in children, adolescents and adults	Yes	46	N/A
	Prescribing valproate for bipolar disorder	Yes	87	50
	Re-audit on prescribing for substance misuse: alcohol detoxification	Yes	9	N/A

Figure 1.8

Local Audit Programme

A number of additional audits were also carried out during 2015-16 and monitored via the NAViGO Clinical Audit Committee. Figure 1.8 shows a selection where improvements to care based on audit results have been made, aligned with the 2015-16 over-arching organisational objectives last year.

Local/ National/ NICE/ CQUIN	Audit name	Number of records audited	Date complete	Outcomes Achieved	Alignment to 2015-16 objectives
National	Re-audit of NHS Litigation Authority (NHSLA) Record Keeping Standards	150 community 175 inpatients	May-15	<p>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 year. Appointment letter templates are being created within Silverlink to ensure that all appointments sent to service users are standard across the organisation.</p> <p>Further optimise the patient administration system to improve record keeping Currently funds have been secured via the Nursing Technology Fund which will allow NAViGO to create an application for staff to use Silverlink offline to collect information within inpatient areas.</p> <p>Raise awareness with staff about the NHSLA standards and audit compliance at supervision Workshops have been held throughout 2014-15 with administration staff one session covered the results of the baseline audit, areas for improvement and how to make these improvements.</p> <p>Create template in Silverlink patient notes to provide structure The SOAP note template has been implemented in Silverlink. This is used in every note to provide clinical staff with a structure to their notes.</p>	Embed the 5 Care Quality Commission (CQC) principles throughout NAViGO to improve service delivery further
NICE	Re-audit MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa)	22	Aug-15	<ul style="list-style-type: none"> • Documentation on Silverlink has significantly improved • Documentation of muscle power on admission has improved since the baseline audit but still requires further improvement • Change in junior doctor induction has significantly improved admission documentation • Availability of administration staff has improved electronic record keeping • Willingness of staff to adapt working hours has enabled improvement in multidisciplinary team working • Family are routinely invited to reviews if the service user consents to the sharing of information with them. 	Embed the 5 CQC principles throughout NAViGO to improve service delivery further Continue to provide and improve upon support to carers within NAViGO
CQUIN	Baseline audit of communicating care plans with General Practitioners (GPs)	100	Jan-16	<p>100 service users, who have been on the Care Programme Approach (CPA) for over 100 days have been randomly chosen for this audit. All care plans have been checked to ensure that they contain the following information:</p> <ol style="list-style-type: none"> 1. NHS Number 2. Primary and secondary diagnosis including ICD-10 codes 3. Medications prescribed and monitoring requirements 4. Physical health conditions 5. Recovery focussed healthy lifestyle plans <p>Of the 100 people included in the audit sample 98 have had a care plan sent to the GP during quarter 3 2015-16, 96 of which contain all the information required, surpassing the 90% target to achieve this part of the CQUIN.</p>	Actively promote NAViGO locally Embed the 5 Care Quality Commission principles throughout NAViGO to improve service delivery further Ensure compassion is core to service delivery

Figure 1.9

Participation in clinical research

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

Transcranial Magnetic Stimulation (TMS)

The number of service users receiving NHS services provided by NAViGO so far that were recruited to participate in research approved by a research ethics committee was 60, 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 mood disorders.

The NAViGO TMS centre carries out research using the brain imaging methods of quantitative electroencephalogram (QEEG) spectra, Independent Component Analysis (ICA) and Low Resolution Tomography (LORETA) to identify the fundamental biology implicated in a person's mental disorder. This involves recording the natural electrical activity in a person's brain, using an electroencephalogram (EEG) and identification of the nature of events which occur in the brain using event related potentials (ERP). The TMS Centre analyses the QEEG and ERPs using ICA and LORETA in order to identify particular patterns of anomalous brain activity, which we know are associated with mental disorder, characterising each person investigated. These anomalous patterns are known as QEEG phenotypes. Through identifying each person's phenotype, it is possible to predict how best to treat that person with TMS.

TMS can be used to treat people with depression, anxiety, obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). The aim is to develop a TMS treatment database that uniquely predicts the most effective treatment for each person according to their phenotype, and therefore provides a personalised therapy. So far 60 people have been treated and 36 have shown a significant benefit which is a 60% success rate that compares extremely well to other forms of treatment.

The results from the research so far provide strong evidence for the effectiveness of QEEG guided TMS as a treatment for mood disorders. This is particularly important because in December 2015, the National Institute of Healthcare and Excellence (NICE) recommended TMS as a treatment for depression. NICE provides national guidance and advice to improve health and social care and is independent of Government, but accountable to the Department of Health (DoH). This means TMS is now recognised as an NHS treatment and NAViGO is one of only three providers in the U.K. Neither of the other two TMS providers utilise EEG guided bespoke treatment as NAViGO do.

