

Independent Investigation Assurance Review NAVIGO Health and Social Care Community Interest Company.

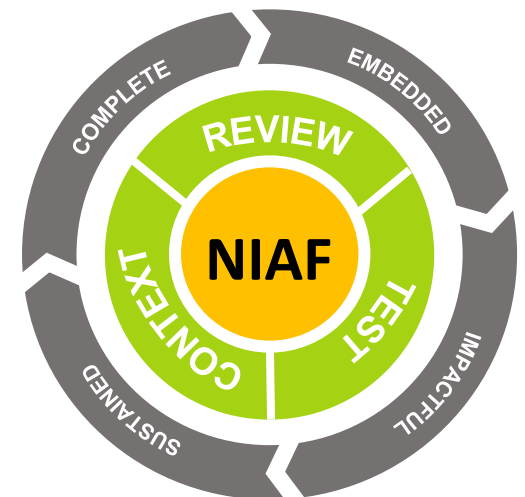
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Final Report

Private and confidential

March 2021

Niche
Investigation
Assurance
Framework





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Niche Health and Social Care Consulting is an independent management consultancy that specialises in supporting health care providers with all issues of safety, governance and quality, including undertaking independent investigations following very serious incidents.

Our Final Report has been written in line with the terms of reference for our Independent Investigation into the Care and Treatment of a Mental Health Service User ('Service User A'). This is a limited scope review and has been drafted for the purposes as set out in those Terms of Reference alone and is not to be relied upon for any other purpose.

Events which may occur outside of the timescale of this review will render our report out-of-date. Our Report has not been written in line with any UK or other (overseas) auditing standards, we have not verified or otherwise audited the information we have received for the purposes of this review and therefore cannot attest to the reliability or accuracy of that data or information. However, where there is evidence that the information is not accurate, this has been made clear in the report and in relation to all other information received from organisations and individuals, a factual approach has been adopted with discrepancies and variances in accounts highlighted where known.

This is a confidential Report and has been written for NAViGO Health and Social Care Community Interest Company alone under agreed contractual terms. No other party may place any reliability whatsoever on this report as this report has not been written for their purpose. Different versions of this Report may exist in both hard copy and electronic formats and therefore only the final, approved version of this Report, the 'Final Report' should be regarded as definitive.

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insight integrity impact

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1. Summary



Background and context for this review

NAVIGO Health and Social Care Community Interest Company (NAVIGO) is a non-profit making community interest company that provides all local mental health and associated services in North East Lincolnshire. NAVIGO came into inception in April 2011, prior to this the local mental health service provider was North East Lincolnshire Care Trust Plus (NEL).

NHS England (NHSE) North commissioned Niche Health & Social Care Consulting Ltd (Niche) to carry out an independent investigation into the care and treatment of Service User A, following the homicide of Mr A.

Following publication of the Niche investigation in March 2020, an action plan was developed to respond to the five recommendations made within the investigation to support NAVIGO with learning and improving services and practices. One of the recommendations tasked NAVIGO to implement residual recommendations from their internal serious incident investigation. Therefore NAVIGO were required to address a total of twelve recommendations.

The terms of reference of the independent investigation required Niche to *'support the Commissioners (CCG) where requested to develop a structured plan for review of implementation of recommendations. This should be a proposal for measurable change and be comprehensible to service users, carers, and others with a legitimate interest'*. Niche agreed to undertake an assurance follow up review after report completion. This was to provide an assessment of the implementation of the resultant action plan against the Niche Investigation and Assurance Framework (NIAF).

This is a high-level report on process to NHSE North East and Yorkshire on the basis of a desktop review only, without site visits or interviews.

Implementation of recommendations

Recommendations made within our independent investigation and NAVIGO's residual recommendations following their internal investigation were combined into one action plan.

We were provided with an action plan update report that described all actions as completed. Overall, we found that NAVIGO had made significant efforts to implement and address each recommendation. In some cases, the impact of the Covid-19 Pandemic had limited the opportunity to implement and test the impact of how these changes have been embedded into practice. We have therefore suggested that future pieces of work are undertaken to strengthen assurance.

Review of method and quality control

It is important to note that we have not reviewed any healthcare records because there is no element of re-investigation contained within the review terms of reference. We used documentation provided by NAVIGO to complete this review.

At Niche we have a rigorous approach to quality standards. We are an ISO 9001:2015 certified organisation and have developed our own internal single operating process for undertaking independent investigations. Our final reports are quality assured through a Professional Standards Review process (PSR) and approved by an additional senior team member to ensure that they have fully met the terms of reference for review.

2. Summary assessment on progress



The Niche Investigation Assurance Framework

Assessing the success of learning and improvement can be a very nuanced process. Importantly, the assessment is meant to be useful and evaluative, rather than punitive and judgemental. We adopt a useful numerical grading system to support the representation of 'progress data'. We deliberately avoid using traditional RAG ratings, instead preferring to help our clients to focus upon the steps they need to take to move between the stages of completed, embedded, impactful and sustained – with an improvement which has been 'sustained' as the best available outcome and response to the original recommendation.

