

Quality Account

2014/15



Supporting people to live well

Our vision

An inclusive society where the importance of mental health and wellbeing is universally understood and valued

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Chief Executive's Report

Welcome to our Quality Account for 2014/15 - I hope you find it an interesting summary of what we have been doing to improve safety, clinical effectiveness and the experience of people using our services.

We have continued to make progress towards achieving our goals during the last year, including meeting all of our key financial and performance targets, and many examples of our work are set out within this document. It also contains a summary of our key priorities for 2015/16. Further information about the year's performance and highlights is also available in our Annual Report 2014/15.

Since our inspection by the Care Quality Commission (CQC) in February 2014 we have conducted a wide variety of improvements and are looking forward to welcoming the CQC back for a further inspection in July 2015. Overall, the findings of the CQC's last visit were very encouraging and the inspectors observed consistently high levels of compassion, commitment and good, safe care among our frontline staff. They also described us as an open and honest organisation with a commitment to improving practice, as well as highlighting many examples of excellence across our services.

Areas of improvement were, of course, identified and we have worked hard to address these. They included issues related to our crisis and out-of-hours services, access to psychological therapies, nutrition and seclusion. In some key areas, the report made it clear that our organisation requires further support and investment to make improvements and we are actively pursuing this agenda with our partners.

Our relationships with our two local Clinical Commissioning Groups (CCGs) are now maturing and these are increasingly important as we start to look at how we can integrate the county's mental health and learning disability services more closely with other health and social care services. We are continuing to do everything we can to ensure that mental health and learning disability services are high on the commissioning agenda - and placed on a more equal footing with physical health services - and the response of both CCGs to this discussion has been encouraging.

2014 saw the introduction of the Friends and Family test across the NHS - it asks whether users of services and staff would recommend an organisation as a place to receive care or to work. In our first survey, 43% of staff said that they would recommend our Trust as a place to work and 47% would recommend our services. In November 2014, we contacted more than 3,000 people who had recently experienced our services and 70% of people said that they would recommend them. These results are a solid start, and broadly compare with other similar organisations, but we hope to improve upon them considerably as we move forward.

Improving staff engagement remains at the top of the Board's agenda for the forthcoming year. We are continuing to make headway, but the findings of the 2014 staff survey make it clear that there is still significant room for improvement. In October 2014 we held a series of 'Our Journey' events at which we met with more than 1,200 members of staff. These events were incredibly powerful and they directly shaped our refreshed vision, mission, values and strategic objectives - which you can find on page 26 of this publication.

On behalf of the Board, I would like to extend a sincere vote of thanks to all of our staff for their efforts during 2014/15. Our frontline staff, in particular, continue to be a source of pride and inspiration in the work that they do every day to improve the lives of people with mental health and learning disability needs.



Melanie Walker Chief Executive



Priorities for 2015/16

We have identified our key quality improvement priorities for 2015/16 in the fields of Safety, Clinical Effectiveness and Improving the Experience of People Using Services. In doing this, we have sought the views of staff and other stakeholders.

The priorities that have been chosen reflect those of the organisations responsible for commissioning mental health services in Devon. These are set out more fully in our Commissioning for Quality and Innovation (CQUIN) targets (see page 27), which were developed with input from people with lived experience.

Performance against the priorities is reviewed at monthly Quality and Safety Committee meetings, which provide assurance to the Board of Directors. Our organisation's overall capacity and capability to deliver enhanced quality improvement will also be regularly considered by these groups.

1. Safety

Local Priority - Investigation of Incidents

We are keen to improve the quality of investigations into serious incidents and to develop an efficient investigation system that provides tangible improvement plans and enables shared learning.

This will be achieved through the establishment of a Multi-Agency Investigation Network (MAIN) with our partners. The MAIN will look at common incident themes and trends, share learning and develop a collaborative work plan. There will be an agreed approach to reviewing the way that incidents are reported, categorised and risk-assessed.

2. Clinical Effectiveness

Local Priority - Reducing Violence and Aggression

Our organisation is ahead of many other mental health and learning disability providers when it comes to how we look at safety - and how we are making sure that we learn from best practice and make our services safer at every available opportunity. This year, we have secured £500k in funding from the Health Foundation to work with our colleagues at South London and Maudsley NHS Foundation Trust (SLaM). We will be working on a range of initiatives from October 2015 and our aim is to reduce incidents of violence and aggression by 50% on those inpatient wards where we have introduced the initiative.

This is one of our CQUINs for 2014/15 and the specific target, and its method of measurement, will be agreed with our commissioners by the end of the first quarter of the year.

National Priority - Improving Physical Wellbeing

We are placing an increasing emphasis on the physical healthcare and wellbeing of the people we support. This year, we will be looking at a range of cardio metabolic factors in people with severe mental health needs, such as smoking, lifestyle, Body Mass Index and blood pressure. We will be making sure that these factors are captured in people's care notes and that we communicate the information clearly and promptly with other people involved in the person's care, including their GP. We will audit a selection of care notes to measure our performance against this priority.

3. Improving the Experience of People Using Services

Making sure that we get the basics right in a person's care and doing everything we can to involve people with lived experience in a meaningful way will be the focus of our efforts over the next year.

Local Priority - Always Events

'Always Events' are things that should happen every time with every person we support, for example staff introducing themselves (the 'My Name Is' initiative). Working with our partners and stakeholders, we will agree at least one 'Always Event' for the people in our care.

Local Priority - Engaging and Involving People

This year we will be reviewing how we listen to people and engage and involve them in our work. This will include the production of a new Involvement, Inclusion and Co-production Strategy that develops a group of people who use services, and carers and families, who can act as expert advisors, influence service change, challenge the status quo and shape service development.

We will also establish a Patient Leadership Network - a group of people with lived experience who can be expert advisors and help shape what we do and how we do it.

Statements of Assurance from the Board of Directors

The Trust provides a wide range of services, including those for adults, older people, those with alcohol and substance misuse issues, people with a learning disability and people who require secure services. These services are provided at a range of locations throughout Devon including people's own homes, within their local community and on psychiatric hospital wards.

The Trust has reviewed all of the data available to it on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2014/15 represents 100% of the provision of NHS services by the Trust for 2014/15.

A proportion of the Trust's income in 2014/15 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body with which it entered into a contract, agreement or arrangement for the provision of NHS services. This was done through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The Trust met all of the nine CQUIN targets agreed with for 2014/15. New CQUIN measures have been set for 2015/16.

The Trust's Information Governance Assessment Report overall score for 2014/15 was 75% and was rated 'green'.

Other key targets set by Monitor (the Foundation Trust regulator) that were met by the Trust during 2014/15 included:

- Follow up within seven days of discharge
- People on the Care Programme Approach (CPA) having formal review within 12 months
- Minimising delayed transfers of care
- Admissions to inpatient services with access to Crisis and Home Treatment services
- Number of Early Intervention cases
- Completeness of Mental Health Minimum Dataset - Identifiers
- Completeness of Mental Health Minimum Dataset - Outcomes
- Access to Healthcare for People with a Learning Disability
- Risk rating for governance
- Overall weighted rating for finance
- Number of members

Under the Audit Commission's guidance on the production of Quality Accounts for 2014/15, all mental health trusts were required to agree, with their external auditors, the auditing of performance against two of the following four indicators:

- Percentage of patients on Care Programme Approach (CPA) followed up within seven days of discharge
- Percentage of admissions to acute wards gate-kept by the Crisis Resolution Home Treatment Team (CRHT)
- Percentage of patient safety incidents resulting in severe harm or death
- Number of delayed transfers of care

The Trust is registered with the Care Quality Commission (CQC). In February 2014 the Trust became one of the first mental health providers in the country to be assessed under the CQC's Wave 1 pilot inspection arrangements. Five compliance actions were identified and enforcement action was taken with the issuing of a warning notice against one of the Trust's adult inpatient wards. The warning notice was lifted in May 2014 following a return visit by the CQC, in which they found all of their concerns to have been fully addressed. A comprehensive quality improvement plan, which involves the Trust's key stakeholders, is in place to address the concerns raised by the CQC.

The Trust has participated in other reviews and inspections by the CQC during 2014/15 and further information about these is available on page 18 of this document.

The Trust has taken a number of important steps to improve data quality. There is an Informatics Group that meets monthly to discuss data quality issues, as well as any issues regarding Key Performance Indicators (KPIs) in general, and this group comprises clinical staff as well as performance and managerial staff.

The Trust submitted records to the Secondary Uses Service during 2014/15 for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data that included the patient's valid NHS number was 100%. The percentage of records in the published data that included the patient's valid General Medical Practice Code was 98%, a 10% improvement to 2013/14. These figures include both inpatient and community services.

During 2014/15, 4 national clinical audits and one national confidential inquiry covered NHS services that Devon Partnership NHS Trust provides. During that period the Trust participated in all four national clinical audits (100%) and all of the national confidential inquiries in which it was eligible to participate (100%).

The national clinical audits and national confidential inquiries in which the Trust participated, and for which data collection was completed during 2014/15, are listed below alongside the number of cases submitted to each audit or inquiry.

The number of people receiving NHS services provided or sub-contracted by the Trust during 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 284.