The TMS centre also offers TMS treatment to out of area service users. For further information please visit the TMS page on the NAViGO website: www.navigocare.co.uk/our-services/specialist-services/transcranial-magnetic-stimulation-tms/

Transcranial Magnetic Stimulation (TMS) In Action:

Figure 2.0 images of the brain before treatment

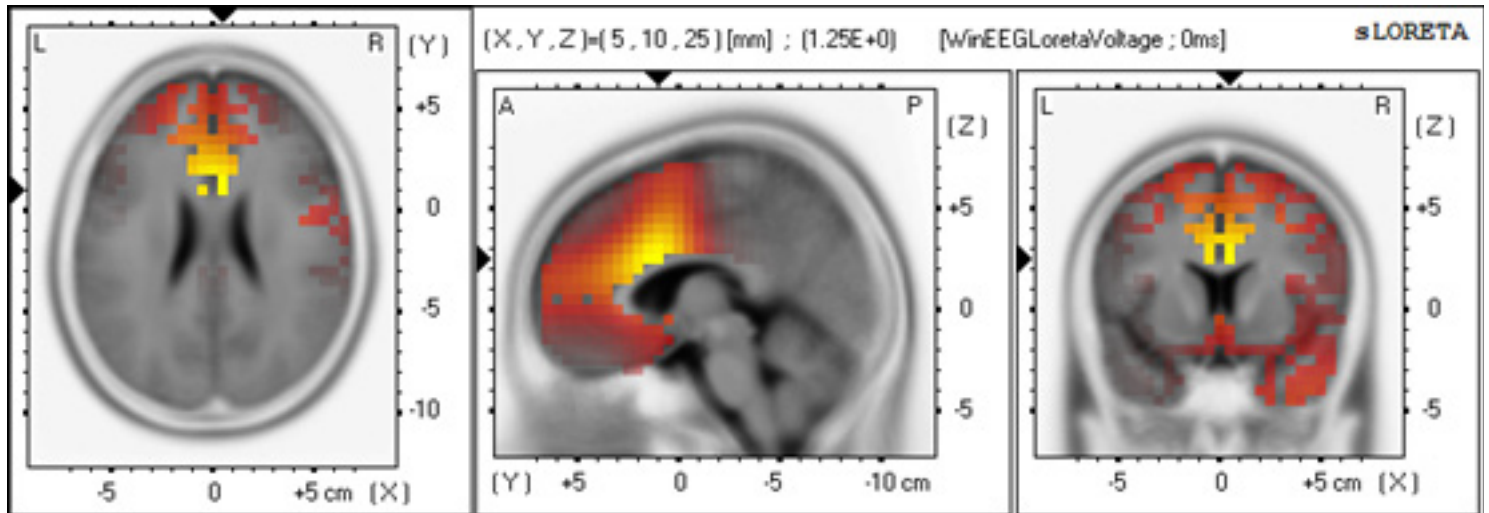
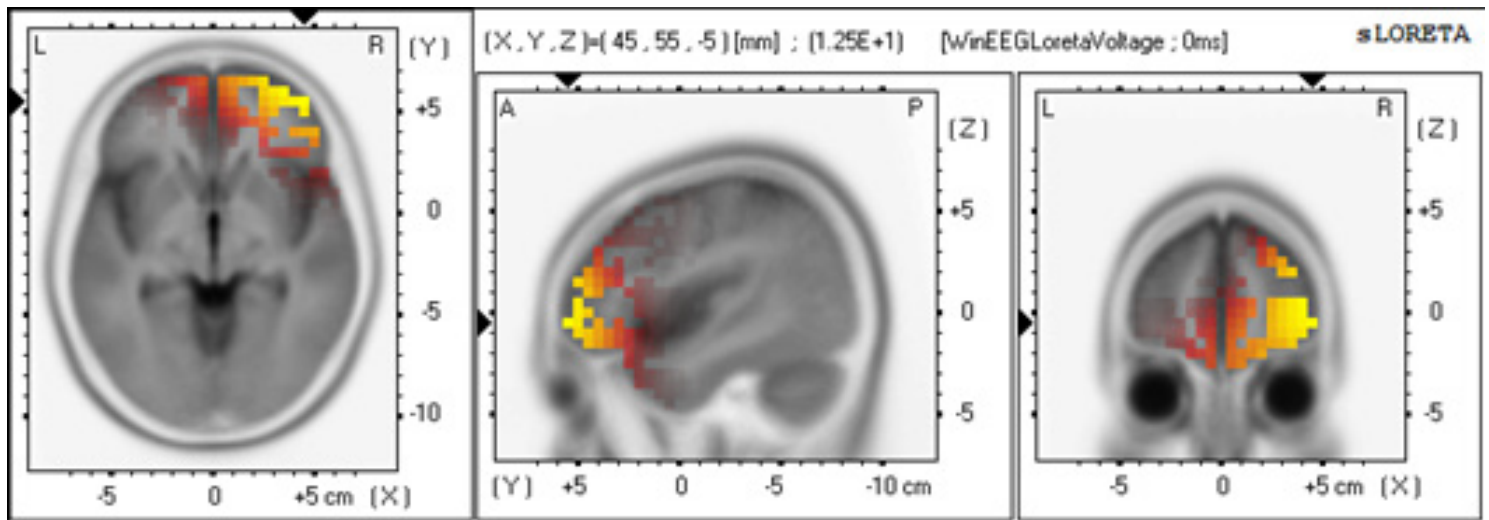


Figure 2.1 images of the brain after treatment - x10 1 hour session



Goals agreed with funders of services

Clinical Commissioning Groups (CCG's) 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. It sets NAViGO targets based on quality and innovation.

