



**QUALITY
ACCOUNT**
2016/17



Supporting you to live well

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CHIEF EXECUTIVE'S REPORT

Welcome to our Quality Account for 2016/17. I hope you find it an interesting and informative summary of what we have been doing to improve safety, clinical effectiveness and the experience of people using our services.

2016/17 saw us continue to make very encouraging progress towards achieving our long-term goals, including meeting all of our major financial and performance targets.

The year culminated with the Care Quality Commission (CQC) rating us as 'Good' overall. The CQC found huge improvements across many of our services. We are now rated as 'Good' overall in each of the five domains of Safe, Effective, Responsive, Caring and Well-led and our Secure Service at Langdon in Dawlish is rated as 'Outstanding' for its responsiveness.

The CQC's findings should give great reassurance to the people who use our services, their supporters and our partners and stakeholders. Our staff deserve a huge vote of thanks for delivering this level of improvement during what has been a particularly tough time for the NHS. Our goal now is to sustain this progress and to put clear plans in place to move us towards an overall rating of 'Outstanding'.

Many other important indicators of performance and progress were positive during the year. We saw additional investment in some of our services, secured new business and attracted widespread praise and recognition for many of our services and staff. We have seen reductions in waiting times in several areas, a further reduction in the number of people needing to be treated outside the county, a significant improvement in the time taken to investigate complaints and encouraging progress in our Friends and Family Test and staff survey results.

New investment has included further funding for our liaison psychiatry teams, community perinatal services, step-down beds in the community and our Places of Safety within which we conduct assessments under Section 136 of the Mental Health Act.

A successful bid for national funding also meant that our Depression and Anxiety Service, which already receives around 20,000 referrals a year, will be extended in some parts of the county to provide tailored support for people with long-term physical health conditions such as diabetes, obesity and chronic obstructive pulmonary disease.

We opened newly refurbished Health and Wellbeing Clinics in Torbay and Exeter, as part of our SMART programme to improve quality and efficiency, and had our planning application approved for a brand new Psychiatric Intensive Care Unit (PICU) at our Wonford House site in Exeter. In April 2017, we were also delighted to learn that Exeter had been selected as the location for a brand new Mother and Baby Unit (MBU) to serve the South West region.

We have been campaigning for an MBU in Devon for some time and, like the PICU, it will make a huge difference to people's lives to have the service locally.

We have undertaken a great deal of work to improve the quality and consistency of our urgent care services which support people when they need it most.



We have extended the operating hours of these teams and continue to work with our partners from the police and social care to ensure that people receive a robust, joined-up response when they are in crisis or urgent need.

One of the most exciting developments of the year was our success in winning a bid to transform the way that secure services are commissioned and delivered in the South West. We are now leading a group of eight regional mental health providers from Cornwall to Gloucestershire to deliver improvements in secure care. This service went live on 1 April 2017 and, in due course, we hope to reduce the number of people having to travel long distances for their care, increase the number of community-based alternatives to hospital, reduce lengths of stay in hospital and increase the efficiency of the secure care system for people with mental health needs.

We have also been selected to work with Care UK, from April 2017, to provide the mental health element of health care within Devon's three prisons. This is a service that our organisation has provided previously and we are delighted to have been chosen to deliver it once again.

Our work to minimise the number of people having to travel outside Devon for their care and treatment also continued throughout 2016/17. We have made significant strides forward over the last few years but there are still too many people having to travel too far and too often for the care and support they need. Developments such as the new Psychiatric Intensive Care Unit, Mother and Baby Unit and the programme of work around secure care will all help to ensure that local people can get the care they need far closer to home.

Our partners across health and social care are demonstrating a genuine interest in mental health and learning disability and increasingly acknowledging their role and importance in a more integrated health and care system.

We are closely involved in the delivery of the Sustainability and Transformation Plan (STP) for the wider Devon area. One of 42 STPs across the country, it is striving to deliver transformational change for our local NHS and social care system, so that we can provide even better care for people and make efficiencies that ensure services are sustainable in the long-term. We have worked hard to ensure that the importance of excellent mental health and learning disability services is recognised as a priority as we take this transformational work forward.

The findings of the latest NHS Staff Survey and the Staff Friends and Family Test indicate that we are continuing to move in the right direction when it comes to listening to our staff. In the latest staff Friends and Family Test, 74% of our staff recommended us as a place to receive treatment (up from 65%) and 65% recommended us as a place to work (up from 56%).

More than 61% per cent of our staff participated in the most recent NHS Staff Survey, which was the highest response rate of all mental health trusts surveyed by the Picker Institute. Of the key findings, 14 were better than average and only four were worse than average when compared with other NHS organisations. While these results indicate clearly that we are continuing to move in the right direction, improving our communication with staff remains a priority.

One of our strategic aims is to ensure that our services are shaped by the voices of people who use them and we are delivering this through our Together programme. It provides a framework and a philosophy for working with staff, users of services, families and carers in a more meaningful way to shape what we do and how we do it. During 2016/17 we started to roll-out our Together programme and the Delivery Group includes many people with personal experience of mental health and learning disability issues, either as users of services, family members, supporters or carers.

We are striving to improve the quality of our services and our efficiency through our SMART programme, which made further headway during the year. The SMART programme will help us to improve access, ensure that we deliver evidence-based care pathways, be more responsive to people's needs, equip our staff to work more flexibly and minimise expenditure on unnecessary land and buildings. We have already invested in modern, welcoming Health and Wellbeing Clinics in Exeter and Torbay and our north Devon clinic should be opening in Barnstaple during 2017, when we also aim to introduce a Single Point of Access to all of our services.

On behalf of the Board, I would like to extend my thanks to all of our staff for their efforts during 2016/17. Demand for our services is steadily growing and many aspects of what we do are becoming increasingly challenging. Despite this backdrop, our frontline teams and their colleagues, in a wide range of support functions, continue to display unerring commitment and dedication. They help to improve people's lives every day and we thank them all.



Melanie Walker Chief Executive

2016/17 PERFORMANCE AT-A-GLANCE

During the year we met all of our major targets, made some significant developments and improvements and achieved financial balance.

92.15%

of people **discharged** from our hospital wards are followed up **within seven days**

Admissions to our hospital wards (coordinated by our Crisis Resolution and Home Treatment teams)

97.33%

- against a target of 95%



On average, we make contact with **22,033** people every month

99.9%

received their first treatment within 18 weeks of referral - against the national target of 95%.



51.4%

achieved recovery, against a national target of 50%

DAS
15.73% of people within our local population with anxiety and depression were supported by our DAS teams – against a national target of 15%



2016/17 **Dementia Wellbeing Service** in Bristol

1,726

referrals

10,312

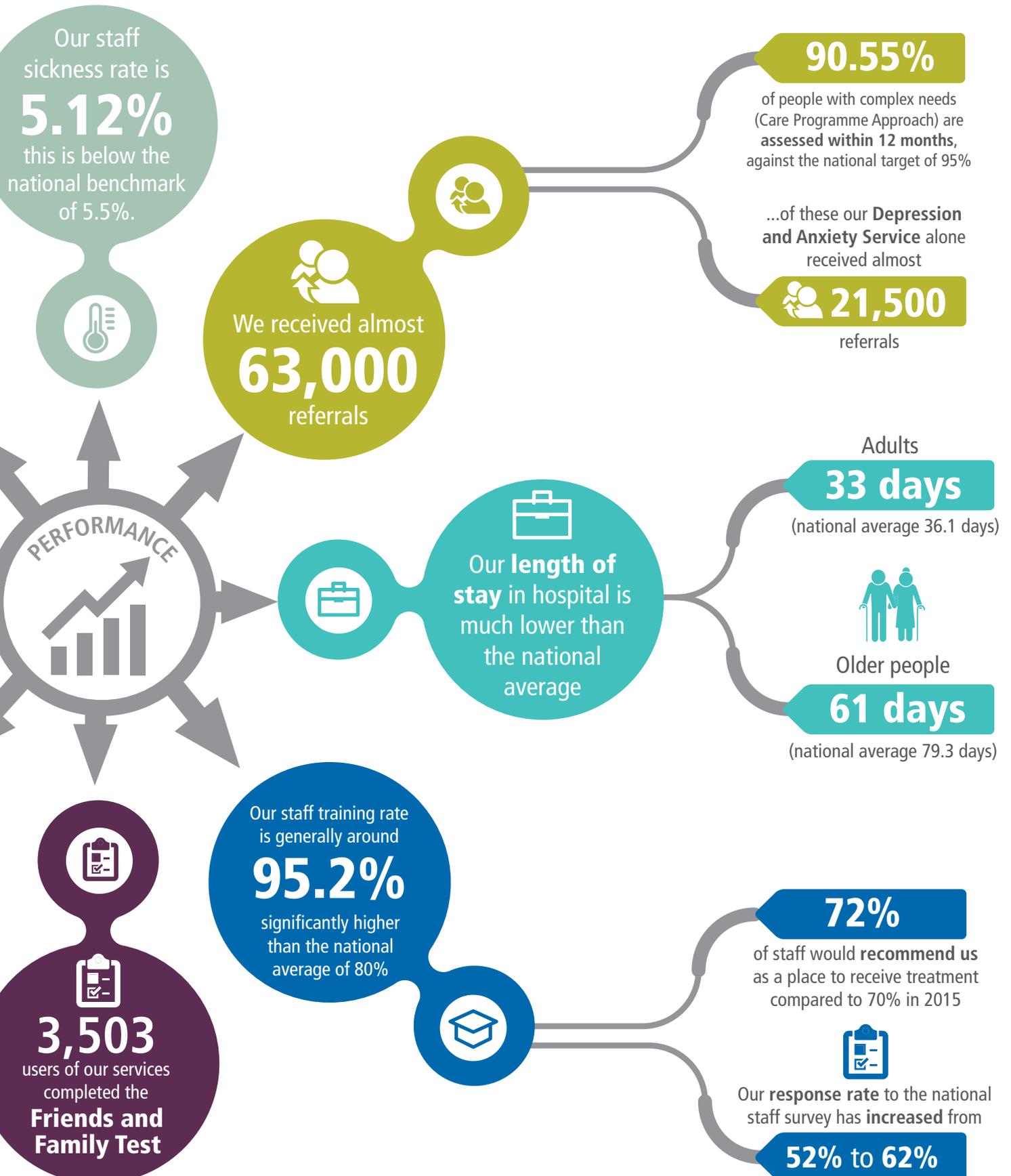
appointments

71.3%

diagnosis rate

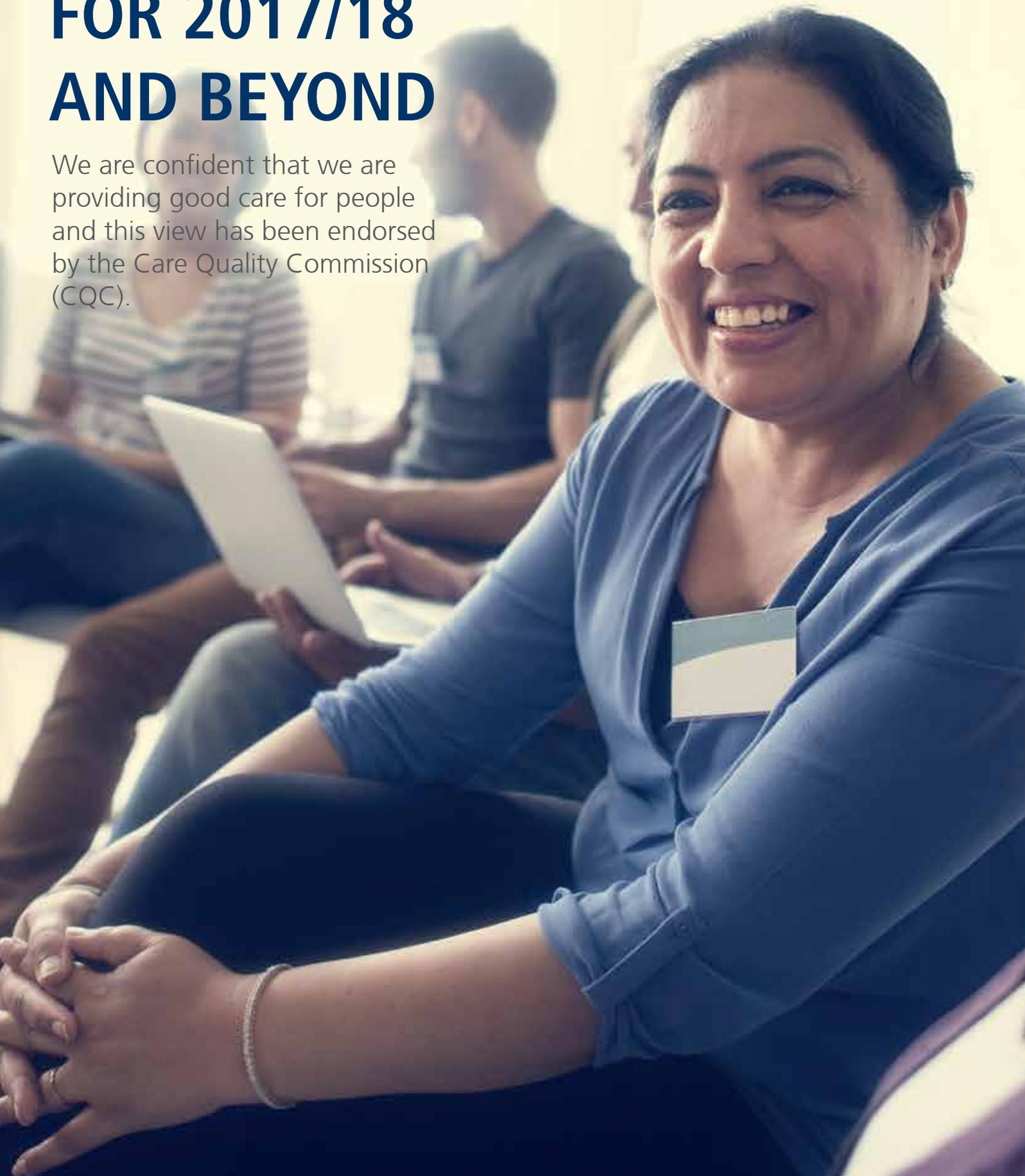


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PRIORITIES FOR 2017/18 AND BEYOND

We are confident that we are providing good care for people and this view has been endorsed by the Care Quality Commission (CQC).