The reports of 4 national clinical audits (two carried out in 2013/2014) and 18 local clinical audits were reviewed during 2014/15 and the Trust will take action to improve the quality of its services in response to these reports where appropriate.

Prescribing Observatory for Mental Health (POMH) audits are included in the Trust's annual Clinical Audit Programme and the annual work programme for the Drugs and Therapeutics Committee (DTC).

Completed POMH audit reports received by the Trust are reviewed at DTC to ensure that the findings inform the development of prescribing guidelines and clinical protocols - ensuring that safe and clinically effective prescribing practice is achieved and maintained.

Any required actions are included in Directorate or team Quality Improvements Plans as appropriate. Recommended actions are also shared with prescribers through the Medical Advisory Committee and the Non-medical Prescribing Forum. Audit reports which highlight learning or action applicable to primary care and/or across the wider health and social care network are shared with partner agencies as appropriate.

National Audits

Royal College of Psychiatrists

Prescribing Observatory for Mental Health (there is no prescribed return amount for these audits)

- Topic 9 - Antipsychotic prescribing in people with a learning disability (46 returns)
- Topic 12 Prescribing for people with a personality disorder (16 returns)
- Topic 14 - Prescribing for Substance misuse: alcohol detoxification (15 returns)

National CQUIN Target Audit (target return 100)

“Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI)” Indicator 1 (100 returns - 100%)



Review of Quality Performance in 2014/15

Last year, we set out three priority areas as indicators of quality improvement. These were:

1. Safety

Local Priority - Physical Intervention

Adopting the principles set out in MIND's 2013 report on physical restraint in hospital settings, last year we aimed to minimise the level of physical intervention and control that is used by staff on our inpatient wards.

By the end of March 2015, our target was for 95% of staff on two of our inpatient wards (one adult ward and one secure ward) to be trained in alternative de-escalation techniques and 'safety care bundles', including personalised care planning for physical interventions.

How did we do?

This project was delayed. However, this year we have secured £500k in funding from the Health Foundation to work with our colleagues at South London and Maudsley NHS Foundation Trust (SLaM) to reduce violence and aggression on our inpatient wards (see Priorities for 2015/16).

National Priority - Pressure Ulcers

During 2014/15 we aimed to introduce good practice techniques (using 'skin care bundles') to improve the quality and consistency of care that we provide for anyone who is assessed as being at risk of suffering with pressure ulcers. We are working towards a goal of nobody developing a pressure ulcer when they are in our care.

How did we do?

During 2014/15 we introduced a practice bundle based on best practice internationally, which includes a structured risk assessment, a care planning process and intentional rounding. Staff have been supported in implementing the bundle through the provision of training, guidance on skin bundles and risk assessment processes with an updated policy document. The Quality Improvement Academy continues to work with wards to help ensure the quality of the intervention taking place.

2. Clinical Effectiveness

Local Priority - Reduced Re-admission to Inpatient Services

Last year our aim was to develop and implement a protocol to support those people who have regular re-admissions to our inpatient wards or who regularly require placements outside Devon to meet their needs.

How did we do?

Over the course of 2014/15 this priority, which has also been a CQUIN target, has aimed to reduce hospital re-admissions through a process of identifying a number of people who have had more than three admissions within a given eighteen month period, analysis of this cohort was done by diagnosis and a series of telephone interviews. The responses have informed the creation of a protocol that has been introduced to help monitor and reduce the need for re-admissions generally across all of our adult acute inpatient wards in the future.

Local Priority - Improving the physical healthcare of people with severe mental health needs

We know that people with severe mental health needs are likely to have poorer than average physical health when compared with people in the general population. Last year, our aim was to improve the physical healthcare of people with schizophrenia. Our goal was for 90% of a sample group of people with schizophrenia to have an up-to-date care plan detailing their mental and physical health monitoring requirements.

How did we do?

In 2014/15 a great deal of work was done to achieve this target. As part of a National CQUIN a 'wellbeing passport' was created which clearly identifies what routine physical health checks people should expect from their GPs as well as signposting (in partnership with Health Promotion Devon) how people who use our services can access health promotion initiatives - for example smoking cessation, diet and weight management support. Work to refresh discharge letters to improve communication with people at points of transition in their care has also been completed. Re-audit data collection is being completed.

3. Improving the Experience of People Using Services

Local Priority - Care Pathways

As part of the efforts to improve the experience of people using our services in 2014/15 we started to develop clear pathways of care for our major services. These indicate the care and treatment that people can expect when they have a certain diagnosis or set of symptoms.

How did we do?

Last year, we concentrated on the introduction of the care pathways for schizophrenia and acute and urgent care. The acute care integrated pathway has been developed and it contains several distinct stages that people requiring acute care might pass through during their illness. These stages involve a variety of our services which will all work more closely together in delivering a cohesive acute mental health response. We are now starting a programme of engagement with our services to support the implementation of some new ways of working alongside enhancing the good practice already in place.

Our organisation also undertook a CQUIN in 2014/15 to support the delivery of services through the redesign and transformation of care pathways. The creation of a schizophrenia and psychosis care pathway formed part of this work and now offers an early intervention approach to people of all ages and 100% of people with a suspected psychosis (excluding dementia and physical health related issues) now commence their care on the early intervention pathway in line with NICE guidance.

The benefits of delivering this CQUIN target include a reduction in the length of time people spend in receipt of community services, better compliance with clinical guidelines (including NICE guidelines), a reduction in out-of-area placements and use of unplanned care services and better early intervention.

National Priority - Friends and Family Test

The Friends and Family Test provides invaluable feedback – both from our staff and people using our services. It asks people whether or not they would recommend our organisation and services to their family and friends. Last year, our aim was to introduce the test for people using our services during the summer.

How did we do?

We implemented the Friends and Family Test across all services for people to provide feedback in October 2014. Since then, over 3,000 people have responded and provided their views. Read more about the test, the ways of responding and the results on page 21 of this publication.

Local Priority - Improving Access to Psychological Therapies

For the last couple of years we have been striving to improve levels of access and to reduce waiting times for psychological therapies for those people with more severe and complex needs. Last year, we concentrated on meeting the 18 week waiting target for new referrals to higher level psychological therapies and taking action to address the historical waiting list for these services.

How did we do?

Over the last year the number of people waiting for psychological interventions with severe and complex needs has reduced significantly. The majority of people are now being seen for an assessment within the 18 week time frame and, in South Devon and Torbay, the majority of people are being seen for treatment within one year. The number of people waiting across Devon and Torbay for all interventions has reduced from 1,308 to 933 over the last year and there are plans to significantly reduce this further over the next year.

Key Performance Indicators for 2014/15

Our Board of Directors regularly reviews a range of Key Performance Indicators (KPIs) to monitor progress in a number of areas. A selection of these KPIs, and our performance against them, is set out below.

Financial year 2012/13

National data - Follow-up within seven days of discharge for people on CPA										
Data Source	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally
	Quarter 3 2012/13					Quarter 4 2012/13				
	Number	%				Number	%			
HSCIC	96/97	99%	97.6%	100%	92.5%	96/97	99%	97.3%	100%	93.6%

Financial year 2013/14

National data - Follow-up within seven days of discharge for people on CPA										
Data Source	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally
	Quarter 3 2013/14					Quarter 4 2013/14				
	Number	%				Number	%			
HSCIC	80/82	97.6%	97.6%	100%	77.2%	80/83	96.4%	97.4%	100%	93.3%

The Trust's percentages for Q1 and Q2 of 2013/14 are 99.1% (115/116) and 98.4% (121/123) respectively.

Financial year 2014/15

National data - Follow-up within seven days of discharge for people on CPA										
Data Source	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally
	Quarter 3 2014/15					Quarter 4 2014/15				
	Number	%				Number	%			
HSCIC	75/76	98.7%	97.3%	100%	90.0%	77/79	97%	97.2%	100%	93.1%

The Trust's percentages for Q1 and Q2 of 2014/15 are 96.4% (80/83) and 98.7% (74/75) respectively.

National data - Overall indicator for staff engagement						
Data Source	Reporting period 2013		National Average	Reporting period 2014		National Average
	Trust Score (out of 5)			Trust Score (out of 5)		
Annual Staff Survey	3.13		3.54	3.55		3.72

Financial year 2012/13

National data - Admissions to inpatient services which have had access to Crisis Resolution and Home Treatment teams										
Data Source	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally
	Quarter 3 2012/13					Quarter 4 2012/13				
	Number	%	98.4%	100%	90.7%	Number	%	98.7%	100%	20.0%
HSCIC	211/211	99.6%								

Financial year 2013/14

National data - Admissions to inpatient services which have had access to Crisis Resolution and Home Treatment teams										
Data Source	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally
	Quarter 3 2013/14					Quarter 4 2013/14				
	Number	%	98.6%	100%	85.5%	Number	%	98.3%	100%	75.2%
HSCIC	211/211	99.6%								

The Trust's percentages for Q1 and Q2 of 2013/14 are 99.1% (115/116) and 98.4% (121/123) respectively.