A proportion of NAViGO's income from the NELCCG in 2015-16 (£438,237, 2.5%) was conditional on achieving quality improvement and innovation goals agreed between NAViGO and any person or body it entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2015-16 and for the following 12-month period (2016-17) are available electronically at: www.navigocare.co.uk/who-we-are/key-documents/

NAViGO have met and been paid in full for the CQUIN evidence submitted in quarters 1, 2 and 3, 2015-16. However, it is not yet known if the quarter 4, 2015-16 CQUIN's have been met in full, as the deadline for submission for quarter 4 is the end of April 2016 and the CQUINs will require checking by the North East Lincolnshire Clinical Commissioning Group (NELCCG) before confirming if NAViGO have or haven't met the CQUINs in full for this quarter. The results will be included in the Quality Account prior to submitting on 30th June 2016.

The CQC are England's regulators of health and adult social care ensuring the care that people receive meets fundamental standards of quality and safety. The CQC regulate providers, like NAViGO, making registration mandatory, the registration process is very robust, all providers have to register the regulated activities they provide. Providers must allocate a CQC Registered Manager responsible for each of its locations (a location is a term used to define the building from which a regulated activity is managed), the Registered Manager is interviewed by the CQC to ensure they are a fit and proper person to manage the regulated activities registered under their specified location, this scrutiny also includes enhanced police clearance. NAViGO has four registered locations: Harrison House, The Gardens and Older Peoples Services, Home from Home, Rharian Fields and Community Mental Health Services and Headquarters (the latter encompassing all community and specialist services).

In addition to Registered Manager applications being scrutinised, there is also a duty to assure the CQC that all NAViGO Directors are fit and proper people to carry out their roles, they also have to undergo police clearance, these are all safeguards which assure service users, staff and agencies working with NAViGO that the people at the head of NAViGO are appropriate people to fulfil their roles.

The CQC regulate services provided with a new stringent monitoring and inspection process introduced in April 2015. In January 2016 NAViGO's services were inspected. As part of the inspection process NAViGO was asked to provide the CQC with pre-inspection information in December 2015 which equipped the CQC inspection team with a picture of how and what services NAViGO provide. NAViGO was able to provide the full range of information requested within the timescales given to satisfy the CQC.

An important aspect of the inspection process is for the CQC inspection team to visit NAViGO's services to see first-hand how it operates. The inspectors spoke to directors, staff, service users and carers in forums and one to one meetings and observed staff at work. Feedback was also collected by the CQC using feedback cards. NAViGO service users were extremely supportive as usual and overwhelmed the CQC inspection team by completing a grand total of 173 feedback cards.

NAViGO passed all previous style inspections with actions recommended only in relation to Mental Health Act Inspections for Pelham Lodge and Konar Suite in 2015. Recommendations were responded to and actions put in place to address areas the CQC inspector identified for improvement.

NAViGO's services have not yet been rated by the CQC, as their first new style CQC inspection was only carried out in January 2016. However, initial feedback from the CQC inspection team was extremely positive and encouraging and they had not identified any formal areas for improvement and had not found any pockets of poor practice.

Feedback from NAViGO's staff involved in the inspection was also very positive. Staff spoke of "feeling uplifted" and "we found it a positive and enjoyable experience" and "the inspection has brought the team closer together". The CQC rate providers on five standards: safe, effective, caring, responsive and well-led and issue a rating for each standard: Outstanding, good, requires improvement and inadequate. The CQC have the power to issue enforcement actions and fine providers and if providers are found to be operating their services inadequately they may be placed in special measures.

NAViGO's view on the five key questions used by the Care Quality Commission in their inspections of services is below:

Safe:

NAViGO has improved its safeguarding process with the appointment of a new Safeguarding Lead for Adults and Children who is the main point of contact for staff who are concerned for the safety of a service user or someone in contact with a service user. Regular drop in sessions are held for staff to discuss concerns and consult with the safeguarding lead. The percentage of staff completing Safeguarding Adults and Children training is increasing as more training courses are delivered internally.

Effective:

NAViGO continue to constantly assess and develop its services to meet the needs of the local community. Service Managers and staff work hard to achieve CQUIN targets set by Commissioners to encourage delivery of effective service provision. Assessments and care planning is key to excellent outcomes. NAViGO invest development time in clinical staff to constantly teach the skills required to be effective. Throughout 2015 NAViGO investigated nine serious incidents, two of which were de-logged by Commissioners (recognised not to be categorised as serious incidents once coroner's reports were issued). NAViGO's serious incident investigation process has been reviewed and now includes lessons learnt and actions monitored by the Clinical Governance Committee.

Caring:

NAViGO consider this standard to be the most important as it meets our key ethical values. The CQC evaluate this standard, mostly by observing staff working with service users, carers and with other staff, the CQC also speak to people who use services and to staff to ascertain how NAViGO is truly caring organisation. Many of NAViGO's policies and procedures outline how caring services are delivered however, it is NAViGO's ethical

culture running through the organisation which sets the precedence and it is here that service users play a major role in setting annual objectives and influencing practice.

Responsive:

Feedback is important to NAViGO in helping develop services, without feedback it would not be clear what is done well or what requires improvement. NAViGO hold bi-monthly Complaints Monitoring Meetings attended by Service Managers and a service user representative to set action plans for every formal complaint received and to discuss and identify lessons to be learnt from comments for improvement from service user and staff surveys. In 2015, the Corporate Affairs team began sending regular lessons learnt e-mails to all staff to help circulate service improvements identified as a result of actions from feedback.