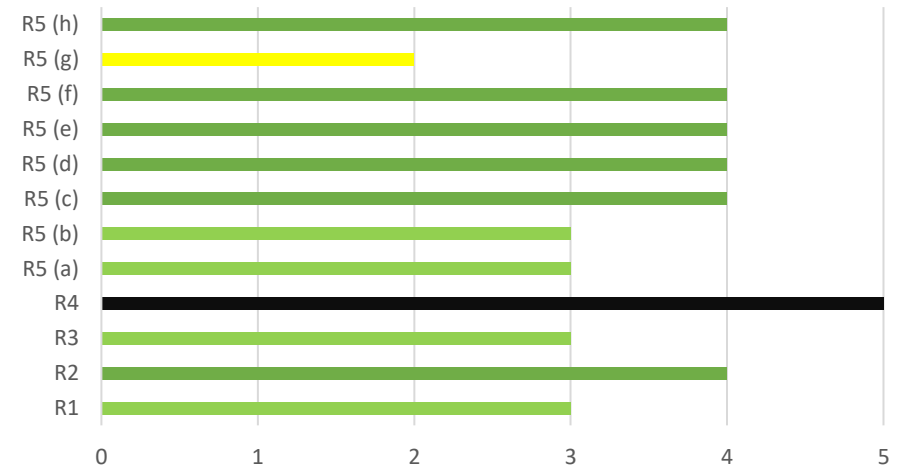
Our measurement criteria includes:

Score	Assessment category
0	Insufficient evidence to support action progress / action incomplete / not yet commenced
1	Action commenced
2	Action significantly progressed
3	Action completed but not yet tested
4	Action complete, tested and embedded
5	Can demonstrate a sustained improvement

Our assurance review has focussed on the subsequent actions that have been progressed and implemented in response to the recommendations made in the independent investigation report and included residual recommendations following NAVIGO's internal investigation.

In relation to progression of the agreed actions from the twelve combined recommendations we have rated progress as shown in the table below:

Summary Progress Chart



Summary

There has been significant progress in relation to most of the recommendations. However, there are some residual gaps in assurance specifically for recommendation 5(g).

Assurance review findings

[Detailed review of NAViGO's actions]



Recommendation 1: NAViGO must review their procedures for safeguarding adults and children, to include domestic violence, against the 2016 NICE Quality Standard (QS116) 2016 and seek opportunities for specific multiagency training in how to identify and respond to domestic violence, using the learning from this independent investigation to prevent recurrence.

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
<ul style="list-style-type: none"> • <i>'New process/ procedure, with appropriate oversight from relevant quality oversight group/ subcommittee and sign off.</i> • <i>Evidence of appropriate development/ review (meeting minutes emails etc).</i> • <i>Evidence of cascade and multiagency training in new procedures.'</i> 	<p>'Safeguarding Champion Meetings' were initiated in April 2020 and terms of reference were initially agreed for a period of six months. Senior Operational Managers were appointed as adult and child Safeguarding Champions (SCs). In respect of attendance, two SCs from each service area and a medic were required to attend these monthly meetings. Samples of SC meeting minutes between April and December 2020 demonstrated large and regular representation by a variety of services. We found consideration of and planning for guest speakers to attend and share domestic violence safeguarding knowledge and expertise; for example, the Police and Women's Refuge services.</p> <p>Standard agenda items were set and considered within the SC meetings. Set agenda items included: training, lessons learned following serious investigations, good and poor practice, and changes to case law following national learning. Information from Safeguarding Sub-Committee meetings was added as a set agenda item after these were commended in June 2020.</p> <p>The 'Safeguarding Sub-Committee' was established to meet monthly, terms of reference were agreed by the Board and initially set for six months.</p> <p>Samples of the Safeguarding Sub-Committee meetings between June and November 2020 evidenced that these meetings had a nominated NAViGO Chairperson. There was senior representation including NAViGO's Medical Director, Directors of Operations and representation from safeguarding leads within Clinical Commissioning Groups (CCGs). Newly appointed SCs also attended these meetings.</p> <p>The 'Report to the NAViGO CIC Board' (January 2020) evidenced that outcomes of the Safeguarding Sub-Committee meetings are reported to Board.</p>	<p>Following each meeting, service SCs were required to cascade relevant information within their services. However, we have not seen evidence of how this has been achieved. Moving forward, NAViGO described that they will ensure that Safeguarding Champion Meeting information is included as an item on each clinical team meeting's standing agenda. Minutes of the Safeguarding Champions Meetings will also be forwarded each month to clinical team leaders.</p>



Recommendation 1: continued

NAViGO response and evidence submitted

We saw that updates had been made to NAViGO's adult and children's safeguarding policies in respect of domestic violence. These updates to policies were overseen within the Safeguarding Champions Meetings and were reviewed and approved by the Quality and Clinical Governance Sub-Committee in September 2020.

Updates to these policies included specific information and flow chart guidance to staff in responding to concerns of domestic violence and referral pathways. These updates included the requirement for staff to also refer to NAViGO's newly developed stand alone 'Domestic Violence Policy' (2020).

Procedural guidance within the 'Domestic Violence Policy' (2020) met the four quality statements within the National Institute for Health and Care Excellence (NICE) Quality Standard (QS116) (2016):

- 1: People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion.*
- 2: People experiencing domestic violence and abuse receive a response from level 1 or 2 trained staff.*
- 3: People experiencing domestic violence or abuse are offered referral to specialist support services.*
- 4: People who disclose that they are perpetrating domestic violence or abuse are offered referral to specialist services'.*

NAViGO's Mandatory Training Policy (draft) described that they will seek opportunities to supplement training packages by working in collaboration with subject matter experts. These subject matter experts could either be within the Trust or local experts such as Safeguarding Champions, FOCUS or Infection Control Links.

NAViGO's current safeguarding training package was developed in partnership with a local care organisation.

Reviews of safeguarding procedures were evidenced by the development of a new NAViGO email address to support staff with queries about domestic violence and safeguarding. Future changes to local service policies require input from safeguarding leads to ensure that aspects of safeguarding had been sufficiently captured.

A safeguarding pilot was commenced for three services on 1 October 2020. However, at the time of our review this had not yet been rolled out across other services due to a new safeguarding lead having only been recently appointed.

NIAF review rating: NAViGO have made significant efforts to progress and complete this recommendation. Future plans should be made to test the impact of changes to safeguarding policies and procedural guidance in respect of domestic violence.