Financial year 2014/15

National data - Admissions to inpatient services which have had access to Crisis Resolution and Home Treatment teams										
Data Source	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally	Reporting period (for 3 months in quarter)		National Average	Highest score nationally	Lowest score nationally
	Quarter 3 2014/15					Quarter 4 2014/15				
	Number	%	97.8%	100%	73.0%	Number	%	98.1%	100%	59.5%
HSCIC	190/190	100%								

The Trust's percentages for Q1 and Q2 of 2014/15 are 100% (208/208) and 100% (176/176) respectively.

National Data - Experience of health or social care workers within community mental health services

Data Source	Reporting period 2013	National Average	Highest score nationally	Lowest score nationally	Reporting period (2014)	National Average	Highest score nationally	Lowest score nationally
	Trust Score				Trust Score			
CQC Annual Survey	7.0	6.4	7.4	6.2	7.6	n/a	8.4	7.3

National Data - Rate of patient safety incidents resulting in severe harm or death

Data Source	Indicator	Reporting period (6 months April to September 2013)	National Average	Highest score nationally	Lowest score nationally
NRLS	Incidents reported	901	2,228	6,609	401
NRLS	Rate reported per 1,000 bed days	19.71	28.03	67.06	8.49
NRLS	Incidents resulting in severe harm	6	8	36 (1.1%)	0
NRLS	Incidents resulting in death	42	20	76 (3.2%)	0

National Data - Rate of patient safety incidents resulting in severe harm or death

Data Source	Indicator	Reporting period (6 months April to September 2014)	National Average	Highest score nationally	Lowest score nationally
NRLS	Incidents reported	907	2,393	5,582	4
NRLS	Rate reported per 1,000 bed days	17.62	36.97	90.4	7.25
NRLS	Incidents resulting in severe harm	10	8	41	0
NRLS	Incidents resulting in death	11	16	61	0

* Comparative data relates to the 55 mental health trusts included in the cluster.

NRLS - National Reporting and Learning System

HSCIC - Health and Social Care Information Centre



Help &
Advice

Developments and Improvements

Patient Safety Programme

Over the last year we have continued to develop our Quality Improvement and Patient Safety programme through our Quality Improvement Academy.

The Academy works with partner organisations and our own teams to improve services and systems. We are also enhancing the capability of staff, in terms of their technical and non-technical skills, to improve risk management, decision making, leadership, productivity and service delivery.

Monthly Safety Briefing and Learning from Experience bulletins are produced to highlight and share the learning from local investigations into serious incidents as well as promote best practice. We also continue to play a leading role in the NHS South of England's Improving Safety in Mental Health Collaborative. The key work streams for this programme include:

- Safe and reliable care (including falls prevention and tissue viability)
- Prevention of suicide
- Care centred on people using services and their families
- Getting medicines right.

During the last two years we have achieved and maintained the following improvements in the field of safety:

- A 70% reduction in people going absent without leave from one adult ward
- A 30% reduction in people going absent without leave from the five adult wards across Devon and Torbay
- A 43% reduction in people suffering harm through slips, trips and falls
- Significant improvements in checking people's medication and reductions in 'missed doses'
- A reduction since July 2014 to February 2015 of 20% in people in adult services waiting more than 18 weeks for their treatment.

Reducing Slips, Trips and Falls

We are continuing our work to reduce slips, trips and falls on our inpatient wards. At present, this work is focused on our wards for older people, where we know that the most harm can potentially be caused. The project has seen a 43% reduction in harm, sustained since February 2013.

Reducing Absence Without Leave (AWOLs)

We are conducting a concerted piece of work around reducing the number of absences without leave from our adult inpatient wards as part of our Quality Improvement and Patient Safety programme. A number of ward-based initiatives are being employed to address this issue and there has been a sustained improvement in performance – a 32% reduction in people going absent without leave from the five adult wards across Devon and Torbay since April 2012.

'Never Events'

We are pleased to report that there were no 'Never Events' during 2014/15.

These are defined as serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Serious Incidents

This year we will be initiating a work programme to implement new approaches to care delivery aimed at reducing violence and aggression on our inpatient wards. Working in collaboration with the South London and Maudsley NHS Foundation Trust, we have been successful in an application to the Health Foundation's 'Scaling Up' Programme. This £500,000 grant will be used to make our inpatient services safer by working to reduce violence and aggression – this is a two and a half year project.

The Academy is also introducing 'Human Factor' thinking into the current training and development programmes available within our organisation. We were successful in its bid to Health Education South West (HESW) for money to support a secondment within the Academy to spend a year developing

and delivering new Human Factors training within teams. This has proven to help organisations learn from accidents and incidents to inform future actions and reduce the opportunity of similar incidents occurring in the future.

We were also shortlisted for two Health Service Journal (HSJ) Patient Safety Awards this year, one for Leadership and the second for reducing harm through work on absence without leave incidents (AWOLs).

Medicines Optimisation

We have continued to strengthen our performance in this field during 2014/15. We have a five year vision and strategy and are compliant with CQC Outcome 9, which relates to the management of medicines. Following its inspection in February 2014, the CQC found medicines management across our organisation to be of a high standard.

The Medicines Management Team continues to work very closely with colleagues across the entire organisation. From March 2015, in keeping with our wider SMART Recovery plans, and in addition to strengthening the existing relationships already established with inpatient teams and services, the team has reorganised its structure to provide more resilient routine cover and support to colleagues and people who use services.. Collaborative working with pharmacy partners, based in the county's acute hospitals, primary care settings and the local CCGs is continuing with all parties coming together with a renewed commitment to ensure equal and fair access to fully integrated medicines optimisation services across local health and social care pathways for people with mental health needs. As a core clinical service, the team is continuing to build on the range of key medicines management indicators included within clinical team level dashboards - these help to show teams and people who use our services how safe and reliable our medicines management services are.

During the year, the team saw the launch of new specialist Medicine Management Nurse Practitioner role. Continued joint working with the Director of Nursing and Practice and the Workforce Planning and Development team aims to strengthen our assurance around the provision of competency-based assessments and training in relation to medicines management across the whole workforce; working together to enable people to use medicines safely and effectively.

The team has been actively involved in ensuring that core Medicines Optimisation activities are fully embedded into integrated care pathway design. It has renewed the NHS Trust Development

Authority (TDA) Medicines Optimisation self-assessment toolkit and plans to use this to refresh and inform our vision and strategy for medicines management for 2016 onwards.

Other key areas of progress include our decision to explore future pharmacy supply options, piloting in-reach advice service into primary care services and further strengthening links with our Quality and Safety Academy; embedding improvement methodologies into the core business of the team. In relation to this, the team was selected to participate in NHSIQ Winterbourne view initiative around improving medicines use for people with Learning Disabilities. The Exeter, East and Mid Devon area team was also shortlisted for, and won, two national awards for the work it has done on developing and introducing an electronic clozapine prescribing management system; enhancing the quality and safety of people stabilised on, and using, one of our most high risk medicines.

Among the priorities for 2015/16 is a review to update our vision and strategy to be in line with new recommendations from the NHS TDA. The team will build on the success of this year by further developing the in-reach advice service into primary care services, securing new and improved pharmacy supply services, embedding Medicines Optimisation services into the new community clinic hubs and continuing to provide education, support and advice to people who use our services, practitioners and community pharmacists.

Board Quality and Safety Review audits (Formally known as Quality and Safety Visits)

Board Quality and Safety Review audits are an important way for our Board members and senior managers to hear, first-hand, about the needs and concerns of frontline staff. They are also a way of demonstrating visible commitment by listening to, and supporting, staff when issues of quality and safety are raised. These visits can be instrumental in developing an open culture, where the quality of services and the safety of people who use them are seen as the first priority of the organisation.

Care Quality Commission (CQC) compliance

Since the CQC inspection in 2014, we have made significant progress in making improvements in the areas identified, which included the acute care pathway (including urgent and out-of-hours care), reducing long waiting lists for intensive psychological therapies and for recovery coordinators and also reducing the numbers of people having to travel outside the county for care and treatment. The provision of appropriate 'Places of Safety', the absence of a Psychiatric Intensive Care Unit (PICU) in Devon, the use of seclusion on inpatient wards and variation in the quality and accessibility of some services in different parts of the county were also identified as areas for improvement.

We were aware of most of these issues and have been working closely with our commissioners, people with lived experience, relatives and carers, patient involvement networks, local stakeholder organisations, such as Devon and Cornwall Police and the South Western Ambulance Service NHS Trust, along with the CQC, NHS England and the NHS Trust Development Authority. We have experienced really positive partnership working across our community to deliver on the actions to address these issues, held within our comprehensive Quality Improvement Plan and keeping quality and experience of people using services at the heart of all we do.

As a community, we have made positive progress in all of the areas of concern identified by the CQC.

In acute care, two Places of Safety suites, one in Exeter and the other in Torbay, are now available 24 hour a day, 7 days a week with a third suite in North Devon available during the week 8am to 6pm. Instances of seclusion and segregation are now closely monitored and reported through our strengthened governance arrangements. We are currently preparing an outline business case for the provision of a Psychiatric Intensive Care Unit (PICU) in Devon. Fewer people are now having to travel outside Devon for specialist acute inpatient care and, where people are placed away from their local town, our recently established Bed Management Team supports clinical staff in ensuring swift and effective repatriation arrangements are put in place to get them closer to home. We have worked very closely with people who use our services to develop improved methods of inviting their feedback and, during 2015/16, we aim for this improved approach to be implemented across all of our acute care services.