Well-Led:

The Clinical Governance committee, which includes representation from Service Managers, staff and service user representatives, meets monthly to discuss clinical matters within NAViGO and makes decisions on and reviews and approves forms, policies and procedures. At the end of 2015-16 NAViGO improved its Clinical Governance process with more robust monitoring of actions and an overhaul and review of all NAViGO policies and guidelines.

Equality and Diversity

Figure 1.9 details the responses to the question 'Overall, how would you rate the care you received?' from the Patient Rated Experience Measure (PREM). The survey is offered to service users to complete at assessment, review and discharge. The data is split by 4 protected characteristics: - Gender, Ethnicity, Sexual Orientation and Disability and shows all survey responses since April 2015.

The responses have been given a weighted score to provide a better comparison with a possible score range of 1 to 5. 1 being a poor rating of care and 5 being an excellent rating of care. It is evident that the scores were similar across the four protected characteristics measured and the care rated was midpoint between good and excellent.

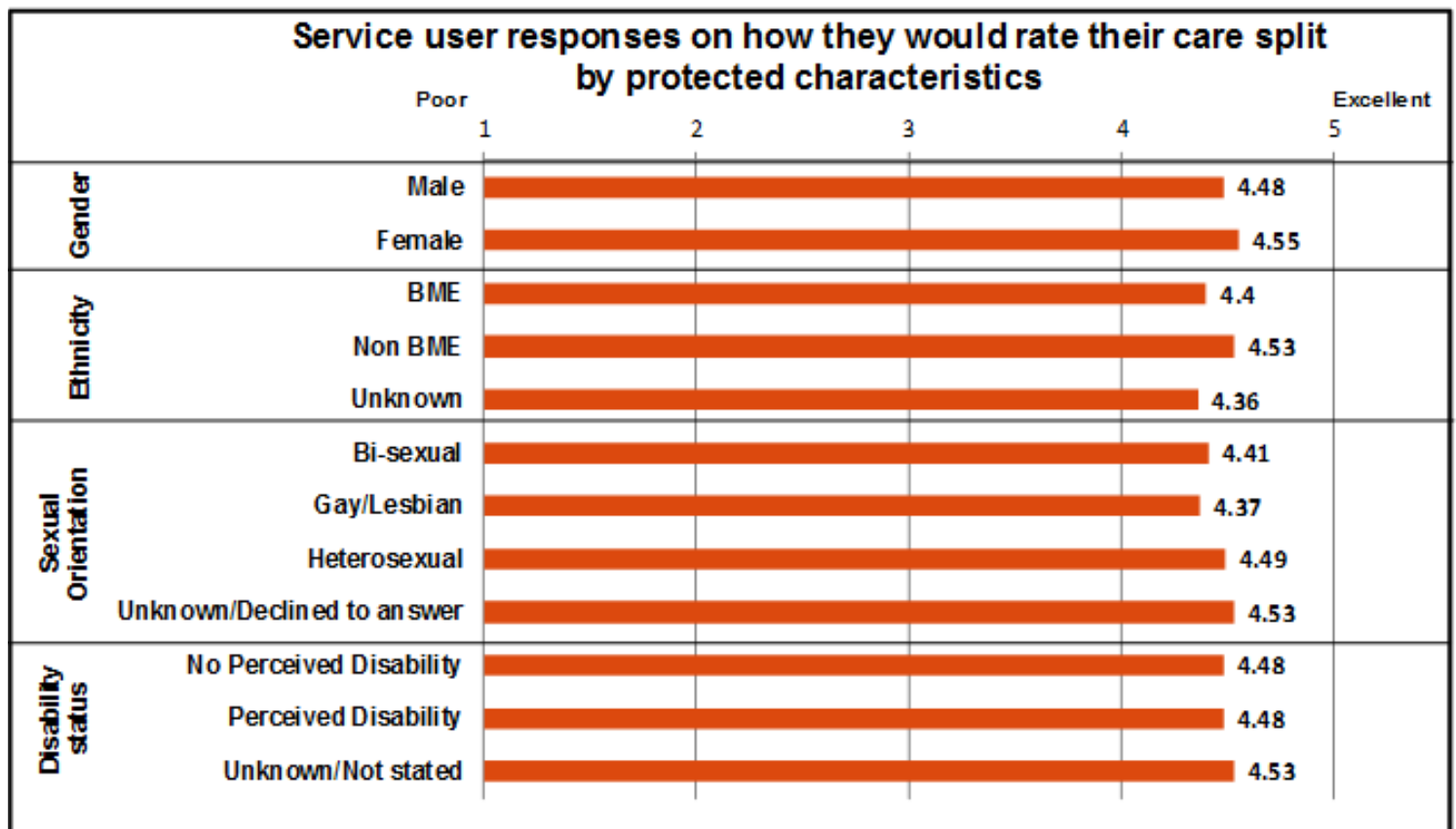


Figure 2.2

Duty of Candour implementation

From October 2014, NHS providers were required to comply with the duty of candour. Meaning providers must be open and transparent with service users about their care and treatment, including when it goes wrong. NHS England has requested the implementation of the duty of candour is included in 2015-16 Quality Accounts.