Overall review rating for this recommendation: 3 (Action completed but not yet tested).

Niche comments and gaps on assurance

We were told that the 'Safeguarding Sub-Committee' and the Human Resources (HR) department were responsible for overseeing the use and update of the designated email inbox. This process had not been formally documented. However, NAViGO described that this process will be included within a Standard Operating Procedure (SOP). Timelines for developing the SOP have not been defined.

[Detailed review of NAViGO's actions continued]



Recommendation 2: NAViGO must seek assurance that day to day practice for CPA meets the policy requirements.

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
<ul style="list-style-type: none"> <i>'Reasonably substantial and regular audit / report that demonstrates widespread assurance that the policy is followed'.</i> 	<p>In response to the serious incident action plan, a full audit of compliance with the Care Programme Approach (CPA) Policy was undertaken in June 2020. This indicated that there were a number of areas that required improvement and consequently an action plan was written to action these. An 'Audit of CPA Policy Procedures: Re-audit of CPA cases across all Relevant Teams' report was completed in September 2020 and it's data compared against the audit outcomes completed in June 2020.</p> <p>For the purpose of the September 2020 audit, the standards extracted from the CPA Policy were compared against each audit findings. We observed that there had been significant improvement in compliance for each standard within the CPA policy. The most significant improvement in compliance (a 24% increase) was achieved for the standard, <i>'Where a service user has been discharged from CPA, there is clear evidence that a discharge meeting with clear management plan has been agreed and shared with all stakeholders and the discharge checklist is complete'</i>. This compliance rate was 96%.</p> <p>Following the conclusion of the September 2020 audit, a further action plan was developed to assist with improving CPA compliance. Senior operational and performance management representatives were allocated as action leaders and each action was set to be completed by December 2020. We saw that a follow up review of the action plan had been set for 21 January 2021.</p> <p>The CPA training package was updated in July 2020. The training package included detail pertaining to the standards within the CPA Policy and expectations of staff to meet these standards within their job role. CPA classroom training was delivered on 9 and 26 August 2020 to staff from a variety of clinical areas such as Adult Community Mental Health Teams (ACMHT), Early Intervention Teams (EIT) and Memory Assessment Teams (MAT). NAViGO described that work is being carried out on the reporting system to evidence compliance.</p>	<p>The set target for CPA compliance is 100% and NAViGO are yet to achieve this. NAViGO described that CPA has been included on the audit programme for 2021/22</p> <p>We have not been provided with information regarding the review of the action plan that was due 21 January 2021 although we understand that this will be available prior to the end of April 2021. Therefore, we are unable to determine if these actions have been completed and how they may have impacted on compliance rates for CPA.</p> <p>The CPA Policy requires all staff engaged in care co-ordination to attend an initial training session on CPA which will detail what is expected of them as a care co-ordinator/lead professional; however, at the time of completing the audit report, only 53% of the care coordinators included in the audit had completed CPA training. CPA training may have improved following the classroom training that had been delivered on 9 and 26 August but we have not been provided with detail of more recent CPA compliance figures.</p>

NIAF review rating: This recommendation has been significantly progressed as evidenced by improved compliance rates with the CPA Policy and scheduled reviews to further assess this against remedial actions. Further assessment and testing of how changes have been embedded in practice and how these have impacted on CPA compliance figures would strengthen assurances.

Overall review rating for this recommendation: 4 (Action complete, tested and embedded).

[Detailed review of NAViGO's actions continued]



Recommendation 3: NAViGO must commission Mental Capacity Act (MCA) training which includes attention to the issues of assessing capacity in people where symptoms relating to mental disorder (e.g. delusions or other morbid beliefs) might impair their ability to believe, appraise and weigh up information in the process of coming to a decision.

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
<ul style="list-style-type: none"> • <i>'Revised training and practice which demonstrates understanding of the legal requirements of MCA and assessments of capacity.'</i> • <i>'Evidence of names/ numbers/ dates of training, and syllabus.'</i> • <i>'Evidence of impact (i.e. case note audit) would be very helpful.'</i> 	<p>Email evidence throughout 2020 demonstrated that NAViGO had commissioned an external agency to deliver classroom based, 'Assessing mental capacity for people with psychosis' training sessions for staff.</p> <p>The training course overview evidenced that key topics would meet the recommendation:</p> <p><i>'Practical issues and challenges in assessing capacity: when to assess, frequency, reviews, who should assess, refusals to be assessed, disputes.'</i></p> <ul style="list-style-type: none"> • <i>Use or weigh in practice for people with psychosis</i> • <i>Case studies to applying learning to practice</i> • <i>Hallucinations – impact on understanding and use or weigh</i> • <i>Delusions – impact on understanding and use or weigh.'</i> <p>We saw that these training sessions had been organised but rearranged on many occasions. This was attributed to government guidance in respect to the Covid-19 pandemic. Email correspondence between NAViGO and the respective commissioner advised that Webinar training sessions were to be delivered to replace classroom based sessions.</p> <p>Five two-day, webinar-based training courses were then booked for 25 registered mental health nurses (per session) across the organisation. Training dates had been scheduled between December 2020 and February 2021. The training attendance records for December 2020 confirmed that two training webinars had been completed.</p> <p>NAViGO described that all band 5 and 6 care coordinators and some senior nursing staff from inpatient areas were selected to attend this bespoke psychosis MCA training.</p>	<p>Significant delays with the commencement of training were attributed to the current pandemic. NAViGO commissioned MCA training to be provided by a local social care organisation and staff had received this training. However, we were not provided with this training package and cannot assure that its content met the standard within the recommendation.</p> <p>We did not see future plans for Mental Capacity Act (MCA) training to consider new starters to the organisation or any requirements for staff to retrain in MCA at set intervals (for example, every three years). However, NAViGO are currently considering how they can develop an in-house training package.</p>