While there is still more work to do, the waiting lists for both intensive psychological therapies and recovery coordinators have been significantly reduced and this improvement continues.

The CQC has conducted two unannounced inspections this year. Langdon Hospital was visited to check the progress we had made against our improvement plan relating to nutrition arrangements and we were able to demonstrate compliance with CQC standards.

The Cedars, our acute inpatient unit in Exeter, was also visited as concerns had been raised regarding staffing levels. However, while the CQC acknowledged that further work is to be done to fully address these issues, inspectors were happy with our approach and the way in which staff were being supported to continue to deliver high quality and safe care.

We have received confirmation that the CQC will be undertaking a full inspection of our services in July 2015.

Learning from Experience

During the course of 2014/15, we have continued the Learning from Experience Group as part of our ongoing efforts to ensure that we are a reflective organisation and one that learns from all types of experience, including successes, comments, compliments, complaints, near-misses and serious incidents. The group has multi-disciplinary representation from across the organisation and is chaired by our Director of Nursing and Practice. Its membership also includes a shadow governor and we aim to ensure that it also includes people with lived experience.

Improving Standards of Practice

One of our underpinning goals is to become 'brilliant at the basics' of care – listening to people, planning their care with them, managing risk and safety well and keeping good records.

We have worked with clinicians, managers and people who use services to set standards of practice for the assessment, planning, delivery, coordination and review of care. Compliance with these practice standards is monitored through the review of a monthly sample of clinical records which is taken by each clinical team leader or ward manager. The Clinical Record Self-Monitoring (CRSM) tool was developed for this purpose and has three key functions:

- To provide assurance through the team dashboard that the standards of practice are being met
- For clinical team leaders to use in their supervision and appraisals with staff
- To measure the impact of the Care Quality Development Programme, a Trust-wide initiative to underpin the work that is being done to drive-up quality.

Performance in relation to the CRSM tool is regularly monitored by our Board of Directors through a quality performance dashboard. Our Quality Improvement Plan sets targets for improved CRSM performance and compliance with standards. Effective monitoring is dependent on a high rate of return of the monthly samples sent to clinical team leaders.

In 2014/15, the plan was to continue to develop the CRSM tool further still, to maximise its benefits for both staff and people who use our services. During the year the use of the CRSM has been reviewed and a new approach has been agreed, this will be further developed and implemented during 2015/16. Implementation will be aligned to implementation of the new Care Notes system, our SMART Recovery programme and new compliance and quality improvement systems.

The new approach will automate the checking for completeness of information, giving team leaders more time to have the conversations to support staff, rather than spending their time checking the records for completeness. Alongside this, we will introduce a reflective practice programme, where peers can review people's experiences of care and service through their records.

Quality improvement framework

We have developed a Quality Improvement Framework based on the measurement of compliance with standards and the evaluation of services by people who use them. These measures are combined with other quality and performance information to allow monitoring at the individual team level through the quality performance 'dashboard'.

The dashboard enables teams to see performance data quickly and easily to assess how they are doing against the key indicators and standards. It also enables us to identify those teams that require additional support to maintain standards, allows comparisons between teams and directorates and informs our Quality Improvement Plan.

Infection Prevention and Control

We take a proactive approach to infection prevention and control. Each year we develop an annual work programme which is approved by the Board of Directors. We have a dedicated Infection Prevention and Control team (IPCT), which is available 24 hours a day, seven days a week. The Infection Control Committee has representation from all directorates and professions, meets quarterly and reports to the Quality and Safety Committee.

The Board of Directors receives monthly statistics against Staphylococcal and E. coli bacteraemias and also Clostridium difficile reportable cases, which provides an additional alert to the Board of any developing patterns or concerns. There were no cases of Staphylococcal or E. coli bacteraemia during 2014/15 and no cases of Clostridium difficile (toxin positive) were reported. Outbreaks are also reported to and analysed by the Infection Control Committee, ensuring that any learning outcomes and recommendations are followed up by the responsible parties.

This year has been a particular challenge for the whole healthcare community, with an increase in number of influenza ('flu) cases reported across the region and poor matching of the influenza vaccine to the primary strain of 'flu that has been circulating. Despite an increased level of vaccination this year, in January 2015, three of our wards were affected by influenza, all those affected made a full recovery. The IPCT provided advice and support throughout, and will use examples from this experience to assist in the promotion of the flu vaccination strategy for 2015/16.

We have a growing number of Link Practitioners who work closely with the IPCT within their frontline teams to help promote best practice in infection prevention and control.

We continue to perform well in terms of meeting the infection control and cleanliness standards required by the NHS and NICE. We have many systems in place to assess, plan and mitigate against infection control risks. Local systems are in place to monitor standards and report any issues, and managers use the Provider Compliance Assessment tool provided by the CQC for self-assessment of outcome 8.

All staff undertake online compulsory training in infection prevention and control. Face-to-face training is also provided for relevant staff groups and for Link Practitioners. Significant

developments during 2014/15 included providing 'flu vaccine to a record number of frontline staff. The IPCT has also been working to improve access to Hepatitis B vaccination and screening for blood-borne viruses where this may be required.

Clinical Audit

The Clinical Audit Programme for 2014/15 was developed in conjunction with staff from our four clinical directorates. It is led by the Director of Nursing and Practice.

The programme integrates quality improvement and mainstream clinical audit work, which includes supporting policy implementation and learning from serious incidents. This approach reflects the wider organisational shift towards an increased emphasis on service improvement, safety and the quality of people's experience of our services.

The work programme is based on our priorities for quality improvement and clinical audit activity and reflects both national and local priorities in the field of mental health and learning disability.

Our current priority areas for clinical audit cover both national and local priorities and include:

- Implementation of National Institute of Clinical Excellence (NICE) guidance
- Ensuring that clinical audit is embedded as an integral part of the process of designing and implementing new pathways of care.

Research and Innovation

The Research and Development (R&D) Directorate manages and facilitates research and innovation in service development. Our aim is to contribute to the improvement of mental health services by increasing participation in research projects and creating a culture of enquiry and innovative practice.

In the past year, we have set up a Devon Dementia Collaboration with local acute hospitals to increase and support the delivery of dementia research, and we are actively recruiting to research projects using the national Join Dementia Research platform.

In addition, we are one of ten sites in the UK hosting a pioneering research study called Stepwise, a lifestyle intervention study adapted for people with schizophrenia or schizoaffective disorder who are concerned about their weight. We remain committed to delivering research opportunities to people across Devon.

We are active in research in all areas of mental health but have particular strengths in dementia and ageing, suicide and self-harm, recovery, forensic mental health, offender health and eating disorders.

Improving Data Quality

The Trust's Informatics and Data Quality Group continues to meet monthly and has robust systems and processes in place to ensure that issues and priorities are identified early and actioned promptly. Led by the Director of Operations, it includes clinical representation as well as staff from departments including Performance, Finance, Risk and Workforce.

Data quality improvements made during 2014/15 include:

- Reporting of Care Programme Approach (CPA) reviews
- Reporting of out of area bed data
- Significant work around the reporting of waiting times information
- Updates to the Clinical Recording System (Rio) with improved functionality
- Better processing and reporting of workforce and training information

The Trust has continued to use its ORBIT system to promote data quality. ORBIT generates near real-time automatic performance reports that users can view daily. This enables a range of important activities to be undertaken including, for example, to check whether people leaving hospital have been given a 'discharge diagnosis'.

ORBIT also enables people to check, quickly and easily, information such as:

- Whether new referrals have been seen
- Whether data has been entered about people's employment and accommodation status
- Up-to-date caseload figures for different teams

The annual requirement to ensure compliance with the national Information Governance Toolkit to assure the quality of the data being submitted by the Trust is also being undertaken. Systems and processes have been established to check for data completeness and the consistency of activity levels, across time and similar types of service, on a monthly basis.

The Trust continues to carry out work in preparing for the introduction of Payment by Results (PbR). Further work was carried out on ensuring the completeness and accuracy of data in relation to assigning people who use services to different 'care clusters'. Each of these clusters describes a type of need or condition and the type of support that is required to meet it.

In line with PbR, 2014/15 also sees the introduction of a Patient Level Costing's System (PLICS) which will show activity at the individual budget level. This will assist in understanding the Trust's overall activity and costs.

Aligned with the PLICS programme, the Trust has purchased a new reporting system called DUNDAS, with the aim of improving the presentation of information and delivery of reports to managers and their teams.

A strategy and workplan are in place to ensure that the Trust talks and listens to people who use its services, their families and the wider community.

As a result of ongoing feedback, programmes have been introduced where people who have personal experience of services are involved in staff learning and development activities. This includes revised and improved monthly corporate staff induction sessions and specific team-based workshops to improve staff understanding of how people, or their families, feel about using the Trust's services. During 2014/15, monthly corporate staff induction will be further improved to embrace a greater 'recovery' focus.