The duty of candour consists of two parts, the first is a general duty to act in an open and transparent way in relation to care and treatment provided to service users and the second is a specific duty applicable where there is a notifiable safety incident.

All duty of candour is reported on NAViGO's incident and accident reporting system (Datix), which was updated to include internal guidance together with a diagram and template letter, which explains if an incident is general duty or a notifiable safety incident and the steps to take in both instances. Guidance on reporting duty of candour has been communicated to staff in NAViGO via service area team meetings.

Data Quality

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

NAViGO submitted records during 2015-16 to the Mental Health and Learning Disabilities Dataset (MHLDDS)*.

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

- 99.6%

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

- 99.6%

**Latest published data December 2015.*

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

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 Aamer Sajjad, Medical Director.

NAViGO is utilising the skills of Care Plus Group IT Services (CPGIT) through a service level agreement which covers Information Governance and Security.

NAViGO's information governance framework has been developed in partnership with the CPGIT's IT Systems & Assurance Manager.

NAViGO continue to take its duty to protect personal information and confidentiality very seriously and is committed to taking all reasonable measures to do so, both for electronic information and paper records.

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

The 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.

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.

Performance on Information Governance Toolkit

The 2015-16 toolkit was submitted on 31st March 2016, it has been reviewed by the Health and Social Care Information Centre (HSCIC) as NAViGO's target level of 'level 2 – satisfactory'.

Clinical coding

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

NAViGO was not subject to the Payment by Results (PbR) clinical coding audit during 2015-16 by the Audit Commission.



Part 3


How NAViGO performed on Quality last year – 2015-16

Part 3 of the Quality Account evaluates NAViGO's overall performance in 2015-16. 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.

Performance on Quality Account Priorities for 2015-16

Figure 2.3 reviews the performance of last financial year (March 2015 to April 2016) and summarises NAViGO's performance against the quality priorities set in the previous year using a traffic light rating system. Green meaning objectives were fully achieved, amber meaning objectives almost achieved whilst recognising there is still work to do, and red meaning there is significant work still to do to realise objectives.

Theme	Objective	Actions achieved	Outcome	Achieved?	Organisational Objective
Service User Safety 1	<p>To ensure General Practitioners (GPs) are sent a weekly list from the electronic patient record (Silverlink) of any of their service users who present in crisis in the past 7 days along with contact details of the person and the NAViGO Crisis worker they were seen by. Alternatively GPs could be sent a weekly list of their service users who disengage with the NAViGO Crisis/Acute teams i.e. who are offered services but who do not attend (DNA) the first/ subsequent follow up.</p>	<p>NAViGO began sending weekly emails to the GPs in 2015. The emails include service users recorded as registered with the GP practice who have presented for a mental health assessment in the last week, the service user's contact details, the name of the crisis worker who saw the service user, and the outcome of the referral.</p> <p>Also included in the emails is a list of service users who have had a scheduled visit offered to them from the mental health acute services team but who have failed to attend their appointment in the past week. It is NAViGO's policy to make every effort to engage with service users but GPs are sent the weekly emails to also attempt to contact service users if they wish to.</p>	<p>In addition to the actions achieved, NAViGO also completed the following actions to ensure effective communication.</p> <ul style="list-style-type: none"> The Performance Team created a window in the electronic patient record (Silverlink), which allows staff members to input inpatient discharge information directly into Silverlink. This saves staff time scanning paper forms into Silverlink and enables staff to email a copy of the discharge summary directly to the GP from Silverlink. 		<p>Embed the 5 CQC principles throughout NAViGO to improve service delivery still further delivery.</p>

Theme	Objective	Actions achieved	Outcome	Organisational Objective
Service User Safety 2	For 95% of all Risk Management plans to be updated following an incident being logged on the incident reporting system (Datix) where a near miss occurred, or where the service user suffered any harm by March 2016.	This priority is constantly monitored in the Quality reports which are completed every quarter for different service areas in NAViGO to ensure staff members are completing DICES risk management plans following an incident being logged on the incident reporting system (Datix). The Quality reports are monitored in NAViGO's clinical governance meetings monthly, which have representation from NAViGO senior management, NAViGO senior operational managers, NAViGO staff and community members. If 95% of risk management plans are not being completed, this is then a recommendation in the Quality report for the service areas to improve and prompts action from service areas to increase their percentage to 95% or above. The Quality reports are also sent to NAViGO's commissioner to monitor.	97% of all risk management plans have been updated, reviewed or already reflect the risk, following an incident being logged on the incident reporting system (Datix) where a near miss occurred, or where the service user suffered any harm from 1st April 2015 to 31st March 2016. The Performance Team will continue to regularly communicate with teams to ensure risk management plans are updated, reviewed or already reflect the risk.	Embed the 5 CQC principles throughout NAViGO to improve service delivery still further
Clinical Effectiveness	To reduce the proportion of presentations to NAViGO's Crisis team by >15% in 2015-16, where the service user has a care coordinator and has presented in crisis during office hours. Ensure service users with a care coordinator have the correct contact details for and know how to contact their care coordinator (or an alternative member of staff) between the hours of 9am – 5pm on weekdays.	This indicator is monitored regularly in NAViGO's balanced scorecard which is sent to commissioners quarterly and also monitored at board level.	The proportion of presentations to NAViGO's crisis team in 2015-16, where the service user has a care coordinator and has presented in crisis during office hours, has reduced by 13% since 2014-15, from 67% to 54%, 2% lower than the target. This may be due to staff shortages in the Community Mental Health Teams (CMHT) in quarter 4, 2015-16, as NAViGO we're on track to meet the target in the first three quarters of 2015-16 with a reduction of 21%. 80% of service users surveyed as part of the community mental health survey 2014-15 said they	Actively Promote NAViGO locally and Continue the policy of creativity within NAViGO models of care

