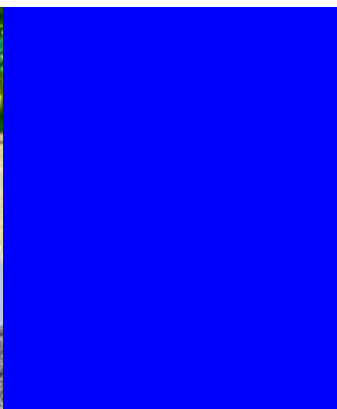




# 2017/18 Annual Report, Quality Account and Financial Accounts



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## 1. Performance Report

### 1.1 Chief Executive's Report



Welcome to our combined Annual Report and Quality Account for 2017/18. I hope you find it an interesting summary of our recent performance what we have been doing to improve safety, clinical effectiveness and the experience of people who use our services, and their families and carers.

Last year saw us continue to make very encouraging progress towards achieving our long-term goals, and I am pleased to report that we met all of our major performance and financial targets. In terms of the wider health and social care system – locally, regionally and nationally – the last year has been particularly important in seeing us develop a more influential voice than we have had before and our partners, including commissioners, are now thinking far more about mental health and learning disability. They are starting to have a greater understanding of what we do and how our invaluable work can support other parts of the system, for example, in helping to take pressure off acute hospitals. We are taking a greater leadership role in the local system and further afield where our proven track record means that our partners and stakeholders have increasing confidence in our ability to deliver.

We continue to work closely with our partners in the delivery of the Sustainability and Transformation Plan (STP) for the wider Devon area. We are working particularly hard to ensure that the importance of excellent mental health and learning disability services is recognised as a priority as we take this agenda forward, and I am the Senior Responsible Officer for this strand of work. More recently, this partnership work has focused on the creation of an Integrated Care System (ICS) for the whole of the county, in line with the national direction of travel. In Devon, we have agreed that we will have a single, separate partnership that takes responsibility for the commissioning and delivery of specialist mental health services and we are currently working through the detail of this approach.

In terms of performance and service delivery improvements, we saw additional investment in some services, secured new business and attracted widespread praise and recognition for many of our services and staff. We have seen reductions in waiting times in some areas and a further reduction in the number of people needing to be treated outside the county. We are also working with GPs to improve our communication and working arrangements with our partners in the primary care sector.

Our Dementia Wellbeing Service in Bristol has continued to perform admirably over the last year and our Depression and Anxiety Service (DAS), liaison psychiatry service and perinatal service all saw expansion last year. We expect to see further development and investment

in other services next year and we have funding to develop a 24/7 liaison psychiatry service at Torbay Hospital in 2018/19.

In learning disability services, we have seen positive developments in many areas, with some innovative projects to ensure people can access health services quickly and effectively and know how to keep themselves safe online. We know how highly-valued our learning disability teams are. We want to celebrate their work more vigorously and will be investing in the Additional Support Unit (ASU) in Exeter, our learning disability inpatient service.

We have been campaigning for a Psychiatric Intensive Care Unit (PICU) and a Mother and Baby Unit (MBU) for our region for some time now and it is a huge source of pride to us all that both of these new services will be up-and-running during 2019. An interim MBU opened in April 2018, inside the main Wonford House building, and both the PICU and the new MBU are currently under construction on the Wonford House site. We all know what a difference these services will make to local people and their families, in terms of being able to access high quality services far closer to home.

These two projects are just one aspect of our ongoing efforts to reduce the number of people who have to travel outside the county for their care. We have continued to make good progress on this front and have established a dedicated Individual Patient Placement (IPP) team to provide focused support and case management for people needing care outside the county that we are currently unable to provide close to home.

One of the most exciting developments has been the creation of the partnership of eight organisations across the South West to transform the commissioning and delivery of secure services in the South West. This project, for which we are the accountable provider, went live on 1 April 2017 and is making good progress, with 70 people having been repatriated back to the South West already.

We have made further headway with our SMART transformation programme. The Health and Wellbeing Clinics in Barnstaple, Exeter and Torbay are now modern, welcoming environments that we can be proud of. The feedback from users of services has been exceptional. As part of this programme, our staff have had to make many changes to the way that they work to increase mobile working, flexibility and efficiency, and we are grateful for their support. An important part of our SMART work is to develop clear care pathways in major clinical areas. We made good progress last year with the pathway for personality disorders which included the launch of the CHANGE programme. This helps to ensure people with a personality disorder are able to benefit from an evidenced-based treatment.

We have also continued our work to improve the urgent care pathway – which delivers support when people are in crisis and need urgent help – and we have extended the operating hours of our crisis and home treatment teams. We have also established that we have too few adult beds in Devon for the size of our population and we are exploring what we can do to increase our capacity, and to ensure people get the right care when they are in most need.

We have continued to work closely with the police on the urgent care pathway. Last year, only 2% of people were detained in police custody for assessment under section 136 of the *Mental Health Act* (five years ago this figure was 74%). We have now opened a larger,

refurbished Place of Safety (PoS) suite in Exeter where people can be assessed under the Act in a non-threatening, therapeutic environment.

Importantly, we are launching a Single Point of Access (SPA) for everyone during 2018, which will give us a single 'front door' to the whole organisation for the first time. This will be a major development for people using our services, our partners and our stakeholders.

One of our strategic aims is to ensure that our services are shaped by the voices of people who use them, and their families and supporters, and we have embedded this in our culture through our *Together* approach. It is now an integral part of the way we do things within our organisation and we are now involving people far more routinely and meaningfully in our work. Two areas of particular note are our work with carers, including the development of a carers' strategy, and our plans to recruit more Peer Support Workers in all of our teams.

Our work to engage with and support our staff remains a priority for the Board. Last year's *Our Journey* events were again very well attended by our staff and it was clear that people welcomed our focus on staff health and wellbeing. In the latest Staff Friends and Family Test, 67% of our staff recommended us as a place to receive care and treatment (up from 61%) and 56% recommended us as a place to work (down from 59%).

Around 68% per cent of our staff participated in the most recent NHS Staff Survey, an increase of 5% since 2016, and we continue to be one of the best performing mental health and learning disability providers in terms of response rates. Of the 32 key findings, 12 were better than average and only five were below the average when compared with other NHS organisations. While these results indicate that we are continuing to perform reasonably well, improving our communication and engagement with staff remains a priority.

While the progress summarised here is encouraging, our Board and senior management team are still facing some significant challenges. Prominent among these is the difficulty we face in recruiting to key posts, notably in the medical and nursing professions. We are doing some very innovative work to address this national problem, including the launch of a dedicated online recruitment microsite. Despite the scale of this challenge, we continue to perform well in relation to agency staff costs. Our spend for 2017/18 was just below £3.5million, which is well below the NHS Improvement cap of £4million. Achieving overall financial balance is, understandably, becoming an increasingly challenging goal in the face of steadily growing demand, workforce pressures and other factors.

On behalf of the Board, I would like to extend my thanks to all of our staff for their efforts during 2017/18. Many aspects of what we do are becoming increasingly challenging but, despite this backdrop, our 2,500 staff continue to display commendable commitment and dedication. The spells of bad weather during early 2018 were yet further examples of the efforts that our staff make to ensure that those in our care are kept safe and well. People travelled long distances through snow, slept in their workplaces, made accommodation arrangements with colleagues or family and worked at alternative locations to ensure that they could continue to provide support – all of which is inspiring. They help to improve people's lives every day and we thank them all.

**Melanie Walker**  
Chief Executive

## 1.2 Strategic Overview

We work closely with other health and social care providers, and a variety of other partners, to support the recovery of people with mental health and learning disability needs.

The services we provide include those for:

- Adults of working age and older people
- People with a learning disability
- People who are low in mood, stressed, anxious or depressed
- People with an eating disorder
- People with a diagnosis of personality disorder
- People with alcohol and substance misuse issues
- Pregnant women and new mothers
- People with gender identity issues
- People who require support when they are in hospital for their physical health needs
- People who need secure mental health services
- People who are in prison
- People with autism and Attention Deficit Hyperactivity Disorder.

We also provide the Dementia Wellbeing Service in Bristol, in partnership with Alzheimer's Society.

The conditions we treat can affect anybody and everybody. The vast majority of people receive care and treatment in the community. A small number may need a short spell of hospital care to support their recovery if they become very unwell and an even smaller number will have severe and enduring needs that require long-term care.

People with mental health and learning disability needs are often excluded from society in some way or made to feel different. We strive to eradicate the stigma that is so often associated with mental illness and learning disability in everything that we do.

We work closely with other NHS organisations, local authorities, the voluntary sector, the people who use our services and their families and carers to deliver services that focus on personal recovery and promote mental health, wellbeing and independence. We also work with our partners to provide supported accommodation, vocational rehabilitation and employment opportunities.

## Our Vision and Mission

A clear vision is the basis for any organisation to move forward. Our vision has already helped us to think far more clearly about our journey over the next few years, and helped our staff, partners and people using our services to gain a better understanding of what is important to us as we move forwards.

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.*

## Integrated Business Strategy

We take an integrated approach to the development, delivery and monitoring of our business planning and strategy. This provides the Board, partners and stakeholders with a high level of assurance that the organisation's activities are aligned to its strategic priorities, plans and objectives.

Our overall strategic aims are to:

- Deliver consistently high quality care and treatment
- Ensure our services are driven by the voices of people who use them
- Build a reputation as a recognised centre of excellence and expertise
- Attract and retain talented people and to create a great place to work, with a shared sense of pride and ambition
- Challenge discrimination and stigma and to champion recovery, inclusion and wellbeing
- Be an efficient, thriving and successful organisation with a sustainable future.

To achieve this we will:

- Involve – Ensure that the people who use our services are driving and shaping them
- Innovate – Actively pursue innovative solutions and new opportunities to develop
- Integrate – Work with our partners to deliver high quality, joined-up services
- Improve – Strive for excellence in everything we do
- Inspire – Share our enthusiasm and passion
- Include – Promote equality, value diversity and champion recovery.

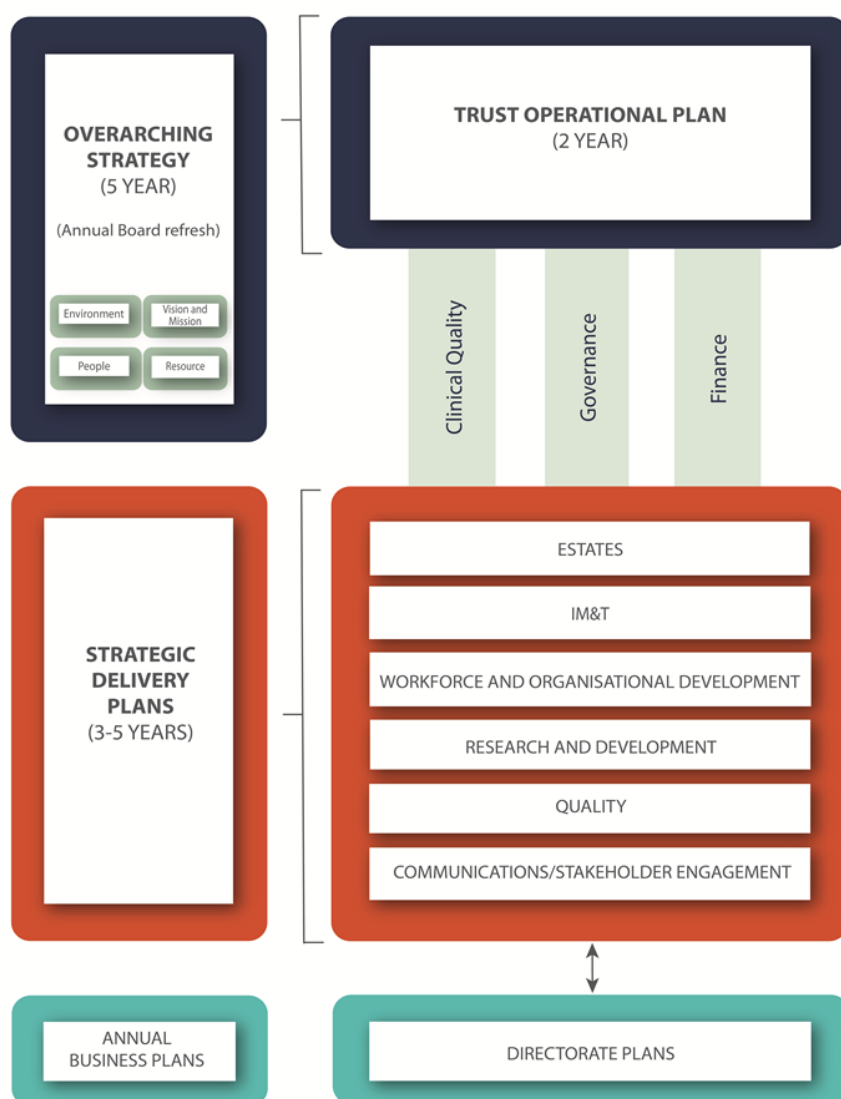
Alongside our five-year 'Overarching Strategy', which is refreshed by the Board annually, we prepare a Trust 'Operational Plan' every two years. The latest version of this document was revised in April 2018. The key themes of the document are Clinical Quality, Governance and Finance. Below this we have six Strategic Delivery Plans which cover Estates, Information Management and Technology (IM&T), Workforce and Organisational Development, Research and Development, Quality and Communications and Engagement.

We have five operational Directorates, these are:

1. Adult Services
2. Older People's Services
3. Secure Services
4. Specialist Services
5. Individual Patient Placement (IPP).

Each of these Directorates has monthly Directorate Planning meetings with members of the Executive Team and each prepares Annual Plans which support and contribute to our Operational Plan and Overarching Strategy.

A summary of our arrangements for strategic business planning are set out in the diagram below:





## 1.3 About Us

### Our Staff

As of 31 March 2018, we employ 2,752 staff, of whom 2,565 are substantive and 187 are on bank/sessional contracts. Our teams include psychiatrists, psychologists, nurses, social workers, physiotherapists, occupational therapists, pharmacists and support workers.

The breakdown of our staff by gender and grade as at 31 March 2018 is as follows:

Staff Grade	Male	Female	Total
Directors*	2	3	5
Senior Managers and Clinical Managers**	43	52	95
Other Staff	744	1,908	2,652
<b>Total</b>	<b>789</b>	<b>1,963</b>	<b>2,752</b>

\* Includes Voting Directors of the Board

\*\* Senior Managers are those managers at Band 8 and above (excluding clinical consultants)

The breakdown of our staff by ethnicity, against the standard categories, is as follows:

Ethnic Group	Headcount	%
White	2,529	92
Mixed	30	1
Asian	37	1
Black	29	1
Chinese	2	0
Other	13	0
Unspecified	16	1
Not Stated	96	4
<b>Total</b>	<b>2,752</b>	<b>100</b>

### Risk Management

The Trust has risk management processes in place to identify the principal risks to achieving its strategic objectives, to evaluate the nature and extent of those risks and to manage them.

Our principal risks are those that can be categorised against 'Quality', 'Workforce', 'Operational Delivery', 'Commercial' and 'Financial'. These risks are detailed in the

Corporate Assurance Framework, which is reviewed regularly by the Board of Directors and its sub-committees, with mitigating actions in place. The Directorate Governance Boards each maintain a local risk register which is updated on a monthly basis. Key risks that could affect our organisation in meeting our objectives are reflected in the Annual Governance Statement (see Appendix A).

The Head of Internal Audit has rated our organisation as having achieved significant assurance.

### **Mental Health Act and Mental Capacity 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 team works to ensure that the Trust meets its legal requirements and a crucial part of this is the Trust's appointment of independent Hospital Managers who act on behalf of people detained under the Act. The Trust has 16 Hospital Managers, who ensure that the Act is applied appropriately and that hearings, appeals, reviews and other activities are conducted in accordance with the relevant legislation. In order to ensure that Hospital Managers understand their role and remain up-to-date, regular training and development sessions are provided. Feedback from people who have experienced Hospital Manager panels has become an important part of the learning and improvement process.

The team also provides guidance and training in respect of the *Mental Capacity Act* and Deprivation of Liberty Safeguards, and works with clinicians to ensure there are no unauthorised deprivations of liberty. The team liaises closely with the Local Authority Deprivation of Liberty Safeguards teams in Torbay and Devon to ensure that people's rights are protected.

Within the service Directorates, there are robust arrangements in place surrounding the *Mental Health Act* and *Mental Capacity Act* and Deprivation of Liberty Safeguards, training, audit and policy review; areas which are all reported on regularly. Governance arrangements are overseen by the 'Mental Health Act and Mental Capacity Act Scrutiny Committee' which meets on a bi-monthly basis and is chaired by a Non-Executive Director and reports into the Quality and Safety Committee.

The Board of Directors approved the 'Annual Mental Health Act Report' in November 2017 and the associated plans for the year ahead.

### **Health and Safety**

The Trust employs a dedicated Health and Safety Manager. The Health, Safety and Security Committee, chaired by the Director of Nursing and Practice, reports to the Senior Management Board and meets on a quarterly basis. Its purpose is to promote safety standards, ensure the implementation of overarching risk management principles and to develop systems promoting health, safety and security within the working environment.

## **Emergency Preparedness, Resilience and Response**

NHS England's Emergency Preparedness, Resilience and Response core standards cover 55 standards for Mental Health. The core standards include Business Continuity, Chemical, Biological, Radiological, Nuclear (CBRN) and Hazardous materials (Hazmat). Each of the standards has a set of criteria which are self-assessed and individually evidenced. The annual self-assessment showed our organisation to be compliant in all areas. An independent assurance assessment was undertaken by NHS England and NEW Devon Clinical Commissioning Group (CCG), who have confirmed that the Trust is fully compliant against all the core standards.

NHS England undertook a deep-dive into organisational governance, which required the Trust to demonstrate assurance in areas such as internal accountability, reports to Board meetings, minutes of meetings, a work programme and a solid training and exercise programme. The Trust evidenced all of the required criteria.

Throughout 2017/18 we have seen a number of local and national incidents that have either directly or indirectly impacted on business continuity. This included the cyber security attacks affecting the NHS, Manchester bombing, London terrorist incidents, the Grenfell Tower fire, storm Emma, various forms of flooding and a bomb hoax threat to Wonford House - our Headquarters in Exeter. We have responded well to these incidents, identified learning as an organisation or as part of the wider health community and we are using this learning to inform our reviews of emergency plans and of our training programme.

## **Fraud**

We have a clear strategy for tackling fraud, corruption and bribery and the promotion of an anti-fraud culture. Our Counter Fraud Policy sets out details of staff responsibilities and how to report suspicions of fraud or bribery.

The Trust has a contract with Audit South West to provide a Local Counter Fraud Specialist who works with the Trust to help ensure that risks are mitigated and that systems are resilient to fraud and corruption.

The Audit Committee receives and approves the Counter Fraud Annual Work Plan and Annual Report. The Audit Committee also monitors the adequacy of counter fraud arrangements and reports on progress to the Board of Directors.