These activities provide an important source of feedback to the Trust. Much of this activity is captured through the Patient Experience Team, based within our PALS office, which provides advice and support, handles enquiries, complaints and supports involvement. Reports of feedback captured by the Patient Experience Team are provided on a quarterly basis to the Quality and Safety Committee and annually to the Trust's Board.

Engaging with people who use our services

Over recent years the Trust has sought the opinions of people who use services to gather information about their experience and identify the key qualities which underpin good care and enable positive recovery. Last year the Trust employed a monthly questionnaire which was used routinely to

measure the extent to which people consider they have experienced these qualities and their level of satisfaction with the service provided each month and the results were reported in team dashboards.

The monthly survey has now been replaced by the Friends and Family test which provides quick and in some cases real-time feedback to teams about the care they provide, enabling teams to make changes quickly where needed.

More information about the Friends and Family test can be found below.

During 2014/15, the Trust received 342 compliments about its staff and care, with the most common reason for compliments being the attitude of staff. The main reasons for making a complaint related to the care given. During the course of the year we received a total of 371 complaints.

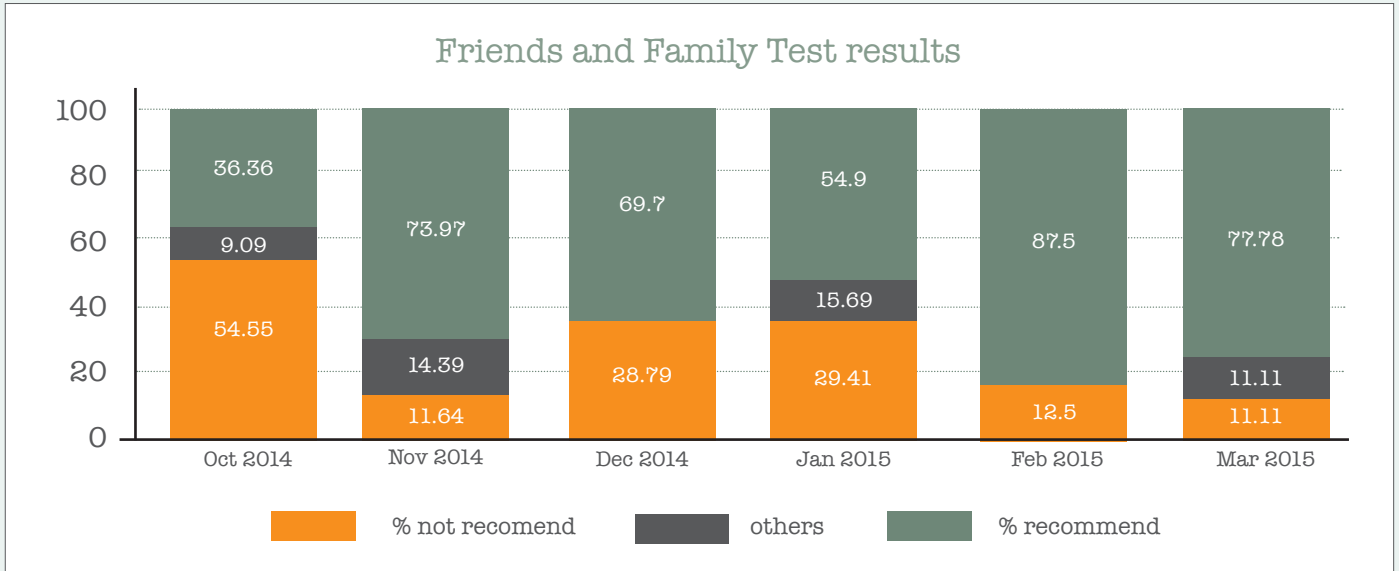
The Trust has seen a sustained improvement in the number of complaints acknowledged within the required timescale of three days. The improvement has come following the implementation of a quality improvement plan and increased capacity within the PALS team.

Friends and Family test

In 2014/15 the Trust introduced the Friends and Family test as a way to improve the way we listen to people and respond to their feedback. The test asks a person how likely they are to recommend our services to their friends and family should they ever need similar care or treatment and answers are on a scale from 'extremely likely' to 'extremely unlikely'. There is also an opportunity to leave comments to support the response.

The test was launched for Trust staff from April 2014 on a quarterly basis. Results of the initial round of the test in April highlighted specific challenges in some areas of the Trust and a piece of work was done to analyse the results and focus on specific teams to find out more. The second round of the Friends and Family Test survey was then aimed at this staff group to explore these challenges and find out if changes that had been made in the 3 months between surveys had improved staff experience.

The test for people who use our services was introduced in October 2014 across all services using an external partner who have provided a system that offers a range of different ways for people to provide their feedback, including pre-paid leaflets, paper surveys, a QR code and an online web link.

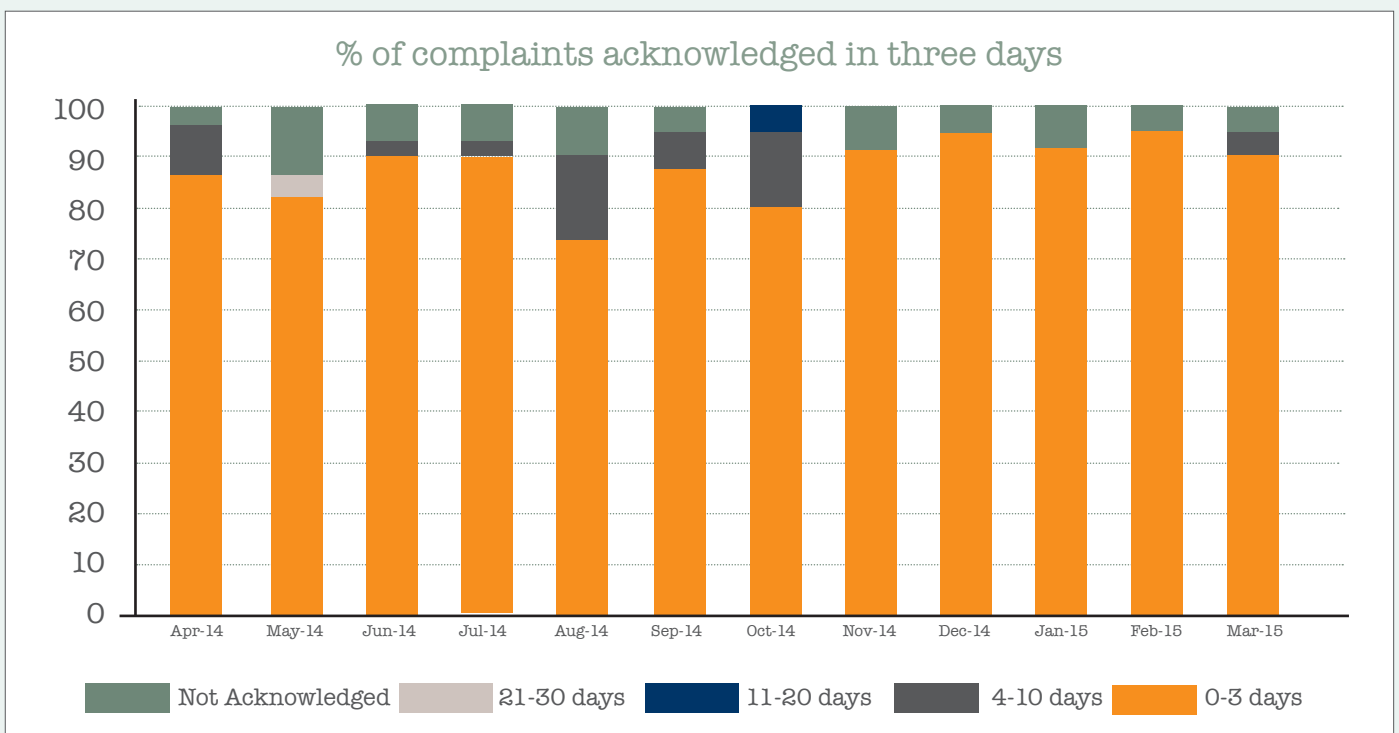


In the months from October 2014 to March 2015 the results have showed a positive trend with a large percentage of people who use our services saying that they would recommend our services.

Each year we participate in the national Community Mental Health Survey. 816 people were invited to participate in the 2014 survey, of whom 215 responded. Overall, we scored an average of 7 out of 10 and are positioned just above the lower quartile (bottom 25%) score in comparison with other similar organisations.

Compliments and Complaints

During the year we received 372 complaints, 342 compliments, 82 concerns, 73 enquiries and 45 comments. These are illustrated by month in the graph below. We know that many more compliments are received by our teams, in the form of telephone calls, letters and postcards etc, and we are encouraging our frontline staff to share these with our Patient Experience Team so we can get a more accurate picture of the positive feedback we are receiving. Over 60% of complaints related to either clinical care or attitude of staff and 89% of them were acknowledged within three days. Processes are now in place to ensure that this figure is 100% in future.



Using Feedback to Develop Services

NHS organisations have a statutory duty to involve people (directly or through representatives) in the planning of healthcare services, in the development and consideration of proposals for changes in the way those services are provided and in decisions affecting the operation of those services.