[Detailed review of NAViGO's actions continued]



Recommendation 3: continued

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
	<p>NAViGO described that they will continue to commission specialist MCA training in addition to the mandatory training to allow new starters to attend.</p>	<p>The training attendance records demonstrated 56% attendance for 8 and 9 December 2020 and 88% attendance for training delivered on 15 and 16 December 2020. We saw that there were 16 spare places available for this training. We were not provided with evidence of how/if these spare places would be reserved for staff who had not attended their original training session. However, NAViGO have reported that there are enough places for all relevant staff to attend.</p>

NIAF review rating: It is understandable that there have been significant delays in progressing this recommendation, attributed to the pandemic. Following delivery of the scheduled training sessions, NAViGO should assure itself that all relevant clinicians have received training and test the impact of this.

Overall review rating for this recommendation: 3 (Action completed but not yet tested).

[Detailed review of NAViGO's actions continued]



Recommendation 4: NAViGO must consider the appropriate guidance when reviewing CMHT Consultant Psychiatrist job plans to ensure that time in the CMHT is reliable and predictable.

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
<ul style="list-style-type: none">• <i>'Job plan. Minutes or notes of regular meetings where CMHT and Consultant Psychiatrist to demonstrate routine and regular input from the psychiatrist into the CMHTs'</i>	<p>NAViGO provided job plans for three consultant psychiatrists attached to the Adult Community Mental Health Teams (ACMHTs). All three job descriptions included a mandatory requirement for attendance at a weekly CMHT CPA meeting. Two of the job plans had been signed by the applicable psychiatrist (October 2019 and March 2020); the third was unsigned.</p> <p>We were provided with 100 samples of weekly CMHT meetings minutes for the East and West CMHT. The samples were dated between October 2019 and December 2020. We found evidence of medical representation at each meeting.</p>	<p>We were advised of future plans to incorporate regular attendance into future consultant psychiatrists job plans in the event of staff leaving or new starters to the role.</p>

NIAF review rating: NAViGO have significantly progressed this recommendation and have demonstrated sustained improvement. NAViGO should ensure that proposed plans for incorporating regular attendance at CMHT meetings into future consultant psychiatrists job plans are fully enacted.

Overall review rating for this recommendation: 5 (Can demonstrate a sustained improvement).

[Detailed review of NAViGO's actions continued]



Recommendation 5: NAViGO must implement all the residual recommendations to provide assurance that all actions arising from the internal investigation are now addressed and embedded in practice.

5(a): A quick summary including a snapshot of all known historic risk factors, risk factors and relapse signature and contingency plan should be available and updated at every point of review, transfer and made available to all members of the team;

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
<ul style="list-style-type: none"> • <i>'09/11/2020: CPA policy has been updated to state that this information will be a part of the crisis contingency plan within the CPA care plan. We monitor compliance of this through the quarterly CPA audit.</i> • <i>21.02.20: update from head of performance: Clinical views are being created in SystmOne in conjunction with clinical staff. These will be completed and live in the system by the end of March 2020.</i> • <i>24.01.20: Update from head of performance: this was actioned at the time, risk chronology report was created within Silverlink'.</i> 	<p>NAViGO's 'CPA and Non-CPA Care Co-ordination Policy' (updated October 2020) describes that in response to this recommendation there had been an <i>'agreement...that this will be within the crisis contingency element of the care plan and that this should be the first point of reference for any practitioner picking up a known case'</i>.</p> <p>The Policy advises that as part of the clinical review, practitioners are required to complete a crisis plan. The Policy informs practitioners to include, <i>'a summary of all risks identified, formulations of the situations in which identified risks may occur and actions to take by practitioners and the service user in response to crisis'</i>.</p> <p>The Policy describes that a review of a service user's risk assessment is required at formal reviews such as CPA (at least yearly), on transfer/ discharge to another team and in circumstances where there is a perceived change in risk, triggering a review of the risk assessment.</p> <p>NAViGO advised that quarterly CPA audits are undertaken to assure compliance with the CPA Policy. The audit outcomes for February 2020 indicated 90% compliance for service users having a 'crisis plan' and 69% for the crisis plan being considered as <i>'comprehensive enough to support crisis teams in decision making and/or ensuring service users know how to re-access services'</i>. A further audit conducted in September 2020 demonstrated 88% compliance for service users having a crisis plan and 82% for the crisis plan being comprehensive.</p>	<p>The CPA and Non-CPA Care Co-ordination Policy does not specify the committee monitoring arrangements for compliance and we were not provided with these details, outside of the completion of quarterly audits. NAViGO described that the Policy will be updated to include this detail.</p> <p>We have not had sight of the criteria used to determine how crisis plans were assessed as <i>'comprehensive enough to support crisis teams in decision making and/or ensuring service users know how to re-access services'</i> although NAViGO described that auditors considered historical and current risks to support their outcomes. For future audits, NAViGO will use updated and set criteria.</p> <p>Audit outcomes demonstrated that there had been a 2% reduction in compliance for service users having a crisis plan in situ but 13% improvement for compliance in respect of service users having a 'comprehensive' crisis plan.</p>

NIAF review rating: To meet the requirements of the recommendation, NAViGO updated local policy to include that service users should have crisis plans containing historical and current risks and an individualised relapse signature. NAViGO have yet to achieve full compliance with this standard.

Overall review rating for this recommendation: 3 (Action completed but not yet tested).

[Detailed review of NAViGO's actions continued]



Recommendation 5: continued

5(b): CMHT staff to increase their notice period to three months allowing the additional two-month period for a robust handover.

