

Quality Account 2015/16



Supporting people to live well

Contents

Part 1

Chief Executive's Report 2-3

2015/16 Performance At-a-Glance 4

Part 2

Priorities for 2016/17 5

Statements of Assurance 7

Part 3

Review of Quality Performance 2015/16 10

Key Performance Indicators 2015/16 12

Developments and Improvements 14

Listening, Learning and Involving 27

Priorities for the Year Ahead 27

Statement of Directors' Responsibilities 28

Independents Auditors Report 29

Supporting Statements 32

Chief Executive's Report

Welcome to our Quality Account for 2015/16. 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.

In my second year as Chief Executive we continued to make very encouraging progress towards achieving our goals, including meeting all of our major financial and performance targets.

Most of our performance compares favourably with the national targets that have been set for mental health and learning disability – and this is clearly good news.

We have made particular progress in some key areas, including the reduction of waiting times for people who require access to psychological therapies and a reduction of two thirds in the number of people who have to travel outside Devon for care and treatment over the last two years. The first full year of operation for our Dementia Wellbeing Service in Bristol, which we run in partnership with Alzheimer's Society, has also been extremely successful.

2015/16 was another very busy year, during which we received almost 64,000 referrals for people requiring our support to meet their needs. Our staff made contact with almost 19,000 people every month but, despite the high level of demand for our services, we took some important strides forward as an organisation.

Towards the end of 2015 we refreshed our vision and mission, established six main aims for our organisation and set out our plans and priorities for the next few years. This piece of work is already proving to be very valuable in terms of shaping the type of organisation we aspire to be and driving forward our next steps. Our vision is an inclusive society where the importance of mental health and wellbeing is universally understood and valued. Our mission is to become a recognised centre of excellence in the field of mental health and learning disability within the next five years.

Our Care Quality Commission (CQC) inspection in July 2015 was an important milestone during the year. Our overall rating was 'requires improvement' but we had made great progress in many areas by the time the report was published in January 2016. In our last two inspections, the CQC has particularly noted the care, compassion and good practice shown by our staff and this is incredibly important to us. Ensuring that people are treated with respect, warmth and understanding is a vital part of what we do.

The CQC has confirmed that we were extremely close to being rated as 'good' overall and this has provided us with an additional impetus to improve further. More than 70% of our individual service ratings were 'good' and the rating for the responsiveness of our secure services at Langdon in Dawlish was 'outstanding'. Our community services for adults, services at Langdon, community services for people with a learning disability or autism and our rehabilitation wards were all rated as 'good' in the five categories of Safe, Effective, Caring, Responsive and Well-led.

We know that we need to continue our work to increase the quality and consistency of the care we provide for people in a crisis and the CQC rightly identified this as an area requiring improvement. We continue to make improvements across our services and we are looking forward to welcoming the CQC back for a 'focused' inspection as soon as possible, with a view to moving our overall rating to 'good'.



Listening to our staff remains a major priority for us and we held another successful series of 'Our Journey' events during September 2015. Once again, these were very uplifting and they provided valuable time for more than 1,000 staff to talk about the things that matter to them.

The national NHS Staff Survey results published in February 2016 were also extremely encouraging. The response rate from staff was up by 15% and, for the 22 key findings where the question could be compared with the same question in 2014, we showed a significant improvement in ten areas and no significant change in 12 areas.

In April 2015, the Friends and Family Test indicated that 65% of our staff would recommend our services and 56% would recommend us as a place to work.

In the February 2016 survey, this rose to 70% and 63% respectively. This positive trend contrasts with many other parts of the NHS.

One of the most important programmes of work that we embarked upon in 2015/16 is called Together. 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. We will be publishing a **Together** Delivery Plan this year that clearly sets out our plans and priorities in this key area. The Together programme will build on the Lived Experience Advisory Panel (LEAP), which has successfully played a major role in collaboration and co-production initiatives over the last year.

2015/16 also presented its challenges, including the continued difficulty we are experiencing in recruiting new staff – notably qualified nurses. This is a national problem and, although we are now being far more innovative in our recruitment activities, it has had a knock-on effect in terms of our use of agency staff. This is an area in which we are constantly focusing time and attention, and we are having some success in reducing our expenditure on agency staff. However, our overriding priority is to staff our services safely.

We are actively involved in the Success Regime programme for Northern, Eastern and Western (NEW) Devon. This area has been selected as one of three nationally to benefit from the support of the Success Regime initiative, which was announced in June 2015 by NHS England, Monitor and the NHS Trust Development Authority. The programme aims to support those areas of the country which face significant financial and quality challenges, but where the conditions for transformation do not yet fully exist. We are very confident that our organisation can make a sizeable contribution to improving clinical outcomes and increasing efficiency across the county – particularly in the fields of dementia and supporting people with medically unexplained symptoms.

On behalf of the Board, I would like to take this opportunity to thank all of our staff – those on the frontline and those who support it – for their efforts over the last year in improving the lives of people with mental health and learning disability needs.



Melanie Walker Chief Executive

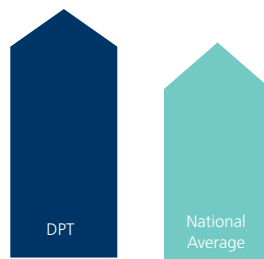
2015/16 Performance At-a-Glance

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

We had a budget of £133m in 2015/16 and were the only NHS organisation in Devon to balance the books



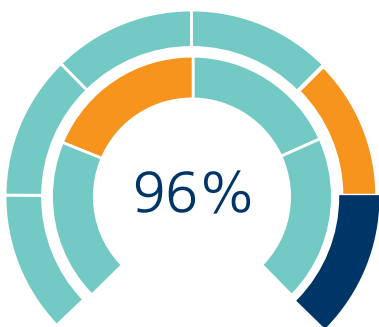
For people needing access to a psychological therapy:



99.9% of people received their first treatment within 18 weeks of referral - against the national target of 95%

Against a national target of 50%, an average of 44.9% of people achieved recovery in the first half of 2015/16 and this significantly improved to 50.5% for the second six months

96% of people with complex needs (Care Programme Approach) are assessed within 12 months, against the national target of 95%



Our length of stay in hospital is much lower than the national average – 29 days for adults (national average 36.6 days) and 56 days for older people (national average 81 days)

On average, we make contact with 18,844 people every month

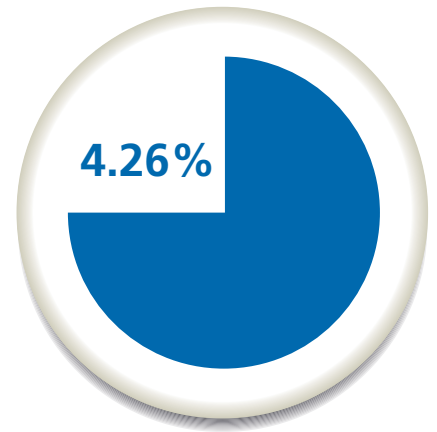


1,440 users of our services completed the Friends and Family Test – 1,248 (86.7%) said they were likely or extremely likely to recommend our services



We received almost 64,000 referrals

In the final quarter of 2015/16, 4.26% of our local population had accessed our psychological therapy services, against a national quarterly target of 3.75%.



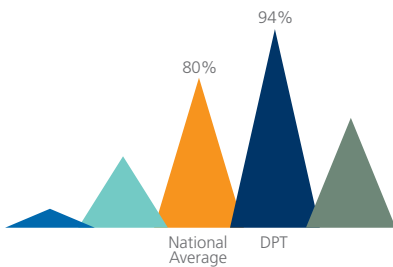
We have reduced the number of people having to travel outside Devon by two thirds over the last two years

Our Depression and Anxiety Service (DAS) received almost 20,000 referrals

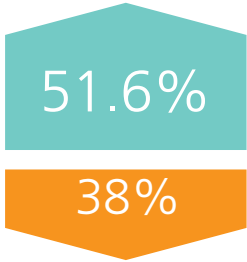
2,068 referrals 8,499 appointments 70.4% diagnosis rate

Dementia Wellbeing Service

In 2015/16 our **Dementia Wellbeing Service** in Bristol received 2,068 referrals, made 8,499 appointments and has a diagnosis rate of 70.4% - the best in the South West



Our staff training rate is generally around 94% - significantly higher than the national average of 80%



Our **response rate** to the national staff survey has increased from 38% to 51.6%



Priorities for 2016/17

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We have identified our key quality improvement priorities for 2016/17 in the fields of Improving the Experience of People Using Services, Clinical Effectiveness and Safety. In doing this, we have sought the views of staff, people who use our services and other stakeholders.

Progress against these priorities will be reviewed regularly by the Senior Management Board, with assurance provided by the Quality and Safety Committee.

Improving the Experience of People Using Services

Involving People

Last year we pledged to review how we listen to people who use our services and engage with them and their families and carers more effectively and more meaningfully. We involved a wide range of people with lived experience, partner organisations and our staff in conducting a baseline assessment of current activity and in making recommendations for the future. This programme of work is called *Together*. You can find out more about it on page 25.