A strategy has been in place to ensure that we talk and listen to people who use its services, their families and the wider community. In 2014/15 we commenced a review of this strategy, seeking feedback on its current arrangements to engage with people. Considerable feedback has been received which will inform a wider and independent review of our arrangements with plans to consult on a revised strategy in the autumn of 2015.

As a result of ongoing feedback, programmes have been introduced where people who have personal experience of services are involved in a range of activities including staff learning and development programmes such as monthly corporate staff induction sessions. The purpose of these activities is to improve staff understanding of how people, or their families, feel about using our services. From April 2014 monthly corporate staff induction has also embraced a greater 'recovery' focus.

All activities provide an important source of feedback. Much of this activity is captured through the Patient Experience Team, based within the Patient Advice and Liaison Service (PALS) office, which provides advice and support, handles enquiries, complaints and supports involvement. Reports of feedback captured by the Patient Experience Team are provided monthly to the Learning from Experience Group which includes two governors, on a quarterly basis to the Quality and Safety Committee and annually to the Board.

Network Action Groups Meetings

At Devon Partnership NHS Trust, the principle forum for engagement with people has been the Network Action Groups (NAG) meetings. These have been held regularly across the county and open to everyone – members and governors, people who use our services, their families and our key partners as well as the general public.

The objectives of NAGs are to:

- Provide information about national, local and Trust developments

- Encourage feedback about the quality of services
- Encourage feedback about proposed service development or change
- Offer partner organisations an opportunity to promote their services and engage in discussions about a range of issues
- Provide the opportunity for people to meet with senior staff and other representatives from our organisation, including governors.

NAGs are one of our key channels for communicating with our members and other people who are interested in mental health. We share information about our services and activities with those on the local NAG distribution lists (between 70 – 150 people per network area) and invite them to regular meetings. During 2014/15, meetings were held in locations including Exeter, Okehampton, Crediton, Barnstaple, Bideford, Ivybridge, Torquay and Newton Abbott.

Reports of meetings are available, as well as a summary of issues raised and action taken, via the Trust's website in the 'Getting involved' section.

Staff Views on Standards of Care

The views of staff about the organisations in which they work are a very valuable indicator of quality – this is one of the issues raised by the Francis Report into events at Mid Staffordshire NHS Foundation Trust.

Each year, the annual NHS staff survey asks staff a wide range of questions about their place of employment. Statistically, there was very little change between the findings of the 2014 survey and that of the previous year. However, when compared with other mental health and learning disability Trusts around the country, we remained static where others improved. This led to us remaining in the bottom 20% for 13 out of the 29 key findings.

Overall last year, we improved in one finding, remained the same in 26 and deteriorated in one finding. When benchmarked against other organisations, four of the key findings were in line with the national average, three were above average and 21 were below average.

Continuing the Listening into Action (LiA) approach in listening to and involving staff enables us to respond to feedback from staff more quickly and effectively, however, it is recognised there is much more to do.

A whole range of local projects are being set up for this year and the success of some of our Organisation-wide projects, such as reviewing and improving our e-learning and recruitment systems has created more opportunities to use LiA to involve staff in making the changes which will improve the way we work and respond to the needs of the people using our services.

One of the biggest areas of feedback from the Our Journey events which were carried out in Autumn 2014 was the need to involve people who use our services at the heart of what we do. This is the focus of a key area of work being supported by LiA and being led by the Chief Executive and Director of Nursing and Practice.

In addition, nationally the Staff Friends and Family Test was introduced which requires all NHS Trusts to carry out a quarterly staff friends and family test from April 2014. This simple feedback tool, alongside Listening into Action and Our Journey, allows us to respond to the views and ideas of staff and monitor and measure progress, giving staff the confidence to speak up and be heard, and ensuring that as a result more staff would recommend the Trust to their friends or family.

The initial quarterly test, which had a response rate of around 25%, was followed by one specific to the Adult Directorate, responding to specific issues raised in the first. The third formed the basis of the Annual Staff Survey and the fourth was within the Secure Services Directorate, asking additional questions to help inform the development of an Experience Group.

Amongst staff responders in the first survey, 43% would recommend the Trust as a place to work, and 47% would recommend its services. Following the completion of structural changes in some directorates and improvements made as a result of the first year of the tests, it is hoped that these scores will improve in future surveys.

The prominent theme in staff responses recommending the Trust was the dedication and professionalism of our excellent, caring teams. This was also borne out in the Friends and Family Test for people who use our services, asking how likely they are to recommend our service to friends and family if they needed similar care and treatment and giving a free text area for comments.

Despite some of the latest survey findings being disappointing, the Trust is confident that it is making significant headway to improve staff

engagement following the introduction of the Listening into Action programme in 2013. The subsequent Our Journey events with more than half of our staff created further opportunity for staff to share their views and there is a commitment to run these again later in 2015 to carry on these conversations. We want our staff to feel that they can contribute to the development of our organisation and to feel that they can recommend it as a place to work and receive care and treatment. The outputs of Our Journey 2014 informed the subsequent development of the Trust Strategy and Organisational Development strategy.

We believe we are moving in the right direction, but improving staff engagement is at the top of the Board's agenda for the forthcoming year.

Single-sex accommodation

In line with best practice and national guidance, mixed-sex accommodation has been eliminated in all of our inpatient services. We are committed to providing everyone with same-sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

During 2014/15, we remained compliant with the requirement for same-sex accommodation and there were no breaches. We carried out work on the Haldon Unit to provide two separate accommodation areas and the Russell Clinic did work to improve the quality of its single-sex facilities.

The Board of Directors closely monitors this issue and the Trust seeks feedback from people who use services through its questionnaires, programme of independent ward visiting and comments made through the Patient Experience Team.

Mental Health Act

The Trust sets out its arrangements and authorisations in relation to the Mental Health Act in a Scheme of Delegation, which is approved by the Board of Directors. The Mental Health Act Administration Team works to ensure that the Trust meets its legal requirements and a crucial part of this is the Trust's appointment of independent Hospital Managers who act on behalf of people detained under the Act.

The Trust has 13 Hospital Managers, who ensure that the Act is applied appropriately and fairly, and that hearings, appeals, reviews and other activities are conducted in accordance with the relevant legislation.

To ensure that Hospital Managers understand their role and remain up-to-date, regular development sessions are facilitated. Additional training is provided for those who Chair Mental Health Act hearings, appeals and reviews. The Mental Health Act Administration Team works with a wide range of clinicians from across the Trust, providing advice and guidance, training and policy review. It also works closely with teams and directorates in response to Mental Health Act related visits, reviews and recommendations made by the Care Quality Commission to improve the Trust's compliance with the legislation.

The Mental Health Act office also provides guidance and training in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards and works to ensure compliance with the caselaw and to ensure there are no unauthorised deprivation of liberty on Trust inpatient units or in the community.

The Trust received positive and encouraging feedback from the CQC, following its inspection in February 2014, about the way that it administers and manages the application of the Mental Health Act.

Strategic Objectives, CQUIN Targets and the Year Ahead

Refreshing our strategic view

During 2014/15 we held a series of 'Our Journey' engagement events with more than 1,200 staff and these have helped shape our refreshed vision, mission, values and strategic aims.

Our vision

An inclusive society where the importance of mental health and wellbeing is universally understood and valued

Our mission

To become a recognised centre of excellence and expertise in mental health and learning disability within the next five years

Our strategic aims

We want to deliver consistently high quality care and treatment and ensure our services are driven by the voices of people who use them. We aim to attract and retain talented people and to create a great place to work, with a shared sense of pride and ambition. We will challenge discrimination and stigma and champion recovery, inclusion and wellbeing - and strive to be a successful organisation with a sustainable future.

Involving people

As we move towards becoming a recognised centre of excellence and expertise, and having more influence over the commissioning and delivery of mental health and learning disability services in Devon, we want to involve the people who use our services in a more meaningful way. Early in 2015/16 we will be reviewing how we do this, so that the voices of these people, and their families and carers, can really start to shape what we do and how we do it.

How will we achieve this?

We will:

- **Involve** - Ensure that the people who use our services are driving and shaping them
- **Improve** - Become 'brilliant at the basics'
- **Integrate** - Work with our partners to deliver high quality, joined-up services
- **Innovate** - Actively pursue innovative solutions and new opportunities to develop
- **Include** - Promote equality, value diversity and champion recovery
- **Inspire** - Share our enthusiasm and passion.

Our priorities for 2015/16

We are transforming the way we provide services to make them easier for people to use, more responsive to their needs and more efficient. Our SMART Recovery programme will:

- Increase our use of mobile technology
- Create clearer and more consistent pathways of care for people
- Develop our staff and equip them to work in new ways
- Establish three main clinical hubs across the county, supported by a network of satellite offices and clinics.

We aim to achieve a rating of 'good' and this will pave the way for our application to become an NHS Foundation Trust to be considered by Monitor.

As well as the local and national priorities highlighted on page 4, we are working with our commissioners to develop existing services and launch new ones. Our major service priorities this year are to:

- Expand our liaison psychiatry services in Barnstaple, Exeter and Torquay - supporting people with physical health needs in general hospitals who may also have mental health and learning disability needs
- Reduce waiting times for psychological therapies to a maximum of 18 weeks
- Develop our plans for: - a new Psychiatric Intensive Care Unit (PICU) in Devon - a secure service for women and - inpatient rehabilitation services for men and women - a specialist mother and baby unit
- Build strong partnerships with local organisations in order to provide integrated pathways of care for frail elderly people, vulnerable adults and people within the criminal justice system
- Develop a wider range of services for people in crisis.