## **Going Concern**

Our organisation was established as a legal body, through a Statutory Instrument, under the National Health Service Act 1977 and National Health Service and Community Care Act 1990. The organisation operates in accordance with its Standing Orders, Scheme of Delegation and Standing Financial Instructions and we uphold the core values and principles of the NHS Constitution.

Going concern is a fundamental principle in the preparation of the financial statements for the Trust. It assumes that the entity will continue in business for the foreseeable future, which at a minimum should cover a 12 month period from the date of approval of the accounts.

Under NHS legislation, arrangements are in place so that health services continue to operate regardless of the entity that provides them. However, each entity should consider whether it has any doubts about its own ability to continue as a going concern.

Where the entity considers itself to be a going concern, assets and liabilities are recorded on the basis that the entity will be able to realise its assets and discharge its liabilities in the normal course of business. If the entity does not consider itself as a going concern, assets and liabilities need to be recorded in the accounts on a different basis, reflecting their value on the winding up of the entity.

Directors must satisfy themselves that the business is a going concern. The auditors will undertake their review of the Trust's assessment of going concern with reference to the International Standard of Auditing 570 (United Kingdom).

As part of our going concern, we have reviewed our financial plan for 2018/19, current operating performance and our negotiations for contracting for the year ahead.

In summary, we consider that we have prepared our accounts on a going concern basis.

## 1.4 Financial Performance

### Director of Finance's Report

We continue to maintain a sound financial position despite increasing pressure on resources. Our turnover for 2017/18 was £152.7million and, once again, our organisation finished the financial year with a pre-impairment surplus of £3.8million which was as per our plan. This is a great achievement and is testament to the hard work of staff right across the organisation.

2017/18 also saw us take on the commissioning responsibility for secure services for the whole of the South West. In essence, we have overseen the successful repatriation of 71 patients from out of the region back into the region since the project began in October 2016, enabling better quality of care and more efficient use of specialist mental health funds. The fact that the Trust is in a strong financial position has enabled it to earn the confidence in its commissioners to take on more business and being asked to take on more responsibilities in commissioning.

Two key areas of service pressure that have created a financial challenge over the last year have been demand for mental health beds and the cost of agency staff where recruitment to vacancies has not been possible. However, following the introduction of expenditure caps and improved controls across the NHS, we managed to reduce our agency bill in 2017/18 by just under £1million to £3.5million. We have also started to realise considerable cost savings from bringing our procurement team in-house.

The investment in our urgent care pathway has continued during 2017/18 with the construction of a permanent new build, ten-bed Psychiatric Intensive Care Unit (PICU) under way in Exeter. We were also successful in attracting funding for expanding community perinatal services for the South West and also the introduction of a four bed interim Mother and Baby Unit (MBU), which opened to referrals in March 2018. Capital funding has also been awarded for a permanent new build, eight bedded MBU which will open in 2019.

These three exciting capital projects have meant that our capital programme is extremely busy. Supported by Public Dividend Capital, depreciation and cash from our revenue surpluses, our capital expenditure programme in 2017/18 was £9.1million – of which 40% relates to the programmes outlined above.

Of the remaining 60% capital spend, Information Technology benefited from an investment of £1.8million on improving our organisational response to Disaster Recovery, Mobile Telephony and a rolling replacement programme. A further £2.2million was spent on general estates, health and safety, backlog, anti-ligature work and seclusion rooms. Approximately £1million was spent at Langdon, re-providing services on the land held for sale and on building refurbishments, and £0.2million was spent in Torbay on the expansion of liaison psychiatry services.

Place of Safety (PoS) improvements of £0.2million were undertaken at The Cedars in Exeter using specific funds received for this purpose.

Our Financial Sustainability Risk Rating at the end of 2017/18 was one (one is the maximum achievable) and this was in line with our plan.

The year saw us taking an active role in the system-wide work to develop a robust Sustainability and Transformation Plan for the wider Devon area. We have maintained good working relationships with our two local Clinical Commissioning Groups and other commissioners and this has been particularly valuable in the current financial climate. Our contract negotiations for 2018/19 have been constructive and all of our commissioners are committed to the development and improvement of mental health and learning disability services.

Looking ahead to 2018/19, our operating budget for the year is £158million and managing as agents on behalf of the NHSE and Local Authorities a budget of circa £85million. Our cost improvement plan target for the year is £8million. The funds generated through our cost improvement activities are reinvested to meet other costs, such as pay awards and investments in the development and improvement of our services.

In addition to the expansion outlined above, we have won a number of bids, including the expansion of liaison psychiatry services in Exeter (expansion in Torbay will occur in 2018/19). We have also been successful in bidding for expansion to our Workways service, which will commence in 2018/19, as well as in piloting a new community forensic team. All of these developments will improve the quality and accessibility of services in Devon.

Overall, I am pleased with our financial performance in 2017/18, which has seen us maintain a solid position in times of tight financial constraint and unprecedented levels of demand. However, given this backdrop, it is clear that we must maintain our prudent approach and our tight grip on all aspects of financial management and control.

Once again, our financial performance is a credit to the hard work and professionalism of our staff both on the frontline and in our support functions. I would like to pay a particular tribute to the finance team, who work tirelessly to support and improve the quality of services for people with mental health and learning disability needs.

**Sarah Brampton**  
Director of Finance  
Deputy Chief Executive

## 1.5 Review of 2017/18 Performance

Our organisation performed very well during 2017/18. Detailed information about our performance in a number of key areas is included in our Quality Report (see Section 3).

We are confident that we are providing good care for people and this view has been endorsed by the Care Quality Commission (CQC). The next phase of development and improvement is to embed the culture, systems and processes that we have developed over the last couple of years, move closer towards achieving our mission of becoming a centre of excellence in the field of mental health and learning disability and, in due course, to achieve a rating of 'Outstanding' from the CQC.

### Key Performance At-A-Glance

- We received 66,000 referrals; the Depression and Anxiety Service (DAS) alone received 22,000 referrals
- On average, we make contact with 20,000 people every month
- Only 2% of people detained under section 136 of the *Mental Health Act* were assessed in police custody – five years ago it was 74%
- We have reduced lengths of stay in hospital for medium secure care by 7% and by 10% for low secure care
- Over 96% of people using our Devon Memory Service would recommend it to others
- We recruited 3,669 people to dementia research studies – more than anywhere else in the UK
- Physical aggression is down on 13 of our 19 wards and five wards have reduced their use of seclusion and/or physical restraint
- Our Dementia Wellbeing Service in Bristol received 1,551 referrals and made 14,075 contacts and 1,898 interactions with carers – and on average 97% of people had their first appointment booked within ten days of a referral being accepted
- Our length of stay in hospital is much lower than the National average – 33 days for adults (National average 36 days) and 61 days for older people (National average 81 days)
- Our staff sickness rate is 4.6%, below the National benchmark of 5.5%
- Our staff training rate is generally around 92% – significantly higher than the National average of 80%
- 3.9% of transfers of care were delayed – against a target of 7.5%
- 92% of people with complex needs (and supported by the Care Programme Approach) are reviewed within 12 months, against the National target of 95%. We have set up processes to monitor progress in order to achieve the target
- 93% of people who are discharged from our hospital wards are followed up within seven days to ensure their safety and wellbeing. We aim to improve and maintain a 100% follow-up rate
- 96% of admissions to our hospital wards were coordinated by our Crisis Resolution and Home Treatment (CRHT) teams – against a target of 95%
- For people needing access to a psychological therapy (Improving Access to Psychological Therapies, IAPT), 100% received their first treatment within 18 weeks of referral – against the National target of 95%

- For people needing access to a psychological therapy (IAPT), 94% received their first treatment within six weeks of referral – against the National target of 75%
- Our Dementia Wellbeing Service in Bristol received 1,551 referrals, made 14,075 contacts and has a diagnosis rate of 74.4% – still the best diagnosis rate in the South West
- 82% of people experiencing a first episode of psychosis were assessed and allocated care in accordance with NICE guidelines – against a target of 50%
- In the last year, we have increased the number of people receiving their low and medium level secure care within the region from 50% to 70%, and returned more than 70 people back to services in the South West from other parts of the country
- 66.3% of staff would recommend us as a place to receive treatment compared to 43% in 2014
- 56% of staff would recommend us as a place to work compared to 47% in 2014
- 4,794 users of our services completed The Friends and Family Test – 4,377 (91.3%) said they were likely or extremely likely to recommend our services

## **Performance Analysis and Highlights**

### **Wider Devon Sustainability and Transformation Plan (STP)**

The NHS and local councils are developing and implementing shared proposals to improve health and care in every part of England. These are called Sustainability and Transformation Plans (STP), and during the next few years they will represent the biggest national move to join up care in any major western country.

In 2017/18 we continued to work closely with our partners in the delivery of the STP for the wider Devon area. We are working particularly hard to ensure that the importance of excellent mental health and learning disability services is recognised as a priority as we take this agenda forward.

The STP has been a positive catalyst for Devon. It has helped leaders build a collaborative and system-wide approach across the NHS and local government. As a result, Devon is in a stronger position in which to further integrate health and care services for the benefit of its population. The collective work by leaders has helped us tackle the historical challenges we have faced, and, as a result, our financial and service performance has improved considerably.

The latest assessment by NHS England and NHS Improvement rates the Devon STP as one of 14 systems making real progress. Historical overspending across the system has been reduced from £229million to £61million in the past two years. This includes saving £25million on agency staff spend. The Devon system is aiming for financial balance in 2019/20.

The STP has recognised that Devon has many leading and innovative mental health services and it is signed-up to the principle of ‘no health without mental health’. Examples include liaison psychiatry services in each of our major acute A&E departments to ensure people get the right help when they need it; psychological therapies for people with long-term conditions, specialist support for pregnant women and new mums and two new specialist units opening



next year, which will mean that fewer people and their families will need to travel outside the county for their care.

In addition, the STP has focused on driving clinical improvement as well as productivity, efficiency and sustainability. For example, STP leaders have signed up to the national 'Getting It Right First Time' programme, which is helping to improve the quality of care within the NHS by reducing unwarranted variations, bringing efficiencies and improving patient outcomes.

The STP has also actively engaged with Healthwatch, MPs, local authorities' Overview and Scrutiny Committees, patients and the public, and Healthwatch representatives sit on the STP's Clinical Cabinet.

### **SMART Transformation**

SMART is our major transformation programme that works with teams across our organisation to find new ways of delivering high quality care that is more consistent and is based upon clinical evidence and best practice.

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

Last year we continued to make further headway with SMART. We now have Health and Wellbeing Clinics in Barnstaple, Exeter and Torbay that are modern, welcoming environments that we can be proud of, and the feedback from users of services has been exceptional. As part of this programme, our staff have had to make many changes to the way that they work to increase mobile working, flexibility and efficiency.

### **Developing Care Pathways**

An important part of our SMART work is to develop clear care pathways in major clinical areas. Having care pathways which provide evidence-based support will give the people using our services more clarity about what they can expect. They will be clearer on the outcomes of their assessments and understand what is happening next. It will also mean that staff are able to make the best use of the skills they have through more effective job planning.

We made good progress last year with the care pathway for personality disorders, which included the launch of the CHANGE programme. This helps to ensure people with a personality disorder are able to benefit from evidence-based treatment.

We have also continued our work to improve the urgent care pathway, which delivers support when people are in crisis and need urgent help. We have extended the operating hours of our crisis and home treatment teams. We have also established that we have too few adult beds in Devon for the size of our population and are exploring what we can do to increase our capacity, and to ensure people get the right care when they are in most need.

We have continued to work closely with the police on the urgent care pathway. Very few people with mental health needs now have to be taken to custody in crisis and in April 2018 we opened a refurbished Place of Safety (PoS) suite in Exeter where people can be assessed under the *Mental Health Act* in a non-threatening, therapeutic environment. In the last five years, we have reduced the proportion of people who are assessed in police custody under section 136 of the *Mental Health Act* from 74% to just 2% – meaning that 98% of people are now assessed in a health-based Place of Safety as opposed to a police station. This is a huge improvement.

Progress was also made with the care pathway for older people. This included the launch of a county-wide advice line for GPs so that they can be assured timely access to advice and guidance from a senior professional in older people's mental health care. The advice line has been very positively received by our GP colleagues.

Pilots are also under way to provide education and support to care homes in Torbay and East Devon, to enable quicker access straight to our older people's service for advice and guidance. Work is being done with care home staff to plan and review care and support, with a specific emphasis on building the confidence and knowledge of care home staff in how to maintain independence and to respond to people's needs to prevent the potential breakdown of placements. Similar principles are informing the development of a 'supporting dementia at home' pathway, with a focus on maintaining independence, educating carers around support and planning and providing timely access to advice and guidance.

### Single Point of Access

The aim of the Single Point of Access (SPA) project has been to develop a single route or 'one stop shop' into our services for all referrals, telephone calls and general enquiries. Our SPA was initially launched as a night service in 2016 and we are planning to launch a new SPA call centre in July 2018.

In 2017/18 we made good progress to expand the 24/7 SPA using a single 0300 telephone number for everyone to use when contacting our organisation. This comes as a result of the feedback we received from workshops with service users, carers and GPs. We are expecting the new SPA call centre to be launched in July 2018 and it will be a significant step forward with our efforts to improve access and communication with all of our service users and other partners and stakeholders.

### Care Closer to Home

When people are seriously ill, they need their family and supporters within easy reach of them. Unfortunately, rare and more severe complex health conditions can mean time at specialist centres which, by their nature, are relatively few in number and often based in regional or national centres, meaning they can be remote from where someone lives. This is true for those with complex physical or mental health needs. Care away from family and supporters should be the exception rather than the rule, and the decision for someone to receive their care outside Devon is never taken lightly.

We are now leading a partnership of eight organisations across the South West region to transform the commissioning and delivery of low and medium level secure mental health care. Historically, we have had too few secure beds commissioned in our region and a lack

of alternatives for people's onward pathway of care, meaning large numbers of people have to travel outside the county for the support they need. We are addressing this through our New Care Model. When the project commenced, less than 50% of people from the South West received their secure care in-region, now more than 70% of people receive their care in-region and this figure is improving all the time. We have already repatriated 70 people back to the South West from placements outside the region, many of them significant distances away.

One of our priorities is to develop much-needed secure services for women, of which there are currently very few in the South West region. We have already made progress on this. When the programme started, only 25% of women received their care in-region, around 30% now receive their care in-region, and our ambition is to increase this substantially over the course of the next year.

This is truly a transformative programme which has enabled the significant reduction in out-of-area specialist placements for people who need low and medium level secure care. There are both quality and cost benefits to our collaborative work in this area. We are directing our learning and some of our savings back into our local services to help strengthen local alternatives to specialist care away from home. We also continue to explore and develop a wider range of local specialist services for people.

2017/18 was the fourth year for our dedicated Individual Patient Placement (IPP) Directorate. This team is focused specifically on the planning, management, monitoring and return of people who are receiving their care outside the county. This is generally care in a Psychiatric Intensive Care Unit (PICU), a locked High Dependency Inpatient Rehabilitation Unit or a community placement of some kind. The team ensures that every local opportunity has been exhausted before sending people to specialist out of area placements, and ensures that people are returned to appropriate care closer to home as soon as possible.

After three very successful years, the IPP Directorate had a challenging year in 2017/18, with an average of 70 people receiving their care outside the county at any one time. The opening of a long-awaited PICU in Exeter in 2019 will make a significant difference to the situation. In addition, we are working with our partners in the independent sector to explore service developments locally, including a locked High Dependency Inpatient Rehabilitation Unit for men and women. This improved capacity will lead to significant improvements for local people needing local services and will help us to achieve the aims of the *Five Year Forward View for Mental Health*.

Overall, our work to deliver care closer to home for the varying types of mental health need continues to enhance the experience of people and their families and supporters. It is also reducing costs and increasing efficiency.

### **Care Quality Commission (CQC) Compliance**

In May 2018 the Care Quality Commission (CQC) rated our organisation as 'Good' in the five domains they assess organisations against: Safe, Effective, Caring, Responsive and Well-led. This continued 'Good' rating is a positive recognition of the Trust's continued journey of improvement. Within the same inspection report, our Secure Services were rated as 'Outstanding' overall.

### **New Psychiatric Intensive Care Unit (PICU)**

We are investing £5.5million in the development of a new Psychiatric Intensive Care Unit (PICU) which is currently being built in Exeter. It will support ten men and women from Devon, Torbay and Plymouth with serious mental health needs. We are expecting the new unit to open in spring 2019 (see photo below):



In 2016/17, 116 placements had to be made outside the county for care and treatment in a PICU and having this state-of-the-art facility available locally will make a huge difference to people and their families.

### **Mother and Baby Unit (MBU)**

In April 2017 we were successful in tendering to deliver an eight bed Mother and Baby Unit (MBU) for women living in the South West, Cornwall, Devon and Somerset. This is part of a £16million national investment in new MBUs by NHS England. The new facility is due to open in autumn 2019.



The Perinatal Service has been busy working with architects, mums and dads with lived experience and other partners, including midwifery and health visiting colleagues, CCGs and mental health providers in Cornwall and Somerset, in developing this new unit. Our interim four bedded MBU within Wonford House opened to referrals in March 2018 (see photo opposite).

This has been an exciting period, with essentially two large projects running at the same time. We have been delighted with the response we have had from all of our partners in developing not only the fabric of the building but also the operational elements required to safely deliver and manage a MBU. We have worked particularly closely with Birmingham MBU, which is our 'buddy' unit, and have had unwavering support from our midwifery and obstetric colleagues at the Royal Devon & Exeter NHS Foundation Trust.

The MBU also has an Outreach Service with Outreach Practitioners dedicated to each county. Their expertise will enhance the delivery of a wider system approach to women's experience of care in the community if they are identified as potentially needing an admission to the MBU.

Like the PICU, having these vital services available locally will make a significant difference to people's lives and the quality of care they receive.

### Older People's Services

We are proud of our services for older people and they have largely continued to perform well over the last year. We have a number of transformational projects under way to tackle some of the challenges we face in older people's mental health care, including initiatives in the following areas:

- Recruitment and retention of doctors
- Improving access and triage within our community teams
- Developing our Electroconvulsive Therapy (ECT) service
- Further reducing delayed discharges and improving the flow of people through our older people's inpatient wards
- Reducing the number of people admitted to hospital with dementia
- Developing our Devon Memory Service
- Continuing our work to develop the care pathway for older people.

Our Devon Memory Service is extremely highly regarded and offers multidisciplinary cognitive assessment and diagnosis in three clinic locations across Devon. The feedback from people using the service is extremely positive – over 96% of people would recommend it. We have recently had a Memory Services National Accreditation Programme (MSNAP) review in the Exeter clinic and the initial feedback from the assessment team was very encouraging. We were complimented on the high quality of service, the training and induction provided for staff, the compassionate care from staff and the range of provision and support for people following a dementia diagnosis.

The Devon Dementia Collaborative (DDC) is also moving forward. This is a research collaboration between our organisation and the Royal Devon and Exeter NHS Foundation Trust. Our shared vision is to provide every person living with dementia in our community with the opportunity to take part in world class research by providing a broad portfolio of high quality studies. The current research portfolio includes ten commercial and non-commercial studies and we have a further 12 studies at the feasibility and set-up stage. In 2016, the DDC project was shortlisted for a *Health Service Journal* award.