This initiative will continue as a priority for 2016/17. Over the next year we will publish our *Together* Delivery Plan and put the infrastructure, training and support in place to ensure that the values and principles of Together can be adopted and implemented by everyone in our organisation. This work will include the appointment of a Together Coordinator and the production of regular reports on the progress and impact of the programme. The Together programme will build on the success of the Lived Experience Advisory Panel (LEAP), which has played a major role in collaboration and co-production initiatives over the last year.

Clinical Effectiveness

Physical Wellbeing

We are continuing to place a greater emphasis on the physical health and wellbeing of the people we support. This is the subject of one of our CQUIN targets for 2016/17 and was also one of our priorities for 2015/16. This year, we will aim to improve the consistency of our physical health monitoring and embed our systems and processes for supporting the physical health needs of people using our services.

These quality improvements will be supported through working alongside our local commissioners to ensure that we focus on delivering better services and ensuring that the information we have is shared appropriately with others involved in a person's care – such as their primary care practitioner or GP.

Improving the care and support we provide for people in a crisis or emergency is something that we have been focusing on for some time, but there is still work to do. It is an issue that was identified by the Care Quality Commission within our 2015 inspection and has also been suggested by Healthwatch Torbay as a priority for the forthcoming year.

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“ Our aim for 2016/17 is to put the necessary training, awareness and infrastructure in place to enable our organisation to deliver measurable reductions in avoidable harm. ”

Safety

Reducing Violence and Aggression

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. Last year we began a collaborative project with South London and Maudsley NHS Foundation Trust (SLaM) aimed at reducing incidents of violence and aggression on our inpatient wards. This programme of work is continuing and its implementation remains as one of our priorities for 2016/17.

We are already seeing positive outcomes in reducing the frequency of verbal and physical aggression and improving levels of service user satisfaction in terms of their engagement with staff. The programme has now been implemented on eight of our inpatient wards and we are in the process of embedding it.

Our aim for 2016/17 is for the programme to be implemented and embedded across all of our remaining inpatient wards.

Reducing Avoidable Harm

As well as reducing violence and aggression on our inpatient wards, we are committed to the reduction of avoidable harm in all of its other forms, and this is one of the priorities set out in our Operational Plan for 2016/17. This includes, in particular, the reduction of falls, medical errors, self-harm and suicide. Self-harm, specifically, is an area that has been suggested by Healthwatch Torbay as a priority for the forthcoming year.

Our aim for 2016/17 is to put the necessary training, awareness and infrastructure in place to enable our organisation to deliver measurable reductions in avoidable harm.

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 their local community and on psychiatric hospital wards.

The income generated by the NHS services reviewed in 2015/16 represents 100% of the provision of NHS services by the Trust for 2015/16.

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 2015/16 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 13 of our 15 CQUINs, with only a small number of areas not being fully met. You can read more about our CQUINs on page 31. Improvements resulting from this year's CQUINs have included:

- Improved access to Mental Health Support in Emergency Departments resulting in improved training, information for service users, reduced waiting times and assessment and support for service users who attend more frequently.
- Improvements in processes for assessing, documenting and acting on cardio metabolic risk factors in inpatients with psychoses and community patients in Early Intervention psychosis teams.
- Improved numbers of patients who have either an updated care programme approach care plan or a comprehensive discharge summary shared with their GP.

- Improved engagement with carers and service users in secure services and the reduction in smoking in these services.
- Better experiences for service users with the introduction of 'Always Events' these are basic things that happen on a patient's pathway of care; improvements to how we engage with people that use our services and carers; and new ways of using technology to improve the experience of service users.
- Improvements in our Bristol Dementia Services in relation to wellbeing plans, care planning for medication, engagement with primary care and opportunities for involvement in dementia research.
- Improvements in how we investigate when things go wrong and how we can work with other organisation to improve shared learning.
- Improvements in the overall staff experience through a culture that promotes openness and honesty, and encourages staff to raise concerns about quality and safety without fear of retribution.
- Increased awareness around the need for good assessment and maintenance of nutrition and hydration in service users admitted to hospital, achieved through better information for staff, relatives and visitors, improved levels of screening; staff training and improving patient experience by developing protected meal times.
- Improvements in the provision of safe, timely and effective psychological therapies; reductions in standard referral to assessment time and subsequent assessment to treatment time resulting in better patient experience and outcomes.

New CQUIN measures have been set for 2016/17, these are summarised on page 31.

The overall score for the Trust's Information Governance Assessment Report for 2015/16 was 74% and the rating was 'green'.

Other key targets set by Monitor (the Foundation Trust regulator) that were met by the Trust during 2015/16 included:

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

The Trust is registered with the Care Quality Commission (CQC). In July 2015 the CQC undertook a full, planned inspection. The overall rating for the Trust is 'requires improvement'. A comprehensive quality improvement plan, which involves the Trust's key stakeholders, is in place to address the concerns raised by the CQC.

Under the Department of Health guidance on the production of Quality Accounts for 2015/16, all mental health trusts were required to agree, with their external auditors, the auditing of performance against two of the following four indicators:

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

- Percentage of patient safety incidents resulting in severe harm or death
- Number of delayed transfers of care.

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

We continue to provide monthly Mental Health Service Dataset (MHSDS) nationally to Health and Social Care Information Centre (HSCIC), this dataset includes range of activity information from the Trusts clinical records.

The following section will be updated when MHSDS has been submitted – data not yet available.

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 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 238.

During 2015/16, seven national clinical audits and one national confidential inquiry covered NHS services that the Trust provides. During that period we participated in six national clinical audits (86%) 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 during 2015/16, are listed below alongside the number of cases submitted to each audit or inquiry.

The reports of seven national clinical audits (three Prescribing Observatory for Mental Health (POMH) audits [9c, 13b, 15a] and four [written in-house reports of the] national CQUIN target audits) and 24 local clinical audits were reviewed during 2015/16 and the Trust will take action to improve the quality of its services in response to these reports where 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 received by the Trust 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.

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

National Audits Completed in 2015/16

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

- Topic 13 – Prescribing for ADHD in Children, Adolescents and Adults (51 returns)
- Topic 15 Use of Sodium Valproate (60 returns)
- Topic 14 - Prescribing for Substance misuse: alcohol detoxification. The Trust did not take part in this audit in 2015/16 because it undertakes relatively little detoxification activity and sample numbers would have been very small.

National CQUIN Target Audit

- Physical Health Monitoring (4a Cardio Metabolic Assessment and Treatment for Patients with Psychosis) Inpatient Data Collection (100 / 100% returns)
- Physical Health Monitoring (4b Communication with GPs) (100 / 100% returns)
- Audit of EIP Service Level Questionnaire (five returns - there was no required sample)
- Audit of EIP Individual Patient Questionnaires (32 returns – this was the total number of people who met the criteria for inclusion in this audit at that time, the requested sample was 100 cases).



Review of Quality Performance in 2015/16

Last year, we set out three priority areas as indicators of quality improvement, under the headings of Improving the Experience of People Using Services, Clinical Effectiveness and safety. These are set out below.

Improving the Experience of People Using Services

Making sure that we get the basics right in a person's care and doing everything we can to involve people with lived experience in a meaningful way is one of our overriding priorities.

Always Events

'Always Events' are things that should happen every time with every person we support, for example staff introducing themselves (the 'Hello My Name Is' initiative). Last year, we aimed to agree at least one 'Always Event' for the people in our care.

How did we do?

A number of improvements have been made as a result of this work which has included the introduction of the 'hello my name is' initiative, 'you said we did' for patients and staff and we are piloting 'kiosks' for feedback about our services.

Engaging and Involving People

Last year we pledged to review how we listen to people and engage and involve them in our work. We aimed to produce a new Involvement, Inclusion and Co-production Strategy. We also aimed to establish a Patient Leadership Network – a group of people with lived experience who can be expert advisors and help shape what we do.

How did we do?

We have made significant progress with this project, which is now called *Together*. During the year we worked closely with staff, users of services and other stakeholders in conducting a baseline assessment of current activity and making recommendations for the future. This was presented to our Senior Management Board in September 2015.

The development of the Patient Leadership Network has progressed in collaboration with other provider organisations and the South Devon and Torbay Clinical Commissioning Group; this has resulted in the development of a group of people with lived experience who can be expert advisors and influence service change, challenge the status quo and shape service development. The launch and implementation of our *Together* programme will continue as a priority for 2016/17 and build on the success of our Lived Experience Advisory Panel (LEAP). You can find out more about this work on page 32.

“ Our organisation is ahead of many other mental health and learning disability providers when it comes to how we look at safety - and how we are making sure that we learn from best practice and make our services safer at every available opportunity. ”

Clinical Effectiveness

Reducing Violence and Aggression

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

How did we do?

The programme of work agreed with SLaM and the Health Foundation is progressing according to schedule. The planning and action phase of the programme has been rolled out across the first three areas, which covers eight wards. Although it is too early to see any meaningful data, 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 are continuing to encourage staff and users of our services to report all types of incident and, in due course, expect to see a higher number of incidents being reported but with lower levels of severity. Reducing violence and aggression will continue as a priority for 2016/17.