The next phase of development and improvement is to achieve our mission of becoming a centre of excellence in the field of mental health and learning disability, and to achieve a rating of 'outstanding' from the CQC.

In everything we do, we want to involve people with lived experience of mental ill health and learning disability far more closely in our work, so that they can help shape what we do. Our Together programme will drive this work forward.

We also want to do more to avoid people having to travel outside Devon for any aspect of their care – and we have made great progress on this front already. In 2018/19 we will open a brand new £5.5m Psychiatric Intensive Care Unit (PICU) in Exeter and this will be a huge step forward in terms of providing a greater number of services locally and further reducing the need for people to travel long distances. We are also delighted that Exeter has been selected as the location for a dedicated Mother and Baby Unit (MBU) for the south west and this will mean that we can provide another vital service within the county.

In the field of secure services we are also leading a project with partners from Cornwall to Gloucester to ensure that fewer people need to travel long distances for their care and where this is unavoidable, they return to their home area as soon as possible.

From 1 April 2017, having been selected to work with Care UK we will be providing mental health services within Devon's three prisons, and we are keen to use our experience and expertise to support people in this very important field.

We continue to work with our partners to improve services for people in a crisis, to support people who come into contact with the police, to increase access to step-down beds for people who need a spell of hospital care and to develop community alternatives to hospital admission.

We are also striving to integrate our services more closely with those provided by other NHS organisations, local authorities and the third sector. Not only is this more efficient and more practical for the people we support, in terms of accessing services, but it also helps to address the stigma that is still too often associated with mental illness and learning disability.

The quality and attitude of our staff has underpinned our improvement over recent years and they will play a pivotal role as we move forward. We want to see further improvement in our staff survey results, and our Friends and Family Test results for staff, as these provide invaluable indicators that we are continuing to move in the right direction.

Our role as an active participant in the wider Devon Sustainability and Transformation Plan (STP) will also be key over the next few years. We worked hard to ensure that mental health and learning disability services were included as one of the plan's seven key priorities and we will be engaging with people across the county in due course so that they can help shape the future of our mental health and learning disability services.

We are in no doubt about the challenges that we face if we are to achieve excellence. To be successful, we know that we will need support from our partners in health and social care and from our commissioners, as we seek further investment in the vital services that we provide.



STATEMENTS OF ASSURANCE FROM THE BOARD OF DIRECTORS

The Trust provides a wide range of mental health services, commissioned through five core contracts including those for adults, older people, specialist services including 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 local communities and on psychiatric hospital wards.

Of the Trust's total income, 95% is from NHS organisations and directly relates to the provision of NHS services. The remainder of the income is generated via partnership agreements, education, training and research (4%) and other arrangements such as New Leaf (1%) which is part of Devon Partnership NHS Trust's Vocational Rehabilitation Service.

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

A proportion of the Trust's income in 2016/17 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.

During the year we completely met 8 of our 9 CQUINs and of the remaining CQUIN only a small element was not fully met.

Improvements resulting from this year's CQUINs have included:

- A continuation of improvements to processes made during 2015/16 for assessing, documenting and acting on cardio metabolic risk factors in inpatients with psychoses and community patients in Early Intervention psychosis teams.
- The provision of dedicated practitioner support and training for 10 Residential Homes in Bristol across the three localities managed by the Dementia Wellbeing Service.
- New specialist locality champions across the Dementia Wellbeing Service who have been appropriately trained and can act as a point of contact for colleagues to help share best practice knowledge.
- Changes to discharge planning systems and processes to ensure integrated continuity of care across in-patient and community settings. The aim has been to fully involve patients and carers and enable the patient to be supported and maintained in the community
- Work to safely reduce the amount of repeat detentions that are made under the Mental Health Act (MHA) 1983. The Trust has improved governance arrangements and protocols to identify and better understand the reasons why some patients are more likely to have to repeat detentions to try to prevent this happening.
- A reduction in the number of times Low and Medium Secure patients are unnecessarily placed outside the local area which aims to minimise any impact on patients, their families and carers.
- An overall improvement to Eating Disorder and Low and Medium Secure Services Care pathways to ensure that teams can work more effectively to minimise, where possible, a patients length of stay (LOS).

New CQUIN measures have been set for 2017/18, these are summarised on page 58.

The overall score for the Trust's Information Governance Assessment Report 2016/17 was 77% and the rating was 'green'.

Other key targets set by Monitor (the Foundation Trust regulator) that were met by the Trust during 2016/17 include:

- 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.
- Completeness of Mental Health Minimum Dataset – Identifiers.
- Completeness of Mental Health Minimum Dataset – Outcomes.
- Access to Healthcare for People with a Learning Disability.
- Engagement with Early Intervention in Psychosis (EIP) Care Coordinator with NICE treatment within 2 weeks of referral.
- Percentage of patients who have waited less than 6 weeks from referral to first treatment/ first therapeutic session (IAPT).
- Percentage of patients who have waited less than 18 weeks from referral to first treatment/first therapeutic session (IAPT).
- Risk rating for governance.
- Overall weighted rating for finance.

The Trust is registered with the Care Quality Commission (CQC) and in December 2016 the CQC undertook a full planned inspection. The overall rating for the Trust is 'Good'.

Under the Department of Health guidance on the production of Quality Accounts for 2016/17, all mental health trusts were required to agree, with their external auditors, the auditing of performance against two of the following four indicators:

- The percentage of patients on Care Programme Approach (CPA) followed up within seven days of discharge.
- The percentage of admissions to acute wards gate kept by the Crisis Resolution Home Treatment Team (CRHT).

- The percentage of patient safety incidents resulting in severe harm or death.
- The number of delayed transfers of care.

We have agreed that for the 2016/17 Quality Account the indicators that will be audited are –

- The percentage of admissions to acute wards gate kept by the Crisis Resolution Home Treatment Team (CRHT).
- The percentage of patient safety incidents resulting in severe harm or death.

We have taken a number of important steps to improve data quality. There is an Informatics and Data Quality Group that meets bi-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.

We continue to provide monthly Mental Health Service Dataset (MHSDS) nationally to NHS Digital, this dataset includes a range of activity information from the Trust's clinical records.

The percentage of records in the published data that included the person's valid NHS number was 100%. The percentage of records in the published data that included the person's valid General Medical Practice Code was 99%, a 1% improvement to 2015/16. These figures include both inpatient and community services.

The Trust submitted records to the Secondary Uses Service during 2015/16 for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The number of people receiving NHS services provided or sub-contracted by the Trust during 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 1081.

During 2016/17, six national clinical audits and two national confidential inquiries covered NHS services that the Trust provides.

During that period we participated in five national clinical audits (83%) and all of the national confidential inquiries in which we were eligible to participate (100%).

The national clinical audits and national confidential inquiries in which the Trust participated, and for which data collection was completed by the Clinical Audit Team during 2016/17, are listed below alongside the number of cases submitted to each audit or inquiry.

The Trust withdrew funding for membership of the Prescribing Observatory for Mental Health (POMH) at the end of December 2016 and therefore did not take part in the final POMH audit of the year.

The reports of three national clinical audits (three POMH audits [7e, 11c and 16a]) and 24 local clinical audits were reviewed during 2016/17 and we will take action to improve the quality of services in response to these reports where it is appropriate. POMH audits are included in the Trust's annual Clinical Audit Programme and the annual work programme for the Drugs and Therapeutics Committee.

Completed POMH audit reports we receive are reviewed at the Drugs and Therapeutics Committee 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.

We include any actions that may be required in the relevant Directorate or team Quality Improvement Plans and 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 which may be applicable to primary care and/or the wider health and social care network are also shared with partner agencies where appropriate.

NATIONAL AUDITS COMPLETED IN 2016/17

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

Topic 7 – Monitoring of people prescribed lithium (48 returns)

Topic 11c – Prescribing antipsychotic medication for people with dementia (159 returns)

Topic 16 – Rapid tranquilisation (4 returns)

National CQUIN Target Audit

Physical Health Monitoring (3a Cardio Metabolic Assessment and Treatment for Patients with Psychosis) Inpatient Data Collection (100 / 100% returns)

Physical Health Monitoring (3b Communication with GPs) (100 / 100% returns)

NCEPOD POS Audit - Young Peoples Mental Health Study (data still being collected)



REVIEW OF QUALITY PERFORMANCE IN 2016/17

Last year, we identified three priority areas for quality improvement under the headings of Improving the Experience of People Using Services, Clinical Effectiveness and Safety. The progress made against each area is set out below.

Improving the Experience of People Using Services



Working Together

Our *Together* programme which works to involve people in our work more routinely and more meaningfully is gaining momentum. We have now formed a steering group to take the project forward and a large part of this group comprises people with lived experience of mental ill health and their supporters.

We have also conducted a number of induction sessions with staff right across our organisation so that they can start to think about how they can work *Together* with their teams, their stakeholders and the people who use their services. An Annual Report has been published that summarises the progress that has been made in implementing *Together* during 2016/17.

This includes the successful creation of information and resources for staff, a new budgets and payments approach in place, and how a number of events have been held to promote and explain *Together* to our staff, and to those who use our services and carers. We have started to devise strategies for the development of leadership opportunities for those working *Together* with the Trust, and a new framework for peer support workers.

Our teams also now display posters publicly that record their commitments to improve involvement, and track their achievements to date. Our new *Together* Award at the annual award ceremony in December 2016 also highlighted excellence in innovation in involvement across our organisation.

The Annual Report outlines our plans for the coming year, which builds on our achievements so far and takes our involvement strategy even further. We will continue to seek to promote best practice, to encourage innovation and to become truly inclusive in everything that we do.

Clinical Effectiveness



Physical Health and Wellbeing

Addressing the physical health needs of people experiencing mental health and learning disability issues is an important and fundamental part of what we do as a mental health trust. People using our services are more likely to suffer from poor diet and nutrition and be less active and engaged with their community activities or supports. They are 3-4 times more likely to have a long term physical health condition including cardiovascular disease, obesity and diabetes – and have a lower life expectancy of 20+ years as a result of this.

We are continuing to focus quality improvements to achieve improved physical health and wellbeing of the people we support.

This is the continuing subject of one of our CQUIN targets for 2017/18 and 2018/19, building on the improvements achieved in the last two years.

Over the coming year, we aim to agree pathways with primary care for physical health monitoring and supporting the physical health needs of people using our community services and continue to improve our processes for recording information. These quality improvements will be supported through working alongside our local commissioners to bring about outstanding services that are integrated with the broader health services community.

Previously we have developed the Wellbeing Passport together with people who use our services as a personally-held tool to prompt discussion about their physical health and the need to have relevant health checks. This tool is now rolled out and in common use in our inpatient and community settings. The Wellbeing Passport is completed with the person, and support may be given to make any necessary appointments for appropriate health checks - this may include accessing opticians, dentists and GPs. The passport has been positively received and we are considering ways of taking this forward as an 'app' or in clinic settings.

In terms of improving physical health for people using our services, we are working with our partners in healthcare, in both primary care and the Clinical Commissioning Groups to develop consistent ways to support and monitor the physical health of people who are prescribed antipsychotic and psychotropic medicines. We have reviewed and are implementing changes to our clinical recording standards and format for a thorough record of physical healthcare that can be shared across the care pathway.

This year's improving physical healthcare work includes:

- Training our clinicians in awareness of physical health issues and monitoring skills
- Continuing to improve access to venepuncture (taking blood)
- Reviewing and implementing improvements in how we care for the health and condition of people's skin
- Establishment of a Medical Devices and Equipment Group to provide mechanisms for decision making and procuring the right equipment for the right task in our clinical settings to better ensure that people are having their needs met with equipment that is safe and reliable
- Policy development with partner agencies – working with the main acute hospitals in Devon to agree the urgent care pathway for people who have experienced severe self harm
- We are currently completing a national audit of physical health monitoring and communication with GPs which will be reported on in May 2017.

These quality improvements are supported through working alongside our local commissioners and partners to ensure that we focus on delivering better services and meet standards. The Trust Lead Nurse for Physical Healthcare chairs the Physical Health Steering Group and has established the South West Physical Health (in mental health) Leads Forum to drive this work forward.

Safety



Reducing Violence, Aggression and Avoidable Harm

The safety of our staff and people who use our services remains our highest priority. We have a duty to minimise incidents of violence and aggression and ensure that the people using our services, and the staff providing them, are as safe as possible. Violence and aggression is the main incident reported nationally from mental health services.

Devon Partnership Trust in collaboration with South London and Maudsley Trust have spent the last 20 months testing a bundle of clinical and non-clinical interventions as part of a Health Foundation funded programme. The aim of the programme is to reduce Violence and aggression on inpatient units by 50%.

During the last 20 months we have been implementing a structured programme (co-produced and delivered with people with lived experience) of staff training on the interventions, testing of these new approaches to ensure fitness for purpose and implementation.

“We are already seeing positive outcomes in reducing the severity of aggression being experienced within our inpatient units and improving levels of service user satisfaction in terms of their engagement with staff”

The programme continues to be rolled out across all the wards in DPT and the rollout is on track to be completed by September 2017.



KEY PERFORMANCE INDICATORS FOR 2016/17

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.

(KPI010) Follow-up within seven days of discharge for people on Care Programme Approach CPA

It is important that people receive continuity of care when they are discharged from hospital. This indicator monitors how many people being supported on the Care Programme Approach (CPA) are followed-up within seven days of their discharge.

National data - Follow-up within seven days of discharge for people on CPA										
Data Source HCSIS	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 2015/16					Quarter 4 2015/16				
	Number	%	96.7%	100%	73.3%	Number	%	96.7%	99.4%	84.6%
39/42	93%									

(KPI-029) The percentage of admissions that have been made through our Crisis and Home Treatment Teams (CRHTs)

Our Crisis and Home Treatment Teams (CRHTs) are the 'gatekeepers' to our inpatient wards. This ensures that admissions to hospital are assessed properly and well-coordinated. This indicator monitors the percentage of admissions that have been made through our CRHTs.

National data - Admissions to inpatient services which have had access to Crisis Resolution and Home Treatment teams										
Data Source HCSIS	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 2015/16					Quarter 4 2015/16				
	Number	%	98.7%	100%	88.3%	Number	%	98.8%	100%	90.0%
108/109	99%									

Staff Engagement

Listening to staff is recognised as a key factor in delivering success. This indicator measures our overall engagement with staff, based on the results of the annual staff survey, and compares it with the national average.