Our Care Home Project is also making steady progress. The aim of the project is to enable us to continue delivering prompt, efficient and comprehensive services to patients, and to ensure that residential care environments receive the support they need to optimise their residents' mental health and wellbeing. The focus is to provide education and support to care homes through training and intervention, from both a non-pharmacological and pharmacological perspective, helping homes to manage people with Behavioural and Psychological Symptoms of Dementia (BPSD).



We will be implementing Cognitive Stimulation Therapy for people diagnosed with dementia. We have developed the care pathway for people with learning disabilities, to ensure that they can access mainstream dementia services when appropriate, and are in the process of implementing our Young Onset Dementia pathway, which includes a consultant-led triage clinic.

Other achievements during 2017/18 include:

- Electroconvulsive Therapy Accreditation Service (ECTAS) for our Torbay and Exeter Electroconvulsive Therapy (ECT) clinics
- Continuous development of a Quality Improvement culture on Beech ward in Torbay – which has also seen significant improvement in staff recruitment and retention levels
- Reduced lengths of stay and improved bed occupancy on Rougemont ward in Exeter
- Piloting a GP advice line to support family doctors with questions or concerns about older patients with mental health needs – feedback has been excellent
- Creation of Community Advanced Practitioner roles in older people's services. This is an innovative and extended role that includes some of the tasks traditionally undertaken by doctors, such as prescribing. The posts have been rolled-out across the service following very successful pilots in the Teignbridge, Exeter and South and West localities.

### **Secure Services**

2017/18 was a very productive and exciting time for Secure Services, seeing new developments, achievements and major improvements in our collaborative working with patients, staff and carers. "Wow", "fabulous", "amazing" and "awe-inspiring" were just some of the words used by the CQC inspection team to describe our services and staff during its most recent inspection at the end of 2017.

We have an ambition to include patients, staff and carers in all that we do by the end of 2018 and we continue to work towards this goal. February 2018 saw the introduction of our Quality Improvement Collaborative events including our patients, staff and carers across the whole Directorate. The first event focused on quality improvement projects across the Directorate, was well attended and generated some innovative improvements.

Our Patient Council goes from strength to strength with strong leadership and the inspiring dedication of our patient group to improve all aspects of our services at Langdon. Key achievements have included a recycling initiative, Sky Sports access, production of a monthly carers' newsletter, development of patient/carers admission leaflets and DVDs, review of local procedures and active participation in visits. We now hold monthly drop-in sessions for carers to attend and express their views and our Staff Council also continues to meet regularly, to ensure our staff voice is heard and feedback is acted upon.

We are very proud of our successful partnerships with our chaplaincy and advocacy services. Chaplaincy services have expanded to include advice for carers and they help to ensure consistent support to our patients during transitions through their care pathways. Chaplaincy provides proactive support with projects like our new weather station at Langdon,

engagement with Exeter Cathedral, supporting the Dove Café (volunteer service) and involvement in walking groups.

The Directorate works collaboratively with other secure facilities and is an active member of the Quality Network for Mental Health Services, sharing knowledge and experience. This year has seen our membership expand to include prisons and our work in patient and carer involvement, relational discovery and physical health has been recognised by the network.

### *Relational Discovery*

We use the term 'Relational Discovery' to describe how we work together to enable individuals, be they staff or patients, to develop an awareness of themselves, to learn about themselves and to develop skills and experience so that they might achieve their potential and attain their personal goals. It is a philosophy that was developed at Langdon in 2016 and is now becoming well-embedded in everything we do. It has been recognised as a model of good practice by healthcare providers in the UK and the Royal College of Psychiatrists' Quality Network. The aim is to improve outcomes for patients in terms of their health, wellbeing and risk; to support a timely discharge from our care and to support staff in terms of their wellbeing, therapeutic skills, career opportunities and satisfaction.

### *Wellbeing Centre*

2017 saw the official opening of our innovative Health and Wellbeing Centre at Langdon, providing primary care services in line with services that we could all expect to receive in the community. It includes access to a GP and primary care nurse services, a gym, education and learning centre. We believe we are one of the first in the country to provide such a complete service and are very proud of this development which has been commended by both the CQC and the Quality Network.

### *Discovery Centre*

The Discovery Centre is a recovery college that aims to restore hope, increase people's sense of control over their lives and support them to take opportunities to pursue their goals, interests and aspirations.

The Discovery Centre has received several accolades for the standard of the service provided and the dedication of its staff, who work collaboratively with our patients, carers and outside educational facilities (see photo opposite).

Several vocational and educational courses are on offer and many of them lead to recognised qualifications.



### *Length of Stay*

One of our major achievements last year was the development of a Reduction in Length of Stay Strategy and the attainment of our CQUIN target in this area. We have successfully reduced length of stay by 7% within medium secure services and by 10% in low secure services, and are continuing to ensure our patients are receiving the right treatment, in the right place and the right time.

### *Prison Healthcare*

Secure Services is now a year into providing mental health services to Devon's three prisons. It has been a challenge to improve the service on offer but our staff team has taken on this challenge and are working very hard to ensure prisoners are offered a high quality service to support their mental health needs. There have been several compliments from carers and patients commending these services. Our challenges this year include improving systems and processes, more effective patient engagement and multiagency suicide prevention programmes.

### *Community Services*

2017/18 has been a very productive and successful year for our Pathfinder, FIND (Forensic, Intellectual and Neurodevelopmental Disorders) and OPD (Offender Personality Disorder) services – with the potential for two new forensic community services, delivery of a comprehensive training programme and some outstanding collaborative work to manage risk in the community.

We recently won our bid to pilot a new Community Forensic Team in the South West. This service will provide the opportunity to reduce health care inequalities for women, transgender people and younger people (who are transitioning into adult psychiatric care) with secure health care needs. The service will support people by developing individualised care pathways that provide high quality care within the least restrictive setting and in environments close to home, friends, family and carers. Discussions are also taking place with commissioners about the development of an Autism Spectrum Disorder / Learning Disability Community Forensic Team.

The Pathfinder, FIND and OPD services excel in working collaboratively with partner agencies such as the National Probation Service, Child and Adolescent Mental Health Service (CAMHS), primary care providers, the local Public Protection Unit and the police. Staff within our community teams received 32 compliments this year from a number of different organisations.

### *Learning Disability Services*

Over the past 12 months we have completed a review of both our inpatient and community learning disability services. The inpatient service review has recognised the importance of having a specialist inpatient facility specifically for adults with a learning disability. Our Additional Support Unit (ASU) staff continue to implement the positive behavioural support model and the team has participated in the Outstanding Service Approach (OSA) programme to further develop good practice. The views of family members and carers about the service and the team at the ASU have been very positive and they had opportunities to be involved in our review and improvement work. Members of the team are engaged at all levels in developments, such as the Assistant Practitioner programme.

The review of the redesign for community services has led to the development of new protocols in the areas of parenting, transition and dementia and the pathways for challenging behaviour, mental health and complex disabilities have been strengthened. Teams have had the opportunity to reflect on their practice and to develop plans that will help us move from 'Good' to 'Outstanding'. National drivers have also influenced service development and our teams are engaged in STOMP (Stop Overmedicating People with a Learning Disability).



This included the development of a non-medical Prescriber within the service, with plans to train more people in this role and for the development of additional non-medical roles. A large number of staff have been trained to support the Learning Disabilities Mortality Review (LeDeR) programme as reviewers. This work is led by Bristol University and aims to reduce the unnecessary deaths of people with learning disabilities.

We were fortunate to receive a visit from NHS England's Improvement Leads for learning disabilities during the year. They met with a range of staff throughout our services and were able to discuss local good practice developments. As a result we were successfully chosen to complete a national media 'shout out' to convey the message that good postural care saves lives. NHS England was extremely complimentary about both our staff and the way that our services continue to develop to meet the needs of the people we support.

### **Bristol Dementia Wellbeing Service**

2017/18 was another very successful year for our Dementia Wellbeing Service in Bristol, which we run in partnership with Alzheimer's Society. Highlights for the year include:

- 1,551 new referrals
- Waiting times for accepting a referral to booking a first appointment within ten days has approached 100% for most months
- Following initial assessment, service users receive a personalised Wellbeing Plan within 12 weeks and 99% of service users receive a contact or review at least every six months
- 38% of carers have received a carer's assessment. We have established effective links with the local authority Supporting Carers Team who use our assessments to allocate funding to support carers, which could be a carer's break or the provision of equipment
- We have significantly improved the number of Friends and Family Test questionnaire response. Last year we received 108 returns this year we have received 290. Of these 290, 97% have been positive, indicating that people would be likely or extremely likely to recommend our service to a friend or family member
- Between April 2017 and March 2018, we made 14,075 contacts, 1,898 carer interactions and 2,053 provisions of information.

We are committed to the benefits of research, including the potential to improve one's own condition, wellbeing or quality of life, increase access to treatments which may not be widely available and the possibility of helping other people with dementia in the future. We are now a research-active service and have been engaged with a number of research opportunities including studies looking at genetics relating to Alzheimer's disease, evaluation of crisis teams and an evaluation of Black and Ethnic Minority (BME) referral outcomes. 30% of our current service users have actively consented to be approached about research opportunities.

We have seconded three practitioners to help local hospital Trusts support people with dementia in hospital and improve proactive and safe discharge which enables patients to return to their usual place of residence in a safe and timely way.

We have also focused on the accessibility of our service. In addition to the three Community Development Coordinators (CDC) that were already in post, we now have a further CDC in post with an education focus. This is an exciting new opportunity to deliver dementia awareness and education in our local primary and secondary schools. We also launched short films about dementia in six different languages (Urdu, Punjabi, Cantonese, Somali, Polish and English-language), addressing stigma and misconceptions about dementia in some communities, key prevention messages, how diagnosis is made and what support is available, including the promotion of our service. These films are available on our website and have been well-received locally and nationally, and have opened conversations with local communities for further engagement.

In addition to this we are supporting Age UK Bristol to deliver its Education and Advice service which is vital in supporting people affected by dementia in negotiating the complexities of legal and financial forms, including claiming benefits and arranging Lasting Power of Attorney directives.

Next year, we are looking forward to exciting new developments in our Memory Clinic and the publication of our interim service evaluation.

### **Depression and Anxiety Service**

Our Depression and Anxiety Service (DAS) service has continued to work hard to enable access for large numbers of people who struggle with a wide range of difficulties. Within the year we continued to implement our expansion as an early implementer site for people who have depression and anxiety alongside a long-term physical health problem. We are now embedded into three physical health care pathways for people with diabetes, obesity and Chronic Obstructive Pulmonary Disease (COPD), and are also starting to deliver treatment for people within the pain management care pathway.

This service is delivered by our *Talking Health* team and it is co-located within the physical healthcare environment, and our clinicians are involved with their physical healthcare colleagues, or linking closely with the primary care team. We are evaluating the service and starting to demonstrate both the effectiveness of psychological treatment for people who also have physical health needs, and also showing cost savings to the whole health system. This stems from factors such as fewer hospital admissions, reduced use of hospital Emergency Departments and fewer visits to the GP. This is early evaluation, but encouraging, and in line with the *Five Year Forward View for Mental Health*.

Within our core DAS service we have continued to offer timely appointments for assessment and treatment, meeting our current Key Performance Indicator for waiting times. We are also enabling large numbers of people who access the service to achieve full recovery, using the standardised outcome measure. Last year, 51.7% of people across Devon achieved full recovery against a national target of 50%.

### **Improvements at The Cedars**

We plan to carry out a major refurbishment of The Cedars in due course, which will transform the interior of the building to provide modern wards and a significantly enhanced overall environment. There will be several phases to the proposed refurbishment and the total project is expected to cost around £4million. The first phase of this work was completed in

2017/18 and included a brand new main Reception area, which is now bright and welcoming. A new staircase has been built so that inpatients upstairs now have direct access to the garden area and the family room has been completely refurbished. The next phase of the project will see en-suite facilities in all bedrooms and enhanced day facilities for people using the two wards, Coombehaven and Delderfield.

In April 2018, a new Place of Safety (PoS) suite was also opened at The Cedars. Benefiting from £190k of national funding, the new PoS can support two people at any one time, instead of just one. Over the last five years, we have worked closely with the police to reduce the number of people who are detained in police custody when they are picked-up under section 136 of the *Mental Health Act*. In 2012/13, 74% of people were detained in police custody; the figure is now just 2%, with the remaining 98% of people being detained in a health-based PoS.



Working with people who use services to seek their views, and looking at best practice in other parts of the country, the team at The Cedars is also piloting the wearing of uniforms on the ward – with different professions being identifiable through different colours (see photo opposite). Feedback to this initiative has largely been very positive.

### Going Smokefree

Our organisation became one of the first NHS mental health and learning disability providers in the region to go completely smokefree on 14 March 2018 – National No Smoking Day.

It is well documented that people with mental health and learning disability needs generally have far worse physical health than other people, and we also know that a particularly high percentage of people with mental health needs are smokers. Increasingly, organisations like ours are doing everything we can to improve the physical health of people in our care. This can obviously include things like diet, exercise and lifestyle but addressing issues related to smoking is extremely important – as it is the nation's number one killer. Many of our staff have undergone training to support people to quit smoking and to advise them on the use of nicotine replacement therapy and we are doing everything we can to support our own staff to quit.

Our Chair, Chief Executive and Medical Director signed-up to the *Smokefree Pledge* (see photo opposite) which is a tangible way for NHS organisations to show their commitment to helping smokers to quit and providing Smokefree environments that support them.



## Charitable Funds

Our charity enables the Trust to provide above and beyond what the NHS is able to fund and supports mental health and learning disability needs services that are vital to our community's wellbeing and recovery.

2017/18 has seen charitable funds help a variety of services that benefited both users of our services and staff. This includes the team at The Cedars in Exeter, where charitable funds facilitated the introduction of staff uniforms.

Charitable funds have also supported users of our services with pet therapy and museum outreach sessions, which give people the opportunity to handle items of interest. The sessions offer a rich multi-sensory experience, allowing participants to get up close to the museum artifacts. This stimulates memories and associations, helping people to maintain a sense of self and a connection to the cultural world outside hospital.

Our activities have drawn closer links to the community and money raised has allowed us to offer a pioneering service such as *Little Blue Bells*. This was set up to support parents with their emotional wellbeing during pregnancy and up to two years after birth, in the Torbay and South Hams areas. Without the access to our charitable fund, *Little Bluebells* would not have been able to provide its vital group programme, which gives mums the skills and strategies to cope. The hope is that by meeting together with other people in a similar situation and having some valuable 'me time', women can begin to feel more positive about life as a mum and realise they are not alone in feeling the way they do.

Now the time is right to create a charity with a recognised identity, which has a focused mission and sets out our organisational values. We have now appointed a Head of Charity Fundraising to help build on the success that has already taken place. 2018/19 will be an exciting year for our charitable fundraising activities, offering staff, users of our services and the community more ways to support our charity and to understand how their support can benefit others.

## MINDFUL EMPLOYER

Launched by our organisation in 2004 through our excellent Workways service, MINDFUL EMPLOYER provides businesses and organisations with easier access to information, support and mental health awareness training. With over 3,000 employer contacts all over the UK and abroad the initiative attracts interest from small, medium and large companies and also a wide range of supporting services. A new network of Affiliate Trainers has been developed to increase capacity to meet ever-growing demand for mental health awareness workshops. MINDFUL EMPLOYER was launched in Greece this year and was featured in a conference in Italy. For more information visit [www.mindfulemployer.net](http://www.mindfulemployer.net)

## Recruitment

One of our strategic objectives is to create a great place to work with a shared sense of pride and ambition. Recruitment and retention of staff remains one of our highest priorities. In order to progress this work we have a dedicated Workforce Resourcing Action Plan, which is managed through the Workforce Directorate. The 2017/18 workplan included development of a recruitment microsite (a dedicated part of our website) to support our resourcing strategy, including a digital marketing campaign focusing on our hard-to-fill posts for doctors and nurses. We have also attended numerous recruitment fairs and events and have

attracted a large number of newly-qualified staff as a result of these. To further support these staff we have invested in our practice education team and we are currently reviewing our preceptorship programme to ensure that staff can develop their careers, which will support our efforts to retain high quality people.

In addition to our graduate recruitment programme, we have also agreed to invest in clinical apprenticeships. We will be piloting a cohort of Nurse Associates specifically in mental health (with support from Health Education England). We have also agreed to fully sponsor ten Assistant Practitioners to become qualified nurses through a top-up degree delivered by Plymouth University at its Exeter campus, as well as recruiting a further ten support staff to obtain their degrees through an apprenticeship with the Open University.

We have recently worked with NHS Improvement to agree a retention plan which includes several actions, such as a review of retirement and return, the introduction of 'stay' interviews and recognising and awarding long-service.

### **Safeguarding**

We have continued to develop clinicians' awareness of the safeguarding agenda through a wide range of initiatives including the delivery of safeguarding supervision clinics, improved access to Level 3 Safeguarding Training (in both children and adults safeguarding), the production of a bi-monthly safeguarding bulletin and developing improved systems to ensure all safeguarding concerns are captured through the Risk Management System (RMS).

As a consequence, the volume of safeguarding concerns identified by clinicians has increased from 259 (2016/17) to 994 (2017/18) with 614 safeguarding referrals being made to Local Authorities. In part, this increased activity reflects the value of delivering in-house Level 3 Safeguarding Training; (almost 800 clinicians have now completed their training, compared with less than 200 at the end of 2016/17) and safeguarding supervision clinics. The significant increase in awareness and activity brings with it challenges for all parts of the Trust in responding robustly to the volume of safeguarding enquiries being undertaken.

Safeguarding includes the associated domains of Modern Slavery, Prevent, Forced Marriage, Female Genital Mutilation and Domestic Abuse and Sexual Violence. Training on these issues is included within mandatory training and the Safeguarding Team provides strategic leadership to each of these agendas, ensuring that all employees are informed and able to access detailed information. During 2017/18, two referrals were made to the Modern Slavery Unit, however it is of note that as the Trust (along with other NHS providers) is not registered to make direct referrals, such referrals have to be made via the Local Authority. The Trust is also an active member of the Devon Strategic Leadership Board for Domestic Abuse and Sexual Violence, the Channel Strategic Board (for Prevent referrals) and contributes actively to Channel Panels.

Our organisation continues to contribute actively to Local Safeguarding Boards for both children and adults in Torbay and Devon and the Devon Children and Families Partnership. The Managing Partner for Safeguarding is now the Vice-Chair of the Devon Safeguarding Adults Board. In addition, we contribute actively to Serious Case Reviews, Serious Adult Reviews and Domestic Homicide Reviews and ensure learning is implemented across the Trust.



## Equality, Diversity and Inclusion (EDI)

Our aim to challenge discrimination and stigma and to champion recovery, inclusion and wellbeing is of vital importance to us, as we strive to ensure that our care is individual and person-centred, that people's holistic needs are met during their time with us and that people using services, their relatives, carers, staff and other visitors to our services are treated with dignity and respect at all times. We are determined to ensure that we offer equal access to healthcare and employment opportunities and that we continue to develop our workforce to reflect the communities we serve.