Improving Physical Health and Wellbeing

We are placing an increasing emphasis on the physical healthcare and wellbeing of the people we support. Last year, we looked at a range of cardio metabolic factors in people with severe mental health needs, such as smoking, lifestyle, Body Mass Index and blood pressure. Our target was to make sure that these factors were captured in people's care notes and that we communicated the information clearly with other people involved in the person's care, including their GP.

How did we do?

A number of improvements have been made as a result of this work. They have included improvements in processes for assessing, documenting and acting on cardio metabolic risk factors in people with psychoses and users of our community services in Early Intervention Psychosis teams. Improving people's physical health and wellbeing will continue as a priority for 2016/17.

We have also appointed a Lead Nurse for Physical Healthcare and established a Steering Group to drive this work - and we are expecting a national audit to be undertaken later in 2016/17.

Several of our teams have been part of the national STEPwise research programme for improving the physical health of people with psychosis. We achieved a 97% follow-up rate for the people we were supporting through the research - the highest follow-up rate across all of the research sites in England.

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

Safety

Investigation of Incidents

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

Last year, we said that this would be achieved through the establishment of a Multi-Agency Investigation Network with our partners.

How did we do?

Our organisation has fully participated in the Multi-Agency Investigation Network and a number of improvements have been made as a result of this work which has resulted in improvements in how we investigate when things go wrong and how we can work with other organisation to improve shared learning.



Key Performance Indicators for 2014/15

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

KPI010

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	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	%				Number	%			
HSCIC	59/62	95.2%	96.2%	100%	50.0%	47/47	100%	97.1%	100%	80%

KPI-029

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	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	%				Number	%			
HSCIC	164/164	100%	97.6%	100%	61.9%	180/180	100%	98.2%	100%	84.3%

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 2014		National Average	Reporting period 2015		National Average
	Trust Score (out of 5)			Trust Score (out of 5)		
Annual Staff Survey	3.55		3.72	3.75		3.75

Experience of health or social care workers

This indicator measures the experience of 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 (figures for 2015 are rounded up)								
Data Source	Reporting period 2014	National Average	Highest score nationally	Lowest score nationally	Reporting period 2015*	National Average	Highest score nationally	Lowest score nationally
	Trust Score				Trust Score			
CQC Annual	7.6	n/a	8.4	7.3	7.3 health and social care workers 6.7 overall experience	7.6 6.9	8.1 7.4	7.1 6.4

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 2014/15 and 2015/16. The figures shown in brackets indicate amendments made following the review of the indicators as part of the external review process.

National data - Rate of patient safety incidents resulting in severe harm or death					
Data Source	Indicator	Reporting period (6 months April to September 2014)	National Average	Highest score nationally	Lowest score nationally
NRLS	Incidents Reported	907	2,393	5,582	4
NRLS	Rate reported per 1,000 bed days	17.62	36.97	90.4	7.25
NRLS	Incidents resulting in severe harm	10 / 1.1%	8 / 0.3%	41 / 0.9%	0
NRLS	Incidents resulting in death	11 / 1.2%	16 / 0.7%	61 / 1.3%	0

Rate of patient safety incidents resulting in severe harm or death

National data - Rate of patient safety incidents resulting in severe harm or death					
Data Source	Indicator	Reporting period (6 months April to September 2015)	National Average	Highest score nationally	Lowest score nationally
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

* Comparative data relates to the 56 mental health trusts included in the cluster



Developments and Improvements

SMART Recovery

Our programme of transformational change across the organisation is called SMART Recovery. This programme is driven by our desire to improve the access and quality of our services, to enable our staff to spend more time with people and to increase our efficiency.

SMART Recovery 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 we make the best possible use of our limited resources
- Deliver new Integrated Care Pathways (ICPs) across all of our clinical services, making them clearer to understand for the people using them, more reliable, safer and evidence-based
- 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, (based around a small number of Health and Wellbeing Clinics across the county), more flexible working arrangements and a greater use of mobile technology
- Create, for the first time ever, a Single Point of Contact for our organisation and its services.

During 2015/16, the major areas of progress with our SMART Recovery programme included:

- The opening of a new Health and Wellbeing Clinic in Torbay. This project involved the closure of two of our existing sites in the area, engagement with staff and people using our services and the major refurbishment of an area at Torbay Hospital, where

the new clinic is located. Despite this being a large and complex project, the early feedback from staff and people using the service has been very good. One of the unexpected, but welcome, consequences has been an 8% reduction in the Did Not Attend (DNA) rate for appointments.

- Wonford House in Exeter is currently undergoing a major refurbishment and will be the next Health and Wellbeing Clinic to 'go live'. It will provide services to people in the city as well as east and mid Devon. The first phase of this refurbishment was completed in April 2016 and it has created a bright, modern and therapeutic area for staff and people using our services. The launch of the new clinic in north Devon is expected to follow later during 2016/17.
- Progress with the gradual disposal of sites that are no longer required or fit for purpose, including premises in Torbay, Crediton, Tiverton and Exeter. In all of our SMART Recovery discussions, we are actively exploring opportunities to co-locate our services with other health and care providers and third sector organisations.

Bristol Dementia Wellbeing Service

2015/16 was the first full year of operation for our Dementia Wellbeing Service in Bristol. This is a service that we run in partnership with Alzheimer's Society and it has had an incredibly successful first twelve months.

The Dementia Wellbeing Service was designed to provide support, guidance and help when and where people want it – and in a way that suits them. We worked with people living with dementia, their friends, families and carers to understand what they wanted before the service was launched. Over the past year we have been able to offer hundreds of people vital support and the innovative role of Dementia Navigator has proved to be particularly highly-valued.

“ Safety is one of our organisation’s key areas of focus and we are part of the national Sign up to Safety programme. ”

Highlights of the new Bristol service during 2015/16 include:

- 2,068 referrals
- 8,499 appointments
- 2,949 wellbeing plans or reviews
- A diagnosis rate of 70.4%, making Bristol the best in the South West
- Over 75% of referrals receive an appointment within 10 working days (target 85%)
- 100% satisfaction rating in Friends and Family responses.

Our Bristol service is supporting research in the field of dementia and, towards the end of 2015, the service was also named as ‘Mental Health Team of the Year’ in the Bristol Health and Care Awards.

Patient Safety Programme

Safety is one of our organisation’s key areas of focus and we are part of the national Sign up to Safety programme. Over the last year we have continued to develop our Quality Improvement and Patient Safety programmes through our Quality Improvement Academy. The Academy works with partner organisations and our own teams to improve services and systems. We are also enhancing the capability of staff, in terms of their technical and non-technical skills, to improve risk management, decision making, leadership, productivity and service delivery.

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

- Safe and reliable care (including falls prevention and tissue viability)

- Prevention of suicide
- Care centred on people using services and their families
- Getting medicines right.

During the last two years the Trust has made significant improvements in safety by:

- Increasing access and reducing waiting times in our Adult Directorate’s community teams
- Increasing access to Psychological Therapy services
- Improving the quality and consistency of care resulting in people suffering less harm through
 - falls or going absent without leave
 - Improving poor skin care through, for example, reducing the number of pressure sores
 - Significant improvements in checking people’s medication and reductions in ‘missed doses’.

Reducing Slips, Trips and Falls

We are continuing our work to reduce slips, trips and falls on our inpatient wards. At present, this work is focused on our wards for older people, where we know that the most harm can potentially be caused. The project has seen a 24% reduction in harm, sustained since February 2013.

A multi-disciplinary clinical team is currently testing new clinical practices to see if we can build on the work undertaken to date.

Improving Access to Community Services

Our Depression and Anxiety Service, for people with mild to moderate needs, received nearly 20,000 referrals last year. Of those, more than 15,000 entered into treatment. 95% 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 reduced the number of people needing to travel outside Devon by two thirds in the last two years. ”

Just over 53% of people have achieved recovery following their support from our organisation, against a national target of 50%. In the final quarter of 2015/16, 4.26% of our local population had accessed our psychological therapy services, against a national quarterly target of 3.75%.

Within our Psychology and Psychological Therapy service, for people with more complex needs, nobody 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 205 people waiting over 18 weeks at the end of 2015/16 - which is a significant reduction from 402 in April 2015.

Care Closer to Home

Reducing the number of people who have to travel outside the county for any form of mental health treatment is a priority for our organisation and we have made significant strides forward in the last few years. We now have an Individual Patient Placement team dedicated to this work and our overriding principle is to treat as many people as possible within Devon wherever we can do it safely and effectively. We know that being treated close to home is better for the person concerned and obviously better for their family and friends. We also know it is generally far more expensive to treat people outside the area.