National data - Overall indicator for staff engagement				
Data Source	Reporting period 2015	National Average	Reporting period 2016	National Average
	Trust Score (out of 5)		Trust Score (out of 5)	
Annual Staff Survey	3.75	3.75	3.77	3.77

Workforce Race Equality Standard (WRES)

National data - 2016 National NHS staff survey				
Indicator		Trust Score 2016	Average (median) for mental health	Trust Score 2015
KF26 - National data - percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	22%	22%	22%
	BME	26%	26%	18%
KF21 - National data - percentage of staff believing that Trust provides equal opportunities for career progression or promotion	White	89%	89%	88%
	BME	89%	79%	76%

People's experience of their health or social care workers

This indicator measures people's experience of their health or social care workers in our community teams, based on the results of the annual patient survey, and compares it with the national average.

National data - Experience of health or social care workers with community mental health services									
Data Source	Trust Score 2015	National Average	Highest Score Nationally	Highest Score Nationally		Trust Score 2016	National Average	Highest Score Nationally	Highest Score Nationally
(S01) Health and social care workers	7.3	7.6	8.1	7.1		7.4	7.6	8.1	6.9
(S10) Overall experience	6.7	6.9	7.4	6.4		6.9	7.0	7.5	6.1

Rate of patient safety incidents resulting in severe harm or death

Maintaining the highest possible levels of patient safety is our overriding priority. These tables indicate the number of incidents that have resulted in severe harm or death across our services – both inpatient and community – during the first six months of 2015/16 and 2016/17. The figures shown in brackets represent the figures on the original National Reporting and Learning System NRLS report. The figures outside the brackets are the corrections following the review of the indicators as part of the external review process. Please see the notes underneath the second table for further clarification.

National data - Rate of patient safety incidents resulting in severe harm or death (Data Source is the National Reporting and Learning System NRLS)						
Data Source	Indicator	Reporting period (6 months April to September 2015)		National Average	Highest score nationally	Lowest score nationally
		Number	%			
NRLS	Incidents Reported	1,240 (1,275)		2,587	6,723	8
NRLS	Rate reported per 1,000 bed days	25.97 (26.70)		38.62	83.72	6.46
NRLS	Incidents resulting in severe harm	7	0.5%	8 / 0.3%	74 / 1.1%	0
NRLS	Incidents resulting in death	7	0.5%	17 / 0.8%	95 / 2.9%	0

National data - Rate of patient safety incidents resulting in severe harm or death (Data Source is the National Reporting and Learning System NRLS)						
Data Source	Indicator	Reporting period (6 months April to September 2016)		National Average	Highest score nationally	Lowest score nationally
		Number	%			
NRLS	Incidents Reported	1,550 (1551) note1		2,962	6,349	40
NRLS	Rate reported per 1,000 bed days	31.39		42.45	88.97	10.28
NRLS	Incidents resulting in severe harm	15 (17)note2	1.0% (1.1%)	10 / 0.3%	50 / 1.8%	0
NRLS	Incidents resulting in death	21 (22) note3	1.4% (1.4%)	22 / 0.8%	84 / 5.9%	0

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

Note1 and 3 – The national reporting system includes a duplicate incident resulting in death

Note2 – One incident originally reported as severe harm has since been re-categorised as moderate harm, a second was reported as an additional incident but was an incident involving the use of restraint that is treated as a separate incident but is part of an existing incident.

Incidents resulting in death

The incidents resulting in death included in the table above for the period April to September 2016 includes 11 incidents for which the outcome of the coroner's process is still awaited; of these 8 were subject to a root cause analysis investigation. Until the coroner's outcome is known these incidents are shown as patient safety incidents, once the outcome is known these will be reviewed and the final outcome recorded on the local risk management system and then updated on the national reporting system, it is likely that a number will be re-graded as a result and will not be identified as a death resulting from a patient safety incident.

Incidents resulting in severe harm

The causes reported for the incidents resulting in severe harm are shown below. The incidents include three separate self-harm incidents relating to the same patient and three inappropriate discharges that related to patients that had not, at the time of the incident, been under our care but were discharged from or had left a different service - for example the emergency department - before being assessed by our services.

Cause of Incident	Number
Breach Of Patient Confidentiality	1
Delay/Difficulty Obtaining Clinical Assistance	1
Discharge - Inappropriate	3
Disclosure Of Information To Staff	1
Medication - Prescribing	1
Records - Damaged/lost/stolen	1
Self-Harm	4
Suspected Suicide (Attempted)	3
Total	15

Learning from deaths to inform quality improvement

The review of deaths of people who have been using our service is managed by our Experience, Safety and Risk Team and will be reported by our Medical Director to our bi-monthly Quality and Safety Committee, chaired by one of our non-executive directors. We also have a rolling schedule of "Mortality reviews", where a multi-disciplinary team reviews cases of people who have died whilst on our caseload or discharged within the last six months to identify learning and provide clinical scrutiny to the Quality and Safety Committee. Information and learning will be shared with our board on a quarterly basis. We will further review and develop this process to meet recent National Guidance on Learning from Deaths published by the National Quality Board.

Serious Incident Reporting

All staff are responsible for managing risks within the scope of their role and responsibilities as our employees. There are structured processes in place for incident reporting, and the investigation of serious incidents. The Board of Directors, through the risk management policy and incident reporting policy, promotes open and honest reporting of incidents, risks and hazards.

We have a positive culture of reporting incidents enhanced by accessible online reporting systems available across the organisation. All patient related incidents which have resulted in harm as well as 'near miss' incidents are reported on to the National Reporting & Learning System to support national trend analysis of incident data.

Twice yearly, we receive a summary of activity benchmarked against that of other, similar organisations. The most recent report covering the period April 2016 to September 2016 showed that we have improved our level of reporting consistently over the last three reporting periods.

For the year 2016/17, a total of 8,694 incidents have been reported locally by our staff, of these 67 incidents that met the criteria in the NHS England Serious Incident Framework. Each of these incidents has been subject to a full investigation and production of a detailed report, which is shared with our commissioners as well as being used to inform learning and improvements in our services. The table below details the numbers and types of incidents reported to the commissioner.

Category	Number
Apparent/actual/suspected self-inflicted harm	50
Disruptive/ aggressive/ violent behaviour	4
Unauthorised absence	3
Confidential information leak/information governance breach	3
Slips/trips/falls	2
Abuse/alleged abuse of adult patient by staff	2
Accident e.g. collision/scald (not slip/trip/fall)	1
Pressure ulcer	1
Medication incident	1
Total	67

The Trust has agreed to participate in a pilot service being developed by the Royal College of Psychiatrists. The service will lead a peer group of organisations to develop a more sophisticated understanding of what 'good' Serious Incident investigations look like and introduce external expert advice to help develop better local plans to improve patient safety through thematic analysis, prioritisation and monitoring of implementation.

PERFORMANCE AGAINST KEY INDICATORS

Our Directorate Governance Boards, Senior Management Board, Quality and Safety Committee and Board of Directors regularly review a range of key performance indicators to monitor progress in a number of areas that influence the delivery of safe and high quality care. A selection of these indicators for 2016/17, and our performance against them, is set out in the table below.

Summary of Key Performance 2016/17	Target	Number
Staff training	90%	95.2%
Supervision	90%	82.1%
Appraisal	90%	82.6%
Sickness	Below 5%	5.1%
Follow-up after discharge	95%	92.1%
Annual reviews of care	95%	90.5%
Delayed transfers of care	7.5%	10.9%
Planned admissions to hospital	95%	97.3%

REDUCING WAITING TIMES

We have been continuing to work hard to reduce waiting times for the people we support.

Our Depression and Anxiety Service, for people with mild to moderate needs, received nearly 21,500 referrals last year. Of those, nearly 16,000 entered into treatment. 95.7% of these people were seen within a six week period which is well above the national target of 75%. Almost 100% of people (99.9%) received their first treatment less than 18 weeks from referral against the national target of 95%.

We have targets every year for our DAS team to support a certain percentage of the population with anxiety and depression and for the percentage of people who achieve recovery. Just over 51.4% of people have achieved recovery following their support from our DAS teams during the last year, against a national target of 50%. In the final quarter of 2016/17, 3.67% of our local population accessed our DAS services, against a national quarterly target of 3.75%. However, for the year as a whole, 15.73% of our target population accessed our DAS services, surpassing the national target of 15%.

Within our Psychology and Psychological Therapy service, for people with more complex needs, 19 people waited more than 18 weeks in Torbay and South Devon last year. In the Northern, Eastern and Western Devon area, where our waits have historically been the most challenging, there were 108 people waiting over 18 weeks at the end of 2016/17 - which

is a significant reduction from 201 in April 2016. Only in exceptional circumstances have people waited longer than nine months.

Direct feedback from people using these services has been very positive; with more than 90% reporting overall satisfaction and that they would

recommend this service to friends and family. While we are making real progress in reducing waiting times in this area, we want people to wait the shortest possible time to access all of our services and we are working hard to achieve this.

CARE CLOSER TO HOME

A personal reflection from someone who returned to Devon and was supported in an Enhanced Community Recovery Placement: "It's peaceful and I feel secure and part of the community."

This is actually the longest I have ever lived anywhere and I don't want to move anywhere else. I'm happy here."

People, when seriously mentally unwell, need their supporters within easy reach of them. Unfortunately, rare and more severe health conditions can mean that time needs to be spent at specialist centres, which are fewer in number around the country and are often based long distances from where people live.

We believe that specialist care away from family and supporters should be the exception rather than the rule. Time away from home, when people need the support of services that are not available locally, should be minimised and, if they do require care elsewhere, they should return to their chosen area as quickly as possible.

Our Individual Patient Placement programme aims to address the longstanding issue of people being away from Devon in specialist placements for long periods of time, and to make sure that every opportunity to provide their care locally has been explored before they travel outside the county. Not only is this the right thing to do, but it is also less expensive to treat people closer to home.

We have approached this in a number of ways. We have drawn our local expertise around specialist pathways of care, to make sure all local alternatives have been explored. We have put the quality of people's care at the heart of our model to make sure the various providers of care are working hard to achieve the best clinical outcomes possible.

The lack of a Psychiatric Intensive Care Unit (PICU) has been a significant gap in our Acute Care Pathway locally and we are delighted that we will soon have a PICU here in Devon. It will be an invaluable addition to the services we provide, preventing the need for many people to travel outside the county for PICU care and treatment every year. The Acute Care Pathway will also be enhanced by the new Mother and Baby Unit.

We significantly exceeded our target of reducing specialist out-of-area placements by 50% by 31 March 2017 - achieving an actual reduction of 67%. Our proactive approach to case management meant that 28 people were supported to return to local, less restrictive environments during 2016/17. We know that we have more work to do to reduce the number of people requiring specialist care and treatment travelling outside Devon, but we have made impressive progress over the last few years.

In 2016/17, there were a total of 102 placements to a PICU outside Devon. There were 211 other placements to out-of-area beds for adults and older people from Devon – and this is a 21% increase on 2015/16. Like other mental health providers around the country, we experienced sustained and significant pressure on our inpatient beds for adults and older people last year. Much of the difficulty is in making appropriate arrangements for people who are well enough to leave hospital. We are working with our partners to try and resolve these issues so that we can use our beds more effectively and fewer people need to be supported outside Devon.

ANNUAL REVIEWS OF CARE

It is equally important that people being supported using the Care Programme Approach have a formal, validated review of their care every 12 months.

At the end of March 2017, our performance was 90.5% against a target of 95%. There has been some significant work done by the directorates to carry out the reviews within the expected time. We continue to monitor a six monthly review target internally, in order to ensure that people are supported more frequently than the national target.

DELAYED TRANSFERS OF CARE

We do everything possible to minimise delays in the transfer of people's care from one setting to another.

We have seen a high rate of delayed transfers of care in 2016/17 mainly in the older peoples' wards, most of which are beyond our control as they are related to pressures on social care services. Our target is for less than 7.5% of transfers to be delayed and, at the end of March 2017, the rate was 10.9%.

EARLY INTERVENTIONS IN PSYCHOSIS

Intervening early to support people with new cases of psychosis is an important factor in terms of their recovery.

The intention of mental health access and waiting time standards is to provide timely access to evidence-based care for those in need.

From 1 April 2016, more than 50% of people with first episode of psychosis are treated with a NICE approved package of care within two weeks of referral. We have been reporting on these indicators internally throughout 2016/17.

The current expectation is that, within a maximum of two weeks of referral, more than 50% of people with suspected first episode of psychosis have been:

- assessed by the early intervention psychosis (EIP) service

And, where appropriate:

- accepted onto the EIP service caseload
- allocated an EIP Care Co-ordinator who has actively engaged with the person to develop plan of care and commence treatment in line with NICE recommendations.

More than 50% of people experiencing first episode psychosis are allocated to, and engaged with an early intervention psychosis Care Coordinator, and their treatment started with a NICE concordant package of care, within two weeks of referral.

We achieved 80% against target of 50% at the end of March 2017.

We have also achieved 40% performance in provision of regular measurement and monitoring of the effectiveness of services for people in the first episode psychosis pathway using health of the nation outcome scores at the end of March 2017.

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

Approximately 25% of the adult population in England will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time, with depression and anxiety the most common.

Depression and anxiety disorders are serious and debilitating conditions and have significant impacts on the quality of life for individuals and their families and wider economic costs. The relevant NICE guidelines state that people diagnosed with these conditions should be offered evidence-based talking therapies as an effective treatment.

These targets will enable:

- Equitable access to services and treatments for people experiencing depression and anxiety from all communities within the local population
- Patient choice and a high level of satisfaction from both people using services and their carers.

The following areas are regularly monitored and are performing significantly higher than the nationally expected rate:

As at the end of March 2017:

- 95.7% patients have received first treatment/first therapeutic session (IAPT) less than six weeks from referral, against a national target of 75%.
- 99.9% people have received first treatment/therapeutic session (IAPT) less than 18 weeks from referral, against a national target of 95%.
- 51.4% of people have achieved recovery, against a national target of 50%
- In the final quarter of the year 3.67% of the population have accessed IAPT services, against a national quarterly target of 3.75%





ADMISSIONS TO HOSPITAL

Our aim is for 95% of hospital admissions to be planned and co-ordinated by our Crisis Resolution and Home Treatment teams.