Theme	Objective	Actions achieved	Outcome	Organisational Objective
Service user experience	<p>To produce an action plan from the comments for improvement from surveys, which will include what actions to take, who is responsible within NAViGO for ensuring the action is completed, and the deadline for completion. The action plan will feed into the NAViGO mental health survey action plan, which is monitored through the NAViGO survey group, where clinical/managerial service leads and member(s) of the community membership and independent service user and carer forum attend. The action plan will be communicated to front line staff via service leads who will work together to celebrate the positive achievements alongside action planning any constructive improvements to enhance the service further.</p>	<p>NAViGO hold a regular survey group, members of the service user forum and service level managers are invited to discuss comments and themes from service user surveys and complaints. An action plan was created from the group and this is regularly monitored.</p>	<p>knew who was in charge of their care and 96% knew how to contact them.</p> <p>NAViGO has achieved this through continually monitoring themes in service user surveys, complaints and feedback and working towards freeing time up for workers to concentrate more on service user care.</p> <p>NAViGO would like to further explore feedback by analysing it by protected characteristics to it is fully compliant with the Equality Act.</p>	<p>Embed the 5 CQC principles throughout NAViGO to improve service delivery still further delivery</p>



Figure 2.3

Achievements and quality in 2015-16

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. NAViGO are continuing to see more and more people with less and less resource in 2015-16.

Figure 2.1 shows the increase in referrals and the forecast increase in 2015-16 to over 12,000 referrals with around £21 million in funds, compared to 2006-07 when NAViGO had 60% less referrals (just over 5,500) with funds of £25.5million. NAViGO has had its funding cut for both health and social care far beyond the amount experienced by other mental health trusts during this government. There is pride, that despite this, NAViGO continued to provide many services that other mental health providers did not and services which NAViGO members asked for, not just services NAViGO is contracted for. This is achieved by working smarter and wasting less in bureaucracy.

Number of referrals recieved to Mental Health Services between 01/04/2006 and 31/03/2016 forecasted

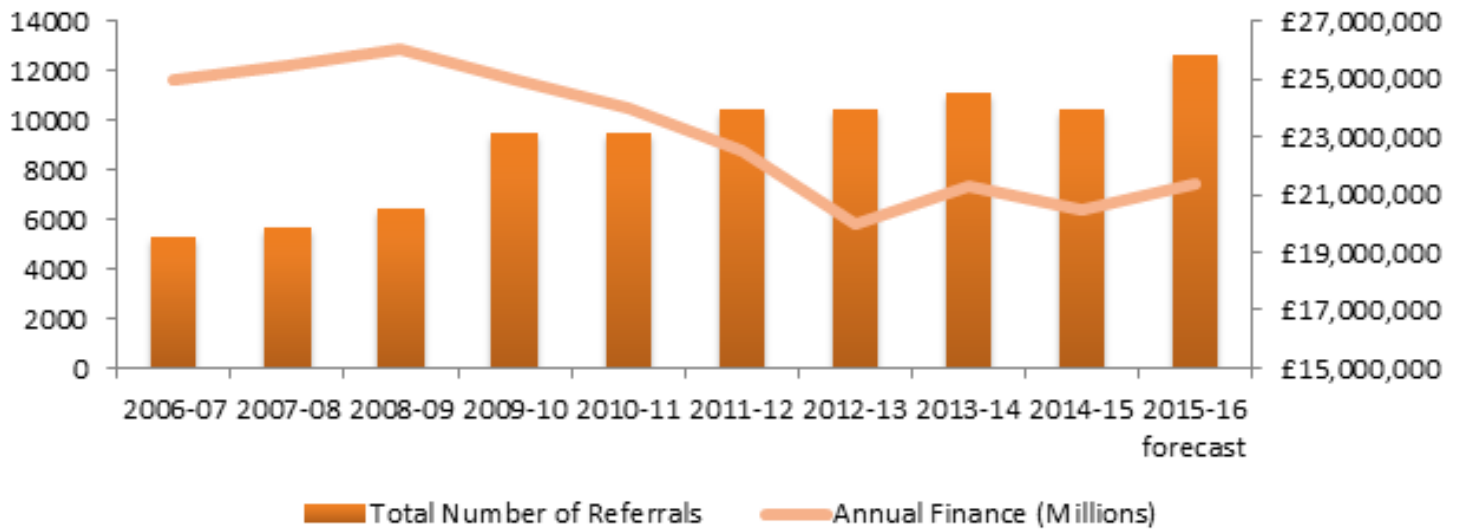


Figure 2.4

Serious incidents

NAVIGO has improved Serious Incident (SI) investigation reporting in 2015, following serious incident guidance being revised by NHS England in March 2015. This, along with a change in management structure and clinical lead for SIs, prompted a review into how NAVIGO investigate SI's and how current systems and procedures may be enhanced to strengthen lessons learned.