Recognising our responsibilities under the Equality Act (2010), in order to comply with the Public Sector Equality Duty and the specific duties (2011), we have a robust, executive-led Equality, Diversity and Inclusion (EDI) programme in place, supporting our staff across all areas of service delivery and as part of an increasingly diverse workforce to actively promote equality and inclusion. This includes working to the NHS England Equality Delivery System v2, the NHS England Workforce Race Equality Standard, Gender Pay Gap reporting and annual monitoring, analysis and publication of Workforce Equality Monitoring information and Patient Survey / Friends and Family data.

In 2018, we will also be ensuring compliance with two new standards introduced by NHS England – the Workforce Disability Equality Standard and the Sexual Orientation Monitoring Standard for people using services. We will also be continuing our work to enhance service delivery ensuring that we meet people's individual communication needs in compliance with the Accessible Information Standard and producing an annual patient equality monitoring report alongside our workforce equality monitoring.

### *EDI Plans for the Future*

We have an exciting range of plans for the future within the EDI programme, which include:

- Working with NHS England Learning Disability Employment Programme and local health and social care providers to ensure that people with learning disabilities have equal opportunity to secure employment at the Trust.
- A series of events for staff promoting new conversations about difference, being planned and run in partnership with the Bristol Old Vic Theatre.
- Implementation of enhanced practice to ensure we consistently meet people's individual communication needs in compliance with the Accessible Information Standard.
- Disability Access audits for all our services to ensure that our premises are compliant with national access legislation.
- Visit scheduled from the National Network of Mental Health Chaplains to review the Trust's needs in terms of spiritual care and chaplaincy.
- Community workshops to enhance our partnership working with local community, third and voluntary sector service providers to minority groups and people with protected characteristics.

## Information, Technology and the Digital Agenda

We continue towards our vision of a digital organisation by 2020/21 with the modernisation of infrastructure, increased digital maturity, safer and more effective use of information and the development of new and innovative digital products and services. Our IT and safer information strategic delivery plan is enabled by the following eight key digital themes:

1. Ensure a secure and fit for purpose digital environment
2. Nurturing and delivering innovation
3. Supporting county-wide integrated digital care
4. Creating a digital culture to improve digital maturity
5. Sharing information safely
6. Information without boundaries
7. Deliver IT services that represent true value
8. Creating a secure and resilient infrastructure has continued throughout the year with a focus on raising the standards of digital resilience, particularly in the areas of networking, wireless and cyber security.

The changing of our culture from Information Governance to Safer Information has evolved and preparations undertaken in readiness for the General Data Protection Regulation that becomes law in May 2018 and for the change from the Information Governance Toolkit to the new Data Security and Protection Toolkit.

Our Informatics team developed the 'Informatics Hub' to deliver quick, accurate data that is simple, visual and easy to understand. The performance dashboards drive decision making that is focused on safety and improvement.

We also continued to meet national submission requirements that are published in the NHS England's 'Mental Health Five Year Forward View Dashboard', while we continued to monitor the accuracy of information to ensure services users, families and carers could see how our services perform and make informed choices about their care.

The second iteration of the national Digital Maturity Assessment has shown our Trust to be the most improved Trust across the whole of Devon in all three categories of 'Readiness', 'Capabilities' and 'Enabling Infrastructure'.

Our achievements have also been recognised nationally by awards for innovation; of particular note was the co-designed in-house Individual Patient Placement software 'BRIDGE', which was the only NHS provider finalist in the UXUK user experience awards alongside companies such as Easy Jet, Barclays, Sky, AA and BT TV. Our Informatics team were also successful in receiving the highly commended award at the Trust's Celebrating Achievement Innovation award.

We have also continued to play a leading role in the wider digital care economy and are keen partners in the digital programme of the Devon Sustainability and Transformation Plan. The year has seen us move forward digitally with the belief in better care through continually improved digital services, focussing on the whole person and sharing information across care settings.

## Research and Development

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

Working in partnership with the University of Exeter, we recruited the highest recorded number of patients to dementia studies in the country (3,669 participants) last year. Across our other studies we recruited 529 people. We ended the year ranked as the second highest performing mental health Trust for 2017/18 with a total of 4,198 participants.

We have recently finished our UK Clinical Record Interactive Search (CRIS) deployment and are now moving to a number of pilot projects to embed it within the research work we do. We remain committed to delivering research opportunities to people across Devon. We are making new links with acute services in Torbay and building on our collaboration with the Royal Devon and Exeter NHS Foundation Trust to increase dementia research in Devon. We are actively building research-active clinical teams by delivering a programme of Research Champions. These are research-positive staff who can promote and recruit for us in all services and teams across Devon.

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

Other Research and Development highlights include:

- [\*Research and Development Conference\*](#)  
This two day conference was attended by 80 people each day. Speakers were primarily local academics presenting on projects that ran locally, as well as further afield. Day one was themed on dementia and Day two on mental health. Each day included people with lived experience who had participated in research, telling us about their own stories.
- [\*The Cost and Outcome of Behavioural Activation versus Cognitive Behavioural Therapy for Depression Trial \(COBRA\)\*](#)  
Locally led, large scale research study looking at Behavioural Activation (BA) and Cognitive Behavioural Therapy. Publication of the results in *The Lancet* showed good evidence for the effectiveness of the BA approach. Our psychological therapies service offered BA within a few weeks of the paper being published.
- [\*Shared Decision Making in Dementia \(SHARED\)\*](#)  
Locally-led study, results of this study looking at how dementia diagnosis is delivered have been widely disseminated and included in presentations at our Senior Staff Forum, Research & Development Conference and within Directorate teams.
- [\*Training to Enhance Psychiatrist Communication with Patients with Psychosis \(TEMPO\)\*](#)  
Evidenced-based communication skills training programme for mental health professionals. TEMPO training came as a direct result of National Institute of Health Research funded research. Training is led by colleagues from the University of Exeter.



- *The DEmentia identification COmputerised DEcision (DECODE) System*

This project has been developed to support clinicians in triaging patients. Operational research modelling suggests that its implementation as a memory clinic triage system would reduce waiting times and release resources for post-diagnostic support. We approached local GPs to ascertain their views on the acceptability and feasibility of introducing DECODE both at Memory Clinic triage and in primary care.

We also continue to run lunchtime seminars in conjunction with the University of Exeter. The most recent seminar, 'Presenting Research on Understanding Suicidal Thoughts', was attended by 150 people and included those with lived experience. Other seminars include mental health genomics, epigenetic, prescribing in dementia and mathematical modelling in healthcare.

### Let's Talk About Mental Health

We are always striving to increase understanding and awareness about mental health and learning disability and to dispel some of the myths that surround it. We have








now established a regular monthly phone-in with BBC Radio Devon. It takes place on the first Tuesday of every month and it has been very warmly received by both listeners and professionals. Every programme includes the personal story of someone with lived experience and topics covered so far include emotional resilience and wellbeing, psychosis, depression, eating disorders, alcohol and perinatal mental health.

### Social Media

Digital communications, including social media, is an important part of our work to establish ourselves as a centre of excellence by 2021. We have continued to use our digital channels to talk about work, seek people's views, tell people's stories and raise awareness of mental health and learning disability.

Our key social media accounts are as follows:

Facebook		DPT has 947 likes
Instagram		DPT has 133 followers
LinkedIn		DPT has 866 followers
Twitter		@DPT_NHS has 3,363 followers @DPT_Jobs has 636 followers @DPT_DAS has 1,628 followers
YouTube		DPTNHS has 111 subscribers

We also have a presence on Pinterest, Google+ and Vimeo and are exploring how we can use other channels to engage with a wider audience, such as Pinterest, Snapchat and Instagram.

Our new website ([www.dpt.nhs.uk](http://www.dpt.nhs.uk)) was launched in July 2017. The website was a complete overhaul and replacement of the existing, dated site. We worked closely with people who use our services to create a design that was user friendly, easy to navigate and provided urgent help or advice as a priority. The website guides people who use our services through their care with signposting to relevant information and combines content, imagery and film to showcase what we do. It is a responsive site which works well on a variety of devices and has 'Browsealoud' installed to make it easily readable.

We launched a recruitment microsite in December 2018, promoting the organisation as a great place to work and Devon as a great place to live. There is an array of photography and passionate staff testimonials about why people chose to work in mental health and learning disability services. This launch was also followed by an eight week advertising campaign on social media targeting relevant professionals to apply for nursing and doctor vacancies.

### Together Approach



The *Together* approach continued its work in 2017/18, ensuring that we involve people who use our services, their families and carers in our work.

A Delivery Group including many people with lived experience and carers has continued to develop tools and strategies to implement the approach. We are also striving to recruit people to become 'friends' of the organisation and support our campaigning and charitable activities work.

A separate Carer's Steering Group has been put in place to ensure the key workstreams for carer needs and priorities are kept on-track. We have developed a draft Carer's Strategy and are piloting staff carer awareness training sessions for staff in Torbay in 2018, co-designed and produced with Torbay carers. We were delighted to receive our stage one award from the Carers Trust in recognition of embedding our commitment to carers and the standards, as laid out in the *Triangle of Care*.

Promotional materials and a strategy for publicity of the *Together* approach are in place. Two successful launch events across Devon and Torbay took place in April 2017 and May 2017, co-designed by people with lived experience and carers. These events were followed up with feedback workshops in November 2017 and December 2017.

*Together* continues to be promoted at major events, on DAISY (our intranet site) and the organisation's website. Staff engagement at Directorate level is developing, with some outstanding practice in Secure Services, Learning Disability Services and the Cedars Academy. Improvement Café events are being planned for 2018 to engage our staff further.

We are actively promoting *Together* with our partner organisations to increase awareness and support and will continue to engage and listen to our minority groups and individuals with protected characteristics. We are in the process of establishing a Peer Support Worker development programme, based on best practice nationally. This has been approved by the Board and is now at the implementation stage.

We plan to develop a leadership programme to enable people and staff to develop their own skills and knowledge to contribute more effectively. This comes as a result of our attendance at the King's Fund Leadership Programme in conjunction with the South West Leadership Academy.

A *Together* Award is now a regular part of the organisation's annual Celebrating Achievement Awards and the first *Together* Annual Report was published in 2017. The report summarises the achievements and challenges of the *Together* approach and includes data from our *Together* trackers, as well as feedback we have received and targets for next year. The report is available to view on our website.

### Our Journey

We continued with our annual *Our Journey* staff engagement roadshows in 2017 with over 600 staff attending ten events. The themes of the 2017 events was celebrating how far we had come over the last few years, particularly with regard to our external assessments, and in how we can build on this through our workforce. Each event included an 'expo' on health and wellbeing with everything from massage to dietary advice. We also used a world café approach to get feedback from staff on diversity, wellbeing, improvement and culture.

*Our Journey* staff feedback has been used to inform our ongoing work plans in these areas and has led to changes being made to some of our other engagement events, such as the Senior Staff Forum. *Our Journey* will remain an important annual opportunity for us to listen to our staff.

Further information about our engagement with staff and users of services, for example The Friends and Family Test, NHS Staff Survey and details about compliments and complaints, can be found in our 'Quality Report' in Section 3.

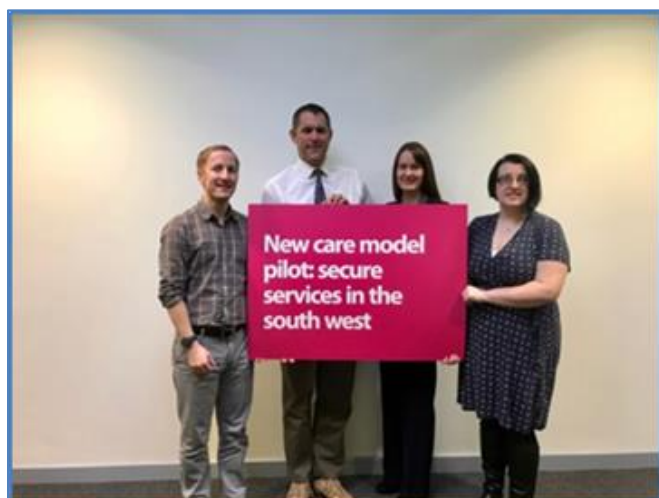
### Nominations and Awards



Every year our staff and services achieve local and national recognition for their work. Here are some of our nominations and awards during 2017/18:

- We were shortlisted in six categories for the Positive Practice Mental Health Awards – the most nominations ever for a single organisation. All six were Highly Commended.
- We are part of the South of England Patient Safety and Quality Improvement Collaborative, which was shortlisted for three *Training Journal* Awards in the categories of Best Training Partnership, Best Operational Programme, and Best Public Sector Programme. We were delighted to win two Golds and a Bronze.
- Staff and users of services who are involved with the Collaborative were also shortlisted for a prestigious Health Service Journal award in the Patient Safety category.

- We were delighted that our Forensic Social Work Team at Langdon was one of the finalists at the Social Worker of the Year Awards, in the Team of the Year (Adult Services) category.
- Our daytime Approved Mental Health Professional (AMHP) Team was commended in the annual report of the Chief Social Worker.
- Our BRIDGE system (which helps us to manage and coordinate the care of people being treated outside Devon) was shortlisted in the User Experience UK Awards, alongside many major commercial organisations.
- Our Liaison Psychiatry teams in North Devon and Exeter achieved accreditation with the national Psychiatric Liaison Accreditation Network (PLAN).
- We received the Bronze award from the Armed Forces Covenant Employer Recognition Scheme (ERS). The scheme recognises our commitment and support to defence personnel who serve or have served in the armed forces, and their families.
- Langdon's Relational Discovery initiative secured the accolade of best poster presentation at the annual International Cognitive Analytic Therapy Association Awards. The service aims to improve culture, clinical knowledge, skills and outcomes for patients and staff.
- Senior Mental Health Practitioner Mel Kernaghan, who works closely with the Devon and Cornwall Police, was part of a team nominated for a national award from the Howard League for Penal Reform. The nomination was for a pilot project which aims to help people with the causes of their offending and to reduce the possibility of re-offending. Mel also received the Commander's Certificate at the Devon and Cornwall Police North and West Local Policing Area awards, for her outstanding contribution in helping the police to manage vulnerable, high risk people with whom they have contact (see photo opposite).
- Towards the end of the year, our Communications Team was shortlisted in the Health Service Journal's Value Awards in the Communication category entitled 'Creating an innovative NHS website for patients and with patients'.
- Also in the Health Service Journal's Value Awards, the South West Secure Services New Care Model Team, which we lead on behalf of eight regional organisations, has been shortlisted for an award in the category of Mental Health (see photo opposite).



## Sustainable Development

Climate change poses a substantial challenge for human health and wellbeing and for the provision of health and social care services. Sustainable development is key to minimising the harmful effects of human activities on the climate and environment.

As an NHS organisation, with a responsibility for the use of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. As one of the largest public organisations in the county, we are committed to sustainable development and reducing the harmful effects of our activities on the environment. We have made good progress in a number of areas in reducing our carbon footprint and mitigating the harmful impact of our activities on the environment.

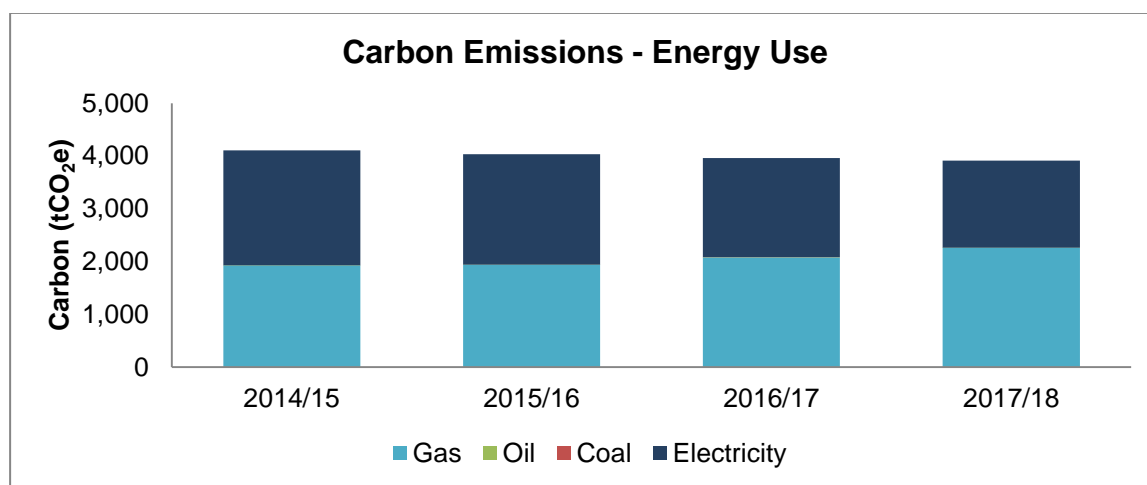
We achieved the initial NHS target of a 10% reduction in carbon emissions by 2015 (from a 2006/7 baseline) but will need to make greater efforts in our approach in order to achieve the target of a 34% reduction by 2020, 40% by 2025 and 70% by 2050 - as required by the Climate Change Act (2008).

We have agreed a Sustainable Development Management Plan that will help us meet the 2020 target. Many of the steps we are taking to become more efficient and reduce costs will contribute to our sustainability goals. We were rated as 'excellent' for our reporting on sustainability in 2016/17 by the NHS Sustainable Development Unit.

Key areas for attention for 2018/19 include reducing business mileage and energy costs and making better use of mobile technology.

During the past year:

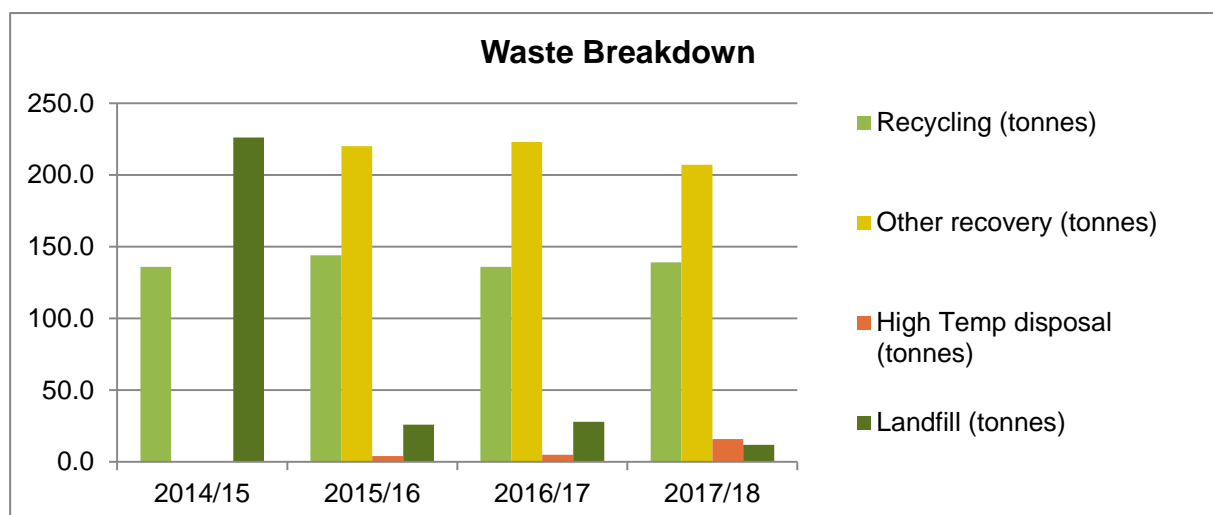
- Our total energy usage has increased by 3.7% in 2017-18 and spend increased by 3.7% from £769,659 to £798,096. The increase in spend is in line with the increased consumption and the prices of gas and electricity on the wholesale market rising. The Trust uses Crown Commercial Services to negotiate its energy purchasing to maximise energy buying power.
- 40% per cent of our electricity usage comes from renewable sources.