We continued to perform well against this target in 2016/17, achieving 97.3%.

SUPERVISION AND APPRAISAL

It is important for us to make sure that our staff receive regular supervision and appraisal so we can continue to deliver high quality services.

Our target is for 90% of staff to have received supervision, a monthly one-to-one meeting with their line manager, within the last 60 days. At the end of March 2017, our performance was at 82.1%. Our target for appraisal is for 90% of staff to have received an appraisal within the last 12 months. At the end of March 2017 our performance was at 82.6%. We have recently implemented a new supervision and appraisal recording system. As users improve their understanding of the new system and start capturing the data we anticipate that performance will improve in the coming months.

'NEVER EVENTS'

We are pleased to report that there were no 'Never Events' during 2016/17.

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

COMPULSORY STAFF TRAINING

Making sure that our staff complete appropriate training is an important factor in delivering high quality services.

Implementation of a new training monitoring system has made a positive impact as managers and staff are able to see real-time information. Core training continues to perform above target at 95.2% as at the end of March 2017. This is one of the highest compulsory training completion rates when benchmarked against other mental health and learning disability providers.

FOLLOW-UP AFTER DISCHARGE FROM HOSPITAL

Ensuring that people's needs are continuing to be met once they have left hospital is extremely important. Our target is for 95% of people receiving an enhanced package of care using the Care Programme Approach to be followed up within seven days of being discharged from hospital. At the end of March 2017, our performance was at 92.1%.

DEVELOPMENTS AND IMPROVEMENTS

SMART PROGRAMME

SMART is our major delivery transformation programme. It has been in its design phase for the past 18 months and has now moved to the implementation phase.

Teams across our organisation are trialling new ways of delivering care that are more consistent and based upon clinical evidence.

The overarching aim is to make best use of our resources within the current constraints of growing demand and financial challenges. It's an ambitious programme that is driven by our desire to improve the care we provide, to enable our staff to spend more time with the people they are supporting and to increase our efficiency.

The programme will:

- Enable us to deliver more consistency in the quality of our services, from the time people first make contact with us until their recovery and discharge
- Ensure best possible use of our limited resources and that staff are able to make the best use of the skills they have
- Deliver reliable, evidence-based pathways of care, ensuring that the people using our services have more clarity about what to expect on their journey of care with us
- Support our frontline staff with better and more mobile technology, enabling them to work more productively – spending more time supporting people and less time travelling and sitting in front of computers doing paperwork
- Introduce a new approach to the way we work, with fewer desks and buildings
- Develop a Single Point of Access for our organisation and its services.

During 2016/17, the major areas of progress with our SMART Programme included:

- The opening of our second new Health and Wellbeing Clinic, which is based at Wonford House in Exeter. The Clinic is a bright, modern and therapeutic area for staff and people using our services, which has been receiving excellent feedback since opening in April 2016
- The launch of a new out-of-hours Single Point of Access telephone support service. This service is proving very popular and is receiving excellent feedback. The service launched in September 2016, and is the first step towards implementing a 24/7 service for the whole organisation
- The launch of Care Pathways across community mental health teams
- The piloting of Initial Intervention sessions, which are a key component of the Core Pathway of care. These sessions allow for consistent, standardised care to be delivered by our community teams.

INVOLVING PEOPLE – *Together*

One of our core aims is to ensure that our services are shaped by the voices of the people who use them.

We have been working with people who use our services, carers, staff and partner organisations to develop a new approach to involving people in what we do more meaningfully and more routinely. The programme is called Together. It provides a simple, inclusive framework that will help all of us to do a better job to embed working together in everything we do, in our everyday work and in our service development. We will be officially launching our Together programme with two events in 2017 and a number of workshops have already taken place with our staff. We have established a Together Delivery Group to take this important work forward and many of its members are people with lived experience, family members, supporters or carers.

NEW PICU FOR DEVON

We are investing £5.5m in the development of a new Psychiatric Intensive Care Unit (PICU) to be located in Exeter, to support ten men and women from Devon, Torbay and Plymouth with serious mental health needs.

At present, there is no such facility in Devon and, last year alone, 116 placements were made to a PICU outside the county, some as far afield as Bradford. We have submitted a planning application to Exeter City Council and we expect the new facility to be up and running by the summer of 2018.



PERINATAL SERVICES

Our perinatal service is due to expand again following a Community Perinatal Team bid, which was submitted last year.

The NHS Five Year Forward View included new funding opportunities to deliver a service for mums with perinatal mental health concerns. One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth - and suicide is the second leading cause of maternal death, after cardiovascular disease.

We have already started to advertise and recruit to new posts in South Hams and West Devon. Until now, women living in this area and having their babies in Plymouth did not have access to a specialist perinatal mental health service. They will soon and this will mean that, for the first time ever, women in Devon have equitable access to these services wherever they choose to have their baby.

New Mother and Baby Unit

Over the past few years we have built up an excellent perinatal service across Devon for pregnant women and new mothers with serious mental health needs. However, until now there has been no specialist Mother and Baby Unit (MBU) in the South West where inpatient care can be provided for mothers and their babies, together.

We have been campaigning for a unit to be located in Devon for some time now and submitted our formal bid to NHS England early in 2017. We were delighted to learn in April 2017 that Exeter had been selected as the location for this vital new facility and that we had been selected to deliver the service.

Like the new PICU, the Mother and Baby Unit will make a huge difference to people's lives in terms of having access to the services they need locally - meaning that far fewer people need to travel outside the county for their care.



SECURE SERVICES

Our Secure Services, based at Langdon in Dawlish, are justly proud of being rated as 'Outstanding' for their responsiveness by the Care Quality Commission.

The team worked incredibly hard during 2016/17 to engage more meaningfully with their patients and to involve them more routinely in improving services. At times this can be challenging, given the needs of some of the people being supported by the team, but it has paid dividends. One of the major successes of this work has been the creation of the ground-breaking Patient Council, which includes representation from every ward to help shape many different aspects of what goes on at Langdon.

The team are also working hard to dispel some of the myths and stigma that surround secure mental health care and to integrate more closely with the local community.

Last year saw a number of patients receiving certificates in volunteering, having worked on placements in the local community, and a tour of the Dawnans Centre on the Langdon site was organised for staff from a nearby Sainsbury's store - followed by a discussion with staff and representatives from the Patient Council.

Following their visit, the manager of the Sainsbury's store wrote to the team, saying: "Thank you so much for giving us such a wonderful visit to Langdon Hospital, it was truly inspirational to hear about the therapy that happens on the site to work with the patients to enable them to manage their illnesses. The patients that we met have such a positive attitude and spoke so fondly of the work that they have been doing in the Discovery Centre, it really opened my eyes as it wasn't anything like I was led to believe. Having come back to store my colleagues have been spreading the word around their visit, which has made other colleagues interested in finding out more."

TRANSFORMING SECURE CARE

We are leading a consortium of organisations from Cornwall to Gloucestershire to transform the way secure services are commissioned and delivered.

There were 36 bids submitted to NHS England and ours was one of four nationally to be selected for approval and funding. This is a huge accolade for our organisation and a great opportunity for us and our partners. At any one time, around 500 people from the South West region require secure care for their mental health needs and around half of these people currently have to receive their care and treatment outside their local area often very long distances from home. Starting from April 2017, this initiative will strive for fewer people to be treated long distances from home; to bring people back to their local area as soon as possible if they have been treated elsewhere; to develop more community alternatives to hospital treatment and to take inefficiencies out of the current system.

DEVELOPMENTS AT THE CEDARS

An exciting period of development has begun at The Cedars, which is the location for two of our adult inpatient wards on the Wonford House site in Exeter.

The changes will mean major improvements to the environment for people using the service, their supporters and our staff.

People who use the service, or have previously done so, have been closely involved in shaping the plans to transform the building, which is quite tired and in need of some modernisation. Huge improvements have been made to the Reception area, which has been opened-up to create more space and make it bright and welcoming. Our Occupational Therapy team is working with people using the service to produce artwork to decorate the building.

A new staircase will lead directly from the upstairs Delderfield ward to a garden area, allowing people access to outdoor space and fresh air directly. A renovated family room will also provide better support for children visiting the wards.

Later phases of development will see the creation of new en-suite bathrooms and the relocation of the seclusion area. There will be a new assessment area with a Place of Safety that has its own entrance, more therapeutic rooms and the gym will be significantly improved.

LEARNING DISABILITY

We were very pleased that the CQC rated our Additional Support Unit (ASU) in Exeter as good across all five domains of care.

The ASU provides invaluable inpatient care to people with complex learning disabilities. The team at the ASU provides great care and they have implemented a number of changes and improvements that focus on positive behavioural support, leading to far better engagement with the people using the service. The views of family members and carers about the service and the team at the ASU have also been very positive.

To help give an insight into learning disability, two women with lived experience spoke at last year's Our Journey staff roadshow events. Among other things, they shared their experience of being involved in the recruitment of a new occupational therapist for one of our Intensive Assessment and Treatment Teams. Involving people with lived experience in the recruitment of new staff into our learning disability services and the work of our occupational therapists was recognised at the latest Celebrating Achievement Awards.

We were fortunate to receive three visits from NHS England's lead for learning disabilities, during the year. He met with a range of staff throughout our services and was able to see how learning disability services are working to meet the challenges of the Transforming Care agenda. NHS England were extremely complimentary about both our staff and the way that our services are developing to meet the needs of the people we support.

The implementation of the 'blue light' policy for Transforming Care has helped us to reduce the number of inpatient admissions at the ASU which, in turn, has meant that far fewer people have had to receive the care they need outside the county.

BRISTOL DEMENTIA WELLBEING SERVICE

Highlights for the Bristol Dementia Wellbeing Service during 2016/17 include:



2,487

open referrals



10,312

appointments



4,612

wellbeing
plans or
reviews



72.2%

local
diagnosis rate



99%

satisfaction
rating

Building on the success of our first year, we have continued to develop the Dementia Wellbeing Service in Bristol in partnership with Alzheimer's Society.

We continue to offer person-centred support for people affected by dementia, including their carers. The number of referrals into the service has remained high and along with regular reviews, we have supported people to live well from diagnosis to end of life.

As part of our CQUINs for the past year, we have developed a number of speciality champions across the service including Young Onset, Frailty and Learning Disability Champions who are responsible for developing local partnerships, representing their specialism during weekly clinical meetings and supporting staff training.

We have also been working closely with a number of residential homes in Bristol, providing a 'whole home' approach and supporting managers and staff to trial the Dementia Care Matters 'Butterfly' model.

**'Successful partnership
working including input into
British Institute of Human
Rights best practice guides
for dementia.'**

We have commissioned interventions from a number of local organisations including a successful pilot with Forest of Avon Trust to provide woodland wellbeing activities for people with dementia and their carers. Alongside Growing Support (an organisation that offers social and therapeutic horticultural activities) we have also improved the accessibility of community gardens and provision of training for care homes.

Over the past year we have also focused on improving the accessibility of our service, including involvement in research led by University of the West of England into the experiences of people affected by dementia in BME communities in Bristol, a service-led consultation of the local Somali community and the development of short videos to discuss dementia and the service in a number of community languages.

Over the next year we will be continuing to develop the service with a particular emphasis on increasing the amount of research activity as well as continuing our education program supporting GPs to increase their knowledge and confidence in the management of people with dementia.

DEPRESSION AND ANXIETY SERVICE (DAS)

Our DAS service has enabled large numbers of people to access an evidence based talking therapy.

During 2017/18 across Devon we received nearly 20,000 referrals, of which approximately 75% entered into treatment with us. The majority of people self-referred, and we have seen 95% of people within six weeks for an initial session, and 100% within 18 weeks.

In the Northern, Eastern and Western Devon (NEW) area, where our waits have historically been the most challenging, waiting times have continued to fall and only in exceptional situations have people waited longer than nine months to enter specialist treatment.

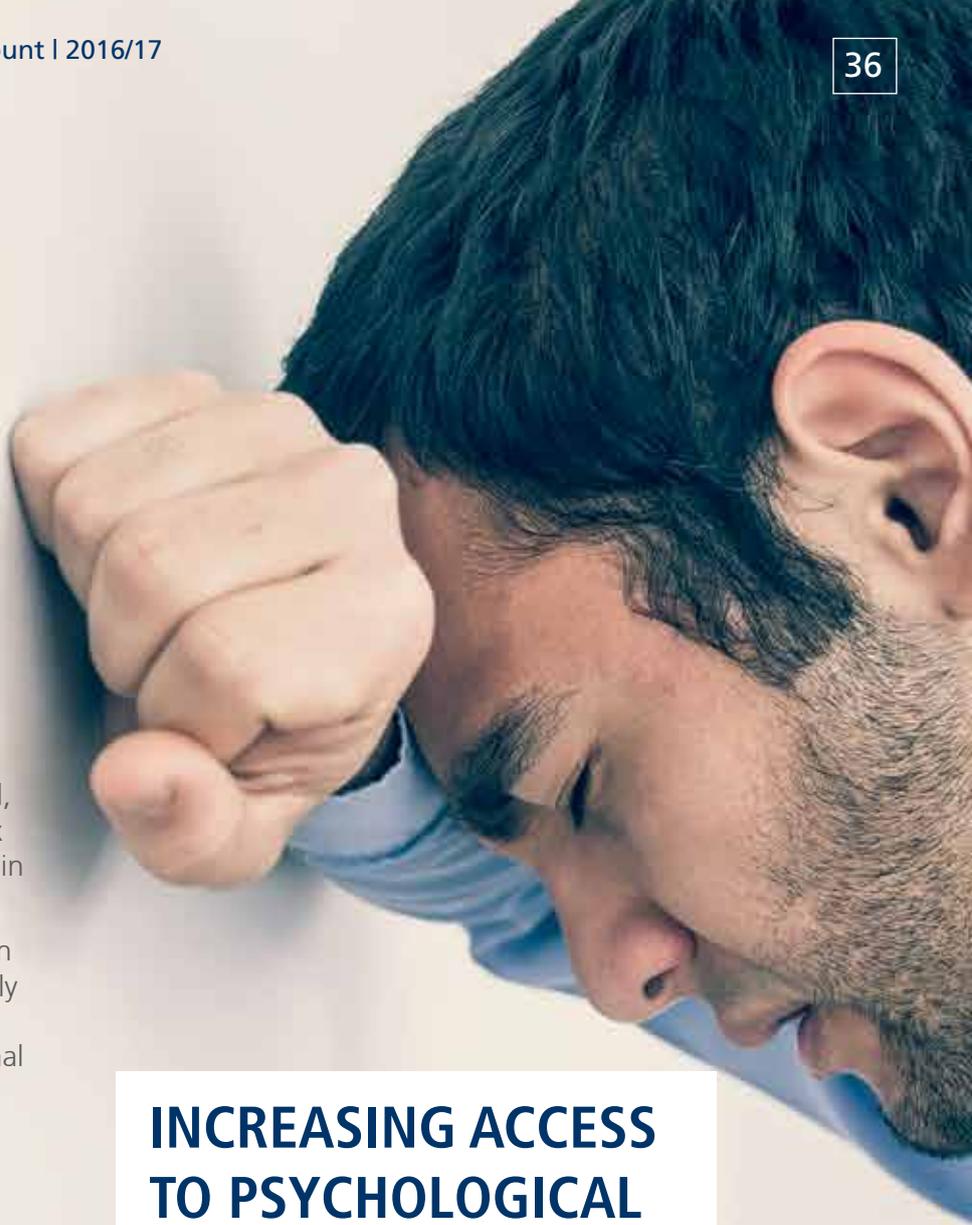
This is a significant reduction on historical waiting times and we continue to work hard to reduce this further by providing more support to psychologically informed interventions offered earlier in our care pathways. Direct feedback from people who have received these services has been very positive with over 90% reporting overall satisfaction and that they would recommend the service to friends and family.