We are in the second year of a three year plan to improve our performance in this area and we have had a great deal of success in reducing the number people travelling outside the county for care, and in reducing the length of time they spend outside Devon. We have reduced the number of people needing to travel outside Devon by two thirds in the last two years. In 2014, 177 people were receiving non-secure mental health treatment outside the county and towards the end of 2015/16 that figure had been reduced to fewer than 60 people. While this reduction is very encouraging, our aim is to see as few people as possible traveling outside Devon for care and this work remains one of our major priorities.

‘Never Events’

We are pleased to report that there were no ‘Never Events’ during 2015/16. These are defined as serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Serious Incidents

This year we will continue to implement new approaches to care delivery aimed at reducing violence and aggression on our inpatient wards. This programme of work is funded by the Health foundation and we are working in collaboration with South London and Maudsley NHS Foundation Trust.

We are also considering how it can introduce ‘Human Factor’ thinking into the current training and development programmes available within our organisation. This includes the development of a ‘simulation programme’ around key but infrequent clinical events. This has proven to help organisations learn from accidents and incidents to inform future actions and reduce the opportunity of similar incidents occurring in the future.

We have implemented 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 6 months. These reviews are aimed at learning are an adjunct to the accident / incident review process which is already in place.

The organisation has also implemented a process where quantitative and qualitative data is cross referenced to identify learning and opportunities for improvement within clinical services or to inform our clinical audit and/or training and development programmes.

“ Board quality and safety walk rounds are an important way for our Board members and senior managers to hear, first-hand, about the needs and concerns of frontline staff. ”

Medicines Optimisation

We are pleased to confirm that our medicines optimisation services continued to meet all required standards during 2015/16. By the end of March 2016, we had successfully completed and delivered against our initial five year vision and strategy and are compliant with all CQC standards that relate to the safe use of medicines.

In its inspection during July 2015, the CQC found medicines management systems across our organisation to be of a good standard.

Collaborative working with pharmacy partners, based in the county's acute hospitals, primary care settings and the local CCGs is continuing with all parties coming together with a renewed commitment to ensure equal and fair access to fully-integrated medicines optimisation services for people with mental health and learning disability needs.

As a core clinical service, the team continued to build on the range of key medicines management indicators included within 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.

The team has further piloted and developed an in-reach specialist mental health pharmacist advice service into primary care services within Torbay and South Devon, a care home medication review service in collaboration with Bristol Dementia Partnership (both now formally continuing into 2016/17), established a medicines optimisation service (equivalent to the service delivered to NHS inpatient services) to our step-down beds within Torbay and South Devon and a similar community-based service to Child and Adolescent Mental Health Services across Devon – these are currently provided by Virgin Care.

Board Quality and Safety Walk Rounds

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

Our Board continues to start each of its public meetings with a 'Listening to Experience' item, at which staff, users of services, carers or family members openly share their experiences. This has proved to be an incredibly powerful way for Board members to hear stories, first-hand, about where our organisation is excelling or where it needs to improve. In addition, during 2015/16 we established a regular programme of informal visits for members of our Senior Management Board to meet our frontline teams to find out more about their work, their successes and their challenges.

We are also striving to involve the people we support in the routine running of our organisation. For example, the regular Directorate Governance Board Meetings of our Secure Services Directorate at Langdon Hospital, Dawlish, now includes representation from the Chair (an independently elected user of our Secure Services) of the Patient Council.

“ We are keen for the CQC to return to conduct a ‘focused inspection’ as soon as possible, with the objective of upgrading our rating to ‘Good’ overall, and we are hopeful that this will happen during the latter part of 2016. ”

Care Quality Commission Compliance

In July 2015, the Care Quality Commission (CQC) undertook a full, planned inspection of our organisation under its new inspection regime. The final report was published in January 2016.

There are five CQC domains (Safe, Effective, Caring, Responsive and Well-led) and our organisation was assessed as ‘Good’ overall in three of these domains - Caring, Responsive and Well-Led. Seventy one per cent of the ratings awarded by the CQC were ‘Good’ and, for the Responsive domain, our Secure Services at Langdon received an ‘Outstanding’ rating. None of our services were rated as ‘Inadequate’.

Overall, the CQC rated our organisation as ‘Requires Improvement’ – although the CQC has confirmed that we were very close to being rated as ‘Good’. We put immediate action plans in place to tackle the areas identified for improvement and many of the issues have already been addressed.

We are keen for the CQC to return to conduct a ‘focused inspection’ as soon as possible, with the objective of upgrading our rating to ‘Good’ overall, and we are hopeful that this will happen during the latter part of 2016.

The remaining actions are a key focus for our quality improvement activities in 2016/17. They include:

- Reviewing and updating ligature assessments, risk management and resolution
- Ensuring inpatient staff at the Additional Support Unit in Exeter follow NICE guidelines for challenging behaviour and learning disabilities
- Strengthening activities offered at the Additional Support Unit to enable people with learning disabilities to become more independent
- Ensuring care plans for older people and for crisis services are personalised and up-to-date, with appropriate physical health assessment and relapse management planning.

The Care Quality Commission has developed a model for monitoring a range of key indicators about Trusts

that provide Mental Health services. These indicators relate to the five key questions they will ask of all services – are they safe, effective, caring, responsive and well-led? The indicators are used to raise questions about the quality of care. The Care Quality Commission make their judgements based on the results of an inspection, which takes into account their Intelligent Monitoring Reports alongside local information from the public, the trust and other organisations.

During the last year the Trust has seen a small number of indicators identified as ‘risks’. The last two Intelligent Monitoring Reports, published in June 2015 and February 2016, showed the following risks:

Intelligent Monitoring Report published on 25 February 2016 (out of a possible 67 applicable indicators):

- Central Alerting System (CAS): Dealing with (CAS) safety alerts in a timely way
- Proportion of patient records checked where there was an approved mental health practitioner (AMHP) report available
- Proportion of patient records checked that show evidence of discussions about rights on detention
- Bed occupancy
- Proportion of Mental Health Act (MHA) and hospital inpatient episodes closed by the provider
- Proportion of staff who would recommend the trust as a place to work or receive treatment

Intelligent Monitoring Report on 11 June 2015 (out of a possible 58 applicable indicators):

- Rate of occupied beds to all nursing staff
- Proportion of times that the Responsible Clinician has recorded their assessment of a patients’ capacity to consent at first treatment
- Fully and partially upheld investigations into complaints by the PHSO
- Proportion of staff who would recommend the trust as a place to work or receive treatment.

Summary of findings for CQC inspection in July 2015

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Long stay/rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Good	Good	Good	Outstanding	Good	Good
Wards for older people with mental health problems	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Wads for people with a learning disability or autism	Good	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Mental health crisis services and health based places of safety	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community-based mental health servoces for older people	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Community mental health services for people woth a learning disability or autism	Good	Good	Good	Good	Good	Good
Overall	Requires Improvement	Requires Improvement	Good	Good	Good	Requires 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. ”

Duty of Candour - a Culture of Openness, Honesty and Transparency

The Duty of Candour is a legal duty on NHS trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Occasionally, patients are involved in a safety incident when in our care. Some of these incidents cause harm.

Since the introduction of this duty we have implemented training for our staff, improved reporting, information leaflets and policy and guidance to ensure we are able to meet these expectations.

We want people who use our services to be able to raise concerns freely and to ask questions about our services. We will publish information about how our services are working, including information on where we could be doing better. We are committed to talking to people who use our services and their families and carers at a very early stage to understand what has happened and, where necessary, learn to prevent incidents happening again to improve the safety of our future service users.

We regularly provide reports that provide information about all of our incidents, complaints, concerns and compliments. These reports detail the types of incidents that we have and where they have happened, the reports are used to share and encourage learning across our services; they are submitted to our Learning from Experience Group, Directorate Governance Boards, Senior Management Board, Quality and Safety Committee and our Public Board meetings. The reports are also made available on our public website.

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.

Improving Standards of Practice

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

We have worked with clinicians, managers and people who use services to set standards of practice for the assessment, planning, delivery, coordination and review of care. Since the implementation of our new clinical record system 'CareNotes' in August 2015, we have continued to work with services to review and refresh these practice standards.

As identified in the 2014/15 Quality Account, it was proposed that a new method of reviewing the quality and completeness of clinical records should be implemented. During 2016, we are changing the methods by which we review compliance with practice standards. Automated, near real-time data, completeness and activity reports are being developed that enable teams and services to routinely check the key information in all clinical records and quickly identify if anything is missing. It is hoped that these reports will enable staff to correct gaps in all clinical information in a timely manner. This has already commenced in our largest directorate and work is under way to implement this approach across the organisation.

In addition to routine data reports, which reflect the completeness of records, a Quality Review programme is being designed and piloted to ensure that staff in each team routinely undertake a more person-centred, qualitative review of records.

The Quality Review programme will be looking to ensure that important qualitative elements of care are reflected, for example:

- The person's wishes, hopes and beliefs
- The person's voice
- The person's goals and aims
- The service's approach to risk and risk management for that person.

“ 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. ”

Performance in relation to activity and data completeness will be regularly monitored through the newly developed KPI dashboard and operational performance dashboard. The outcomes of the Quality Review programme are anticipated to be reviewed and managed through directorate governance structures, ultimately considered by each of our Clinical Directorate Governance Boards.