SIs include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm – including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

The following outcomes relating to SI's have been realised during 2015-16:

- Appointment of a clinical lead dedicated to Governance and Quality improvement
- Appointment of a Quality and Governance Manager
- Review and amendment of the SI reporting process and monitoring of the serious incident action plan
- Analysis of trends in SI's and how these may be linked to the public health profile of the local area
- Review of the National Confidential Enquiry into suicides and homicides and how national trends either compare or contrast to the local area
- Linking SI recommendations more closely with the local clinical audit programme, aiding prioritisation of local audits. This resulted in recommendations to appoint two dedicated clinical practitioners specialised in providing support to service users with both mental health and substance misuse/alcohol issues aligned to acute services.

Home From Home Service

In August 2015, as part of the national NHS 5 year forward view of organisations working together and also the local Healthy Lives Healthy Futures project within Northern Lincolnshire, NAViGO, in partnership with NLaG NHS Foundation Trust, began a 'Home from Home' innovative in-reach out-reach model that aims to care for and treat older people who are confused or living with other symptoms of dementia and in need of acute general hospital care, meeting all their needs regardless of the cause.

Home from Home is unique, as it integrates general and mental health nursing in the comfort of service user's own homes or a homely, purpose built, hospital environment. There is a shared caseload of 30 service users, 15 inpatients and 15 in the community.

The in-reach out-reach model will be of great benefit to service users as they will be able to go home as soon as they are well enough to do so knowing that the out-reach team will be able to continue care to those service users that still require some assistance. This will maintain independence and well-being, which will be of great benefit to both service users and their families.

Home from Home is equipped with specialised Doctors that are able to deal with both the physical and psychological needs of each individual cared for in the scheme. Allied health professionals complement the multidisciplinary team ensuring the holistic needs of service users are met and discharge is facilitated efficiently and effectively.

Janine Smith, Senior Manager for NAViGO's Older People's Mental Health Service said: "We are incredibly proud to be able to launch a unit that not only helps the elderly in the most effective way possible but also helps to ease the increasing pressures on hospital beds. The idea was to create a homely environment that enables family members to stay freely with the service user over night with medical support there 24/7 and this has been achieved. I truly believe this is the future of healthcare for the older people."

Outcomes achieved since the inception of Home from Home include:

- Reduction in the length of stay in hospital
- Increase in the number of people discharged straight to their usual place of residence rather than discharged into intermediate care or residential care
- Reduction in the number of delayed discharges from hospital
- Reduction in the number of transfers which take place during the night and can add to confusion
- Over 95% of service users recommending the service to friends or family if they needed similar care or treatment
- Reduction in the number of people treated in hospital, enabling the local acute hospital to close a whole ward



Home From Home Grand Opening 2015

Home from Home inpatients and community service users and their families/friends have commented:

“ The care, love and support you gave not just to mum but to all of us went way beyond the call of duty.

From ward to community worked well, felt supported by the team who are caring and thoughtful always.

What a satisfying and pleasurable experience I had when visiting my elderly neighbour. Sometimes we think that the elderly are neglected but not in this case. It is a wonderful place with caring people to look after you, like a 5 star hotel. Whoever thought this up – well done and thank you.

This is a much needed facility and we are extremely grateful we have had the opportunity to sample it.

More information on quality, best practice and shared learning can be found in NAViGO's quality newsletters which can be found on the NAViGO website at the following link:
www.navigocare.co.uk/who-we-are/key-documents/

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

Cognitive behavioural therapy (CBT)

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

Commissioning for Quality and Innovation (CQUIN)

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

Crisis Team

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

Department of Health (DoH)

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

Dual diagnosis

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

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 and carer experience' and 'clinical effectiveness'.

National Institute for Clinical Excellence (NICE)

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

National Reporting and Learning System (NRLS)

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

NHS Connecting for Health

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

Non-Executive

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

Open Minds

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

Root 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 Independent Service User and Carer 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 (SFT)

Family therapy can help support families through communication 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.

WHISe

WHISe is an innovative service which was originally piloted by the Community Mental Health Team (CMHT) in NAViGO. It is a Wellbeing and Health Improvement Service which compliments the treatment given by the CMHT and aims to address the physical and holistic needs of people suffering from severe and complex mental health conditions.

Statements from other organisations about the Quality Account

HealthWatch

Healthwatch North East Lincolnshire (HWNEL) is pleased to be able to comment on the NAViGO's Quality Account for 2015/16. We are grateful that NAViGO has already responded to us over a range of concerns that we raised on the content of the initial and second draft received. These issues have largely been addressed in re-drafting of the document which means that our statement now is relatively brief and provides a set of general observations rather than dealing with specifics.

In our comments, we have stressed the importance of support to carers of all ages and that this should be reflected both in more timely assessments of carer needs and in taking account of the experiences of both carers and service users in improving quality care.