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
<p>• <i>'09/11/2020: Staff to be informed this month (September) that this will become applicable to all staff. 9 replies back to the consultation letter, no objections raised'.</i></p>	<p>The 'notes of the NAViGO Joint Consultation Committee' (13th June 2018) included that <i>'the notice period has been increased to 13 weeks for new entrants'</i> and that this proposal had been sent to qualified staff for consultation and would be in effect from 1 July 2018. Barriers to the recommendation were raised as usual practice at that time was to advertise a vacancy after a member of staff had already left their post. In response to this, the committee agreed to consider how they could streamline the pre-employment process.</p> <p>The 'written particulars for substantive staff' (undated) was an example of a contract of employment. In respect of terminating a contract, staff were told that:</p> <ul style="list-style-type: none"> • <i>'The minimum period of notice during your probationary period is 1 week, in writing on either side. After the probationary period and in the first 4 years of service</i> • <i>After 4 years of service, you are required to give and entitled to receive one week written notice per year of service up to a maximum of 12 weeks' notice or pay in lieu.</i> • <i>All managers, on Band 7 and above, and clinical/ registered staff band 5 and above will give or receive 3 months' written notice or pay in lieu.'</i> <p>NAViGO's update to the action plan described that in November 2020, staff were advised that this expectation would now be applied to all staff and that this was in the consultation period with staff. The 'Notes of the NAViGO Joint Consultation Committee' (24 November 2020) described that consultation was underway and changes to the notice period for existing qualified staff would be implemented at the end of the year. NAViGO have described that changes to existing staff contracts have now been completed.</p> <p>In relation to the handover of care by CMHT staff who are leaving the team, the CPA Policy includes that when transferring a service user internally e.g. to another NAViGO service requirement, a handover of care is to be facilitated. This transfer included completing a joint visit by both teams</p>	<p>We have not been provided with outcomes in relation to the streamlining of the pre-employment process or how this has impacted on the timeliness and delivery of a robust handover of care. However, NAViGO described that the additional two month period has allowed a more vigorous quality review of the handover documentation.</p> <p>We did not find guidance within the CPA Policy for any timeframes for when staff should begin the transfer of care process in keeping with the recommendation. That said, NAViGO described that a handover of care is completed during the three month notice period and will update the CMHT Policy to include this detail by the end of April 2021.</p>

NIAF review rating: NAViGO have implemented this recommendation but will need to be assured that the quality of handovers is maintained as a result of the extra time afforded to staff.

Overall review rating for this recommendation: 3 (Action completed but not yet tested).

[Detailed review of NAViGO's actions continued]



Recommendation 5: continued

5(c): Review pathways to ensure inter service shared responsibility for joint planning and appropriate team agreements within specific timeframes

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
<ul style="list-style-type: none"> • '09/11/2020: Pathways were reviewed and added to policy. Audit completed October 2020'. 	<p>A 'Snapshot Audit of the adherence to the Transition between Inpatient Mental Health Setting and Community Mental Health Services' (October 2020) included a flowchart for transitions between 'Inpatient Mental Health Settings and Community'.</p> <p>This flowchart included pathways for inter service shared responsibilities for joint planning of care between inpatient care, home treatment teams, liaison teams and secondary community mental health services including mainstream and assertive outreach services. It also specifically included the requirements and expectations for care coordination input to in-patient care and discharge planning. For example, care coordinators are required to attend a meeting for care planning within one week of their patient being admitted.</p> <p>The pathway advised that discharge planning is to commence at the point of admission and that partnership working between the acute care team and care coordinator is required to prepare exit strategies and provisional discharge planning. Acute care staff are instructed to invite care coordinators to attend pre-discharge and/or aftercare meetings. At these meetings a resultant discharge plan is to be confirmed with an agreed jointly owned aftercare plan.</p> <p>The audit reviewed 30 discharges from the acute inpatient units during May, June and July 2020 against the pathway. For those service users who had care coordinators, 91% of care coordinators had been invited to a pre-discharge meeting and the care teams had jointly agreed discharge and aftercare plans.</p> <p>For service users where their care coordinators are unable to complete the post discharge visit, the pathway advised that acute care staff should be requested to complete this within fourteen days. The audit evidenced 88% compliance against this. Where the pathway had advised that support with engagement should be sought via an assertive outreach service, the audit evidenced that this had not occurred for one service user.</p>	<p>We have not seen any evidence that the service care pathways depicted in the flow chart have been embedded within agreed service operational policies. However, NAViGO described that they will evidence that the pathway is embedded in all relevant policies by the end of April 2021.</p> <p>The audit did not include any narrative to explain why 9% of care coordinators had not been invited to pre-discharge meetings or had agreed any discharge and aftercare arrangements. NAViGO reported that further audits will be included on the audit programme for 2021/22.</p>

NIAF review rating: NAViGO have made good progress with this recommendation but are yet to achieve 100% compliance with the transition between inpatient mental health settings and community care pathways. Future audits would strengthen assurance of inter service shared responsibility for joint planning and that appropriate team agreements are fulfilled within specific timeframes.

Overall review rating for this recommendation: 4 (Action complete, tested and embedded).

[Detailed review of NAViGO's actions continued]



Recommendation 5: continued

5(d): Ensure all interested parties, especially family members are involved in all Care Programme Approach (CPA) care planning, review and discharge decision making within the confines of confidentiality

NAViGO action plan

NAViGO response and evidence submitted

Niche comments and gaps on assurance

• *'09/11/2020: part of the CPA audit. Compliant in 2 out of 3 standards'.*

The 'CPA and Non-CPA Care Co-ordination Policy' (2020) included specific direction to staff to *'ensure all interested parties, especially family members are invited to be involved in all CPA care planning, review and discharge decision making'*.