Implementation of these new approaches continues to be aligned to implementation of the new CareNotes clinical record system, along with our SMART Recovery programme and the implementation of integrated care pathways. You can read more about our SMART Recovery programme on page 22.

Quality Improvement Framework

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

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

Infection Prevention and Control

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

We continue to perform well in terms of meeting the infection control and cleanliness standards required by the NHS and NICE and this year’s CQC report contains positive comments regarding infection control systems and cleanliness.

The Board of Directors receives monthly statistics against Staphylococcal and E. coli bacteraemias and also Clostridium difficile reportable cases, which provides an additional alert to the Board of any developing patterns or concerns. There were no cases of Staphylococcal bacteraemia during 2015/16 and no cases of Clostridium difficile (toxin positive) were reported. One case of E.Coli bacteraemia was investigated. There has been low Norovirus activity this year with only one confirmed outbreak. Unusually this year, there was an outbreak of Campylobacter infection within our organisation. This was fully investigated by Public Health England (PHE) in association with our IPCT. The report concluded that, although an external source was investigated, no conclusive source was identified. There were no recommendations from PHE for the organisation to take forward.

In the early part of the winter season, the local healthcare community reported low numbers of influenza (flu) cases, although this increased in February and March. There was one confirmed outbreak in the inpatient environment in North Devon in March, which resulted in Moorland View and Ocean View wards being closed to admissions and transfers for a short period of time. There was also one other small confirmed outbreak, also with a community source. The IPCT provided advice and support to manage both of these incidents.

During the year, we vaccinated a record high number of frontline staff, with a total uptake of 55.3%, and our Langdon team was one of four teams nationally to be nominated in the ‘most innovative flu fighters vaccine campaign’ category.

“ 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. ”

Clinical Audit

The Clinical Audit Programme for 2015/16 was developed in conjunction with staff from our four clinical directorates. It is led by the Director of Nursing and Practice.

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

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

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

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

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 clinical audit programme for 2016/17 will include the following National Clinical Audits and Clinical Outcome Reviews:

- Learning Disability Mortality Review Programme (LeDeR Programme)
- Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide
- Prescribing Observatory for Mental Health (POMH-UK).

Research and Innovation

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

Our Devon Dementia Collaboration with local acute hospitals, set up to increase and support the delivery of dementia research, was recently awarded the South West Clinical Research Network Team of the Year award. We continue this work and are actively recruiting to research projects using the national Join Dementia Research platform.

We have recently joined the UK CRIS project as one of ten sites working in partnership with the University of Oxford and South London and Maudsley NHS Foundation Trust. UK CRIS is a Dementias Platform / Medical Research Council project enabling the use of de-identified patient data for research purposes.

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

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

We are active in research in all areas of mental health but have particular strengths in dementia and ageing, psychological medicine, suicide and self-harm, recovery, forensic mental health and offender health. Alongside our partners from Alzheimer’s Society, our Bristol service is supporting research in the field of dementia, including a project called ‘mnemonic neglect’ with University of West England, which aims to find better ways to talk to people about their illness.

Improving Data Quality

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

Data quality improvements made during 2015/16 include:

- Reporting of Care Programme Approach (CPA) reviews
- Reporting of out of area bed data
- Significant work around the reporting of waiting times information
- Implementation of the Clinical Recording System (Care Notes) from Rio.

We have continued to use our Online Reporting and Business Intelligence Technology (ORBIT) system to promote data quality. ORBIT generates near real-time performance reports that users can view daily. This enables a range of important activities to be undertaken including, for example, to check whether people leaving hospital have been given a ‘discharge diagnosis’.

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

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

2015/16 also saw the introduction of a Patient Level Costing’s System (PLICS) which shows activity at the individual budget level. Further work is being carried out to implement the system in the organisation; this will assist in understanding the Trust’s overall activity and costs.

In 2015/16, our Performance Information Team developed 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.

One of the most exciting programmes of work that we embarked upon in 2015/16 is called **Together**. 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. The **Together** programme will build on the work of the Lived Experience Advisory Panel (LEAP), which is a joint initiative with Recovery Devon and has played a major role in collaboration and co-production initiatives over the last year.

Together will also build on the work of our Learning from Experience Group – which helps us to ensure that we are a reflective organisation and one that learns from all types of experience - including successes, comments, compliments, complaints, near-misses and serious incidents. The group has multi-disciplinary representation from across the organisation and is chaired by our Head of Experience, Safety and Risk. Its membership also includes a shadow governor and we aim to ensure that it also includes people with lived experience. In the last year, the group's work has included overseeing the progress of our CQUIN targets; reviewing the key themes from the investigation of serious incidents; considering the findings of the national patient survey and considering how we can better understand the learning across all areas of experience, safety and risk.

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.

Key facts about engagement and involvement in 2015/16:

- 1,440 users of our services completed the Friends and Family Test – 1,248 (86.7%) said they were likely or extremely likely to recommend our services
- Results from the staff Friends and Family Test and the national staff survey show continued improvement in recommending us as a place to receive treatment and to work
- Our response rate to the national staff survey has increased from 38% in 2014/15 to 51.6% in 2015/16 - one of the best response rates in the country
- We have shown significant improvement in ten of the 22 areas of the national staff survey
- 70% of staff would recommend us as a place to receive treatment compared to 43% in 2014
- 63% of staff would recommend us as a place to work compared to 47% in 2014
- We are better than the national average for staff believing we are an equal opportunities employer and staff experiencing bullying and harassment
- In 2014 we were among worst 20% of organisations nationally for overall staff engagement – we are now in line with the national average.

Reports of feedback captured by the Patient Experience Team are provided monthly to the Learning from Experience Group - which includes two governors. These reports are considered on a quarterly basis by the Quality and Safety Committee and, annually, by the Board.

A more comprehensive report that looks at all areas of experience, safety and clinical risk has been introduced and this is provided every two months to the Quality and Safety Committee and Board, 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

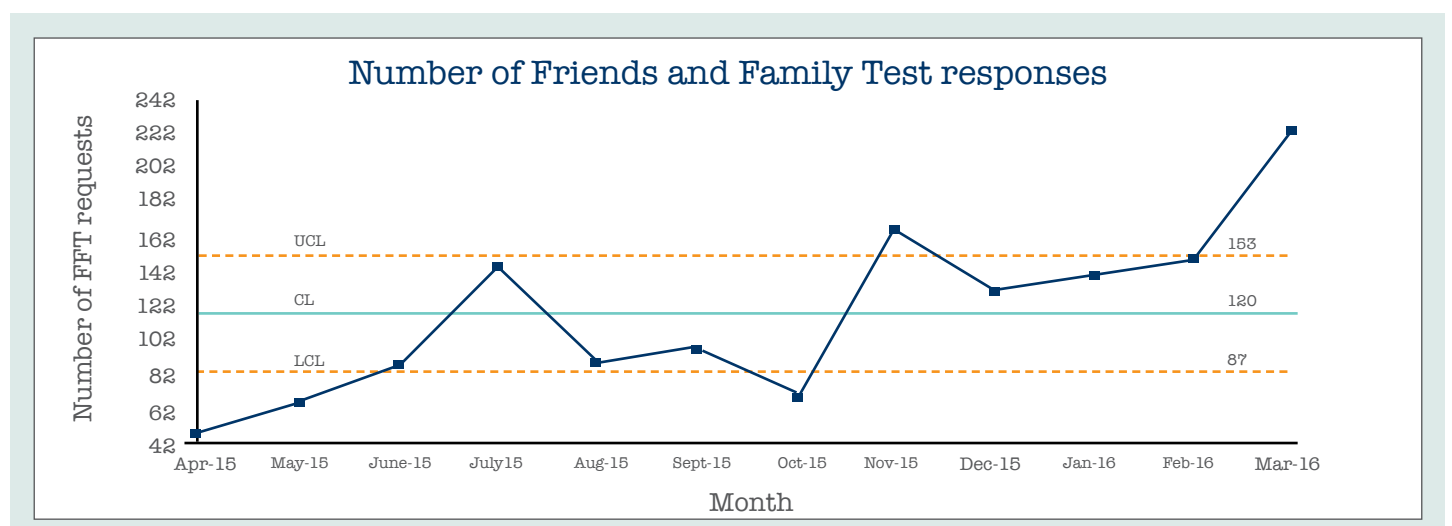
In 2014/15 we introduced the Friends and Family Test, which is a national initiative, as a way to improve the way we listen to people and respond to their feedback. We use the test to monitor feedback from our staff and people who use our services, their families and carers. The test asks a person how likely they are to recommend our services to their friends and family should they ever need similar care or treatment and answers are on a scale from 'extremely likely' to 'extremely unlikely'.