- Our total business travel mileage was 2,027,762 miles. This is a 12.4% increase on the previous year. The Trust is continuing to expand the use of video and telephone

conferencing to reduce the necessity for business travel where this is possible with a proposed target decrease of 10% in 2019/20.

- Our carbon emissions from patient and visitor travel rose by 3% from 27.45 to 28.19.
- We recovered or recycled 139 tonnes of waste which represents 37% of the total waste we produce. There has been a significant reduction in the volume of landfill waste which has reduced from 226 tonnes in 2014/15 to 12 tonnes in 2017/18. This was due to a large increase in the volume of water now being disposed of through the High Temperature Recovery Method. Our target is to increase the recycling rate to 60% by 2020.



- Our water consumption has seen a slight increase of 253m<sup>3</sup> between 2016/17 and 2017/18, a total increase of 0.69%. This has also led to an increase in CO<sub>2</sub> from 33.45 tonnes 2016/17 to 33.68 in 2017/18. Since 2014/15 the Trust has seen an overall reduction in water consumption of 5.7%.

Water		2014/15	2015/16	2016/17	2017/18
Mains	m <sup>3</sup>	39,247	38,338	36,739	36,992
Water	tCO <sub>2</sub> e	36	35	33.45	33.68

- We have been awarded Silver Level accreditation by the Soil Association for the food we produce and serve for our patients.
- Our NHS Forest project at New Leaf, our horticultural employment service in Exminster, continues to thrive and the apples grown there produce juice sold to the general public.
- We have embedded sustainability within our processes and procedures in relation to travel and procurement.

There is a Non-Executive Director lead for sustainability who works with our staff to ensure that sustainability issues have visibility and ownership at all levels of the organisation

### Modern Slavery

The Trust is committed to ensuring that no modern slavery or human trafficking takes place in any part of its business or supply chain. As a relevant body subject to the Public Contracts



Regulations 2015, the Trust will use its rights to exclude suppliers from selection procedures subject to the regulations where there exists knowledge of an applicant having committed an offence under section 2 or section 4 of the Modern Slavery Act 2015 among other offences. The Trust will consider the extent to which, where relevant, applicants have complied with their obligations to produce Modern Slavery and Human Trafficking Statements in selection processes. The Trust also monitors any modern slavery issues through its Safeguarding team (see page 29).

### **1.6 Priorities for 2018/19 and Beyond**

Detailed information about our performance in a number of key areas is included in our 'Quality Report' in Section 3 and includes information about performance in the following areas:

- Waiting times
- Follow-up after discharge from hospital
- Annual reviews of care
- Delayed transfers of care
- Admissions to hospital
- Early intervention in psychosis
- Staff supervision and appraisal
- Compulsory training
- Improving access to psychological therapies
- Performance against our CQUIN targets for 2017/18.

### **Operational Plan 2018/19**

Our Operational Plan 2018/19 sets out certain priorities to support the achievement of the 'must do's' for the NHS nationally and locally, whilst maintaining strong financial management and a clear focus on improving the quality of care for people.

In terms of the national priorities for mental health, we have already successfully expanded our community perinatal mental health services across all of Devon and Torbay and provide 24/7 liaison psychiatry services at the Royal Devon and Exeter NHS Foundation Trust. We will be expanding our liaison psychiatry services at Torbay Hospital to operate around the clock during 2018/19.

We have received funding from NHS England to expand our Individual Placement and Support (IPS) service, which supports people to get back to work, to those parts of Devon where our excellent Workways service does not currently operate.

The top priorities for capital investment in 2018/19 are the construction of the ten bed Psychiatric Intensive Care Unit (PICU) and the eight bed specialist Mother and Baby Unit (MBU) on the Wonford House site in Exeter. We do not currently provide these facilities locally and they represent a major step forward in terms of the care we are able to offer. We opened a four bed MBU at Wonford House in April 2018 which will provide a service whilst the new unit is being built.

Minimising the number of people with mental health and learning disability needs who have to travel outside Devon for their care has been a strategic priority against which we have made huge progress in recent years. However, we are still sending too many people outside Devon for inpatient care, either because we do not yet provide the services locally or because we do not have sufficient beds locally to meet demand. Not only is this unsatisfactory for people using our services and their families, it continues to be one of the greatest financial challenges that we face. Initiatives such as the new PICU, new MBU and dedicated Individual Patient Placement (IPP) Team will all contribute to making further progress on this agenda over the next year and beyond.

Our work with seven partner organisations to transform the commissioning and delivery of secure services across the South West region is of major significance. This ground-breaking initiative has already seen 70 people brought back to their home region. At the outset of the project, less than 50% of people from the South West received their secure care in-region; that figure is now more than 70%.

In due course, we expect to further reduce the number of people having to travel long distances; to increase the number of community-based alternatives to hospital; to reduce lengths of stay in hospital and increase the overall efficiency of the secure care system for people with mental health and learning disability needs. Developing new secure services in the South West for women is a specific priority. At the outset of the project, only 25% of women received their secure care in-region. This figure is now at 30% and we expect to increase it substantially over the course of the next year.

We have considered with NHS England other areas of specialist commissioning to include within this regional approach. We recently won our bid to be a pilot site for a Community Forensic Service and this development will support our existing regional programme to improve services for people on the secure care pathway.

We were pleased to be part of the successful consortium led by EDP, a Drug and Alcohol service, which was awarded the contract by Devon County Council to provide support and treatment for people with substance misuse problems. This service started in April 2018 and should enable us to improve our services for people who have a dual diagnosis of mental health and substance misuse difficulties.

We are working with local partners to develop more integrated care and psychological support for people living with both mental health and other long-term physical health conditions, such as Chronic Obstructive Pulmonary Disease. We are one of two 'early implementers' in the South West of an enhanced service for people with long-term conditions. We have also identified a significant opportunity to contribute to the reduction of emergency admissions of older people to our local acute hospitals, and the consequent delayed discharges, by improving dementia services in the community. We continue to work in partnership with Alzheimer's Society to improve support for people with dementia and their families in both Bristol and Devon.

These initiatives will improve the quality of care, provide integrated services, reduce costs across the health and social care economy and support the wider Devon Sustainability and Transformation Plan.



Our other strategic priorities include the following:

#### *An Integrated Care System for Devon*

We are working with partners across the health and social care system on the creation of an Integrated Care System (ICS) for the whole of the county. This is in line with national policy and builds on the work of the Sustainability and Transformation Plan for the wider Devon area to improve joint working, consistency, efficiency and clinical outcomes for people.

In order to safeguard the strategic importance of mental health and wellbeing, secure the delivery of improvements in mental health services for our population and secure improvements in the physical health of people with mental illness or learning disability needs, Devon has agreed to the establishment of a Mental Health Care Partnership. We are currently working with our partners to design the function and governance of this partnership to ensure the best possible outcomes for the people of Devon.

#### *Evidence-Based Care Pathways*

We will continue our work to develop evidence-based care pathways for all of the main clinical conditions during 2018/19, including those for people with a personality disorder and a dual diagnosis (people with mental health and addiction issues).

We will also be retaining a sharp focus on the urgent care pathway. We will continue work with our partners to improve services for people in a crisis, to support people who come into contact with the police, to increase access to step-down beds for people who need a spell of hospital care, to develop community alternatives to hospital admission and to explore how we might increase our bed capacity for adults.

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

#### *Engagement and Involvement*

In everything we do, we want to involve people with lived experience of mental ill health and learning disability far more closely in our work, so that they can help shape what we do. Our *Together* approach will drive this work forward and next year we will make further headway in relation to our co-production work with carers and our plans to recruit more Peer Support Workers across our services and to consolidate the work of the Devon Recovery Learning Community, which provides a wide range of vital support, advice and training to people with mental health needs and others.

Engaging with and listening to our staff will also remain a priority and we will maintain our focus on staff health and wellbeing, continue to explore ways in which we can provide additional support for our staff and deliver a series of *Our Journey* events with staff in the autumn to talk with them and to listen to their views and concerns.

The quality and attitude of our staff has underpinned our improvement over recent years and we have a strategic objective to make our organisation 'a great place to work with a shared

sense of pride and ambition'. Our staff will continue to play a pivotal role as we move forward and we want to see further improvement in our staff survey results and our Staff Friends and Family Test, as these provide invaluable indicators that we are continuing to move in the right direction.

### *Recruitment and Retention*

We are already using some innovative approaches to attract new staff to our organisation and to develop our existing staff, particularly in professions such as medicine and nursing where there are national shortages of qualified staff. We have increased our visibility and profile among potential new employees and have had a degree of success in both attracting new staff and retaining existing staff. This work will continue throughout 2018/19 and beyond as we strive to develop the strongest possible workforce in order to deliver high quality care.

### *Physical Health*

People with mental health and learning disability needs have significantly poorer physical health than the general population. In fact, people with a learning disability are 58 times more likely to die before the age of 50 than people in the general population. We have introduced a number of initiatives over recent years to address this inequality and this work will continue through 2018/19 and beyond. We will be working more closely with our partners in primary care to monitor the physical health of the people we support and establish targets for specific issues, such as obesity and stopping smoking. Increasing the uptake of the 'annual health check' for people with a learning disability remains a priority, as does increasing the number of adults accessing mainstream health screening programmes, such as breast and cervical cancer screening.

### *Safety and Harm Reduction*

Reducing avoidable harm and placing an organisational emphasis on safety have been clear and important priorities for our organisation over the last few years. This focus will continue next year and will include further work to reduce avoidable harm on all of our inpatient wards, the development and roll-out of a safety 'Heat Dashboard' and a continued focus on suicide reduction towards a Zero Suicide target.

## Performance Report Declaration



.....  
**Melanie Walker**  
Chief Executive

24 May 2018

## 2. Accountability Report

### 2.1 Corporate Governance Report

#### Directors' Report

##### Information Provided in the Directors' Report

Each Director has taken all the steps that he or she ought to have taken as a Director in order to make himself or herself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

So far as each Director is aware, there is no relevant audit information of which the Trust's auditors are unaware.

##### Meet the Board

The Board is comprised of six Non-Executive Directors, one of whom is the Chair, and five Executive Directors, one of whom is the Chief Executive. Board meetings are also attended by Executive Associate Directors. During the year, Peter Marriner resigned from the Board. More information about the Trust's Board of Directors can be found on our website.

Non-Executive Director	Date of Appointment	Current Term of Office Effective From	Term*	Changes in 2017/18
Julie Dent (Chair)	1 March 2013	1 March 2017	Second	None
Elizabeth Childs	8 April 2013	8 April 2017	Second	None
David Gebbie	1 December 2016	1 December 2016	First	None
Peter Marriner	1 November 2016	31 October 2020	First	Resigned in February 2018
Gerald Marshall	1 March 2017	1 March 2017	First	None
Mary Moore	1 April 2014	1 April 2018	Third	None

*\*The duration of each term can vary for individual Non-Executive Directors*

Executive Director	Title	Changes in 2017/18
Melanie Walker	Chief Executive	None
Sarah Brampton	Director of Finance/Deputy Chief Executive	None
Paul Keedwell	Director of Nursing and Practice	None
Dr Helen Smith	Medical Director	None
Dr David Somerfield	Chief Operating Officer	None

## **Trust Board**

The Trust's unitary Board of Directors leads the Trust and provides a framework of governance within which high quality, safe services are delivered across Devon and beyond. The Board sets the vision, values and strategic direction and ensures there is sufficient management capacity and capability to deliver the objectives of the organisation. It also monitors performance, keeping patient safety central to its operation and ensuring that public funds are used efficiently and effectively for the benefit of patients, the public and other stakeholders.

All voting Board members (that is Executive and Non-Executive Directors) have collective responsibility for the Board's decisions and the Trust's performance and will constructively advise each other in the development of proposals on strategy, priorities, investments, risk mitigation and standards. The Executive Directors are responsible for the day to day operational management of the Trust and Non-Executive Directors do not have executive powers.

The Board is comprised of Executive and Non-Executive Directors with different skills, knowledge and expertise from both within and outside of the NHS and the current skills portfolio includes healthcare management, research, accountancy, legal, social care and management consultancy. The Board, through its Remuneration and Terms of Service Committee, monitors the composition of its members to ensure that it has the appropriate balance of skills and experience to manage the Board's agenda and priorities and manage succession planning. The Trust works with NHS Improvement on the appointment of its Non-Executive Directors who are considered to be independent in character and judgement.

All Directors are regularly required to declare their interests and a Register of Interests is available for inspection at each Board of Directors meeting and is maintained by the Chair and Chief Executive's Office (see page 49 for our current Register of Interests). In the unlikely event that declared interests conflict with those of the Trust, then the individual would be excluded from any discussion and decision relating to that specific matter. All are required to comply with the Fit & Proper Persons Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5.

## **Board Committees**

The Board has established sub-Committees to help it scrutinise its work in quality, safety and clinical performance; finance and investment and workforce. It also has two statutory Committees covering audit and remuneration. All are chaired by Non-Executive Directors.

The Board approves the terms of reference detailing the role, duties and delegated authority of each Committee annually and the Committees in turn report to each Board meeting on how they are fulfilling these responsibilities.

## **Quality and Safety Committee**

This Committee monitors the Trust's clinical governance and clinical effectiveness. It plays a key role in ensuring that the Trust learns from when things go wrong and that best practice is embedded across services. There were occasions during the year where attendance was lower than expected which affected the quoracy of the meeting; when this occurred, the Board was informed.

### **Finance and Investment Committee**

This Committee is responsible for overseeing the historic financial performance of the Trust and monitoring short-term and long-term financial plans. It also supports the Executive in financial planning, control and review. On behalf of the Board it also considers all material financial investment, approving any decisions up to £2million and makes recommendations to it on any financial decisions over this limit.

### **Workforce and Organisational Development Assurance Committee**

The work of this Committee is to help the Board of Directors ensure that the Trust has a highly engaged, satisfied and motivated workforce which is fit to deliver high quality care, with clear workforce planning and succession arrangements in line with the Trust's strategic aims. It also oversees the Trust's Freedom to Speak Up arrangements (for further information on our Guardian Service see page 110). There was one occasion when the Committee was not quorate and the Board of Directors was informed.

### **Audit Committee**

The Audit Committee is the senior independent Non-Executive Committee of the Trust Board. It is responsible for monitoring the externally reported performance of the Trust and providing independent and objective assurance on the effectiveness of the organisation's governance, risk management and internal controls. It also monitors the production of the Trust's annual report and accounts, and the work of internal and external audit and local counter-fraud providers, and any actions arising from that work. Representatives of the providers of internal and external audit services and those of the local counter-fraud services attend all meetings of the committee in addition to the Director of Finance and Trust Secretary. The Trust's external audit providers changed from Grant Thornton to Price Waterhouse Coopers during 2017/18.

The Audit Committee reviews reports of both the Internal Auditors and External Auditors and reports regularly to the Board of Directors. The Audit Committee Terms of Reference are consistent with those contained within the NHS Audit Committee Handbook.

### **Remuneration and Terms of Service Committee**

This Committee is chaired by the Trust Chair and advises the Board on appropriate terms and conditions of service, including the remuneration of Executive Directors and a number of Very Senior Managers. It also oversees the Board's succession plan and receives reports on Executive performance.

### **Meetings and Directors' Attendance**

Trust Board meetings are held in public unless there is confidential or sensitive information which require discussions to take place in private. Representatives from the Directorates and the Senior Management Team are often invited to attend Board meetings to present papers and help to inform debate as subject matter experts. To maintain a focus on quality and experience, Board days are arranged to include a service user or staff story or an opportunity to visit a service to meet service users and staff. Details of attendance by voting Board members are provided in the table below:



Board Member (Voting)	Board of Directors	Audit Committee	Finance and Investment Committee	Workforce and Organisational Development Assurance Committee	Quality and Safety Committee	Remuneration Committee
<b>Non-Executive Directors</b>						
Elizabeth Childs	8/8	4/5	3/6	1/6	6/6	3/3
Julie Dent	6/8					2/3
David Gebbie	8/8	0/1	6/6			2/3
Peter Marriner	6/7	4/4	5/5			2/2
Gerald Marshall	7/8	4/5	1/6	5/6	5/6	2/3
Mary Moore	8/8	5/5		5/6	4/6	3/3
<b>Executive Directors</b>						
Sarah Brampton	8/8	3/5	5/6	5/6		
Paul Keedwell	7/8	2/5	3/6	5/6	5/6	
Helen Smith	8/8			4/6	4/6	
David Somerfield	7/8	2/5	5/6	4/6	4/6	
Melanie Walker	8/8	0/1				

### Board Development

The Board and leadership development approach is shaped by recognition that effective leadership and governance is not a static process, but is a living dynamic state, characterised by values, behaviours and relationships, informed by professional judgement and underpinned by effective processes.

During the year the Board has worked with an external supplier to review performance and capability, and facilitate a development programme. The review, based on benchmarks of good practice from the NHS Well-Led Framework, Codes of Conduct and other external guides, included observation of a Board meeting, Committee meetings and one to one interviews with all Board members. The outcome of this review has fed into the design of an on-going Board Development programme.

This programme covers the role of the Board in setting and delivering the strategy, the way we influence on culture, systems and processes within the Trust and its ultimate accountability to stakeholders, including the population we serve, our patients and our regulators.

Regular informal briefings and seminars on specific topics or services are provided outside the formal meeting structure, to explore complex issues in more depth, in preparation for discussion at future Board meetings.

## Stakeholder Relations

The Board, particularly the Chief Executive, Chair and Executive Directors, work closely with a number of partners to keep them informed about work going on the Trust and to ensure that key stakeholders have an opportunity to contribute where appropriate.

Effective engagement with groups such as Healthwatch, local groups, voluntary organisations, local councils, MPs, Clinical Commissioning Groups, other NHS Trusts and GPs help the Trust to deliver its strategic objectives and make a positive contribution to the challenges facing the local health economy.

The approach is one of transparency, honesty and proactivity and, where possible, has been delivered face-to-face. It is designed to enable the Trust to be an integral part of the local health and social care economy and support the drive for no health without mental health.

The Chief Executive and Chair devote significant time each autumn to listen to the views of staff at *Our Journey* events which are organised throughout Devon.