CQUIN Targets for 2015/16

The CQUIN payment framework is a national initiative that makes a proportion of income (1.5%) available to those Trusts providing services if they meet certain quality and innovation targets agreed with their local commissioning organisations.

The following targets have been agreed with our local commissioners for 2015/16. This is not a definitive list of our priorities for service development and quality improvement for the year, but represents those areas that have been specifically identified and agreed under the CQUIN programme:

- To improve the quality of investigations and learning from serious incidents.
- To improve the experience of everyone using our services, including staff.
- To improve the experience of staff within our organisation.
- Increase awareness around the need for good assessment and maintenance of nutrition and hydration in people admitted to hospital.
- Cardio Metabolic Assessment and Treatment for people with psychoses
- Improving diagnosis and re-attendance rates of people with mental health needs at A&E

Finance

We are continuing to campaign for more of the NHS spend in Devon to be committed to mental health and learning disability services. We have achieved a fair settlement for 2015/16, with an uplift of about 2% - bringing our total operating budget to £133m. However, we need to make cost savings of around £4.7m during the year. Many of the additional costs that we will incur this year are outside our control, for example pay awards to our staff (£1.7m) and investment in new staff as part of the national Safer Staffing initiative (£1.2m). We have strong plans in place to hit our savings targets and a great track record of doing so.

Statement of Directors' Responsibilities

In respect of the 2014/15 Quality Accounts

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (in line with requirements set out in Quality Accounts legislation).

In preparing their Quality account, directors should take steps to assure themselves that:

The Quality Account presents a balanced picture of the trust's performance over the reporting period.

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 they are working effectively in practice.

The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.

The Quality Account has been prepared in accordance with any Department of Health guidance.

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

By order of the Board



Date: 22 June 2015

Julie Dent, Chairman



Date: 22 June 2015

Melanie Walker, Chief Executive



Independent Auditor's Report

Independent Auditor's Limited Assurance Report to the Directors of Devon Partnership NHS Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of Devon Partnership NHS Trust's Quality Account for the year ended 31 March 2015 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the following indicators:

- the percentage of patients on Care Programme Approach (CPA) followed up within seven days of discharge from psychiatric inpatient care (page 12); and
- the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper (page 13).

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of directors and auditors

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

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

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

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by DH in March 2015 (“the Guidance”); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from NEW Devon CCG dated May 2015 and South Devon and Torbay CCG dated May 2015;
- feedback from Healthwatch Devon dated May 2015 and Healthwatch Torquay dated June 2015;
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 28 May 2015;
- feedback from other named stakeholders involved in the sign off of the Quality Account;
- the latest national patient survey dated 2014;
- the latest national staff survey dated 2014;
- the Head of Internal Audit’s annual opinion over the trust’s control environment dated 3 June 2015;
- the annual governance statement dated 3 June 2015; and
- the Care Quality Commission’s Intelligent Monitoring Report dated 4 March 2015.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the “documents”). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Devon Partnership NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Devon Partnership NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Devon Partnership NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
 - the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
 - the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.
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Grant Thornton UK LLP

Grant Thornton UK LLP
Hartwell House
55-61 Victoria Street
Bristol
BS1 6FT

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Supporting Statements

Prior to publication, we complied with the requirement to share our Quality Account 2014/15 with our key stakeholders. Their responses are set out below:

NEW Devon CCG

Thank you for giving NHS Northern Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) the opportunity to comment on the 2014/2015 quality account from Devon Partnership NHS Trust (DPT), which reflects on the quality of services and improvements made in the last year.

The quality account outlines quality improvements made by DPT in the last year in particular in relation to safety, clinical effectiveness and experience. The care pathways redesign work is an example of enhancing patients' experience of services by means of a more cohesive service as a whole, early intervention and fewer out of area placements.

NEW Devon CCG supports the work that DPT is undertaking to improve staff engagement as well as patient engagement and notes the progress towards this through the 'Our Journey' event, the staff friends and family test and the staff survey.

The Quality Improvement and Patient Safety programme continues and NEW Devon CCG supports the emphasis on joint working with partner organisations, enhancing staff capability (for example through human factors), improving risk management and medicines optimisation. Focus on further reducing absences (of patients) without leave (AWOLs) and patient falls on wards is welcomed and the Trust is to be congratulated on being shortlisted for two Patient Safety Awards for leadership and for the work on AWOLs, and for winning two national awards for work in medicines management.

One of the National Commissioning for Quality and Innovation (CQUIN) schemes last year was monitoring and improvement of the physical health of patients. As part of this work a wellbeing passport was created for patients with schizophrenia. In addition DPT

has been one of ten sites in the UK hosting STEPWISE (structured education for people with schizophrenia), a research programme looking at helping to reduce or prevent weight gain for people with schizophrenia or schizoaffective disorder. Other national CQUIN schemes last year included pressure ulcer reduction and the friends and family test for both staff and patients. Further work with staff continues to understand and take action to improve the numbers of staff who would recommend DPT as place to work and to receive treatment.

The Care Quality Commission (CQC) report of May 2014 highlighted areas where improvement was required and the Trust is demonstrating a commitment to make sustainable improvements through action plans and work programmes. We have been closely involved in the review of this wide reaching improvement and actions and are encouraged by DPT's approach and progress made. These continue to be translated into improvements in services for patients and robust processes for staff.

The wider community have been working with DPT to improve support and response to those in acute and urgent care. This will continue into 2015/2016.

We are very pleased with the improvements made in reducing the waiting times for people needing intensive psychological therapy and accessing recovery coordinators. We continue to support this reduction which has direct benefit to patients.

NEW Devon CCG acknowledges and supports the Trust priorities for the year ahead: incident investigations; reducing violence and aggression; improving physical wellbeing; 'Always Events' and the development of an involvement, inclusion and co-production strategy. We look forward to working with DPT in 2015/2016.

South Devon and Torbay CCG

South Devon and Torbay Clinical Commissioning Group (SDT CCG) is pleased to provide our commentary on Devon Partnership Trusts Quality Accounts for 2014-15.

SDT CCG has taken reasonable steps to corroborate the accuracy of data provided within this account. We have reviewed and can confirm that the information presented in the Quality Account appears to be accurate and fairly interpreted, from the data collected regarding the services provided. The Quality Account demonstrates a high level of commitment to quality in the broadest sense and we commend it.

Looking Back

We were pleased to support the priorities selected by the Trust last year and in particular the initiative to reduce the numbers of patients who developed pressure ulcers through the use of 'skin care bundles'. Pressure ulcers cause pain and discomfort, and can cause infection. Preventing them from starting, and healing them quickly when they begin, is an important patient safety priority. We are pleased to note that the trust has had some success in reducing harm in this area and we look forward in the year to come to hearing from DPT more about the goals they have set and how successful they have been.

We were very pleased to see the initiative to improve the physical healthcare of people with severe mental health needs was a key priority for 14-15. We would be very interested in hearing whether the target of 90% of a sample group of people with schizophrenia having an up to date care plan detailing both their mental health and physical health care needs was met.

The Trust reports significant improvements in the waiting times for people needing psychological interventions with severe and complex needs. The CCG is pleased to see the focus within the Trust on reducing waiting times, although it isn't clear what percentage of people were waiting over the 18 week time frame and what percentage of people are now waiting over the 18 week time frame from the information provided.

The Trust reports that it has continued to develop its quality improvement and patient safety work through the Quality Improvement Academy. We are pleased to note that the Trust

is working with partner organisations to share best practice. 'we will be working closely with DPT during the coming year to understand the extent of the successes resulting from this improvement work, in terms of percentages and reduction in the numbers of people involved in these incidents'

We are very pleased to note and to confirm that the Trust had no Never Events reported in 2014-15.

We have worked closely with DPT over the last year following the CQC inspection in 2014 and can confirm that significant improvements have been made across the service. The work across pathways including working with partner agencies has been challenging however the collaborative working has been very positive for all involved.

We were disappointed that DPT remain in the bottom 20% for key findings from the staff survey results - however we are reassured of the commitment the organisation have towards improving this position and note the significant work the Trust have undertaken to listen to the feedback of their staff through the Listening into Action events.

Looking Forward

We are very pleased to see that the Trust have been successful in a bid to the Health Foundations 'Scaling Up' Programme- and that the grant will be used to make inpatients safer by working to reduce violence and aggression- one of the highest causes of reported incidents for the Trust. We hope to see the intended 50% reduction in incidents of violence and aggression on the inpatient wards taking part in the initiative, and look forward to this being reported in the Quality Account for 15-16.

Four local incentive schemes under Commissioning for Quality and Innovations (CQUINs) this year have been agreed. These CQUINs will differ from previous years. They are multi agency, co designed CQUINs. They are patient, and staff focused, intended to improve experience, improve collaborative working across all of our providers, share expertise and knowledge and underpin the essence of joined up care. We are delighted that DPT have agreed to take part in this innovative way of working, and that they have been instrumental in developing and agreeing these quality improvements.