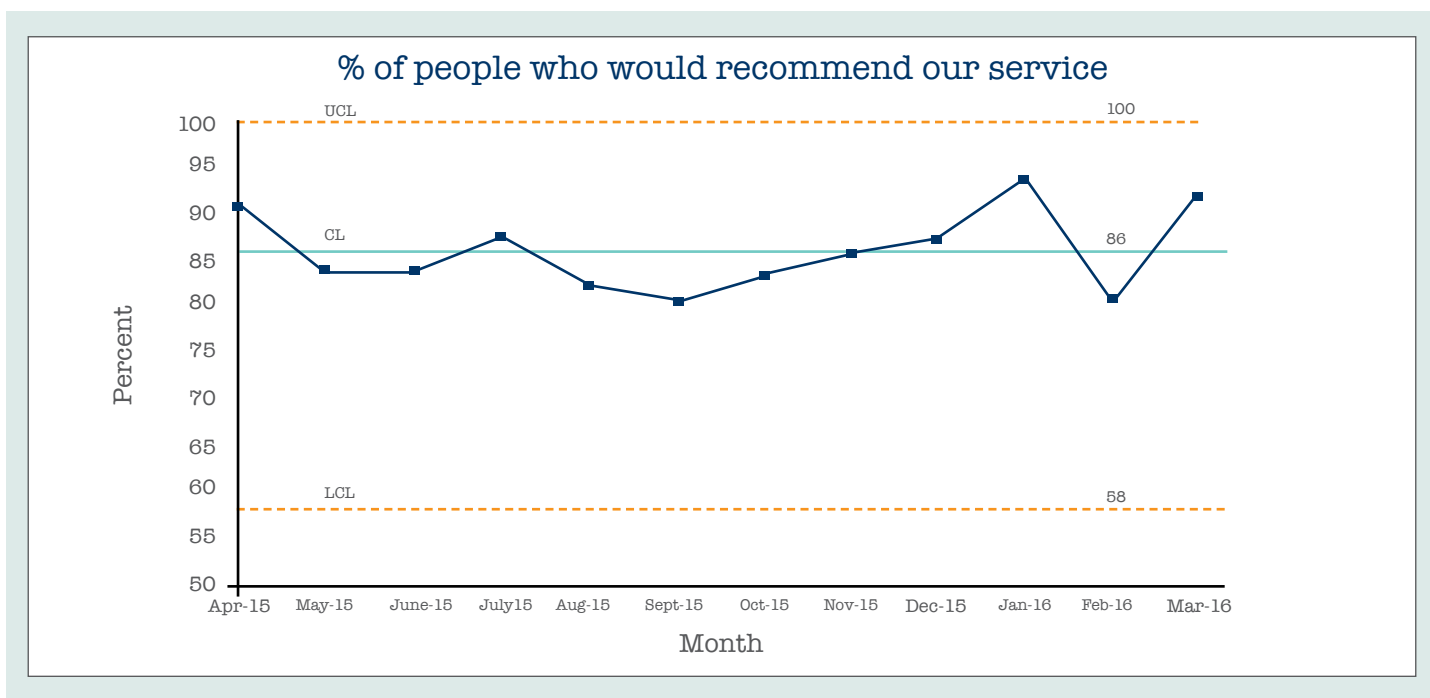
There is also an opportunity to leave comments to support the response.

For our staff, we also ask how likely they are to recommend our organisation as a place to work. We have continued to develop the use of the Friends and Family Test and it is now included on more detailed feedback questionnaires that are available for all of our services.

The findings from our staff Friends and Family Test are also very encouraging, with the percentage of staff who would recommend our services or our organisation as a place to work significantly improving. 70% of our staff would now recommend us as a place to receive treatment compared to just 43% when the test was introduced in 2014. Furthermore, 63% of staff would recommend the organisation as a place to work, which is up from 47% in 2014.

The prominent theme in staff responses recommending our organisation was the dedication and professionalism of our excellent, caring teams, the quality of care and services that is person centred and the increased focus on care and quality. This was also borne out in the Friends and Family Test for people who use our services. While these results show a positive





trend, we are doing everything possible to improve them further.

In the months from October 2014 to March 2016 the Friends and Family Test results for people using our services have showed a positive trend, with a large percentage of people saying that they would recommend our services.

The graphs below show the steadily increasing number of responses and the percentage of people who would recommend our services.

National Staff Survey

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

Each year, the annual NHS staff survey asks staff a wide range of questions about their place of employment. The response rate to last year’s national staff survey was 38% but, in 2015/16, our response rate increased to 51.6% - giving us of the top response rates in

the country for mental health and learning disability providers.

Compared to 2014/15, we have made considerable progress in terms of national staff survey results. Our overall Staff Engagement score has gone from being among the worse 20% of providers in 2014 to the national average, at 3.75, in 2015. Staff recommendation as a place to work or receive treatment also increased from 3.21 in 2014 to 3.53 in 2015. In addition, for the 22 key findings where the question can be directly compared with the same question in 2014, we show a significant improvement in ten areas and no significant change in 12 areas.

In terms of some specific results, 22% of our staff reported experiencing harassment, bullying or abuse (KF19) - this is down from 26% last year and in line with the national average. In addition, 87% of our staff reported that they believe our organisation provides equal opportunities for career progression or promotion

“ We are now taking a much more proactive approach to engaging with our staff and talking to them about the development of our services. ”

(KF27) – a small increase from last year’s 85% and above the national average.

For all 32 key findings when compared to other mental health and learning disability trusts in England, we show an above average score in ten areas, an average score in 16 areas and a below average score in six areas. This compares to 2014 when we were in line with the national average in four areas, above average in three and below average in 21 areas.

The survey has also helped us to understand those areas where we need to improve and provide greater support to our staff. The three areas we are focusing on are:

- Creating, sustaining and enabling a positive and empowering culture, using stories and celebrating success to further enhance the experience of our staff and people using services - making our organisation a great place to work and receive care
- Supporting the health and wellbeing of our staff and making them feel happy and valued in their work. Recognition of the importance of positive health and wellbeing has been highlighted nationally and is recognised in one of our 2016/17 CQUIN targets
- Appraisal and supervision – supporting our staff in their roles, giving them the responsibility to do their jobs and providing personal and professional development through meaningful supervision and appraisal.

Our Journey

We are now taking a much more proactive approach to engaging with our staff and talking to them about the development of our services. A whole range of local projects has been pursued in the past year, creating opportunities for staff to design and implement changes which will improve the way we work and respond to the needs of the people using our services.

The highly successful Our Journey events in 2014 were repeated in September 2015, when around 1,000 staff

came together at a series of events across the county. These latest events focused on our vision, mission, objectives and values and how we can enhance the experience of people using our services.

The Our Journey events have become an annual fixture in our calendar alongside a range of professional conferences and events to ensure our staff have the opportunity to inform the development of our organisation, share practice and celebrate success and learn from the experiences of others.

As an organisation we are all committed to ensuring our staff feel valued for the contribution they make in helping to achieve our vision and objectives.

Our aim is to make the organisation a great place to work and receive treatment and it is through the recommendation of staff and people using services that we can most powerfully demonstrate this. We believe we are moving in the right direction and further improving staff engagement remains at the top of the Board’s agenda for the forthcoming year.