## Governance Statement

Our Annual Governance Statement for 2017/18 (see Appendix A) was considered by the Audit Committee members and approved by the Board of Directors; this reflected the Chief Executive's accountability to the Board of Directors which, in turn, has an Annual Accountability Agreement with NHS Improvement.

We draw on best governance practice within our governance arrangements, and sources of best practice include the Code of Governance and NHS Providers Foundations of Good Governance. Effective Board of Directors meetings and sub-committees of the Board are a key part of an effective governance structure and it is important to ensure that the Trust's organisational governance is compliant with best practice.

The Board of Directors considers effectiveness of its meeting at every meeting with the aim of being a high performing Board and has reviewed its effectiveness through Board Development sessions, utilising support and facilitation from external parties where relevant. The Board considered and approved updates to the Scheme of Delegation, Standing Orders and Standing Financial Instructions. The sub-committees of the Board reviewed their respective Terms of Reference and also carried out annual effectiveness reviews. All members of the Board of Directors participated in annual reviews of their performance. The Chief Executive was appraised by the Chair of the Trust who, in turn, was appraised by NHS Improvement.

In May 2018, the Care Quality Commission rated our organisation as 'Good' in the five domains they assess organisations against: Safe, Effective, Caring, Responsive and Well-led. This continued 'Good' rating is a positive recognition of the Trust's continued journey of improvement. Within the same inspection report, our Secure Services were rated as 'Outstanding' overall.

## Register of Interests

A Register of Interests is available for inspection at each Board of Directors meeting and is maintained by the Chair and Chief Executive's Office. The Register of Interests as at 31 March 2018 is as follows:

Designation	Name	Declaration	Type of Interest	Mitigations
Chair	Julie Dent	• Director of AM and JE Dent Partnership	Non-Financial Personal	Declaration
		• Director – Higherway Limited	Non-Financial Personal	Declaration
		• Partner – Higherway Farm Limited	Non-Financial Personal	Declaration
		• Chair of Devon Libraries Unlimited	Non-Financial Personal	County Council aware
		• Faculty for Eden Consultancy	Non-Financial Professional	Separate contract
		• Parish Councillor, Templeton	Non-Financial Personal	Declaration
Chief Executive	Melanie Walker	• Chair – Modbury Scout Group	Non-Financial Personal	Declaration
		• Member of NHS Confederation Mental Health Network Board	Non-Financial Personal	Declaration
		• Chair of Board of Trustees for Space (Devon Youth services)	Non-Financial Personal	Declaration

Designation	Name	Declaration	Type of Interest	Mitigations
Non-Executive Director	Liz Childs	<ul style="list-style-type: none"> <li>Executive Coach</li> </ul>	Financial	Not to coach in DPT if expenses to be incurred
		<ul style="list-style-type: none"> <li>Involvement with Compassion in Dying and its member organisation, Dignity in Dying</li> </ul>	Non-Financial Personal	Keep work separate
		<ul style="list-style-type: none"> <li>Consultant – independent professional services</li> </ul>	Financial	Discuss with the Chair any potential conflicts in advance of agreeing a brief
Non-Executive Director	David Gebbie	<ul style="list-style-type: none"> <li>Owner of OTB Eveling LLP (law firm)</li> </ul>	Financial	Declaration
Non-Executive Director	Peter Marriner	<ul style="list-style-type: none"> <li>Lay Member (Business) Gloucestershire Clinical Commissioning Group</li> <li>Director, Lingfield House Limited (dormant Company)</li> </ul>	Non-Financial Personal	Declaration
Non-Executive Director	Gerry Marshall	<ul style="list-style-type: none"> <li>Chair of Trustees: Circles UK (Circles of Support and Accountability national body - volunteers working with released sex offenders)</li> </ul>	Non-Financial Personal	Declaration
		<ul style="list-style-type: none"> <li>Trustee: Howard League for Penal Reform</li> </ul>	Non-Financial Personal	Declaration
		<ul style="list-style-type: none"> <li>Criminal Justice adviser: Tutu Foundation UK</li> </ul>	Non-Financial Personal	Declaration
		<ul style="list-style-type: none"> <li>Assessor for Restorative Services Quality Mark (Restorative Justice Council)</li> </ul>	Financial	Declaration
		<ul style="list-style-type: none"> <li>Leadership consultancy through "Leadership Insight"</li> </ul>	Financial	Declaration
		<ul style="list-style-type: none"> <li>Director – Gerry Marshall Associates</li> </ul>	Financial	Declaration

Designation	Name	Declaration	Type of Interest	Mitigations
Non-Executive Director	Mary Moore	• Trustee – SeeAbility	Non-Financial Personal	Declaration
		• Director – Mary Moore Limited Consultancy	Financial	Declaration
Director of Finance	Sarah Brampton	• Member of Healthcare Financial Management Association (HFMA)	Non-Financial Professional	Declaration
		• Member of HFMA for the South West	Non-Financial Professional	Declaration
		• Governor for Exeter College	Non-Financial Professional	Declaration
		• Chair of Exeter College Audit Committee	Non-Financial Professional	Declaration
		• Chair for the NHS Providers Finance Network	Non-Financial Professional	Declaration
		• Secondment to Cornwall as System Finance Director	Non-Financial Professional	Declaration
Executive Director of Nursing and Practice	Paul Keedwell	• Directorship of Shant Manas, an Indian mental health charity	Non-Financial Professional	Declaration
		• Honorary Associate Professor of University of Exeter Medical School	Non-Financial Professional	Declaration
Chief Operating Officer	Dr David Somerfield	• Trustee - The Lupton Trust, Brixham	Non-Financial Personal	Declaration
		• Fellow and Associate Registrar with the Royal College of Psychiatry	Non-Financial Personal	Declaration
		• Spouse is Sister at South Devon Healthcare NHS Foundation Trust	Non-Financial Personal	Declaration

Designation	Name	Declaration	Type of Interest	Mitigations
Medical Director	Dr Helen Smith	<ul style="list-style-type: none"> <li>Specialist Advisor for the Academic Health Science Network</li> </ul>	Financial Personal	Declaration
		<ul style="list-style-type: none"> <li>Specialist advisor for the Care Quality Commission</li> </ul>	Non-Financial Professional	Declaration
		<ul style="list-style-type: none"> <li>Clinical Lead for South of England Quality Improvement Patient Safety Collaborative</li> </ul>	Non-Financial Professional	Declaration
		<ul style="list-style-type: none"> <li>Spouse is Medical Director for NHS England (South) and Responsible Officer for NHS England (South)</li> </ul>	Non-Financial Personal	Declaration



## Statement of the Chief Executive's Responsibilities as Accountable Officer

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- Value for money is achieved from the resources available to the Trust
- The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- Effective and sound financial management systems are in place
- Annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as Accountable Officer.



.....  
**Melanie Walker**  
Chief Executive

24 May 2018

## Statement of Directors' Responsibilities in Respect of the Accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the Directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- Make judgements and estimates which are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By Order of the Board

.....  
**Melanie Walker**  
Chief Executive

24 May 2018

.....  
**Sarah Brampton**  
Finance Director  
Deputy Chief Executive

24 May 2018

## 2.2 Remuneration and Staff Report

### Purpose

The remuneration packages for members of the Board of Directors are determined by the Remuneration and Terms of Service Committee, which is chaired by our Trust Chair, and has all Non-Executive Directors as members. As a minimum, the Chair and two of the Non-Executive Directors are required to attend the Remuneration and Terms of Service Committee meetings. The Committee meets on an ad hoc basis and extra meetings may be called at the discretion of the Committee Chair. The Committee met on three occasions in 2017/18.

The Remuneration and Terms of Service Committee has the responsibility to review the structure, size and composition of the Board of Directors and make recommendations for changes where appropriate. The Committee is also responsible for leading the recruitment and appointment process for Executive Directors, reviewing reports on their annual performance evaluation, reviewing Trust's talent management, workforce, and succession planning strategies and for reviewing and agreeing the remuneration levels of the Executive Directors.

### Remuneration of Senior Managers for Current and Future Years

Starting salaries for Executive Directors are determined by the Remuneration and Terms of Service Committee by reference to independently obtained NHS salary survey information, internal relativities and equal pay provisions and other labour market factors where relevant.

Progression is determined by the Committee for the following:

- Annual inflation considerations in line with nationally published indices (RPI/CPI), Department of Health guidance and other nationally determined NHS pay settlements.
- Specific review of individual salaries in line with independently obtained NHS salary survey information, other labour market factors where relevant, internal relativities and equal pay provisions. Such review is only likely where an individual Director's portfolio of work or market factors change substantially.
- A discretionary performance related payment system for Executive Directors exists. The arrangement provides for Directors to receive any determined annual inflation uplift provided that performance is judged to be satisfactory.
- Other senior managers are paid in accordance with the national NHS Agenda for Change pay system.
- Our approach to Equality, Diversity and Inclusion, as outlined on page 30, includes staff policies, which ensure full and fair consideration to the appointment, employment, training and development of disabled staff. In addition, each policy is required to be equality impact assessed before it is agreed.

### Contracts

Contracts are normally substantive (permanent) and subject to termination by written notice of three months by either party. On occasion, as required by the needs of the organisation, appointments may be of a temporary or 'acting' nature in which case a lesser notice period may be agreed.

### **Termination Liabilities for Executive Directors**

The provisions for compensation for early termination for any Executive Directors are in line with the entitlements under the NHS Agenda for Change and the NHS Pension scheme. Statutory entitlements also apply in the event of unfair dismissal. The balance of annual leave earned but untaken would be due to be paid on termination.

## Directors' Remuneration Table

The definition of 'Senior Managers' given in paragraph 3.35 of the Department of Health *Group Accounting Manual* (GAM) 2017/18 is:  
 "...those persons in senior positions having authority or responsibility for directing or controlling the major activities within the group body.  
 This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."

*This information has been subject to Audit*

Name	Title	2017-18						2016-17					
		Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (a to e) (Bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All Pension related benefits (bands of £2,500)	Total (a to e) (Bands of £5,000)
		£000	£	£000	£000	£000	£000	£000	£	£000	£000	£000	£000
J Dent	Chair	20-25	0	0	0	0	20-25	20-25	0	0	0	0	20-25
E Childs	Non-Executive Director	5-10	300	0	0	0	5-10	5-10	200	0	0	0	5-10
H M Moore	Non-Executive Director	5-10	100	0	0	0	5-10	5-10	300	0	0	0	5-10
D Gebbie*	Non-Executive Director	5-10	0	0	0	0	5-10	0-5	0	0	0	0	0-5
G Marshall*	Non-Executive Director	5-10	300	0	0	0	5-10	0-5	100	0	0	0	0-5
P Marriner*	Non-Executive Director	5-10	400	0	0	0	5-10	0-5	100	0	0	0	0-5
E Sands**	Non-Executive Director	0-5	0	0	0	0	0-5	0-5	0	0	0	0	0-5
J Andrewes**	Non-Executive Director	0-5	0	0	0	0	0-5	0-5	0	0	0	0	0-5
T Tamblyn**	Non-Executive Director	0-5	0	0	0	0	0-5	0-5	0	0	0	0	0-5
M Walker	Chief Executive	150-155	100	0	0	35-37.5	185-190	150-155	100	0	0	35-37.5	185-190
D Somerfield***	Chief Operating Officer	140-145	300	0	35-40	55-57.5	230-235	140-145	400	0	35-40	72.5-75	250-255
H Smith	Medical Director	140-145	400	0	35-40	147.5-150	325-330	125-130	400	0	35-40	70-72.5	230-235
S Brampton	Director of Finance	125-130	100	0	0	40-42.5	170-175	125-130	100	0	0	65-67.5	190-195
P Keedwell	Director of Nursing & Practice	110-115	300	0	0	35-37.5	150-155	110-115	300	0	0	47.5-50.0	160-165
Mid-point of Band of Highest Paid Director's Total Remuneration £		177.5						177.5					
Median Total Workforce Remuneration Excluding Pension (£000)		28.7						27.0					
Ratio		6.2						6.6					

\* D Gebbie appointed 1 December 2016, P Marriner appointed 1 November 2016 and left on 12 February 2018 and G Marshall appointed 1 December 2016

\*\* E Sands left 01 August 2016, J Andrewes left 31 July 2016 and T Tamblyn left 10/11/16.

\*\*\*0.2 WTE (1 day a week) relates to D Somerfield's non-director medical role

Bonus payments relate to Clinical Excellence Awards paid in the year.

All taxable expense payments relate to car mileage

## Pension Benefits

*This information has been subject to Audit*

Name	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2017	Real Increase/(Decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2018
		£000	£000	£000	£000	£000	£000	£000
M Walker	Chief Executive	2.5-5	0-2.5	50-55	140-145	895	85	989
D Somerfield	Chief Operating Officer	2.5-5	10-12.5	60-65	190-195	1,132	134	1,277
H Smith	Medical Director	7.5-10	22.5-25.0	50-55	155-160	811	195	1,014
S Brampton	Director of Finance	2.5-5	0-2.5	30-35	80-85	444	62	510
P Keedwell	Director of Nursing & Practice	0-2.5	5-7.5	55-60	165-170	1,033	108	1,152

*There were nil employer contributions to Director's Stakeholder Pensions (2016/17, nil)*

*A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 200823.*

*Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.*



## Fair Pay Disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in the organisation and the median remuneration of the organisation's workforce on a Whole Time Equivalent (WTE) basis.

The mid-point banded remuneration of the highest paid director in Devon Partnership NHS Trust in the financial year 2017/18 was £177.5k (2016/17, £177.5k). This was 6.2 times (2016/17, 6.6 times) the median remuneration of the workforce, which was £28,746 (2016/17, £26,974). In 2017/18, no agency locums received remuneration in excess of the highest paid director (2016/17, 2). Annualised remuneration ranged from £6,125 to £226,638 (2016-17 £6,157 to £197,579).

Total remuneration used for the ratio calculation includes salary and non-consolidated performance related pay. It does not include severance payments, employer pension and National Insurance contributions, benefits-in-kind or the cash equivalent transfer value of pensions.

## Significant Awards – Past Senior Managers

No significant awards were made to past senior managers in 2017/18 (2016/17, nil).

## Employee Benefits

*This information has been subject to Audit*

Gross Expenditure 2017/18	Permanent £000s	Other* £000s	Total £000s	2016/17 Total £000s
Salary and wages	73,108	3,640	76,748	71,009
Social Security costs	7,214		7,214	6,680
Employer pension contributions	9,574		9,574	8,973
Other pension costs	7		7	4
Termination benefits	0		0	464
Temporary staff		4,141	4,141	8,581
Total employee benefits	90,267	7,781	98,048	95,711
Of which costs capitalised as part of assets	325	40	365	228

\* Other employee benefits comprise expenditure on bank and agency staff.

## Staff Numbers

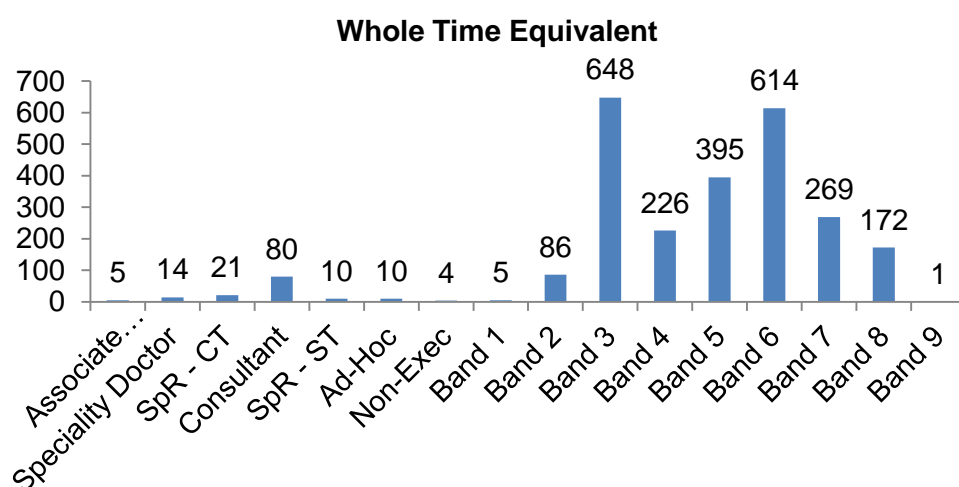
The table below sets out our staff composition by occupation group as at 31 March 2018:

*This information has been subject to Audit*

Staff Group	Substantive	Bank	Total Headcount
Admin & Clerical	616	60	676
Allied Health Professionals	179	2	181
Clinical Support	592	73	665
Estates & Ancillary	72	5	77
Medical	132	0	132
Qualified Nursing	703	40	743
Scientific, Therapeutic & Technical	271	7	278
<b>Total*</b>	<b>2,565</b>	<b>187</b>	<b>2,752</b>

\* Figure for the total number of staff is taken as at the end of March 2018

This can be further broken down by pay scale:



## Average Staff Numbers

The average number of staff employed by the Trust by professional group:

*This information has been subject to Audit*

Staff Group	Permanent Number	Other Number	2017/18	2016/17
			Total	Total
Medical and dental	114	6	120	118
Administration and estates	347	39	386	355
Healthcare and other support staff	770	69	839	808
Nursing, midwifery and health visiting staff	619	41	660	667
Scientific, therapeutic and technical staff	358	3	361	360
Other	6		6	5
<b>Total*</b>	<b>2,213</b>	<b>158</b>	<b>2,371</b>	<b>2,313</b>
Number of employees (WTE) engaged on capital projects	10	1	11	9

*\* The average number of employees is calculated as the whole time equivalent number of employees under contract of service in each week in the financial year, divided by the number of weeks in the financial year. The "contracted hours" method of calculating whole time equivalent number must be used, that is, dividing the contracted hours of each employee by the standard working hours. Staff on outward secondments have not been included in the average number of employees.*

The average number of staff employed by the Trust has increased to 2,371 staff in 2017/18 from 2,313 in 2016/17.

## Sickness Absence

The total adjusted Whole Time Equivalent days lost for the 12 months to December 2017 (calendar-year) were 24,273 days, which equates to an average of 11.1 sick days per Whole Time Equivalent employee. This is based on an average Whole Time Equivalent of 2,197 days between 1 January 2017 and 31 December 2017.

## Staff Policies Applied During the Year

The Trust has a number of employment policies designed to support a diverse workforce that relate to ensuring staff have appropriate qualifications/registration, training and continuous professional development, freedom to speak up (whistleblowing)/safeguarding, staff health wellbeing and ensuring adjustments are undertaken to support staff members who have or developed physical and/or mental health problems in the workplace, and terms and conditions of employment and other matters. All of which are regularly reviewed to ensure that they reflect best practice, legislative requirements and any equality impact review considerations.

The Trust gives fair consideration to people who identify themselves as having a disability and complies with best practice, including:

- The Trust is part of the 'two ticks' scheme where people with a disability have a lower threshold for being shortlisted for interview

- Use of the Occupational Health service to support staff who develop a disability whilst at work to ensure reasonable adjustments including medical re-deployment where necessary
- Adjustments can be made for all staff with disabilities to have fair access to training and development
- Training is available for managers on how to deal with staff with disabilities and their rights under The Equality Act 2010
- A Health and Wellbeing Programme is available to help staff stay well at work.