A 'weekly NAViGO staff bulletin' was distributed to staff on 18 February 2019 that included these instructions to staff in the context of lessons learned to improve family involvement.

CPA audits were completed in June and September 2020 and their outcomes were compared against this recommendation. In June 2020, 67% of carers had been included in the assessment process. This had increased to 83% by September. 56% of service users risk assessments had been shared with professionals and carers in June 2020 compared to 91% by September. In June 2020 80% of service users care plans included the views of carers; however, this had reduced to 71% by the conclusion of the audit completed in September.

'Previous overall compliance' was recorded as 61% for evidence that medical staff and other professionals were invited to the MDT compared to September 2020 audit findings of 71%. For those professionals who had been invited to the MDT, the *'previous overall compliance'* in regard to attendance at the MDT was reported as 74%. We saw evidence that compliance had increased to 86% by September 2020.

The 'Snapshot Audit of the adherence to the Transition between Inpatient Mental Health Setting and Community Mental Health Services' paper (September 2020) reported that *'where the service user had family documented as involved, there was evidence that 72% of the cases reviewed that family members were invited to the pre-discharge meeting'*. In the context of discharge planning, the views of the service user, family and professionals were evident in 84% of service user care records.

The CPA and Non-CPA Care Co-ordination Policy could be more explicit to staff by describing who interested parties are (for example, internal/external professionals and services directly involved in the service user's care). NAViGO described that they will update the CPA Policy to include this detail by the end of April 2021.

The 'Snapshot Audit of the adherence to the Transition between Inpatient Mental Health Setting and Community Mental Health Services' paper described that there were a number of cases where discharge was agreed at the weekly review meeting, but it was not clear if this had been communicated with family within the service user's clinical record. This could mean that compliance figures may have been skewed by omissions to record this detail within the service users care record.

NIAF review rating: NAViGO have significantly progressed this recommendation but compliance rates remain varied. Future audits would offer increased assurance that carers' views are included within CPA documentation given the decrease in compliance rates for September 2020.

Overall review rating for this recommendation: 4 (Action complete, tested and embedded).

[Detailed review of NAViGO's actions continued]



Recommendation 5: continued

5(e): When considering discharge, a CPA review must be arranged including, where practicable, all interested parties to enable effective decision making within the confines of confidentiality. This ideally would normally include family members, medical staff and all practitioners that have been involved in the delivery of the care plan. The CMHT discharge checklist could form the basis for this review.

NAViGO action plan	Trust response and evidence submitted	Niche comments and gaps on assurance
<ul style="list-style-type: none"> • <i>'09/11/2020: part of the CPA audit. Compliant in 2 out of 3 standards'.</i> 	<p>The 'CPA and Non-CPA Care Co-ordination Policy' (November 2020) describes <i>'...when considering a discharge, a CPA review must be arranged including inviting all interested parties to enable effective decision making'.</i></p> <p>The Policy provides direction to staff in the event of a service user requesting to take their own discharge and describes that, <i>'every attempt must be made to hold a CPA review, all people currently involved in the care plan must be invited and if they can't attend every effort should be made to gather their views and opinions to feed into the review'.</i></p> <p>As part of the CPA review and in preparation for discharge, the Policy directs clinical teams to follow and complete a 'discharge checklist'. The discharge checklist is included in the Policy, appears comprehensive and includes the requirements for family members and professionals to be invited to attend predischarge meetings. The Policy describes that their views should be captured within the respective care documentation.</p> <p>Internal email correspondence in May 2020 described that NAViGO's CPA Committee had developed a 'letter type' for staff. Staff were now required to upload the CPA discharge checklist onto the letter type and electronic record system ('SystemOne').</p> <p>The 'Audit of CPA Policy Procedures: Re-audit of CPA cases across all Relevant Teams' (2020) report included compliance figures for <i>'...where a service user has been discharged from CPA, there is clear evidence that a discharge meeting with clear management plan has been agreed and shared with all stakeholders and the discharge checklist is complete'.</i> NAViGO's target compliance rate for this standard was reported as 100%. 'Previous overall compliance' was reported as 72% which had increased to 96% by September 2020.</p>	<p>The 'Audit of CPA Policy Procedures: Re-audit of CPA cases across all Relevant Teams' paper included an action plan that was developed on 15 October 2020. This was developed to improve compliance within areas for CPA; however, did not include any actions for this specific standard to ensure that the target rate of 100% is met. NAViGO described that actions will be documented and implemented as required following the next audit (2021/22).</p> <p>We were not provided with evidence of how the CPA Committee would continue to oversee and ensure compliance against use of the CPA discharge checklist following conclusion of the 'Audit of CPA Policy Procedures: Re-audit of CPA cases across all Relevant Teams' (2020) report. NAViGO described that this detail will be added to the CPA Policy by the end of April 2021.</p>

[Detailed review of NAViGO's actions continued]



Recommendation 5(e) continued

NAViGO action plan

NAViGO response and evidence submitted

Niche comments and gaps on assurance

The 'CPA training package' (2020) included direction to staff to '...ensure all interested parties especially family members are invited to be involved in all CPA care planning review/discharge decision making'. The training package also included the requirement to complete the CPA discharge checklist before discharge is facilitated.

NIAF review rating: NAViGO have demonstrated pro-active efforts to meet this recommendation. There have been noticeable improvements in compliance rates for the uptake and use of the discharge checklist that appears to form the basis of the pre-discharge review. Associated action plans to further assure compliance with CPA could include measures to support NAViGO in achieving and sustaining the 100% compliance target.

Overall review rating for this recommendation: 4 (Action complete, tested and embedded).

[Detailed review of NAViGO's actions continued]



Recommendation 5: continued

5(f): Where CPA needs are identified, the care coordinator to be involved in patient care plans.