We have excellent feedback from people who use our service with 87% of people saying that they received the help that mattered to them.

INCREASING ACCESS TO PSYCHOLOGICAL THERAPIES

We have been successful in securing national funding for Devon (except Torbay) to become an Early Implementer Site for our Depression and Anxiety Service to provide greater support to people with long-term physical health conditions such as obesity, diabetes and chronic obstructive pulmonary disease.

Evidence shows that providing mental health support in tandem with physical health care improves both outcomes and experiences for people, as well as delivering long term cost savings for the NHS. We know that people with a long-term health condition are at a higher risk of experiencing depression and anxiety. We also know that those with a mental health condition in addition to a long-term physical health condition often experience a reduced quality of life and use healthcare services more frequently.



IMPROVING PHYSICAL HEALTH AND WELLBEING

Addressing the physical health needs of people experiencing mental health and learning disability issues is an important and fundamental part of what we do as a mental health trust.

People using our services are more likely to suffer from poor diet and nutrition and be less active and engaged with their community activities or supports. They are 3-4 times more likely to have a long term physical health condition including cardiovascular disease, obesity and diabetes; and have a lower life expectancy of 20 plus years as a result of this.

Previously we have developed the Wellbeing Passport together with people who use our services as a personally-held tool to prompt discussion about their physical health and the need to have relevant health checks. This tool is now rolled-out and in common use in our inpatient and community settings.

The Wellbeing Passport is completed with the person, and support may be given to make any necessary appointments for appropriate health checks and this may include accessing opticians, dentists and GPs. The Wellbeing Passport has been positively received and we are considering ways of taking this forward as an 'app' or in clinic settings.

In terms of improving physical health for people using our services, we are working with our partners in healthcare, in both primary care and the Clinical Commissioning Groups to develop consistent ways to support and monitor the physical health of people who are prescribed antipsychotic and psychotropic medicines. We have reviewed and are implementing changes to our clinical recording standards and format for a thorough record of physical healthcare that can be shared across the care pathway.

The last year's improving physical healthcare work included:

- Training our clinicians in awareness of physical health issues and monitoring skills.
- Continuing to improve access to venepuncture
- Reviewing and implementing improvements in how we care for the health and condition of people's skin
- Establishment of a Medical Devices and Equipment Group to provide mechanisms for decision making and procuring the right equipment for the right task in our clinical settings to better ensure that people are having their needs met with equipment that is safe and reliable
- Policy development with the major acute hospitals in Devon to agree the urgent care pathway for people who have experienced severe self-harm
- Completion of a national audit of physical health monitoring and communication with GPs.

These quality improvements are supported through working alongside our local commissioners and partners to ensure that we focus on delivering better services and meet standards. Our Lead Nurse for Physical Healthcare chairs the Physical Health Steering Group and has established the South West Physical Health (in mental health) Leads Forum to drive this work forward.

SAFEGUARDING

Last year we significantly expanded our dedicated resources for safeguarding.

The team now includes a Managing Partner for Safeguarding and two Clinical Specialists. The Managing Partner's role encompasses all aspects of safeguarding, including children, adults, Multi-agency Public Protection Arrangements (MAPPA), the government's anti-terrorism programme – Protect – and issues related to the Mental Health Act and Mental Capacity Act.

Work during the year saw the review and updating of the Safeguarding Children and Safeguarding Adults policies, development of a training strategy and the undertaking of safeguarding training in relation to children and adults up to Level 3. More than 100 clinicians completed their Level 3 training during the year.

We play an active role on the Local Safeguarding Boards for both children and adults in Torbay and Devon and participated in the audit of safeguarding arrangements in Torbay. We also launched a Safeguarding News Bulletin which is distributed electronically to staff and published on DAISY, our intranet.

INFORMATION, TECHNOLOGY AND THE DIGITAL AGENDA

We continue towards our vision of a digital organisation by 2020 with the modernisation of infrastructure and development of new and innovative digital services.

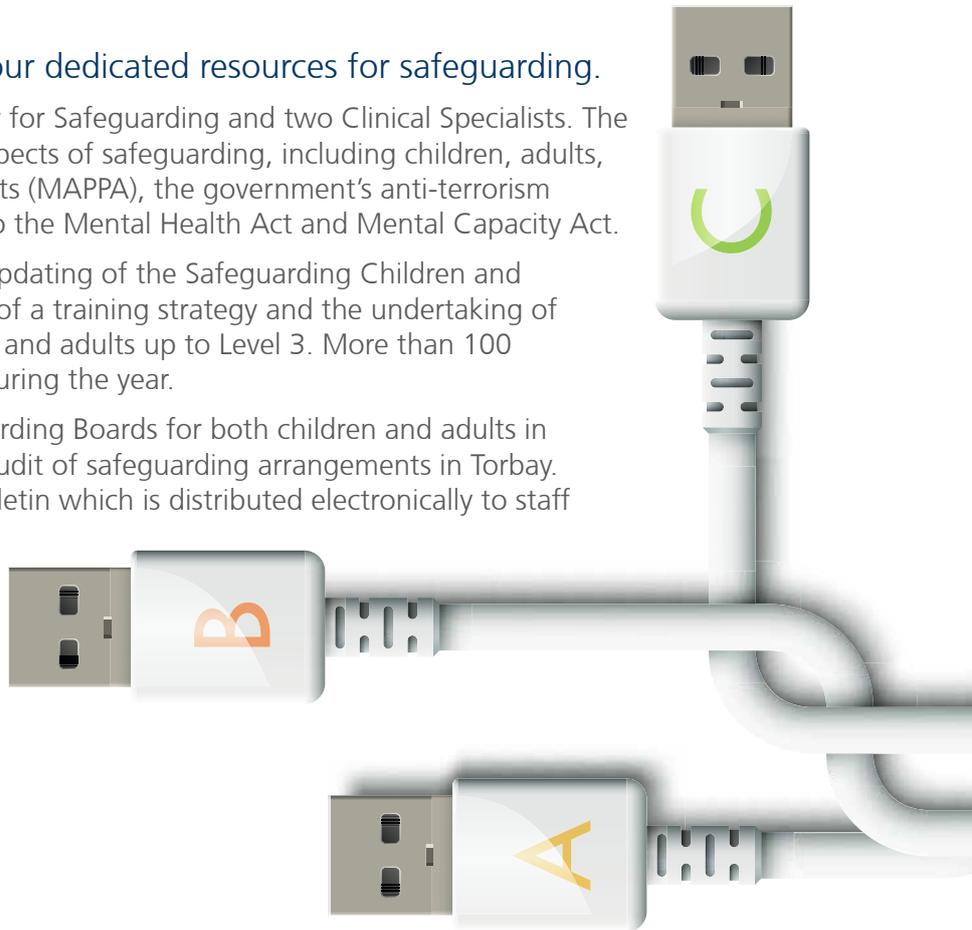
'Towards 2020' our information and communication technology strategy, is being enabled by the following eight key digital themes:

- Ensuring a secure and fit-for-purpose digital environment
- Nurturing innovation
- Gold standard customer service
- Supporting integrated digital care with our partners
- Curating a digital culture
- Sharing information safely
- Information without boundaries
- Delivering information and communication technology services that represent value for money.

Our achievements have been recognised nationally with awards for innovation including being the only NHS finalist and then winning the Digital Health Award category at the Tech4Good Award with the electronic whiteboard "MyWard".

This year saw the launch of our new Digital Advisory service which has been created to raise the level of digital maturity across our organisation by helping our users directly with their technology needs. Our renewed focus on quality of service led to record levels of satisfaction with IM&T services with 93% of staff being satisfied or very satisfied, compared to only 60% just two years ago.

2016 was also a year of laying the infrastructure towards further innovation in future years, through investment in resilience, disaster recovery and wireless networking. Our Digital Maturity Assessment highlighted the areas where we needed to improve our services and we have made considerable progress throughout the year.



EQUALITY, DIVERSITY AND INCLUSION (EDI)

We continue to support the delivery of EDI and meeting the needs of those with protected characteristics (as defined by the Equality Act 2010).

Our Equality Leads vary in staff experience, characteristic and profession. They continue to share information with colleagues and champion EDI. Revised Terms of Reference and membership has seen this forum evolving to have a more scrutinising role and considering EDI issues through Action Learning Sets.

Among our many EDI projects in 2016/17 were a 'Closing the Gap' pilot with our Secure Services Directorate, production of a film with service users at the Dewnans Centre, work with our Bristol Dementia Wellbeing Service, support for Exeter Pride 2016 and the Exeter Respect Festival, the carrying-out of Equality Impact assessments where needed, further embedding good EDI practice in our recruitment activities and multiple initiatives around staff education and training.



MEETING COMMUNICATION NEEDS

The NHS England Accessible Information Standard aims to ensure that: "Everyone can find and is given the high quality information they need to have greater control of their health and wellbeing and associated decisions. This information is available when needed and in a format that is accessible and reflects individuals' needs and preferences." This work is being led by a multi-disciplinary Task and Finish group who are supporting the delivery of a local implementation plan. This group has produced an easy-read leaflet to support people who may have specific information and communication needs.

WORKFORCE RACE EQUALITY

The NHS Equality and Diversity Council published the 2015 NHS Workforce Race Equality Standard (WRES) Data Analysis Report. The WRES requires organisations to demonstrate progress against nine indicators of workforce race equality. The indicators focus upon Board level representation and differences between the experience and treatment of White and Black and Minority Ethnic (BME) staff in the NHS.

Although our organisation demonstrated significantly favourable results for BME staff across the indicators, it recognises that BME staff can often receive much poorer treatment than White staff in the workplace and aims to address these gaps through planned action and working with BME staff.

MEDICINES OPTIMISATION

Once again we are pleased to confirm that our medicines optimisation (MO) services continued to meet all required standards in this field during 2016/17 and are compliant with all CQC standards that relate to the safe use of medicines.

Following its inspection in December 2016, the CQC found medicines optimisation systems across our organisation to be of a good standard. They specifically highlighted a number of areas of notable and good practice namely our evidence based prescribing information and guidance, the work of our Drugs and Therapeutics committee, reliable processes for ensuring people get the right medicines as soon as possible after admission to our inpatient units, our inpatient MO dashboard including checking the legality of prescriptions receiving treatment under the Mental Health Act, our medicines helpline and evidence of sharing learning from medicines related incidents.

Throughout the year, 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 reorganised its structure. The changes have been made to optimise access to specialist advice about medicines, to improve resilience in respect of routine cover and to provide support to colleagues and people who require medicines across all of our 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. Equal and fair access to fully integrated medicines optimisation services will be ensured across local health and social care pathways for people with mental health needs. As a core clinical service, the team continued 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.

We are proud that this approach is now being shared and spread across the South of England through our work as faculty lead for the 'getting the medicines right' work stream within The South of England Mental Health Quality and Patient Safety Improvement Collaborative.

In response to an on-going challenge around the timely and reliable supply of medicines, following an unsuccessful tendering bid we have opted to use the opportunity presented to us within the STP to retain, redesign and reinvest the resources used to secure this service by working closely with our existing NHS partners to work as a whole system to optimise the pharmacy supply service.

We continue to work closely with the Director of Nursing and Practice and the Workforce Planning and Development team to strengthen our assurance around the provision of competency-based assessments and medicines management training across the whole workforce; including the development of specific training for agency and locum staff to continually enable people to use medicines safely and effectively.

We are continuing work on developing electronic prescribing systems locally, strengthening integrated medicines optimisation services within the health community particularly for people with physical health needs and ensuring medicines optimisation considerations are included in all new and emerging service developments including the creation of a PICU, mother and baby unit and expansion of our secure services .

We acknowledge that the vast majority of people who use our services are actually cared for within the community and/or in partnership with primary care and other agencies. We have described in our new strategy amongst the priorities for 2017/18 that we have a renewed commitment to create a flexible and dynamic workforce that can work across all sectors to educate, inform and optimise shared decision making. We are working to enable people to use mental health medicines safely and effectively within our community teams and give services access to proactive medicines optimisation intervention, support and advice on a par with those routinely delivered to our inpatient services.

CARE QUALITY COMMISSION COMPLIANCE

We are delighted to report that following a re-inspection by the Care Quality Commission (CQC) in December 2016 our organisation has been assessed as 'Good' in the five domains Safe, Effective, Caring, Responsive and Well-led.

All of the CQC's reports commend our caring and compassionate staff, who treat people with kindness, dignity and respect. They found that families and carers are involved and included in people's care and feel supported by the teams. They saw that staff know their patients well and patients experience care and treatment that is compassionate, sensitive and person-centred.

Over the past 18 months since the previous inspection in July 2015, the Trust has made significant improvements in a wide range of areas, including:

- the implementation of a new out of hours phone line which allows people to access crisis support during the night,
- incident investigation and management and how the trust shares and acts on lessons learned from incidents, complaints and other sources of feedback
- the Trust quality improvement academy supports work with individuals and teams to promote good quality care
- improvement in the quality of clinical records
- implementation of positive behaviour support at the Additional Support Unit
- improved quality and consistency of care delivery across crisis resolution and home treatment services
- improved management of estates and facilities, including the implementation of the Health and Wellbeing clinics in Exeter and Torbay, with North Devon's clinic going live in April 2017.