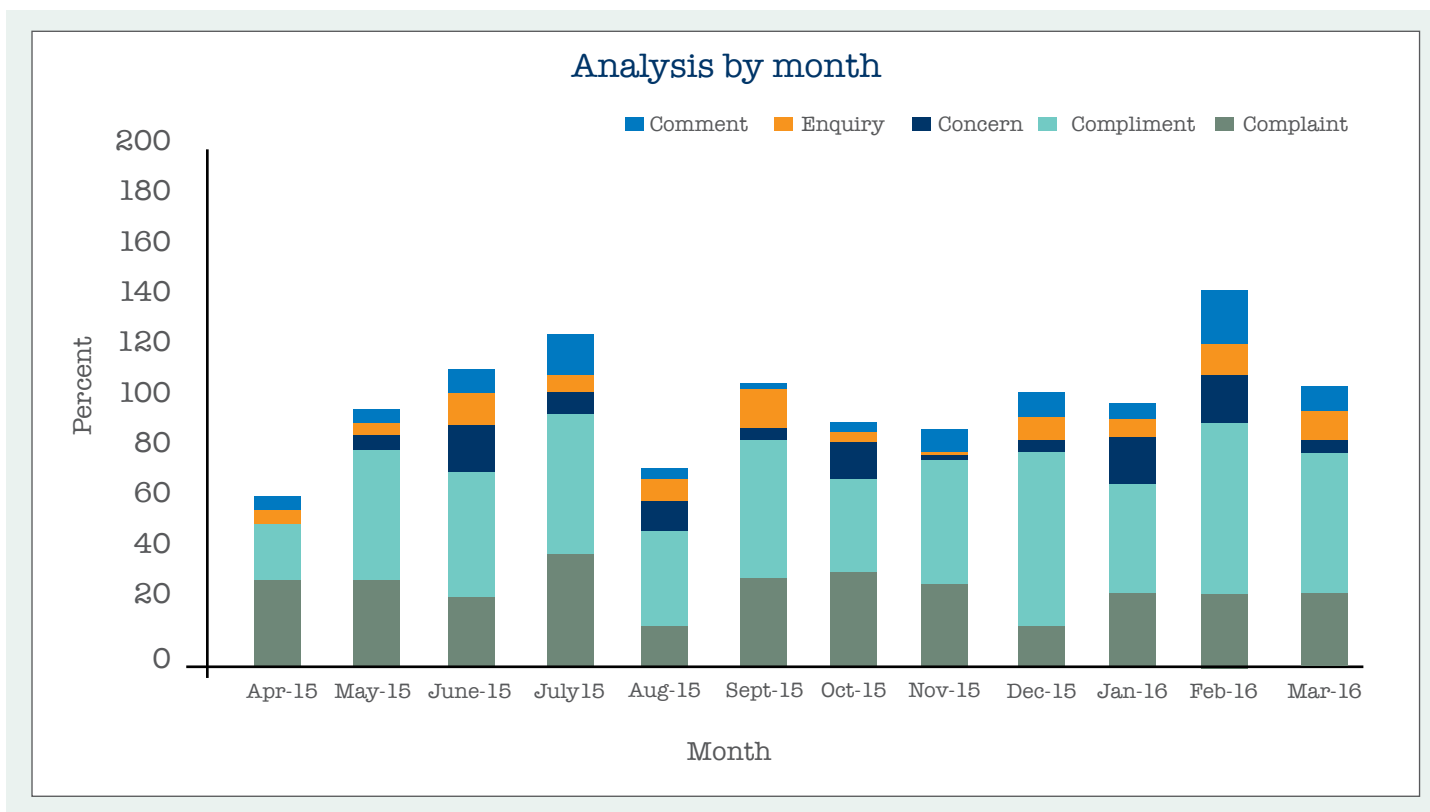
Feedback on Community Services

Each year we participate in the national Community Mental Health Survey. 850 people were invited to participate in the 2015 survey, of whom 250 responded. Overall, we scored an average of 7 out of 10 and are positioned just above the lower quartile (bottom 25%) score in comparison with other similar organisations.

There are ten key indicators and, against all of these, our results were ‘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 6.7/10 - which is also about the same as other similar organisations.

Compliments and Complaints

During the year we received 295 complaints, 560 compliments, 116 concerns, 108 enquiries and 104



comments. These are illustrated by month in the graph below. We know that many more compliments are received by our teams, in the form of telephone calls, letters and postcards etc, and we are encouraging our frontline staff to share these with our Patient Experience Team so we can get a more accurate picture of the positive feedback we are receiving.

57% of complaints related to either clinical care or attitude of staff and 94% of them were acknowledged within three days. Processes are now in place to ensure that this figure is 100% in future.

We have delivered 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. We are also working with the South West Academic Health Science Network on a project that supports further improvement in the way in which we manage and learn from complaints.

Single-sex Accommodation

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

During 2015/16, there were no reported breaches of the mixed sex accommodation requirements. However, an area of concern was identified during the CQC inspection in 2015 affecting two of our older people's wards - this resulted in a 'should do' action. This has been progressed to ensure future compliance.

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

“ We received positive and encouraging feedback from the CQC, following its inspection in July 2015, about the way that we administer and manage the application of the Mental Health Act. ”

Mental Health Act

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

The Trust has 11 Hospital Managers, who ensure that the Act is applied appropriately and fairly, and that hearings, appeals, reviews and other activities are conducted in accordance with the relevant legislation. To ensure that Hospital Managers understand their role and remain up-to-date, regular training and development sessions are facilitated. 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 also provides guidance and training in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards, works to ensure compliance with the case law and to ensure there are no unauthorised deprivations of liberty on the Trust's inpatient units or in the community.

We received positive and encouraging feedback from the CQC, following its inspection in July 2015, about the way that we administer and manage the application of the Mental Health Act. The Board approved the Annual Mental Health Act report and the plans for the year ahead.

Priorities for the Year Ahead

We have produced an Operational Plan for 2016/17. The plan builds on the steady progress we made last year in improving the quality of care and the experience and outcomes for people who use our services.

We have a good track record of meeting our financial and performance targets and our Operational Plan will consolidate these achievements whilst ensuring we meet the new national and local requirements for 2016/17.

We have reviewed our strategy in light of the current challenges facing the NHS nationally and locally. There is an increasing recognition of the vital part mental health services can play in the health of the nation, which is welcome and will enable us to support our partners more effectively in meeting peoples' needs.

We are committed to working in partnership with other providers and our commissioners to erode barriers between organisations and to ensure people experience integrated care. We share a common aim to improve the experience and outcomes for the people we support and to provide services which are both sustainable and of a high quality.

Our main priorities for 2016/17 are to:

- Reduce the number of people treated outside Devon
- Implement all actions from our inspection by the Care Quality Commission in 2015
- Continue to reduce avoidable harm
- Develop our workforce plans so we permanently reduce the need for agency staff
- Continue to improve the experience and engagement of people who use our services and our staff, and to demonstrate this through improved results in the national staff survey and Friends and Family Tests
- Play our part in developing and implementing the System and Transformation Plans (STPs) for the communities for which we provide services.

SMART Recovery

The year ahead will see us continuing to transform the way we provide services to make them easier for people to use, more responsive to their needs and more efficient. Among the milestones in 2016/17 we expect to see further development and refurbishment of our Health and Wellbeing Clinic in Exeter, confirmation of the location for our Clinic in north Devon and the piloting of a Single Point of Contact for our organisation. We will also start to implement our Integrated Care Pathways, which will support the delivery of consistent, recovery-focused care for people.

One of our key aims for 2016/17 will be to expand the use of mobile and assistive technologies with the implementation of our new community clinical record App and a range of other Apps that will support flexible and efficient working and help deliver better outcomes for people.

Our CQUIN Targets for 2016/17

A proportion of the Trust's income in 2016/17 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 2016/17 the CQUIN targets that have been agreed include:

- Physical Healthcare
 - Improving physical healthcare to reduce mortality in people with cardio metabolic needs and treatment for people with psychoses
 - Communication with General Practitioners
- NHS Staff Health and Wellbeing
 - Introduction of health and wellbeing initiatives
 - Healthy food for NHS staff, visitors and users of services
 - Flu vaccination
- Avoidable Mental Health Act detentions
- Discharge planning
- Reducing the length of stay in adult eating disorder services
- Reducing the length of stay in medium and low secure services
- Specialist locality champions across the Dementia Wellbeing Service in Bristol
- Reducing service demand from residential homes in Bristol and provide dedicated practitioner support and training for ten residential homes in Bristol across the three localities.

Statement of Directors' Responsibilities

In respect of the 2015/16 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 2015/16 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



Date: xx June 2016

Julie Dent, Chairman



Date: xx June 2016

Melanie Walker, Chief Executive



Independent Auditor's Report

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

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

Scope and subject matter

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

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

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

Respective responsibilities of directors and auditors

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

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

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

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

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

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

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

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

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

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

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

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

Assurance work performed

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

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

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

Limitations

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

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

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

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

Conclusion

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

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

Grant Thornton UK LLP

Grant Thornton UK LLP
Hartwell House
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BS1 6FT

18 June 2015

Supporting Statements

Prior to publication, we complied with the requirement to share our Quality Account 2015/16 with our key stakeholders. Their responses are set out below.

The draft Quality Account has been shared with the following organisations, who have been asked to submit feedback for inclusion in the final publication.

NEW Devon CCG

Thank you for giving NHS Northern Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) the opportunity to comment on the 2015/2016 quality account from Devon Partnership NHS Trust (DPT), which reflects on the quality of services and improvements made in the last year.

Through last year's priorities, DPT has focused on incident investigation by enhancing staff capability (for example through human factors) and improving risk management. The CCG has found DPT to be open in relation to significant events that have occurred and the outcomes further to analysis of those events. This demonstrates a willingness to learn and to be honest and accepting about what might have gone wrong.

Engaging and involving patients through the 'Together' initiative, and Always Events, is reported as a success. Work has progressed with the multi-agency network for incidents, and work to reduce violence and aggression towards staff continues as a priority next year.

Also continuing as a priority for next year is physical wellbeing. The parity between mental health and physical health continues to be promoted and is emphasised through other work streams such as Commissioning for Quality and Innovation (CQUIN) schemes. CQUIN achievements for 2015/2016 also highlighted work in areas such as psychological therapies, patient experience, and support within hospital settings, working together with the acute trusts.

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

The Care Quality Commission (CQC) report of January 2016 highlighted areas where improvement was required and DPT is demonstrating a commitment to make sustainable improvements through action plans and continuous engagement with the CQC. We note that DPT would welcome a re-visit from the CQC in order to demonstrate the improvements made as a result of the report.

NEW Devon CCG acknowledges and supports DPT's priorities for the year ahead: reduction of violence and aggression, reduction of avoidable harm, physical wellbeing, urgent care and involving people. These are complemented by the priorities outlined in DPT's strategic plan for 2016/17.