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
<ul style="list-style-type: none"> • '09/11/2020: part of the CPA audit. Compliant (78%)'. 	<p>The 'CPA and Non-CPA Care Co-ordination Policy' (2020) includes the requirement for care coordinators to attend inpatient reviews at least weekly and the requirement for their input in relation to inpatient care planning. Furthermore, inpatient service users who require a care coordinator must be allocated a care coordinator within seventy two hours of referral to ensure timely input and contribution towards inpatient care planning.</p> <p>A weekly 'lessons learnt' bulletin was shared with staff on 11 February 2020. The bulletin included that <i>to 'improve care pathways between acute and community services, a new care pathway now required community staff to attend ward reviews'</i>. The aim of weekly attendance was described <i>'to ensure collaborative discharge planning with acute, community and the service user is achieved'</i>.</p> <p>The 'Audit of CPA Policy Procedures: Re-audit of CPA cases across all Relevant Teams' (2020) report included compliance figures for documented evidence that allocated care coordinators attended/contributed to weekly reviews and care planning. 'Overall previous compliance' was reported as 67% and this had increased to 78% by September 2020.</p>	<p>The lessons learned bulletin was good practice but could have included the requirement for care coordinators to be involved in the review of all aspects of inpatient care planning, not solely discharge planning.</p> <p>We have not seen evidence of CPA audits being repeated since 2020. However, a re-audit is included on the audit schedule for 2021/22.</p>

NIAF review rating: NAViGO have progressed this recommendation and can evidence improved compliance. Further opportunities could be sought to consider any current barriers to achieving 100% compliance before completion of the next annual audit.

Overall review rating for this recommendation: 4 (Action complete, tested and embedded).

[Detailed review of NAViGO's actions continued]



Recommendation 5: continued

5(g): Crisis and community teams to review how they record and respond to all communications from family members/carers and other parties. This has to be in line with patient confidentiality; however, confirmation of action taken needs to be communicated.

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
<ul style="list-style-type: none"> • '09/11/2020: part of the CPA audit. Non-compliant (78%)'. 	<p>The 'Access Team Policy' (2020) described that this was applicable to '<i>Adult Crisis Home Treatment Team: the Approved Mental Health Professionals and the Single Point of Access for Mental Health and Liaison Psychiatry</i>'.</p> <p>This Policy describes that all contact with the Access Team is through the Single Point of Access service and that these calls are recorded. Specific guidance for the Crisis Home Treatment Team (CRHTT) includes that these staff are required to '<i>record all service user contacts utilising NAViGO's electronic record system 'staff calendar/rota' functionality... from this point of entry onto the system practitioners are requested to record all their notes...No practitioner will leave duty without recording an entry on Electronic Record System</i>'.</p> <p>Within Policy, CRHTT practitioners are requested to record entries after each person is seen. Also, '<i>service users, carers, family and professionals will be reminded that face to face/telephone or other contact is not complete until an entry is made on the electronic record system</i>'.</p> <p>The 'Community Mental Health and Wellbeing Policy' (2021) describes that all calls (from family members or other parties) are screened by the teams' administrators. Details pertaining to these contacts are emailed directly to the respective care coordinator and their line manager. In the event that the care coordinator is unavailable, these emails are to be sent to a nominated duty practitioner. In response to contact received either the care coordinator or duty practitioner is directed to contact and record the outcomes to these within the electronic patient record.</p>	<p>The Access Team Policy does not include how <i>action</i> taken in response to contacts should be recorded and communicated. NAViGO described that this detail will be added to the Policy by the end of April 2021.</p>

[Detailed review of NAViGO's actions continued]



Recommendation 5(g) continued

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
	<p>In response to contact received, and should a risk have been identified, the care coordinator or duty officer are required to attempt to complete a face to face contact, reviewing the risk and need to include the CRHTT. Any issues relating to telephone contacts are to be discussed in daily huddles and access meetings or supervision with line manager. Outcomes pertaining to risk is to be recorded within the service user's risk assessment.</p> <p>A 'lessons learnt' email was distributed to all staff by NAViGO's Quality Team on 9 March 2020. This advised staff to '<i>...ensure that ANY conversation with a service user's family/carer, either face to face or over the phone, is documented on Silverlink</i>' (electronic record system).</p> <p>Audit detail evidenced that 120 'crisis calls' were screened, and 10 were assessed as 'required recording'. Out of these 10 cases, the audit outcome described that all of these had been recorded. One call had been identified as from 'friends/family' and that this had been correctly recorded.</p>	<p>In relation to the audit, there were no details of when this took place or how the decision was reached about the contacts that 'required recording'. The audit did not include if responses made by the services had been recorded and we were not provided with evidence that future audits have been scheduled. The audit did not include data for CMHT as these calls are not recorded.</p>

NIAF review rating: The evidence provided demonstrated that some progress has been made with this recommendation. Audits should also ensure that both crisis and community team data is fully represented and include a focus on how action taken in response to contacts is recorded and communicated.

Overall review rating for this recommendation: 2 (Action significantly progressed).