### **Agency Staff**

Trust spend on agency staff for the year continues to decrease. A further reduction of £0.9million was recorded in 2017/18 bringing spend to £3.5million below our assigned ceiling level of £4million.

Agency expenditure continues to be regularly monitored via the Senior Management Board reported on a wider basis through monthly Directorate Governance Boards with any overspends requiring the Directorate to clarify mitigating actions. The Trust has benefitted from creating its own internal nursing bank in April 2017.

### **Expenditure on Consultancy**

Consultancy spend for the year ended 31 March 2018 was £263,000 (2016-17, £163,000). Items of significance include spend on Risk Consultancy and reducing Out of Area Beds.

### Details of Service Contract

Directors' service contracts are set out in the table below:

Name	Job Title	Date of Contract	Unexpired Term	Notice Period	Provision for Compensation for Early Termination (Agenda for Change: AfC)	Other Termination Liability Information
Melanie Walker	Chief Executive	15 April 2014	Substantive	3 months	As per AfC redundancy Schedule 16.	n/a
David Somerfield	Chief Operating Officer	1 April 2010	Substantive	3 months	As per Schedule 26, terms and conditions for Consultants (England) 2003	n/a
Helen Smith	Medical Director	1 April 2010	Substantive	3 months	As per Schedule 26, terms and conditions for Consultants (England) 2003	n/a
Sarah Brampton	Director of Finance	25 March 2013	Substantive	3 months	As per AfC redundancy Schedule 16	n/a
Paul Keedwell	Director of Nursing and Practice	5 November 2014	Substantive	3 months	As per AfC redundancy Schedule 16	n/a

## Reporting of Other Compensation Schemes

### Exit Packages

*This information has been subject to Audit*

Reporting of Compensation Schemes - Exit Packages 2017/18				
Three redundancies were agreed during 2017/18, one compulsory redundancy and two voluntary redundancies				
Six MARS payments agreed during 2016/17 were paid in the early part of 2017/18				
	Number of compulsory redundancies		Number of other departures	Total number of exit
		Number	Number	Number
<b>Exit package cost band (including any special payment element)</b>				
<£10,000		1	1	2
£10,001 - £25,000				
£25,001 - 50,000			1	1
£50,001 - £100,000				
£100,001 - £150,000				
£150,001 - £200,000				
>£200,000				
<b>Total number of exit packages by type</b>		<b>1</b>	<b>2</b>	<b>3</b>
Total resource cost (£)		£5,000	£41,000	£46,000

Reporting of Compensation Schemes - Exit Packages 2016/17			
Fifteen redundancies were agreed during the year			
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000		3	3
£10,001 - £25,000		6	6
£25,001 - 50,000		1	1
£50,001 - £100,000	1	4	5
<b>Total number of exit packages by type</b>	<b>1</b>	<b>14</b>	<b>15</b>
Total resource cost (£)	£56,924	£390,012	£446,936

Exit Packages: Other (Non-Compulsory) Departure Payments				
	2017/18		2016/17	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreement
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	2	41	3	173
Mutually agreed resignations (MARS) contractual costs			11	217
<b>Total</b>	<b>2</b>	<b>41</b>	<b>14</b>	<b>390</b>
<b>Of which:</b> Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary				



## Off-Payroll Engagements

HM Treasury requires public sector bodies to report 'off-payroll' engagements whereby individuals are paid more than £245 per day, through their own companies (i.e. they are not classed as NHS employees) for a period of longer than six months.

All existing off-payroll engagements have at some point been subject to a risk-based assessment for tax purposes including whether the engagement falls within the remit of IR35. Details for all such engagements during 2017/18 are set out below:

*This information has been subject to Audit*

For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last longer than six months:	Number
Number of existing engagements as of 31 March 2018, of which the number that have existed:	0
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Where the reformed public sector rules apply, entities must complete Table 2 for all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and March 2018, form more than £245 per day and that last for longer than six months.	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, of which:	2
Number assessed as caught by IR35	2
Number assessed as not caught by IR35	0
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	2
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018:	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed “board members, and/or senior officers with significant financial responsibility” during the financial year. This figure includes both off-payroll and on-payroll engagements	15

### Gender Pay Gap

NHS Trusts are required by law to undertake Gender Pay Reporting under the Equality Act 2010 (Specific Duties & Public Authorities) Regulations 2017. The requirement to publish specific gender pay gap information became an annual activity in April 2017 and our current analysis provides a snapshot of the Trust’s Gender Pay Gap data as at 31 March 2017. Data for 2018 will be published next year, in accordance with national legislation.

Nationally, roughly 77% of the total NHS workforce is female and 23% male. As at 31 March 2017, the gender split within the Trust’s overall workforce is 71% female and 29% male.

The table below shows our workforce numbers and percentages as at 31 March 2017:

Employees	Number of Employees	% of Total Workforce	National NHS Average %
Total workforce*	2450		
Female employees	1730	71%	77%
Male employees	720	29%	23%

Only full-pay employees were included in the gender pay gap report (in line with reporting requirements) and employees on less than full pay at the snapshot date in March 2017 were not included.

The full Gender Pay Gap report can be found on our website.

## Accountability Report Declaration



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**Melanie Walker**  
Chief Executive

24 May 2018

### 3. Quality Report

#### Part 1: Statement on Quality from the Chief Executive of Devon Partnership Trust

In 2017/18 we launched a Strategy to achieve six strategic aims and realise our mission to be 'a recognised centre of excellence by 2020/21.

Set out below is a summary of three of these aims that are specific to Quality:

- *Deliver consistently high quality of care and treatment*  
This will require a consistent and embedded approach to Quality Improvement across the organisation with capacity and capability in place to support and develop clinical teams
- *Ensure services are driven by the voices of the people who use them*  
This will mean that clinical leadership upholds a culture in which every person's assessment, clinical care and treatment is person-centered and shaped by the outcomes they want to achieve
- *Build a reputation as a centre of excellence*  
This will mean that our quality and performance systems deliver consistently high standards of care and good outcomes for both individuals and the health system as a whole.

Our Quality Delivery Plan is one of the six plans that will enable and facilitate the delivery of our strategy, through ensuring that effective systems and processes are in place to comprehensively manage risk and uphold and improve the safety and quality of care received by those who use our services.

The Delivery Plan has been developed with contributions from service users, carers and staff. Importantly, the input of a range of stakeholders has provided insight into the dimensions of quality that matter most to people who use services. The key priority themes and drivers are set out in the diagram below:

## Priority Themes and Drivers informing the Quality Delivery Plan



### Statement on Quality from the Chief Executive Declaration

As Chief Executive I confirm to the best of my knowledge and belief that the information in the Quality Report is accurate.



.....  
**Melanie Walker**

Chief Executive

24 May 2018

## Part 2 Priorities for Improvement and Statements of Assurance from the Board

### 2.1: Priorities for Improvement for 2018/19

Our priorities for 2018/19 have been taken from our strategic aims for 2016-21 which are based on feedback from service users, carers and staff and they include.

#### Patient Safety

- The further reduction in the severity of harm reported in incidents on our inpatient wards and implementation of our 'Heat' dashboard to monitor safety
- Implementation of our multi-organisational Suicide Prevention work plan
- Central oversight of ligature assessments elevated to board level.

#### Clinical Effectiveness

- Implementation of care pathways to support people with a diagnosis of Personality Disorder and people with a 'dual diagnosis' (people with issues related to both mental health and addiction)
- Agreement with primary care partners to monitor the physical health of people with mental health and learning disability needs
- Implementing the Positive Behavioural Support Programme in Learning Disability Services.

#### Patient Experience

- Opening of our Psychiatric Intensive Care Unit (PICU)
- Opening of our interim Mother and Baby Unit (MBU)
- Further work to embed our *Together* approach, including the implementation of carer awareness training for clinical staff and a programme to employ more Peer Support Workers.

We continually monitor the accuracy of information to ensure services users and their families and carers can see how our services are performing and make informed choices about their care. Our Directorate Governance Boards, Senior Management Board, Quality and Safety Committee and Board of Directors regularly review a range of key performance indicators to monitor progress in a number of areas that influence the delivery of safe, high quality care.

We also produce an integrated performance report, which is discussed at each of our public Board meetings. You can find the papers on our website.



## 2.2 Statements of Assurance from the Board of Directors

During 2017/18 the Devon Partnership Trust provided and/or sub-contracted through five core contracts for relevant health services, including those for adults, older people, specialist services including those with alcohol and substance misuse issues, people with a learning disability and people who require secure services. These services are provided at a range of locations throughout Devon including people's own homes, within local communities and on psychiatric hospital wards.

The Devon Partnership Trust has reviewed all of the data available to it on the quality of care in all five core contracts for these services.

The income generated by the relevant health services reviewed in 2017/18 represents 95% of the total income generated from the provision of relevant health services by the Devon Partnership Trust for 2017/18. The remainder of the income is generated via partnership agreements, education, training and research (4%) and other arrangements such as New Leaf (1%) which is part of the Trust's Vocational Rehabilitation Service.

During 2017/18, three National Clinical Audits and two National Confidential Inquiries covered NHS services that the Devon Partnership Trust provides.

During that period Devon Partnership Trust participated in two (67%) of the national clinical audits and two (100%) of the national confidential enquiries which it was eligible to participate in. We only participated in one of the four work streams for the second inquiry in which we were eligible to participate in.

The National Clinical Audits and National Confidential Inquiries that Devon Partnership Trust was eligible to participate in during 2017/18 are as follows:

### **National Audits**

- National Clinical Audit of Psychosis Core Audit - Royal College of Psychiatrists
- National Clinical Audit of Psychosis Early Intervention in Psychosis spotlight audit – Royal College of Psychiatrists
- Prescribing Observatory for Mental Health (POMH-UK) - Royal College of Psychiatrists
- Falls and Fragility Fractures Audit programme (FFFAP) - Royal College of Physicians
- Learning Disability Mortality Review Programme (LeDeR) - University of Bristol

### **Confidential Enquiries**

- The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Young People's Mental Health Study
- Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide (NCISH)
- Maternal, Newborn and Infant Clinical Outcome Review Programme - Maternal Mortality surveillance and mortality confidential enquiries

The National Clinical Audits and National Confidential Inquiries that Devon Partnership Trust participated in during 2017/18 are as follows:

#### **National Audits**

- National Clinical Audit of Psychosis Core Audit - Royal College of Psychiatrists
- National Clinical Audit of Psychosis Early Intervention in Psychosis spotlight audit – Royal College of Psychiatrists
- Learning Disability Mortality Review Programme (LeDeR) – University of Bristol.

#### **National Confidential Inquiry**

- The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Young People's Mental Health Study
- National Confidential Inquiry in Suicide and Homicide by People with Mental Illness (NCISH) research – assessment of risk and safety in mental health services.
- Maternal, new-born and infant clinical outcome review program.

The national clinical audits and national confidential enquiries that Devon Partnership Trust participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

#### **National Audits**

- National Clinical Audit of Psychosis Core Audit – 100/100 returns
- National Clinical Audit of Psychosis Early Intervention in Psychosis spotlight audit – data cleansing currently being completed
- Learning Disability Mortality Review Programme (LeDeR) – 25 cases referred.

#### **National Confidential Inquiry**

- The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Young People's Mental Health Study – 8 cases included in study
- National Confidential Inquiry in Suicide and Homicide by People with Mental Illness (NCISH) research – assessment of risk and safety in mental health services. At present we have just provided copies of our risk assessment tools; there will be a further part to this audit
- Maternal, new-born and infant clinical outcome review program (no cases referred).

The reports of three National Clinical Audits were reviewed by the provider in 2017/18 and Devon Partnership Trust intends to take the following actions to improve the quality of healthcare provided.

The reports of eight local clinical audits were reviewed by the provider in 2017/18 and Devon Partnership Trust intends to take the following actions to improve the quality of healthcare provided

We include any actions that may be required in the relevant Directorate or team Quality Improvement Plans and recommended actions are also shared with prescribers through the Medical Advisory Committee and the Non-medical Prescribing Forum. Audit reports which

highlight learning or action which may be applicable to primary care and/or the wider health and social care network are also shared with partner agencies where appropriate.

The number of patients receiving relevant health services provided or sub-contracted by Devon Partnership Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 1,081.

A proportion of Devon Partnership Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Devon Partnership Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2017/18 and for the following 12-month period are available in the [Performance against 2017/18 CQUIN Goals](#) section on page 97.

The amount of income in 2017/18 conditional upon achieving Quality Improvement and Innovation Goals was £3,259,146, and the monetary total for the associated payment in 2016/17 was £3,147,531.

During the year we fully met four of our nine CQUINs and partially achieved five others with areas of underperformance in one or more quarter for each of these five. No new CQUIN measures have been set for 2018/19. Further details and information about the improvements resulting from this year's CQUINs can be found on page 97.

Devon Partnership Trust is required to register with the Care Quality Commission and its current registration status is 'Good' with no conditions attached to registration. The Care Quality Commission has not taken enforcement action against Devon Partnership Trust during 2017/18.

Devon Partnership Trust has not participated in any special reviews or investigations by the CQC during the reporting period. Devon Partnership Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was 100%. The percentage of records in the published data which included the patient's valid General Medical Practice Code was 98%. We submit MHSDS (Mental Health Service Dataset) and only receive an aggregated % for all referrals to our service.

Devon Partnership Trust Information Governance Toolkit overall score for 2017/18 was 78% and was graded 'green'. Devon Partnership Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission. The Trust was subject to an audit specifically on the levels of accuracy of clinical coding, this is a requirement of the Information Governance Toolkit and the confirmed percentage accuracy was 90% primary diagnosis and 82.69% for secondary diagnoses.

Devon Partnership Trust has and will be taking the following actions to improve data quality:

### **Improving Data Quality**

In 2017/18 the Informatics Team introduced a new business intelligence reporting platform called the Informatics Hub which is a system used to promote data quality, accuracy and aid the decision making process based on evidence.

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

The reporting platform also provides near real-time reports that users can view daily which enables a range of important activities to be undertaken including, for example, to check whether people leaving hospital have been followed up shortly after discharge. This means teams can provide efficient, effective and safer care more simply.

The interactive system also enables staff 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 Scores (HoNOS)
- If the Care Plan is kept up to date
- Reporting of Care Programme Approach (CPA) reviews
- Reporting of out-of-area bed data
- Robust reporting of first episode of psychosis information.

During the year the team has also improved the way managers monitor data by introducing a 'My Clinical Recording Dashboard' which brings together a number of key data quality and safety related recording statuses in one place so that it can be managed by staff and overall progress can be monitored by the team and ward managers.

The Trust goes through a monthly cycle of robust governance processes to ensure that issues and priorities are identified early and actioned promptly, this is done through the monthly Directorate and Performance meetings and issues are escalated to the Senior Management Board accordingly.

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.

Use of external information such as statistics from the NHS Improvement Model Hospital and publications based on Mental Health Service Dataset (MHSDS) and SUS (Secondary Uses Service) are used routinely to assess quality of information reported internally and externally.

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

### Learning from Deaths

Since the publication of the Learning from Deaths Framework in March 2017, we have developed the Trust's process and policy to meet the requirements of the framework. The policy was agreed by the Board in September 2017 and is available on the public website.

The implementation of these new arrangements has continued since the Board approval with the development of the review tools that are used to complete the reviews, formation of the new Mortality Steering Group (MSG) and work with families and carers to review and develop our support services.

When a member of staff is alerted to the unexpected death or suspected suicide of a person in receipt of our service, the member of staff informed of the incident completes an incident report on the Risk Management System (RMS). This information could come to our attention in a number of ways, by other agencies e.g. the police, the person's GP, the coroner or from the family/carers directly contacting the clinical teams.

During 2017/18; the Trust received reports that 416 patients had died. This comprised the following number of deaths, which occurred in each quarter of that reporting period:

Quarter Reported	Number of Deaths Reported
Quarter 1	101
Quarter 2	92
Quarter 3	114
Quarter 4	109
<b>Total</b>	<b>416</b>

From November 2017, deaths reported have been coded as one of the following (this more specific coding aids the review process and determining the appropriate level of further review and/or investigation):

- **Unexpected unnatural death (UU)** an unexpected death from unnatural causes, for example suicide, homicide, abuse, neglect
- **Unexpected natural death (UN1)** from a natural cause, for example a sudden cardiac condition or stroke
- **Unexpected natural death (UN2)** from a natural cause but didn't need to be, for example alcohol dependence and where there were may have been care concerns

- *Expected unnatural death (EU)* expected but not from the cause expected or timescale, for example some people who misuse drugs, are dependent on alcohol or with an existing disorder
- *Expected natural death (EN1)* expected to occur in an expected time frame, for example terminal illness or within palliative care services
- *Expected natural death (EN2)* was not expected to happen in the timeframe, for example a person with cancer or liver cirrhosis who dies earlier than anticipated.

Of the 416 deaths reported, the reported causes are shown below, these are not the confirmed causes of death as per the coroner (new coding for mortality review process):

Cause of Death at Time of Report	Q1	Q2	Q3	Q4	Total
Death – Expected	55	50	26		131
Death – Unexpected	45	41	22		108
Suspected Suicide (Actual)	1	1	3	2	7
Expected Natural Death - Expected Timeframe*			25	43	68
Expected Natural Death - Earlier Than Expect*			6	12	18
Expected Unnatural Death*				1	1
Unexpected Natural Death - Care Concerns*			1	2	3
Unexpected Natural Death*			23	31	54
Unexpected Unnatural Death*			8	18	26
<b>Total</b>	<b>101</b>	<b>92</b>	<b>114</b>	<b>109</b>	<b>416</b>

Once a death has been reported and reviewed it may be obvious (or likely) that there has been a patient safety event or suicide that meets the threshold for a serious incident report and further investigation. The incident would then be reported externally to our commissioners in accordance with the Serious Incident Framework and the case would be referred to our Root Cause Analysis (RCA) team for further investigation.

By the end of March 2018, 40 deaths reported during the period April 2017 to March 2018 had been identified as a serious incident requiring external reporting and further investigation by our Root Cause Analysis team. Of these, 21 have been completed and 19 RCA investigations are ongoing.

Following the introduction of our mortality review process from October 2017, a total of 123 deaths that had have been reported as occurring between October 2017 and March 2018 had been identified as requiring a case review. Of these; 25 cases have been referred to the Learning Disabilities Mortality Review (LeDeR) Programme for review. Of the remaining 98 cases, 24 case reviews have been completed with the remaining 74 still to be completed:

Mortality Review Status	Quarter 3	Quarter 4	Total
Completed	24		24
Learning Disabilities Mortality Review	12	13	25
Review to be completed	23	51	74
<b>Total</b>	<b>59</b>	<b>64</b>	<b>123</b>

By May 2017, 24 case record reviews and 23 investigations have been carried out in relation to 163 of the deaths reported:

Review Status	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Case Review Completed			24		24
Case Review Required			23	51	74
Learning Disabilities Mortality Review			12	13	25
Root Cause Analysis completed	10	11	2		23
Root Cause Analysis in progress	13	1	8	6	28
No review/Root Cause Analysis required	78	80	45	39	242
<b>Total</b>	<b>101</b>	<b>92</b>	<b>114</b>	<b>109</b>	<b>416</b>

In one of the cases a death was subjected to both a case record review and has been referred for a further investigation.