The reports highlight key areas of good practice, including the Trust's:

- active participation in the Zero Suicide collaborative programme in the South West to promote better mental health.
- work on the Four Steps programme; an innovative programme which aims to reduce the frequency of violent incidents on psychiatric wards by 25% within two years.
- identification and monitoring of beds in cases of special urgency and how we work with clinical commissioning groups to ensure that they are aware when the trust's bed capacity was reaching full capacity.
- production of the Essential Practice Guide, which contains a variety of topics and checklists which support staff to provide good quality care

Inspectors found that the trust should make further improvements in a few areas that are in its sole control. The Trust should:

- continue to identify and mitigate the potential risk caused by blind spots and ligature points.
- continue to recruit staff to areas of greatest vacancy
- ensure that the Care Programme Approach (CPA) policy includes older people's services
- ensure actions developed in response to the Green Light Self-Assessment are fully embedded and followed up
- ensure that crisis teams receive clear guidance from the Trust to ensure a consistent clinical approach

The CQC identified one issue that 'requires improvement' relating to acute wards for adults of working age. We received a recommendation to install a second mirror on one ward to address a potential 'blind spot' and this has been immediately actioned.

In order to move to a rating of 'outstanding' and achieve our goal of becoming a centre of excellence the Trust also needs support from our partners in health and social care and from our commissioners, as we seek further investment in the vital services that we provide. The Trust is an active participant in the wider Devon Sustainability and Transformation Plan (STP) and we have ensured that mental health and learning disability services were included as one of its seven key priorities.

DUTY OF CANDOUR

A CULTURE OF OPENNESS, HONESTY AND TRANSPARENCY

The Duty of Candour is a statutory duty that requires the Trust to be open and candid if someone is harmed when in our care.

This statutory duty applies when the harm sustained is classified as being moderate or above or there is thought to be psychological harm for a sustained period as a result of a patient safety incident.

During 2016/17 the Trust has continued to provide training for staff about the ways in which we approach someone and apologise when things go wrong. We have provided education via resources on our internal web, information leaflets and regular meetings including our Learning from Experience Group, Senior Management and Directorate Governance Boards, Quality and Safety Committee and our Public Board meetings where reports are shared across our services to encourage learning.

The Trust has also made improvements to our electronic incident reporting system which has helped staff identify when it is appropriate for them to trigger the Duty of Candour process. A prompt is now available to show staff entering an incident what they are required to do and by when and the initial contact and written apology can then be made alongside the other required criteria. If a Root Cause Analysis investigation is required we then explore our practices and procedures to see if they were of an acceptable standard and also identify any learning which might help us to improve the safety and quality of our services.

CONTINUOUS IMPROVEMENT

We have an improving reporting culture in our organisation, which is a sign of a strong safety culture.

We believe that learning from mistakes (whether from complaints or incidents), leads to improvements. Increasingly, we use people's stories from complaints and those involved in incidents to share learning across our services. This is a powerful way to bring changes and improvements.

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 and staff level through Trusts interactive reporting portal 'Informatics Hub'.

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 Prevention and Control Committee has representation from all directorates and professions, meets quarterly and reports to the Quality and Safety Committee via the Senior Management Board.

The Board of Directors receives monthly statistics detailing 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 bacteraemia during 2016/17. There was one case of Clostridium difficile (toxin positive) which was investigated, this person was previously treated for C.difficile infection whilst in another hospital and was started on appropriate treatment for relapsing C. difficile disease. There were 2 cases of E.Coli bacteraemia which were investigated. There has been low Norovirus activity this year with only one confirmed outbreak and 3 separate incidents with a single case of Norovirus and no onward transmission.

Although the local healthcare community has reported a rise this year in confirmed influenza ('flu) cases through January and February, there have been no confirmed cases within the inpatient service.

This year the Trust has vaccinated a record high number of frontline staff with a total uptake of 63.57%, which was the highest uptake for a mental health trust in the Southwest. The IPCT and the Trust's flu lead will be evaluating this year's campaign with the aim of improving uptake again next winter.

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, escalating if required via the Infection Prevention and Control Committee. Our Link Practitioners work closely with the IPCT within their frontline teams to help monitor and promote best practice in infection prevention and control.

All staff complete 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 2016/17 included providing 'flu vaccine to a record number of frontline staff, raising hand hygiene awareness as part of a World Health Organisation initiative, and undertaking a comprehensive audit of antibiotic prescribing with the aim of informing our antimicrobial prescribing practice to reduce risk of resistance in the future.

1

case of
**Clostridium
difficile**
(toxin positive)
which was
investigated



2

cases of
E. Coli
bacteraemia
which were
investigated



3

cases
of
Norovirus
which were
investigated



CLINICAL AUDIT

The Clinical Audit Programme for 2017/18 was developed in conjunction with the five clinical directorates. It is led by the Medical Director.

The programme is based on developing and embedding Quality improvement initiatives which have clinical audit integrated into them thus 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.

During the last year we have reviewed our clinical audit process and arrangements for monitoring progress of audits and the implementation of National Guidance. We have established a NICE Implementation and Clinical Audit Group which is chaired by our Medical Director and has representation from across our services. The main purpose of the group is to ensure that we are responding appropriately to new National Guidance and to oversee development and completion of the trusts annual audit programme.

The improvement (Trust audit) programme for 2017/18 will include the following National Clinical Audits and Clinical Outcome Reviews:

- LD Mortality Review LeDeR Programme
- MH Clinical Outcome Review Programme - National Confidential Enquiry into Suicide and Homicide
- National Anxiety and Depression
- Dementia (In Acute care)
- End of life care
- Psychosis

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, dementia and learning disability services by increasing participation in research projects and creating a culture of enquiry and innovative practice.

Our Devon Dementia Collaboration was shortlisted for a 2016 HSJ Award, and was a winner at the 2016 Trust Achievement awards. The DDC continues to increase and support the delivery of dementia research recruiting to a wide range of research projects.

We have recently finished our UK CRIS deployment and are now moving to a number of pilot projects to embed it within the research work we do. We remain committed to delivering research opportunities to people across Devon. In 2016/17 we recruited 1036 people into research projects, and are ranked as the 13th highest performing mental health trust in the country.

We are active in research in all areas of mental health and dementia but have particular strengths in dementia and ageing, psychological medicine, forensic mental health and offender health.

IMPROVING DATA QUALITY

Our Informatics and Data Quality Group continues to meet bi-monthly and has robust systems and processes in place to ensure that issues and priorities are identified early and actioned promptly.

Led by the Deputy Chief Operating Officer, it includes clinical representation as well as staff from departments including Performance, Risk Finance, and Workforce.

Data quality improvements made during 2016/17 includes:

- Reporting of Care Programme Approach (CPA) reviews
- Reporting of out of area bed data
- Robust reporting of first episode of psychosis information
- Implementation of the interactive web based reporting portal 'Informatics Hub'

Informatics Hub system is used to promote data quality. The reporting portal provides near real-time 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'.

The interactive system 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
- Information on which clusters people are in and understanding the Health of the nation outcome score (HoNOS).

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.

We continue to monitor 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.

Informatics Hub provides an interactive key performance indicator dashboard, with the aim of improving the presentation of information and delivery of reports to managers and their teams. The improved and intuitive presentation allows users to understand analysis of information at-a-glance, and drill down to patient level details very easily.

LISTENING, LEARNING AND INVOLVING

The opinions of our staff and people who use our services - and their families and carers – are paramount in our efforts to deliver good care and continuous improvement.

We use a number of methods to engage with people and to gather information about their experiences. These include the Friends and Family Test, regular local and national surveys, feedback kiosks and a wide range of events for staff and people who use our services. We also include people with lived experience in our monthly staff induction programme and, increasingly, in our recruitment activities – and have a regular Learning from Experience session at the start of each of our public Board meetings.

Local forums are now also being developed to ensure that we learn from people's experience, for example in our Secure Services Directorate at Langdon Hospital.

The Together Programme described earlier on page 9 has also formed a major part of the Trusts strategy and the Together Annual Report details the commitment we have as an organisation to ensure that the voices of the people who use our services, along with carers, family and friends, are the building blocks upon which our services are designed, delivered and constantly improved.

All of these activities provide vital feedback. Much of it is captured through our Patient Experience Team, based within the Patient Advice and Liaison Service (PALS) office, which provides advice and support, handles enquiries and complaints and supports involvement.

NATIONAL STAFF SURVEY



The views of staff are a very valuable indicator of the quality of our services. There are two main ways in which nationally staff have had the opportunity to feedback on the environment they work in and services they provide. Staff can complete the National Staff Friends and Family Test on a quarterly basis, which asks whether staff would recommend the Trust as a place to receive treatment or to work. There has been significant improvement in the past year with 74% of staff recommending our services and 65% recommending the Trust as a place to work.

The Trust has improved significantly in the findings of the national staff survey which has been supported by the results of the quarterly staff friends and family test. A number of the responses within the National Staff Survey have improved significantly. Our response rate to the national staff survey has increased from 51.6% in 2015/16 to 61.7% in 2016/17 placing us above average in the country for mental health and learning disability providers.

KEY FACTS ABOUT ENGAGEMENT AND INVOLVEMENT IN 2016/17:



Reports of feedback captured by the Patient Experience Team are provided bi-monthly to the Trust-wide Learning from Experience Group as part of our Experience, Safety and Risk Report. These reports are considered on a bi-monthly basis by the Quality and Safety Committee and, annually, by the Board.

The bi-monthly Experience, Safety and Risk Report looks at all areas of experience, safety and clinical risk has been introduced in the last year. It is also shared with our clinical services, ensuring that we have a better understanding of areas that need further improvement, as well as those services from which there can be shared learning of good practice.

FRIENDS AND FAMILY TEST

During 2016/17 the responses received from the public to the Friends and Family test were incredibly positive.

Over 3,500 people have taken the time to provide their feedback and the percentage of those who would recommend our services to friends and family has consistently remained over the performance target set by our commissioners of 85%.

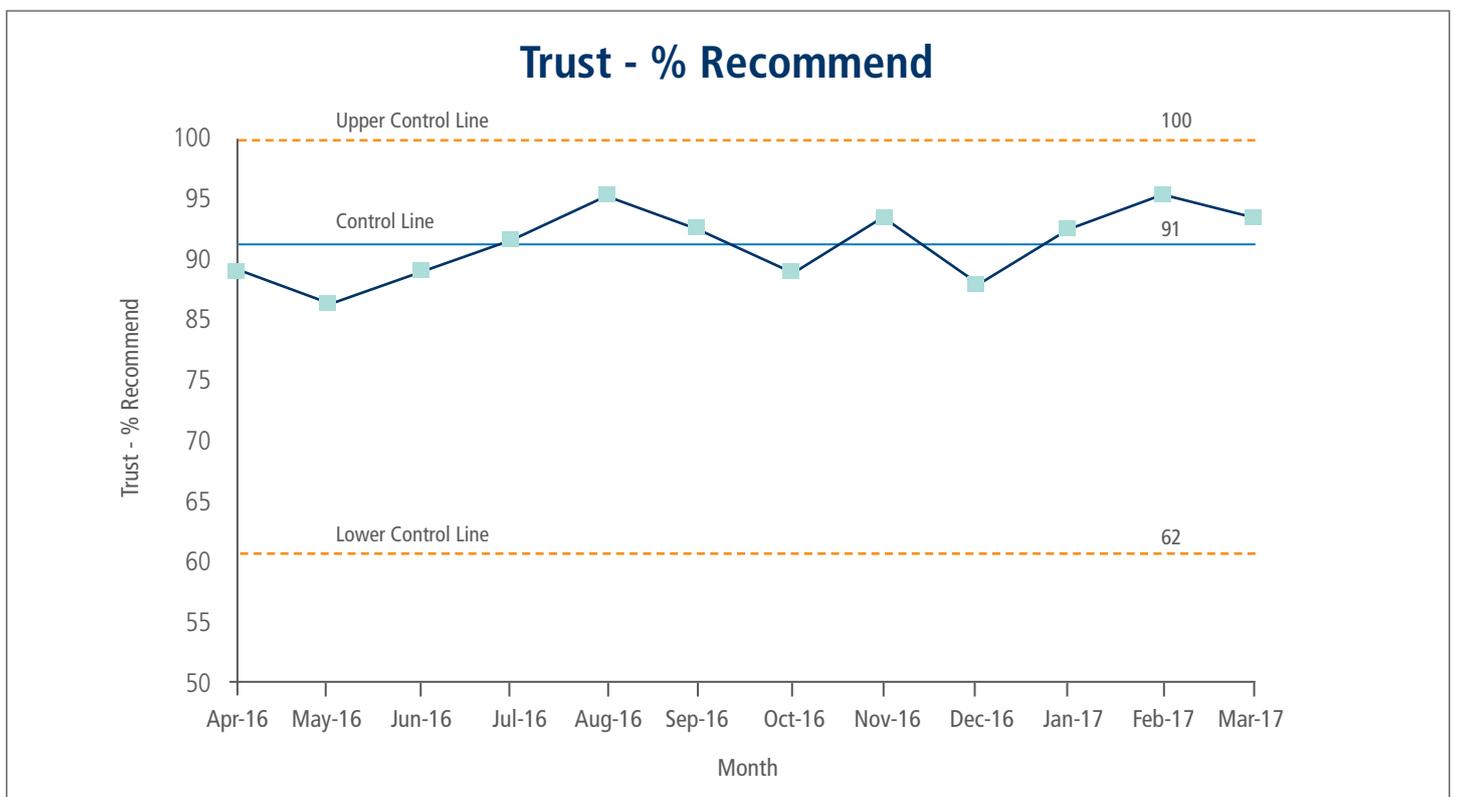
We have continued to build on this success and has created a number of individual service surveys in consultation with teams and clinics to tailor the amount and quality of information we gather. We are constantly working to improve the way we listen to people and respond to their feedback to make sure that the questions we ask can be as relevant and appropriate to them and the wider Trust as possible.

The comments and the knowledge the teams have received through this process have helped to shape the way services are managed.