[Detailed review of NAViGO's actions continued]



Recommendation 5: continued

5(h): The use of the risk management tool to be reviewed to ensure it is effective

NAViGO action plan	NAViGO response and evidence submitted	Niche comments and gaps on assurance
<p>• <i>'09/11/2020: The recommendation following review was for a period of 24 months to occur whilst CAMS is embedded within mental health services, during which DICES should continue to be used within risk assessment processes. At the 24-month stage it would then be appropriate to re-evaluate as to whether continuance of the use of DICES is worthwhile to the services, and most importantly service users. DICES training compliance available in evidence folder'.</i></p>	<p>A 'Suicide Risk Assessment Tools Review' was completed by NAViGO's Head of Psychology and was undertaken in October 2018. All NHS Mental Health Trusts nationally were provided with a Freedom Of Information Request to provide copies of their inhouse clinical risk policies. Risk assessment tools within these policies were collated and compared against evidence-based literature to understand reliability and validity rates for each in respect of suicide prevention.</p> <p>As an outcome to the review, NAViGO determined that the 'Collaborative Assessment and Management of Suicidality' (CAMS) tool would be embedded across the organisation. It was estimated that the roll out of the CAMS tool would take a twenty-four-month period to embed and that the use of the DICES (a risk assessment tool developed by The Association for Psychological Therapies) risk assessment would continue until this had been fully implemented. As an action from this, the utility of the CAMS assessment tool was planned for review at the conclusion of the twenty-four-month period. NAViGO advised that the CAMS tool is currently used as an adjunct to the DICES risk assessment.</p> <p>Audit outcomes for staff training compliance for using the DICE assessment tool were provided for June, September and November 2020. The audit included data for both online refresher courses and face to face risk assessment and management training. In respect of online refresher training compliance, audit outcomes were 87% June, 88% September and 90% for November 2020. Compliance for staff attendance for risk assessment and management training for the same time periods were 93%, 94% and 94%.</p>	<p>Audit outcomes for the CAMS tool were 40.55% for March 2021 with low compliance due to the lack of access to a refresher course; this is currently being developed to support compliance.</p> <p>We have not had sight of any outcomes following the proposed utility review of the CAMS assessment tool. However, NAViGO have advised that CAMS is still a research project and is awaiting NICE approval.</p>

NIAF review rating: NAViGO completed a comprehensive and evidence-based review of the efficacy and reliability of their risk assessment tool in keeping with the recommendation. As an outcome to the review, NAViGO planned to implement the use of the CAMS tool which had demonstrated increased reliability for the assessment of suicidality.

Overall review rating for this recommendation: 4 (Action complete, tested and embedded).

Appendices

Appendix A: Glossary of terms



CCG	Clinical Commissioning Group
CRHTT	Crisis Resolution Home Treatment Team
CPA	Care Programme Approach
HR	Human Resources
MCA	Mental Capacity Act
MHA	Mental Health Act
NICE	National Institute for Health and Care Excellence
SC	Safeguarding Champions
SystemOne	Electronic patient record system

B. Documents reviewed



NAViGO documents reviewed

Meeting of the Safeguarding Act Sub-Committee minutes 2020: 16 June, 27 July, 26 August, 23 September and 11 November.	Zoom presentation on policy changes for Safeguarding Adults, Safeguarding Children, Domestic Violence/Abuse and PREVENT (undated).
Safeguarding Champions Meeting minutes 2020: 24 April, 21 May, 18 June, 13 August, 10 September, 8 October and 03 December.	Snapshot Audit of the adherence to the Transition between Inpatient Mental Health Setting and Community Mental Health Services, October 2020.
Domestic Violence/Abuse Policy (2020).	A 'Safeguarding Update' (undated).
Safeguarding Adults Policy (2020).	'CPA presentation' training slides, June 2020.
Safeguarding Children's Policy (2020).	CPA training attendance records, 7 and 26 August 2020.
'Mental Capacity Act and Psychosis' training attendance registers, 8-9 and 15-16 December 2020.	46 emails between NAViGO staff, the designated commissioner and bespoke MCA trainer, 2019-2021.
A 'Safeguarding Adults Flowchart', July 2020.	Prevent Policy (2020).
Notes of the NAViGO joint Consultation Committee, 13th June 2018.	Course overview of 'Assessing mental capacity for people with psychosis' training (undated).
'An S.I update', 11 November 2020.	CPA and Non-CPA Care Co-ordination Policy (2020).
East and West CMHT meeting minutes, 2019-2021.	Various audit outcomes, February and September 2020.
Three CMHT Consultant job plans 2019-2020.	A 'Safeguarding Children's Flowchart', October 2020.
'Audit of CPA Policy Procedures: Re-audit of CPA cases across all Relevant Teams', September 2020.	Written particulars for new contracts (undated).
'CMHT Policy narrative, undated.	Access Team Policy, 2020.
NAViGO Weekly Staff Bulletin, 18 February and 9 March 2020.	'CPA Discharge Checklist /Risk Chronology' email, 21 May 2020.
'Lessons learnt – concerns raised by family members/interested parties', 9 March 2020.	DICES training compliance, June, September and November 2020.
'A review of suicide risk assessment tools used within NHS mental health services', October 2018.	Transition between Inpatient Mental Health Settings and Community flowchart (undated).
Suicide Risk Assessment Tools Review presentation, October 2018.	Quality and Clinical Governance Sub-Committee Minutes 16 September 2020.

B. Documents reviewed



NAViGO documents reviewed

Summary Report of Safeguarding Report to the NAViGO CIC Board (27 January 2021).	Embedding an Evidence-Based Model for Suicide Prevention in the National Health Service: A Service Improvement Initiative (Int. J. Environ. Res. Public Health 2020, 17, 4920).
Community Mental Health and Wellbeing Services Operational Policy (February 2021).	Notes of The Navigo Joint Consultation Committee (23 July, 24 September, 24 November 2020).
Excel report 'CPA Attendees'.	NAViGO Mandatory Training Policy (draft, undated).
MCA Mandatory Training Report (15 March 2021).	NAViGO Board Meeting Minutes (16 December 2020).
MCA Psychosis Bespoke Training Report (12 March 2021).	Safeguarding Pilot Training communication.
NAViGO Suicide Risk Training Report (15 March 2021).	
North East Lincolnshire Council High Risk Panel Protocol Reviewed 2019.	

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