We recognise that the timing of the initial draft meant that full year statistical data was not always available but we did feel it was important to have data for all four quarters where possible and that trend analysis was provided. We are pleased that the final draft has largely addressed this, including insertion of Quarter 1 data where this had not initially been supplied. However, we remain concerned that there are a number of variations expressed in some sections between national and locally held data. We maintain that such discrepancies should, if at all possible, be resolved prior to drafting of the Quality Account and that having conflicting data only adds to a sense of public confusion and/or scepticism over the credibility of these figures.

For all these concerns over performance data, we are pleased that this Quality Account reflects that NAViGO is a comparatively high performing mental health provider and is at the forefront of many progressive developments that have been recognised both nationally and locally. As a Healthwatch, it is inevitable that the majority of people who come to us with their experiences of providers do so when they feel that something has gone wrong or is not as good as it should be. We are therefore pleased that we have an 'open door' to share those stories with NAViGO and to more closely examine any recurrent concerns. We believe that such an open dialogue means that the consumer voice is heard, better understood and taken into account in the quest for best quality care, so we look forward to continuing to work constructively with NAViGO as we bring issues forward on behalf of our local communities.



North East Lincolnshire Clinical Commissioning Group (NELCCG)

On behalf of North East Lincolnshire Clinical Commissioning Group (NELCCG) thank you for the opportunity to review and comment on NAViGO Quality Account for 2015/16.

The Quality Account presents positive assurance on the trajectory of the organisations continuing dedicated vision for improving the quality of care, outcomes for patients and staff satisfaction, whilst maintaining a clear focus on the three dimensions of quality – effectiveness, experience and safety.

We are pleased to note that the quality account considers both patient satisfaction and staff satisfaction of the services, which reflects the view held by NHS England that Patient and Staff feedback are essential components to determining experience and the two must not be considered in isolation. NELCCG congratulate NAViGO for achieving a place in the Sunday Times list of top 100 best not for profit organisations to work for in 2016, being recognised for working and engaging with staff at all levels of the organisation and listening to the staff voice. NAViGO have also demonstrated innovative ways of reaching communities and the public, to provide information and which help dispel myths regarding mental health.

NELCCG recognises the organisations work to improve the identification and reporting of incidents and serious incidents (SI's) in response to the national SI guidance. The organisation has positively developed their approach to clinical risk management and oversight through the appointment of a new clinical lead and manager, dedicated to Governance and Quality improvement. NAViGO have demonstrated they have learnt lessons from incidents and have been creative in taking action, for example in introducing a movement sensor to trigger lighting at night, to aid the reduction of patient falls in the dark.

The national picture financially for all NHS services is a challenging one, however despite this, NELCCG recognises Navigo's proactive response in a number of areas relating to quality. Going forwards the CCG would like to see an organisational response to actions taken within NAViGO in respect of the Francis Report recommendations, and also the impact from the plans NAViGO has to improve its safeguarding processes.

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

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



**North East Lincolnshire
Clinical Commissioning Group**

North East Lincolnshire Independent Service User and Carer Forum

2015/2016 has been a testing year for NAViGO because of enhanced activities, extended services and the concern of less funding from the North East Lincolnshire Clinical Commissioning Group (NELCCG), yet again.

Staff have coped magnificently but the cracks might soon start to show as budgets tighten.

On the plus side, the approval by the National Institute for Clinical Excellence (NICE) of the Transcranial Magnetic Stimulation (TMS) Programme had allowed the company to expand on its research programme and to expand the service into the Eating Disorders Project. Pathways to further develop TMS are also being quickly investigated by the Marketing Division of NAViGO.

The acquisition of the Garden Centre to complement the Floral Hall has been a major success with Jo Keen working her magic to turn the centre and café into a must visit venue. This is also providing many more training experiences for Tukes Volunteers.

The outreach to both Macedonia and Antigua has been stepped up during the last year.

The CQC Inspection held in January 2016 has just released their results and the overall rating for NAViGO Services was GOOD.

Independent Forum involvement in service user safety and service user experience has been very good to ensure the best possible co-operation with NAViGO.

We continue to attend and input into the monthly membership board meetings.

We attend meetings with managers on the Quality Committee, Drug and Therapeutic Committee, Governance Committee and Complaints/Compliments Committee.

Ensure that Patients/Service Users can express their private opinions to Independent Forum members who visit Harrison House, Konar Suite and Eating Disorders Unit.

Complaints/Compliments communicated to the Independent Forum are usually dealt with very swiftly by the Departmental Managers or the Senior Management Team (SMT).

We continue to have weekly meetings at the Carers Centre at 11 a.m. each Wednesday, all can attend. Members of Clinical Staff give useful presentations at most Wednesday meetings and the Pharmacist attends each fortnight.

The CQC Inspectors rated the inspection of the Forum Meeting they attended as “awesome”.

We consider that NAViGO discharged its duty to good effect in 2015/2016 and more than lived up to its mission statement.

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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 Corporate Affairs team via:

- Tel: (01472) 583000
- Email: info.navigo@nhs.net
- Address: NAViGO House, 3 – 7 Brighowgate, Grimsby, North East Lincolnshire, DN32 0QE

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NAVIGO, NAViGO House, 3 - 7 Brighowgate, Grimsby, DN32 0QE

T: (01472) 583000 E: info.navigo@nhs.net

W: www.navigocare.co.uk

Registered office: NAViGO House, 3 - 7 Brighowgate, Grimsby, DN32 0QE
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