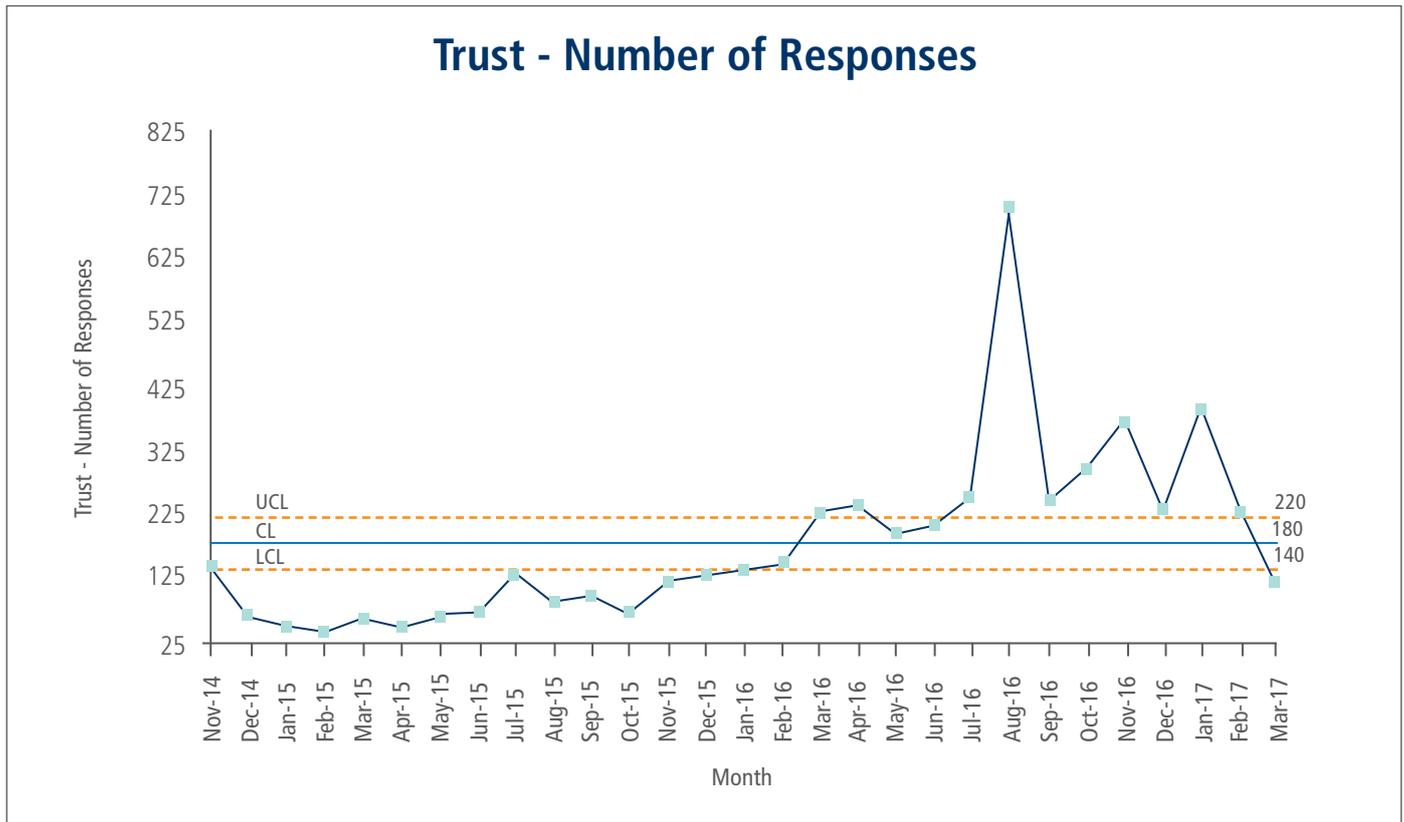
Services who now offer their own surveys include:

- The Health and Wellbeing Clinic
- The Gender Identity and Sexual Therapy Clinic
- The Memory Service
- Crisis Resolution and Home Treatment Service (CRHT)

The responses received help our services identify what they are good at and focus on areas that might require improvement to see what we can do better.



This graph illustrates the percentage of people using our services who would recommend the services to their friends and family



This graph illustrates the number of responses we received to the Friends and Family Test from people using our services

FEEDBACK ON COMMUNITY SERVICES

Each year we participate in the national Community Mental Health Survey.

850 people were invited to participate in the 2016 survey, of whom 243 responded. Overall, we scored an average of 7 out of 10 (compared with 6.7 in 2016) and are positioned in the mid quartiles (25%-75%) score in comparison with other similar organisations.

There are ten key indicators and against all of these, our results were judged to be 'about the same' as other providers.

The indicators include organising care, planning care, reviewing care, crisis care, treatments and health and social care workers and they are scored out of ten. Our 'overall experience' score was 7/10 - which is also in line with other similar organisations.

COMPLIMENTS AND COMPLAINTS

During the year we received 273 complaints, 687 compliments, 40 concerns, 120 enquiries and 33 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 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. 66% of complaints related to either clinical care or attitude of staff and 96% of them were acknowledged within three days. Processes are now in place to ensure that this figure is 100% in future.

We have delivered further training to over 100 staff who investigate complaints and increased the support within our PALs team - including the introduction of dedicated central investigating officers who have been employed for a fixed period.

687 compliments

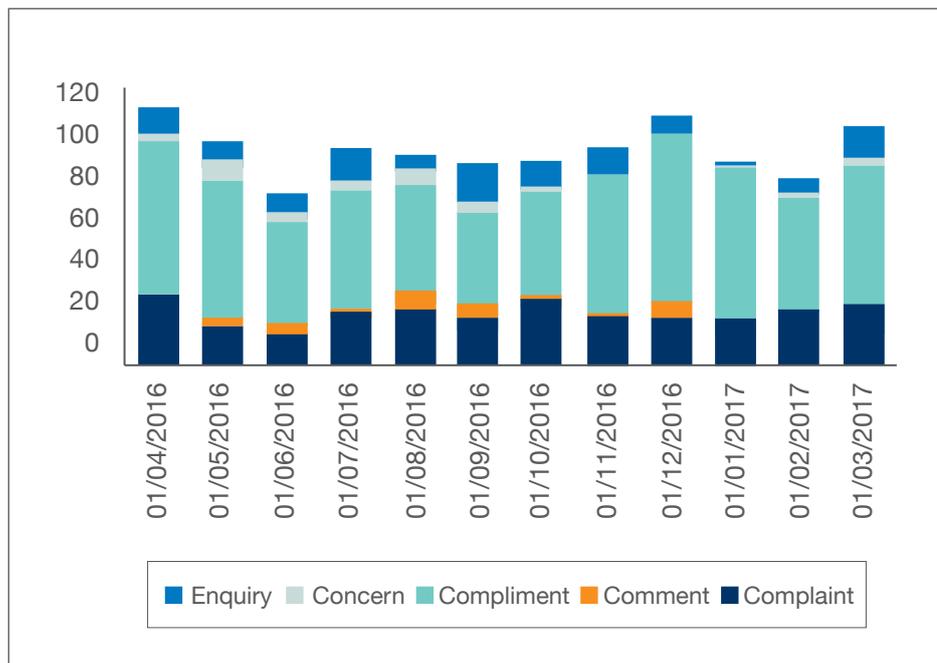
273 complaints

120 enquiries

40 concerns

33 comments

NUMBER OF CONTACTS - BY COMPLAINT, TYPE AND MONTH



PUTTING THINGS RIGHT FOR PEOPLE MAKING A COMPLAINT

Our first priority is to try to resolve issues for the person making the complaint. Each response letter should set out the actions we will take to do this. Actions that are not immediately completed should be transferred to appropriate quality improvement plan.

Directorate learning and action

The principle responsibility for reviewing concerns, complaints and other feedback sits within directorate governance. Actions arising from (for example) complaints should be monitored through the directorate improvement plans.

Directorates are supported in this by the Trust wide and their local Learning from Experience Groups or equivalents. This Trust wide group comprises the Heads of Profession and Practice from each directorate and leads from central support functions such as the risk department, Patient Experience Team, medicines management and others. Its function is to ensure that organisational learning occurs and is communicated to staff at all levels from the thematic review of complaints, incidents, accidents and patient and staff experience surveys.

Among other responsibilities, this group:

- Identifies work streams for the Quality Improvement Academy and professional leads.
- Makes recommendations for cross-directorate quality improvement actions and workforce development.
- Makes recommendations for the review of policies procedures and practice guidance.
- Regularly communicates learning from incidents and other information pertinent to patient safety to staff through Trust communications channels and specifically through quality and safety briefings.

Assurance that directorates are responding to people's experience of using services is provided through:

- Monthly directorate governance board meetings and reports which are submitted to the Senior Management Boards, these reports summarise the issues of relevance to the safe, effective delivery and experience of those receiving care and treatment and the staff that provide those services. The Quality and Safety Committee receive a summary report from the Senior Management Board.
- Monthly directorate reporting to the Learning from Experience Group by the Heads of Profession.
- Local service level learning from experience groups or equivalent forums are in place in some areas and are being developed in others.

SINGLE-SEX ACCOMMODATION

In line with best practice and national guidance, we continue our work to eliminate the use of mixed-sex accommodation 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. All single sex breaches are reported to our commissioners, along with a rationale for the breach and a description identifying whether the breach is considered to be 'justified' and therefore not to be considered as a breach. We have not reported any breaches of mixed sex accommodation guidelines during 2016/17. Where a breach is reported locally it is reviewed against the further guidance that we had sought from the Department of Health and it is confirmed whether the breach would meet the threshold for national reporting. The Board of Directors closely monitors this issue and the Trust seeks feedback from people who use services through its questionnaires and comments made through the Experience Team.

MENTAL HEALTH ACT AND MENTAL CAPACITY

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 16 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. In order to ensure that Hospital Managers understand their role and remain up-to-date, regular training and development sessions are provided. Feedback from people who have experienced Hospital Manager panels has become an important part of the learning and improvement process. The Mental Health Act Administration Team works with a wide range of clinicians across the Trust, providing advice and guidance, training, audit and policy review.

The team works closely with 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 provides guidance and training in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards, and works with clinicians to ensure there are no unauthorised deprivations of liberty on the Trust's inpatient units or in community settings. The Mental Health Act office liaises with the Local Authority Deprivation of Liberty Safeguards teams in Torbay and Devon to ensure that people's rights are protected.

PRIORITIES FOR THE YEAR AHEAD

IMPROVING THE EXPERIENCE OF PEOPLE USING SERVICES

We want to ensure that our services are driven by the voices of the people who use them.

In 2017/18 our aim is to support clinical leadership to uphold a culture in which every person's assessment, clinical care and treatment is person-centered and shaped by the outcomes they want to achieve and is guided by The Health Foundation's Person Centred Care made simple' strategy. This strategy sets out several quality improvement approaches that have been successfully undertaken by other healthcare organisations and have made a difference to the experience of the people using their services through the application of quality improvement and redesign approaches.

The Trust is also committed to providing smooth access and transition to everyone who uses the Trust's services. We want to improve access, continuity and consistency of care through integrated care pathways for people with mental health problems and will work together in partnership with Commissioners and clinical networks to deliver the requirements of the NHS Constitution 2017 for access to Psychiatric inpatient care and alternatives to inpatient care including Home based treatment following assessment.

Some key pieces of work within these and other programmes planned for 2016/17 that will contribute to an enhanced experience are:

- Ensuring timely access to health based place of safety
- The delivery of evidence based clinical pathways
- Establishing a single point of access and enhancing 24/7 support for people with an urgent need
- Streamlining arrangements for assessment and diagnosis through the implementation of Health and Wellbeing clinics in Torbay, Exeter and North Devon.
- Providing technology to support mobile working
- Development of a Psychiatric Intensive Care Unit (PICU) facility within the Trust

The *Together* Programme delivery plan sets out the main approaches we are taking to ensure that we involve and engage people in all aspects of service delivery and design and will monitor the Trusts progress against its priorities.

SUPPORTING THE ROLE AND WORK OF CARERS

We know that carers play a hugely significant role in supporting their families, friends and loved ones with mental health and learning disability needs.

In many ways, carers are an unseen and sometimes silent workforce. They frequently provide the support that people need in their everyday lives, above and beyond the care and treatment that they receive from health professionals.

We have a Carers' Charter and we have improved our focus on carers during 2016/17, linking with the regional Triangle of Care programme and strengthening our relationships with the lead carer organisations in Devon and Torbay, as well as The Bright Futures programme in Devon - which represents young carers.

Our Carers Steering Group meets every month and includes carers, staff and representatives from the third sector. One of the areas of work identified by members of this group, which we will be taking forward during 2017/18, is the need to provide more information and training for carers and our staff jointly so that they are equipped with the knowledge, skills and tools to fulfil their carer and staff roles as effectively as possible. All of our work with carers will be aligned closely with our Together programme to improve the way in which we involve people more meaningfully in our work.

CLINICAL EFFECTIVENESS

We are committed to building a reputation as a centre of excellence and we want to develop leadership, culture and staff in a way that promotes and sustains high quality care.

We are embedding quality improvement skills across the Trust and increasing access to internal expertise and resource through work such as the implementation of a new Programme Management Office structure. This will aim to establish strong partnership arrangements between the PMO team and other Head Office support functions to join up support for clinical teams and directorates in respect to both planning and delivery.

We want to be an efficient, thriving and successful organisation with a sustainable future and we will champion the development for clinical leaders, review learning and development to examine the effectiveness of core training, and create Capable Teams approach to equip inpatient teams to meet the needs of service users as well as other forms of team development to support community teams.

We are also taking practical steps to help teams be more effective. In 2016/17 we are committed to:

- Finalise a new process for using our RMS Risk Management system and roll this out across Trust teams.
- We will implement whiteboards to manage real time patient information and information sharing between staff.
- Launch a new Bank staff Module system to provide the Trust with a new way of managing its own Internal Nurse Bank.

SAFETY

REDUCING AVOIDABLE HARM

There are a number of initiatives that the Trust is committed to delivering in 2017/18 that will aim to reduce harm wherever it is avoidable.

These include implementing positive behavioural support, maintaining safe staffing levels and strengthening Safeguarding processes and Practice. Two programmes that the Trust is also focused on are the Four Steps Programme and a redesigned physical interventions training programme.