DPT has engaged with the wider work across the health economy in support of the Success Regime, identifying and making necessary programme changes in order to make cost improvements, which will bring challenges again next year for the whole health and care economy.

We look forward to another year working with Devon Partnership NHS Trust.

South Devon and Torbay CCG

South Devon and Torbay Clinical Commissioning Group (SDT CCG) is pleased to provide our commentary on Devon Partnership NHS Trust's Quality Account for 2015-16.

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

We note the reference to the Care Quality Commission (CQC) visit in July 2015 and concur with the CQC that whilst there were areas for improvement, DPT should be commended for the care, compassion and good practice that was noted during the visit. Working closely with DPT we know that treating people with respect, warmth and understanding is very important to them. We look forward to working with the trust towards the attainment of an overall rating of 'good'.

The Quality Account refers to the CQUINs for 15-16. The Trust was part of an initiative to deliver local CQUINs very differently this year - working with providers across the health and care footprint for SDT CCG to improve patient and staff experience, improve nutrition and hydration and improve incident investigation through collaborative working.

We would like to particularly commend the Trust for the work across all of these areas. The #HelloMayNamels campaign, part of a national campaign led by Dr Kate Granger who, as a patient, noted that the things that made a positive experience for her were the simple things, such as staff introducing themselves to her. DPT has taken this on, from Board to ward across all of its teams and the feedback has been very good from both patients and staff. We would also like to note the achievements

made within the nutrition and hydration CQUIN, with successful campaigns such as Thirsty Thursday and Fishy Friday.

Listening to staff experience, and acting on concerns is imperative for the successful delivery of high quality care. The results of the Staff Survey demonstrate how hard the Trust has worked over the last year, and we congratulate it on achieving significant improvement in ten key areas for this survey.

Looking Back on 2015-16

Last year DPT set out three priority areas for quality improvement. These were around improving the experience of people using services, clinical effectiveness and safety. DPT has demonstrated success against all of these areas, and we were particularly pleased to read about the development of Always Events and participation in the Patient Leadership Network.

We know that reducing violence and aggression has been a priority area for DPT and are reassured that it will continue as a priority area in 2016-17. The work with the SLAM project and the Health Foundation continues and we look forward to hearing further about it as the work progresses.

Shared learning for both safety incidents, but also complaints, is important - not only within an organisation but across health and care footprints. We are really pleased that DPT was able to participate in the Multi Agency Investigation Network, contributing really valuable information, and also learning from other colleagues.

The opening of the new Health and Wellbeing Clinic in Torbay has been of great interest to us and we are pleased to note the early feedback from service users and staff.

We are very pleased to confirm that the Trust had no Never Events reported in 2015-16.

Looking forward to 2016-17

SDT CCG are pleased to support the priorities outlined in this quality account for 2016-17.

We read with interest the work undertaken last year around Involving People - and concur that this should be a priority area going forward. We note the publishing of the 'Together' Delivery Plan sometime this year and look forward to hearing about the progress and impact of the programme.

We are very pleased to see the initiative to improve the physical health and wellbeing of people with mental health needs return as a key priority for 2016-17. We look forward to working alongside DPT with our GP colleagues to help deliver this ambition.

Improving the care and support provided for people in a crisis or emergency is an area that needs further work. We are glad to note that the Trust will continue with this area alongside the recommendations of the CQC and Healthwatch Torbay. Urgent and Emergency Care for physical and mental health is a priority for all of our providers as the demand for services increases, and we face significant financial challenge.

The commitment to the reduction of avoidable harm is welcomed, and we were especially pleased to note the continuing reduction in falls that has been sustained since 2013.

General Comments

Quality Accounts are intended to help the general public understand how their local health services are performing and with that in mind they should be written in plain English. DPT has produced a comprehensive, attractive and well written Quality Account which is easy to read and clearly set out. We feel that the Trust's attention to quality and safety is highly commendable and we are pleased to note the continued focus on patient safety.

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

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

Healthwatch Devon

Healthwatch Devon welcomes the opportunity to provide a statement in response to the Quality Account produced by Devon Partnership NHS Trust (DPT) for the year 2015/16.

With reference to progress in relation to last year's priority areas, we are very encouraged to learn that the Together programme is progressing well, a programme that engaged Healthwatch Devon as part of the process of stakeholder engagement. We look forward to seeing how the plan is delivered going forward.

We welcome DPT's chosen priority areas for improvement this year in particular involving people, physical wellbeing and urgent care. Of particular interest to us is the focus on DPT's commitment to improving the care and support provided for people in a crisis. This is a topic that Healthwatch Devon has shared many experiences of, directly with the Trust in the past. We are heartened to report that the number of concerns received relating to access to crisis care has fallen in recent months, but we will continue to share experiences that we receive directly with DPT so that this helps to inform work in this area of service delivery.

With regards to the compliments and complaints section, we would have liked to have seen some reference to the feedback that Healthwatch Devon shares with DPT on a regular basis, such as through monthly feedback reports provided by Be Involved Devon (BID), our feedback data reports and our consumer champion reports, however we would note that we do signpost people to PALS at DPT to share their feedback directly if they want to raise a complaint or a concern.

Overall, the report is clear and sets out the trusts key achievements succinctly. We are keen to develop our relationship of critical friend with DPT over the coming year to ensure the patient voice is heard at all levels, from service design to delivery.

Devon County Council's Health and Wellbeing Scrutiny Committee

All references in this commentary relate to the reporting period 1st April 2015 to 31st March 2016 and refer specifically to the Trust's relationship with the Scrutiny Committee and its members.

The second part of the reporting year has seen DPT attend and address the health and wellbeing scrutiny committee on proposed changes to a mental health facility in Exmouth. Members of the committee have visited the facility and spoken to staff.

The Scrutiny Committee believes that the Quality Report 2015/16 is a fair reflection and gives a comprehensive coverage of the services provided by the Trust, based on the Scrutiny Committee's knowledge.

The committee is interested to witness the roll out of the SMART Recovery programme and the impact that this has on the sustainability and performance of services. The committee has monitored progress against the CQC inspection undertaken in July 2015. Whilst the Trust is still rated 'requires improvement' discussions with DPT and the CQC have reassured the committee that the ambition is to be rated as 'good' by the latter part of this year. The committee has been pleased to see that timely actions are in place to address the concerns that the CQC identified.

Members of the senior management team of the Trust have worked to maintain good relationships with scrutiny, providing information and briefings as issues have arisen. The Health Scrutiny Committee looks forward to a continuing productive working relationship in 2016/17.

Torbay Council's Health Scrutiny Board

Devon Partnership NHS Trust's Quality Account 2015/2016 has been considered by representatives of Torbay Council's Overview and Scrutiny Board. The improvements across the Trust's services which are reflected throughout the Quality Account are welcomed.

The Board is encouraged that the Trust has formalised its arrangements for engaging and involving people into the Together project. This reflects the move away from "what's the matter with me" to "what matters to me" - which is underpinning the work of the Torbay and South Devon NHS Foundation Trust and the Clinical Commissioning Group in Torbay. The Board would urge the Trust to continue to work with its partners to ensure that the people who use health and social care services (whoever they are provided by) are at the heart of everything and that the transitions between those services are as smooth as possible.

The Board acknowledges the challenges faced by the Trust in recruiting qualified staff. However, it is hoped that existing staff are given the appropriate level of training and support to carry out their challenging roles.

The Board commends Devon Partnership NHS Trust for its openness and transparency of its operations. Given the reducing availability of resources in the public sector, the Board would seek to ensure that all Trusts and partner organisations continue to work together for the benefit of the whole Torbay community.

Healthwatch Bristol

Healthwatch Bristol was unable to submit a comment for this year's Quality Account due to staff sickness.

Healthwatch Torbay

Healthwatch Torbay is pleased to comment on the Trust's Quality Account to confirm our appreciation of the growing level of communication between our two organisations. We now have a regular contact meeting and good level of response to our signposting of public concerns. The text of the Account confirms that our understanding of local issues is recognised and has an impact on priorities.

As the independent consumer champion for health and social care, we have a range of ways to engage with local people. Our volunteers are out and about encouraging the public to share their insight, our office in Paignton Library is open for drop-in and our on-line Rate and Review is available at any time. Our findings agree with the priorities outlined within the Account. Most people are grateful for the support they are given but some despair at the waiting lists, with cognitive behaviour therapy being mentioned, others have indicated that staff turn-over is unsettling. There is a recurrent frustration, which is replicated across all health and social care sectors, about the need to repeat information that could be kept centrally and required only once.

Of special note is the depth of consultation with patients providing insight that the Trust then goes on to incorporate into innovative practice. We look forward to continuing with our partnership to increase public understanding of mental health issues, recognising that mental health and physical health and wellbeing work together as a significant component of self-care. Lastly to confirm our relief that our suggested priority work areas of emergency care, self harm and suicide have been incorporated into the Account. We look forward to our continued partnership in addressing these issues.

Healthwatch Devon has recorded more than 400 individual comments about services provided by DPT during the first two years of operation, including both compliments and



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



@DPT_NHS