The CCG is happy to support the key quality improvement priorities chosen for next year as set out in the Quality Account. The patient safety focus on improving the quality of investigations into serious incidents working through the Multi-Agency Investigation Network is one that we take particular interest in and look forward to working closely with DPT on.

The increased emphasis on the physical healthcare and wellbeing of the people DPT support is welcomed, as is the desire to work with other local healthcare providers to agree a pan Devon 'Always Event' for every person coming into contact with our services. The 'My Name Initiative' is of particular importance- it is not just a campaign to encourage and remind healthcare staff about the importance of introductions in the delivery of care, it is about making a human connection, beginning a therapeutic relationship and building trust. It is the first rung on the ladder to providing compassionate care, and we are really pleased to see DPT have this as a key priority for 14-15.

General Comments

Quality Accounts are intended to help the general public understand how their local health services are performing and with that in mind they should be written in plain English. DPT have produced a comprehensive, attractive and well written Quality Account which is easy to read and clearly set out.

We feel that the Trust's attention to quality and safety is highly commendable and we are pleased to note the continued focus on patient safety.

During our regular quality reviews we are continually given evidence of the Trust's determination to ensure safe, high quality care. There are routine processes in place within DPT to agree, monitor and review the quality of services throughout the year covering the key quality domains of safety, effectiveness and experience of care.

Overall we are happy to commend this Quality Account and DPT for its continuous focus on quality of care.

Devon County Council's Health and Wellbeing Scrutiny Committee

Devon County Council's Health and Wellbeing Scrutiny Committee has been invited to comment on the Devon Partnership NHS Trust Quality Account 2014/15 which includes the priorities for 2015/16. All references in this commentary relate to the reporting period 1st April 2014 to 31st March 2015 and refer specifically to the Trust's relationship with the Scrutiny Committee.

The Scrutiny Committee believes that the Quality Account 2014/15 is a fair reflection and gives a comprehensive coverage of the services provided by the Trust, based on the Scrutiny Committee's knowledge. The Scrutiny Committee commends the Trust on progress towards priorities for last year under the three headings of; safety, clinical effectiveness; and improving the experience of people using services.

The committee requested and received an update report on the provision of psychological therapies in September 2014. This resulted in the Health and Wellbeing Committee lobbying for more funding for psychological services. The committee is pleased to see the reduction in the number of people with severe and complex needs waiting for psychological interventions and looks forward to seeing the trust meet the ambition of significantly reducing waiting times further.

The Committee commend the Trust in the results of the friends and family test where in October 2014 only 36% of people would recommend the Trust to their friends and family compared to March 2015 where 78% of people would recommend the Trust.

The enduring challenge from the Francis Review provoked to scrutiny has been to look for improvement in health care through critical friend challenge. In the climate of austerity this rigour becomes even more vital. The committee welcomes a continued positive working relationship with the Trust in 2015/16 and beyond to continue to ensure the best possible outcomes for the people of Devon.

Torbay Council's Health Scrutiny Board

Due to Council elections and the timing of its submission for comment, Torbay's Health Scrutiny Board has not been able to consider Devon Partnership NHS Trust's Quality Account for 2014/15.

Overview and Scrutiny Committees are well placed to ensure the local priorities and concerns of residents are reflected in a provider's Quality Account. In line with this, Torbay's Overview and Scrutiny Board will welcome a continuation of the positive engagement process from the Trust in the coming year.

Healthwatch Devon

Commentary provided by Healthwatch Devon in response to The Quality Account 2014/15 produced by Devon Partnership NHS Trust (DPT)

Healthwatch Devon welcomes the opportunity to provide a statement in response to the Quality Account produce by the DPT this year. Our response is based on our involvement with and knowledge of the Trust and its work, as well as on the feedback we receive about the quality of the services they provide.

With reference to progress in relation to the priorities for 14/15 Healthwatch Devon is encouraged to see that the number of people waiting for psychological therapies has reduced, whilst acknowledging that there is still room for improvement. This is an area that Healthwatch Devon has heard concerns about and these have been shared with the Trust throughout the year. In respect of the aim to reduce re-admission to inpatient services, Healthwatch Devon will be keen to see how the protocol that the Trust has developed, which was informed by patient experience, will help to reduce readmissions in the future.

Hospital discharge has recently been the focus of community engagement for Healthwatch, both locally and nationally. In Devon we are due to publish our Then What? Report and recommendations in respect of people's experiences of leaving hospital. Continuity of care; re-access to services; access to crisis

services; involving carers and relatives; and access to services closer to home are all areas that we have identified from the feedback we received, as requiring improvement. Our evidence shows that if care in the community is consistent, easily accessible, timely, flexible and tailored to the individual's needs, then instances of mental health crisis and readmissions to hospital could be avoided. Our findings have been shared with Commissioners and local NHS Provider Trusts including DPT, for their consideration and response. We look forward to receiving the Trust's response to our report and would encourage them to use the experiences presented in the report to help inform service development and improvement.

We commend that this Account makes reference to the findings and recommendations that resulted from the CQC inspection last year. It is evident from this Account that the Trust is committed to working with a range of local stakeholder organisations to improve the quality of the services. Healthwatch Devon service delivery partner, Be Involved Devon is pleased to have supported involvement in improvement work related to the February 2014 Care Quality Commission inspection of Trust services and are encouraged by the reported improvements in acute care pathways, in the provision of psychological therapies and are pleased to see that there is a commitment to further improvement work.

Healthwatch Devon has recorded more than 400 individual comments about services provided by DPT during the first two years of operation, including both compliments and concerns. We will be sharing this information with CQC and DPT in advance of the inspection that is planned for July 2015.

A key function for Healthwatch Devon is to collect the views and experiences of patients, carers and the public about local health and care services and for these to be shared with those who commission and provide services on a regular basis. As such, Healthwatch Devon is committed to continuing it's a dialogue with DPT, to ensure that all experiences and views that we capture, that relate to services that the Trust manages and delivers, are systematically shared with them. Healthwatch Devon is pleased to learn that DPT have continued to

host a Learning from Experience Group, which reflects on the feedback the Trust has received from a range of sources. However, we would suggest that the Trust considers making the meeting papers available to the public on the Trust website, as a way of demonstrating how issues of quality are heard and acted upon.

Looking forward, Healthwatch Devon commends that the Trust is committed to improving the experience of people who come into contact with their services and we welcome the development of the Involvement, Inclusion and Co-production Strategy. We would be keen to discuss how Healthwatch could be included within the strategy, as the independent consumer champion for health and social care services. Healthwatch Devon and our mental health engagement partner, Be Involved Devon (BID) support the Trust in making Engaging and Involving People a local priority. BID are encouraged by the Trust's commitment to reviewing how they listen to people and engage and involve them in their work and feel the production of a new Involvement, Inclusion and Co-production Strategy is timely. BID also look forward to seeing how the Patient Leadership Network develops.

Finally, Healthwatch Devon would note that there is no reference to Gender Identity Services in the Quality Account and we would ask that this specialised service and its evidence base are drawn upon and made reference to in future accounts.

Healthwatch Torbay

Healthwatch Torbay's role is to give local people a stronger voice to influence and challenge how their health and social care services are provided. Our various ways of encouraging the public to share their experience is building up a body of knowledge which forms the basis of our comment on this Quality Account. Additionally, the Care Quality Commission Quality Report (April 2014) provided further background for the context of this response.

The clarity of the Account writing shows a commendable awareness of the necessity to be open and transparent when involving the public in the work of the Trust. Our recent joint Open Day, attended by approximately 900 visitors was a further step, giving the public an opportunity to ask questions and make comment. There is always a challenge in creating a document which is aimed at both public and professional audiences. 43% of English adult working-age population cannot fully understand and use health information using only text (Royal College of General Practitioners. Health literacy, 2014).

From feedback made to Healthwatch Torbay, the most relevant concern is the time to treatment and the follow through after the episodes of care. We are told that once in treatment the care is very good showing both respect and understanding. Individuals have told us that they are unclear about the various referral processes, including self-referral and crisis. In Torbay voluntary sector organisations report an increasing demand for "buddying" and signposting to community support after treatment.

The improvement initiatives described in the Account, do show awareness of these issues. The decision to "explore future pharmacy supply options, piloting in-reach advice services" (p16) i.e. the active management of a patient out of hospital, did seem to be addressing some of these issues. As did the CQC follow through to do further work on "waiting lists for intensive psychological therapies and recovery co-ordinators".

In overview the Account has many areas that Healthwatch Torbay would applaud. Improving staff satisfaction and safety can only improve patient care; improving care pathways and ensuring that they are about shared decisions is fundamental. Lastly to congratulate on hosting the Perinatal Health Team – it is always heartening to read media reports about a success story.

If you need a copy of this leaflet in a different language or format,
please contact our PALS team on

0800 0730 741

or

dpn-tr.pals@nhs.net

Devon Partnership NHS Trust Headquarters

Wonford House

Dryden Road

Exeter

EX2 5AF

t: **01392 208866**

e: **dpn-tr.info@nhs.net**

www.devonpartnership.nhs.uk