Verbal and physical aggression is the most frequently reported incident in all clinical directorates across the Trust. Our aim is to further embed a Four Steps Programme which includes a range of interventions, co-produced by people with lived experience and is based on improving engagement with people using our services and positive risk assessment. The programme has already been rolled out to eight inpatient wards and we are already seeing positive outcomes in reducing the severity of verbal and physical aggression and improving levels of service user satisfaction in terms of their engagement with staff. We will continue to roll out this programme to our inpatient wards and build on this approach and way of working.

The Trust will also promote its Redesigned physical interventions training programme. In 2014, the Department of Health provided a new framework for the use of physical interventions; 'Positive and Proactive Care: reducing the need for restrictive interventions'. The current training has been mapped against this document to ensure we are compliant with the key principles.

The Trust has redesigned the way restraint is used as an intervention, in order to ensure that it is used only when absolutely necessary and all other options to calm challenging situations have been attempted. The redesigned training will support positive practice in this area and this approach will reduce the need to utilise restraint and enhance the confidence of staff in responding to challenging scenarios and managing de-escalation.

THE GUARDIAN SERVICE

In February 2017, we established an independent Guardian Service for our staff in line with a national drive across the NHS to help staff speak-up freely and safely. The service provides confidential support for staff who may have concerns that they feel are directly or indirectly impacting on patient care. The service includes a unique Helpline number that is available 24/7 and an independent, named Guardian advisor for our organisation. This new service supplements the CiC confidential staff counselling and support helpline, which has proved very popular and is highly-valued by our staff.

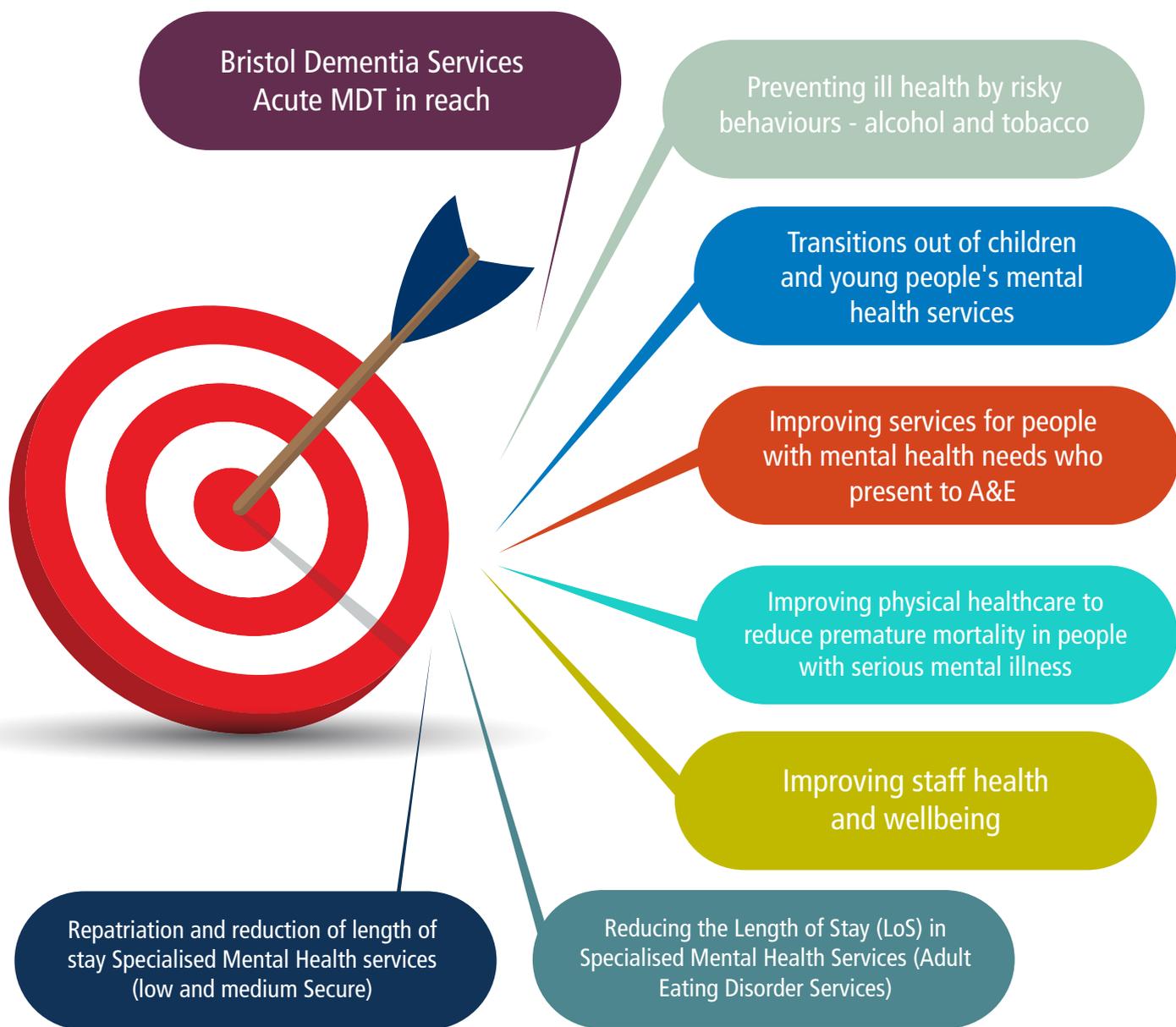


Our CQUIN Targets for 2017/18

A proportion of the Trust's income in 2017/18 is 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 is done through the Commissioning for Quality and Innovation (CQUIN) payment framework.

For 2017/18 the CQUIN targets that have been agreed include:



STATEMENT OF DIRECTORS' RESPONSIBILITIES

In respect of the 2016/17 Quality Account

The Department of Health's Quality Account 2011/12 Audit Guidance requires NHS trusts to sign a Statement of Directors' Responsibilities in respect of the content of their Quality Account. NHS trusts are required to include this statement within the 2016/17 Quality Account.

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 of Devon Partnership NHS Trust 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



Julie Dent, Chairman

Date: 21 June 2017



Melanie Walker, Chief Executive

Date: 21 June 2017

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 2017 ("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 2017 subject to limited assurance consist of the following indicators:

- 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.

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 the Department of Health 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 2016 to June 2017;
- papers relating to quality reported to the Board over the period April 2016 to June 2017;
- feedback from Commissioners dated 17/5/2017;
- feedback from Healthwatch Devon dated 16/5/2017 and from Healthwatch Torbay dated 22/5/2017;
- feedback from Devon County Council Health and Wellbeing Scrutiny Committee dated 22/5/2017;
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 2016/17;
- the latest national patient survey dated 2016;
- the latest national staff survey dated 8 September 2016;
- the Head of Internal Audit’s annual opinion over the trust’s control environment dated May 2017;
- the annual governance statement dated 30/5/2017; and
- the Care Quality Commission inspection report dated 15/3/2017.

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;
- limited testing, on a selective basis, of the data used to calculate the indicators tested 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 limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Devon Partnership NHS 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 2017:

- 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.

Grant Thornton UK LLP

Grant Thornton UK LLP
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15 June 2017

SUPPORTING STATEMENTS

Every year we involve a wide range of stakeholders and partners in the production of our Quality Account. For the 2016/17 publication, these included the following:

BE INVOLVED DEVON (BID)

RECOVERY DEVON

LIVED EXPERIENCE ADVISORY PANEL (LEAP)

PEOPLE WITH LIVED EXPERIENCE IN SOUTH DEVON AND TORBAY

TORBAY COUNCIL

SOUTH DEVON AND TORBAY CLINICAL COMMISSIONING GROUP

BRISTOL CLINICAL COMMISSIONING GROUP

We are required to include formal statements from some of our key stakeholders in our Quality Account each year and these are set out here.

We believe that strong and open dialogue with all of our stakeholders makes an invaluable contribution to service improvement. We look forward to discussing the feedback and issues that have been raised in the production of this year's Quality Account with our stakeholders.

HEALTHWATCH DEVON

Healthwatch Devon welcomes the opportunity to provide a statement in response to the quality account produced by the Devon Partnership NHS Trust for the year 2016/17. Our statement is based on our knowledge of the Trust and its services, and on the feedback we have received about the quality of the services DPT provides.

Review of quality performance in 2016/17

Clinical effectiveness - physical wellbeing. Last year we welcomed DPT's chosen priority areas. We were particularly interested in the focus on DPT's commitment to improving the care and support provided for people in crisis. We have noticed a decline in negative patient experiences when trying to access out of hours support being reported to Healthwatch Devon.

Improving the experience of people using service – involving people. Healthwatch Devon will continue to feedback patient experience data to the Trust on a regular basis. We welcome any opportunity to work with the Trust to ensure any further feedback we receive relating to patients, relatives, friends, or carers helps to inform the work of the Trust for the coming year.

We received some concerns regarding the swift turnaround time for responses to the survey on mental health care in Devon where users were given a deadline of 1 week to respond. We therefore encourage ongoing efforts to timetable consultation exercises with realistic response times.

Priorities for 2017/18

Frustrations with accessing mental health services are a regular feature of patient experiences, therefore we are encouraged by the work being undertaken to avoid people having to travel outside Devon for their care. We are pleased that additional services will be opening this year including a psychiatric intensive care unit which should improve peoples experience of ward based mental health care services.

HEALTHWATCH TORBAY

Healthwatch Torbay is the local consumer champion in health and social care. We ensure the voice of the consumer is strengthened and heard. We do this through a variety of methods, including direct contact and using digital and social media. We reported how the public commented on their current experiences and the quality of the care they received.

“This year we have appreciated the opportunity for regular ‘keeping in touch’ sessions with the Trust”

This has enabled an exchange of information and an opportunity for us to report specific issues raised by the public. Over the year we have received few direct comments about the Trust. They include congratulations as well as concerns. The pathway for raising concerns and achieving appropriate feedback is always a challenge, so we are pleased to be able to provide information and support the resolution of these issues. The Quality Account reinforces the priorities most important to the public: good and timely care, close to home and family, with effective transfer of care and continued support. The challenge of ensuring mental health and physical health have parity for the welfare of individuals, is not forgotten.

At the end of 2016, Healthwatch Torbay was asked to report on the New Model of Care consultations for Torbay and South Devon. During our extensive listening process we were constantly reminded that the public wanted mental health services to be readily accessible and reliable. The Quality Account addresses these issues.

The Account is written in a style that the public will find accessible, especially patient stories. In our opinion, it presents a good overview of the Trust’s performance, is reliable and accurate and identifies appropriate internal controls and assurances.

DEVON COUNTY COUNCIL

Devon County Council’s Health and Wellbeing Scrutiny Committee has been invited to comment on the Devon Partnership NHS Trust (DPT) Draft Quality Account 2016/17 which includes the priorities for 2017/18. All references in this commentary relate to the reporting period 1st April 2016 to 31st March 2017 and refer specifically to the Trust’s relationship with the Scrutiny Committee and its members.

The Scrutiny Committee believes that the Quality Report 2016/17 is a fair reflection and generally gives comprehensive coverage of the services provided by the Trust, based on the Scrutiny Committee’s knowledge.

The Scrutiny Committee recognises the improvements made across a number of services, resulting in an improved CQC rating of ‘Good’ overall, following inspection in December 2016. The Committee supports DPT’s ambition to become a centre of excellence for mental health and learning disability and to achieve an ‘Outstanding’ rating from the CQC by taking forward identified areas for improvement.

The Scrutiny Committee congratulates the Trust on reduced waiting times across services, while noting that there remains room for improvement within the Psychology and Psychological Therapy service in the Northern, Eastern & Western Devon area.

The Scrutiny Committee also expresses concern over KPIs which show an increase in patient safety incidents, including those resulting in severe harm and death. Following the Health and Wellbeing Scrutiny Committee’s spotlight review on Quality, the Committee very much hopes that regular quality and performance information will be shared via the CCG in a regular reporting cycle.

The DPT’s work to ensure that mental health and learning disability services are recognised as a priority during the development and delivery of the Sustainability and Transformation Plan is welcomed by the Scrutiny Committee, and Members are pleased to see that areas such as care closer to home, integration and listening to staff have been highlighted as priorities for the DPT in 2017/18.

The Committee welcomes a continued positive working relationship with the trust in 2017/18 and beyond to continue to ensure the best possible outcomes for the people of Devon.

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP & NHS SOUTH DEVON AND TORBAY CLINICAL COMMISSIONING GROUP

Northern Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) and South Devon and Torbay Clinical Commissioning Group (STCCG) are pleased to provide feedback on Devon Partnership NHS Trust's (DPT) Quality Account for 2016-17. We review the quality of services throughout the year, including safety, effectiveness and experience and DPT has provided evidence of a commitment to high quality care. This Quality Account summarises and reflects the evidence and we commend it.

We note the Care Quality Commission's (CQC) report following inspection in December 2016. DPT were rated as 'Good' in the domains of 'Safe', 'Effective', 'Caring', 'Responsive' and 'Well-led'. This demonstrates the delivery of continued improvement following the previous inspection in July 2015. Throughout the report, the staff of DPT were commended for their caring and compassionate approach, providing an experience of care and treatment that is person centred, kind and respectful.

"This is a huge achievement for DPT and we acknowledge all the hard work that everyone has put in, in order to gain this recognition."

Quality improvement priorities were identified in improving the experience of people using services, clinical effectiveness and safety. The 'Together' programme promotes best practice and inclusion in all of DPTs activities.

The physical health and wellbeing of people experiencing mental health and learning disability issues has been a priority and subject to a successful Commissioning for Quality and Innovation scheme (CQUIN) which continues into 2017/18/19.

The ability to learn from incidents is an important part of quality improvement. DPTs approach to learning from incidents is comprehensive including reports to their Quality and Safety Committee, on which both CCGs sit as members.

DPT is engaged with the wider Devon Sustainability and Transformation Plan (STP) and intends to ensure people across Devon are involved in one of the plan's key priorities of shaping future mental health and learning disabilities services. They also continue to work closely with partners to improve services, especially to those people in crisis and in developing strong community alternatives to hospital admission.

NEW Devon CCG and SDTCCG support DPTs priorities for next year, including person-centred care, supporting carers, developing leadership, culture and staff and reducing avoidable harm. We are also supportive of the wide reaching CQUIN targets for 2017/18 and look forward to our work ahead.

An easy read version of this publication is available on our website at: www.dpt.nhs.uk



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www.dpt.nhs.uk

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