Of the 24 case reviews completed, 22 deaths reported in Quarter 3 had a score for avoidability added, of these 11 (50%) were scored as definitely unavoidable.

Two cases representing 1.75% of the patient deaths during the reporting period October 2017 to March 2018 are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated using the Structured Judgement Review Tool, the Structured Judgement Review Tool was used to complete a care note review; the case note reviews were completed at a series of multidisciplinary review workshops.

The table below provides the scores for all case reviews completed:

Assessment of Avoidability	Quarter 3
Not Scored	2
Score 1 - Definitely avoidable	0
Score 2 - Strong evidence of avoidability	1
Score 3 - Probably avoidable, more than 50 – 50	1
Score 4 - Possibly avoidable. less than 50 – 50	4
Score 5 - Slight evidence of avoidability	5
Score 6 - Definitely unavoidable	11
<b>Total</b>	<b>24</b>

- Key themes from the supporting comments for the avoidability reviews were – the impact of physical health issues and known medical conditions on the patients overall health, rather than the death being specifically related to their mental health care
- The patients non-compliance with medication and/or treatment, this related to both physical and mental health care
- Non-engagement in treatment was a factor in some cases with some issues in relation to the patient having had capacity to make these decisions



- At the time of the review being completed the confirmed cause of death was not known so avoidability was more difficult to determine where there were no clear areas of concern.

In the case reviews completed in response to the question which asks for an 'Assessment of Care Overall' the scores were as follows (Very Poor being 1 and Excellent being 5):

Score	Number
0 - Not Scored	4
1 - Very Poor Care	1
2 - Poor Care	2
3 - Adequate Care	4
4 - Good Care	8
5 - Excellent Care	5
<b>Total</b>	<b>24</b>

These numbers have been estimated using the structured judgement tool which includes a numeric scoring for each phase of care and overall assessment.

Key themes from the supporting comments for the assessment of overall care were:

- It wasn't always clear in the records for some cases what interventions were being provided.
- Evidence of good comprehensive care for physical, mental health and social care needs.
- An inadequate response by primary care, residential care and the community mental health team following a prescribing error.
- Not relevant as had not been assessed by the team.
- Missed opportunity to provide support, despite a level of disengagement by the service user.
- Lack of joined up care and timely follow-ups, limited records of contact made or efforts to engage.
- Evidence of good care during limited contact with services.
- Appropriate care provided for identified needs.

Each case note review provides the opportunity to identify areas of possible learning. Areas of learning identified in the reviews completed are below:

- Need for improvements to care planning and regular updates.
- Need clear space to record current medication on records
- Ensure risk assessments identify physical health associated risks, as well as mental health-associated risks, and appropriate risk management strategies; with clear agreement of who is responsible for implementing the agreed plans.
- Improve processes for recording any contacts, including telephone and also when opening a referral.
- Risk assessments should reflect mental and physical healthcare risks to allow cleared understanding of needs.

- More liaisons with GPs and more proactive approach when concerns apparent and patients are well known to services.
- Need to be more proactive in exploring suicidal thoughts and risks at each contact with the service user especially when assessment establishes active suicidal thoughts.
- Improve recording of reasons for appointments on records.

Each of the completed case reviews is shared with the services involved in the care and they are asked to consider the review, issues identified and potential learning. Where necessary, an action plan is developed and these actions are added to the risk management system for on-going monitoring and reporting. At the time of reporting the compiled reviews are being sent to the services for review. The outcome of the reviews, actions and learning can be shared through the local learning from experience groups and other governance processes. The completed reviews have been reported to the Trust's newly formed Mortality Steering Group, any reviews with a score of 1 - 3 have been and will be reviewed at the Mortality Steering Group to confirm avoidability scores, identify areas of good practice and any potentially avoidable contributory factors, lessons learnt and agreement of an action plan.

Any review with a score of 1 or 2 (very poor or poor care) within any phase of care or the final avoidability score will be escalated for a Serious Incident Root Cause Analysis review if not already reported.

An assessment of the impact of the actions taken as a result of the completed reviews will be included in each report to the Board, as the completed reviews are still under review by the services the impact cannot be described at this stage.

As the new learning from deaths and mortality review process was introduced in the Trust during 2017/18 no case record reviews and no investigations completed after March 2017 which related to deaths which took place before the start of the reporting period.

### **Serious Incident Reporting**

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

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

Twice yearly, we receive a summary of activity benchmarked against that of other, similar organisations. The most recent report covering the period April 2017 to September 2017 showed that we have continued to improve our level of reporting.

For the year 2017/18, a total of 10,254 incidents have been reported locally by our staff, of these 80 incidents that met the criteria in the NHS England Serious Incident Framework. Each of these incidents has been subject to a full investigation and production of a detailed

report, which is shared with our commissioners as well as being used to inform learning and improvements in our services. The table below details the numbers and types of incidents reported to the commissioner:

Category	Number
Apparent/actual/suspected self-inflicted harm	47
Abuse/alleged abuse of adult patient by third party	7
Disruptive/ aggressive/ violent behaviour meeting SI criteria	7
Confidential information leak/information governance breach	4
Slips/trips/falls	4
Abuse/alleged abuse of adult patient by staff	3
Unauthorised absence	3
Pending review	2
Sub-optimal care of the deteriorating patient	1
Pressure ulcer	1
Environmental incident	1
<b>Total</b>	<b>80</b>

During 2017/18 the Trust has participated in a pilot service being developed by the Royal College of Psychiatrists. The pilot has led to our participation in the establishment of a peer group and accreditation scheme for serious incident review processes in mental health provider organisations.

### Personal Data

Any incidents relating to data security are reviewed and monitored. The Senior Information Risk Officer (SIRO) and Caldicott Guardian are alerted and advised in the case of any significant breach.

Three significant lapses of data security occurred during 2017/18 which were categorised as level 2 (higher level of severity). These required reporting to the Information Commissioner and the details are set out below:

SUMMARY OF SERIOUS INCIDENT REQUIRING INVESTIGATIONS INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER'S OFFICE (ICO) IN 2017/18				
Date of Incident (month)	Nature of Incident	Nature of Data Involved	Number of Data Subjects Potentially Affected	Notification Steps
May 2017 (ref 28689)	<b>Disclosed in error (B)</b> Pack with sensitive information sent to wrong address.	Sensitive employment information	1	Notification to ICO ref: COM0684934
Further action on information risk	Matter fully investigated and recommendations and actions implemented. Local processes reviewed to minimise future risk. ICO investigation concluded with no enforcement action required.			

September 2017 (ref 32550)	<b>Lost or stolen paperwork (E)</b> Patient information left in vacated property.	Some patient identifiable information including health information.	80	Notification to ICO ref: COM0707099
Further action on information risk	Member of staff removed items of paperwork from premises in breach of Trust policy. Items secured by landlord's agent and collected. No evidence that information more widely accessed. Investigation has led to recommendations to minimise future risk. The main cause of this incident was the wrongful actions of one individual and disciplinary action is on-going.  ICO investigation concluded with no enforcement action required.			
December 2017 (ref 34961)	<b>Disclosed in Error (B)</b>	Staff information on flu vaccination inappropriately shared in error.	110	Notification to ICO ref: IGI/18184
Further action on information risk	Information did not go outside the Trust but was disclosed more widely than "need to know" basis. Once noted this information was immediately withdrawn and access controls to this information are under review.  ICO investigation on-going			

## 2.3 Reporting Against Core Indicators for 2017/18

### Key Performance Indicators for 2017/18

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:

### Follow-up within Seven Days of Discharge for People on Care Programme Approach

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 – Health and Social Care Information Centre (HSCIS)									
Reporting period (for 3 months in quarter)		National Average	Highest Score Nationall y	Lowest Score Nationall y	Reporting Period (for 3 months in quarter)		National Average	Highest Score Nationall y	Lowest Score Nationall y
Quarter 3 2017/18					Quarter 4 2017/18				
Number	%	95.4%	100%	69.2%	Number	%	95.5%	100%	68.8%
34/34	100				35/38	92.1			

The Devon Partnership Trust considers that this data is as described for the following reasons; ensuring that people's needs are continuing to be met once they have left hospital is extremely important. Our target is for 95% of people receiving an enhanced package of care, using the Care Programme Approach, to be followed-up within seven days of being discharged from hospital. We consistently perform well against this target and, at the end of March 2018; our performance was at 92%. Narrowly missing this target was due to one person not being followed up within the timescale as we were unable to contact them after discharge from hospital.

The Devon Partnership NHS Trust takes reasonable steps to ensure the robust reporting of this key indicator of safety, weekly updated position is sent to the relevant ward managers. This indicator is also reported at the monthly Directorate Governance Board, Senior Management Board, and bi-monthly to Quality and Safety Committee and The Board.

### The Percentage of Admissions to Acute Wards for which the Crisis Resolution Home Treatment Team acted as a Gatekeeper during the Reporting Period

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 – Health and Social Care Information Centre (HSCIS)**

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 2017/18					Quarter 4 2017/18				
Number	%	98.5%	100%	84.3%	Number	%	98.7%	100%	88.7%
145/146	99.3				124/127	97.6			

The Devon Partnership Trust considers that this data is as described and it takes the following actions to improve this to ensure the robust reporting of this key indicator of safety, a weekly updated position is sent to the relevant ward managers. This indicator is also reported at the monthly Directorate Governance Board, Senior Management Board, and bi-monthly to Quality and Safety Committee and The Board.

**Percentage of patients aged 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period**

The readmission rate data is submitted to the National Benchmarking Network (NHSBN) yearly exercise so the Trust have full visibility of benchmarking comparison against other Mental Health Trusts. We do routinely report readmission rate within the Trust's internal governance process and relevant meetings. The information is also shared with service managers on a weekly basis. In addition, readmission data can now be viewed using the Informatics Hub and as part of the Acute Care Pathway Dashboard.

**Improving Access to Psychological Therapies (IAPT): Waiting Time to Begin Treatment (from IAPT Minimum Dataset): Within Six Weeks of Referral**

**National Data: Improving Access to Psychological Therapies (IAPT)**  
**Data Source – Health and Social Care Information Centre (HSCIS)**

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 2017/18					Quarter 4 2017/18				
Number	%	87.9%	100%	4%	Number	%	not yet published		
585	84%				37%	66%			

Approximately 25% of the adult population in England will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time, with depression and anxiety the most common. Depression and anxiety disorders are serious and debilitating conditions and have significant impacts on the quality of life for individuals and their families, as well as wider economic costs. NICE guidelines state that people diagnosed with these conditions should be offered evidence-based talking therapies as an effective treatment.

These targets will enable:

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

These two areas are regularly monitored and are performing significantly higher than the nationally expected rate.

As at the end of 2017/18:

- 94% of people have received their first treatment/therapeutic session less than six weeks from referral, against a national target of 75%
- 100% of people have received first treatment/therapeutic session less than 18 weeks from referral, against a national target of 95%
- 53% of people have achieved recovery, against a national target of 50%
- In the final quarter of the year, 4.26% of the population have accessed IAPT services, against a national quarterly target of 3.75%.

### 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: Annual Staff Survey	Reporting Period 2016/17	National Average	Reporting Period 2017/18	National Average
	Trust Score (out of 5)		Trust Score (out of 5)	
	3.77	3.77	3.79	3.79

Although we have seen the scores improve year on year we still score less well on advocacy due to staff feeling that care of patients is not the organisation's top priority.

We have set up a small task and finish group to develop an improvement plan for the staff survey which will be monitored through Senior Management Board and the Workforce & Organisational Development Assurance Committee. The group are focusing on our lowest scoring key indicators as these have been consistent for the last three years. We will be working closely with operational services to ensure that staff receive better information on actions arising from incidents and both staff and patient feedback.



## Workforce Race Equality Standard (WRES)

National Data Data Source – 2017 NHS Staff Survey	Ethnicity	Trust Score 2017/18	Average (Median) for Mental Health	Trust Score 2016/17
<b>KF26 - National data</b> - percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	22%	21%	22%
	BME*	26%	26%	18%
<b>KF21 - National data</b> - percentage of staff believing that Trust provides equal opportunities for career progression or promotion	White	89%	87%	88%
	BME*	89%	77%	76%

\* *Black and Minority Ethnic*

The implications of the data and any additional background explanatory narrative:

- KF26 – the percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months has decreased by almost 1% for white staff. Black and Minority Ethnic (BME) staff experienced an 8% increase in harassment, bullying or abuse from other staff.
- KF21 – a positive increase for both white and BME staff regarding career progression and promotion.

Action taken and planned, including, for example, indicator link to EDS2 evidence and/or a corporate Equality Objective:

- KF26 Action – anecdotally, staff do not always feel safe or comfortable to formally report their colleagues, specifically with regards to racial abuse and victimisation. In response, the Trust is currently developing a system that staff can report discrimination, bullying, harassment and victimisation anonymously. This system is being co-designed with all of our existing staff networks and will be tested in early 2018. The aim of the system is to give the Trust more accurate insight into the real experiences of staff in terms of harassment, bullying or abuse, whilst removing some of the fears staff may have regarding retribution or breaking down working relationships as a result of formally reporting unacceptable behaviours.
- In addition, the Trust is placing more focus on Equality, Diversity and Inclusion (EDI) as an agenda, with themes being discussed at key management and leadership events, such as Senior Staff Forum, Our Journey and the Professions Conference.
- The BME Staff Network Group, as part of the Trust's Respect Network, has already agreed and documented in its Terms of Reference the provision of a 'safe space' for confidential discussion and experience sharing where peers can provide direct support to each other, in response to experiences of discrimination, harassment and bullying and encourage formal reporting.

- KF21 Action – the Trust continues to develop career pathways across clinical professions and aims to strengthen career and leadership opportunities across all the core clinical professions as part of its overarching Workforce Strategy.

### People's Experience of their Health or Social Care Workers

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

National Data – Experience of Health or Social Care Workers with Community Mental Health Services									
Data Source – Care Quality Commission Annual Survey									
Data Source	Trust Score 2016/18	National Average	Highest Score Nationally	Lowest Score Nationally		Trust Score 2017/18	National Average	Highest Score Nationally	Lowest Score Nationally
(S01) Health and Social Care Workers	7.4	7.6	8.1	6.9		7.9	7.6	8.1	6.4
(S10) Overall Experience	7.0	7.0	7.5	6.1		7.0	7.0	5.9	7.5

### 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 2016/17 and 2017/18.

The figures shown in brackets indicate amendments made following the review of the indicators as part of the external review process, the figures in the brackets represent the figures on the original National Reporting and Learning System NRLS report. See notes underneath the table:

National Data – Rate of Patient Safety Incidents Resulting in Severe Harm or Death						
Data Source – National Reporting and Learning System (NRLS)						
Data Source	Indicator	Reporting period (6 months April to September 2016)		National Average	Highest Score Nationally	Lowest Score Nationally
		Number	%			
NRLS	Incidents Reported	1,550 (1551)		2,962	6,349	40
NRLS	Rate reported per 1,000 bed days	31.39		42.45	88.97	10.28
NRLS	Incidents resulting in severe harm	15 (17)	1.0% (1.1%)	10 / 0.3%	50 / 1.8%	0
NRLS	Incidents resulting in death	21 (22)	1.4% (1.4%)	22 / 0.8%	84 / 5.9%	0

#### Notes

1 and 3: National reporting system includes a duplicate incident resulting in death

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

National Data – Rate of patient safety incidents resulting in severe harm or death Data Source – National Reporting and Learning System (NRLS)						
Data Source	Indicator	Reporting period (6 months April to September 2017)		National Average	Highest Score Nationally	Lowest Score Nationally
		Number	%			
NRLS	Incidents Reported	1791		3160	7384	12
NRLS	Rate reported per 1,000 bed days	35.67		51.50	126.47	16
NRLS	Incidents resulting in severe harm	3	0.2%	10 / 0.3%	89 / 1.6%	0
NRLS	Incidents resulting in death	17	0.9%	23 / 0.7%	83 / 1.5%	0

The NRLS report, which details the level of patient safety reporting benchmarked against other Mental Health Trusts, has been published covering the period April 2017 to September 2017. Of the 53 Mental Health Trusts in our cluster, we are the 13th lowest reporting Trust (excluding four Trusts that have not had their rate per 1,000 bed days included); with a reporting rate of 35.67 incidents per 1,000 bed days. There has been a sustained improvement in our level of reporting to the NRLS and this is a reflection of the continued work to make reporting easier for staff with the work described earlier, we have also seen a reduction in the numbers of incidents reported that have resulted in severe harm or death both the numbers and the percentage of all incidents.

Work will continue in 2018/19 to improve the levels of reporting and reduce the harm resulting from these incidents, this work will include:

- Continued review and development of the incident reporting system to make it easier to report incidents in a timely way
- Improved access to information gathered through this reporting through real time reports to teams, better thematic review and analysis of incidents and better feedback to staff about changes made as a result of their reports
- Ongoing training for staff to use the system and for managers to review and identify actions and learning from incidents.

## Part 3 Other Information

### An Overview of the Quality of Care Based on Performance in 2017/18 against Indicators

Under the Department of Health (and Social Care) guidance on the production of Quality Accounts for 2017/18, all mental health Trusts were required to agree, with their external auditors, the auditing of performance against two of the following four indicators:

- Early Intervention Psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) approved care package within two weeks of referral
- Inappropriate out-of-area placements for adult mental health services
- Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within six weeks of referral
- 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital.

We have agreed that for the 2017/18 Quality Account the indicators that will be audited are:

- Early Intervention in Psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) approved care package within two weeks of referral
- Inappropriate out-of-area placements for adult mental health services

Ⓐ = these indicators are subject to testing by the External Auditor as part of their limited assurance opinion.

#### Ⓐ Early Intervention in Psychosis (EIP): People Experiencing a First Episode of Psychosis Treated with a NICE Approved Care Package within Two Weeks of Referral

National Data Early Intervention in Psychosis (EIP) Data Source – NHS England					
Reporting period (for 3 months in quarter)	Trust		National Average	Highest Score Nationally	Lowest Score Nationally
	Number	%			
Quarter 1	39/53	74%	76.0%	100%	29.0%
Quarter 2	49/65	75%	76.0%	100%	0.0%
Quarter 3	38/59	64%	74.0%	100%	8.0%
Quarter 4	37/56	66%	75.0%	100%	17.0%

Intervening early to support people with new cases of psychosis is an important factor in terms of their recovery. The intention of mental health access and waiting time standards is to provide timely access to evidence-based care for those in need.

From 1 April 2016, more than 50% of people with first episode of psychosis need to be treated with a NICE-approved package of care within two weeks of referral. We have been reporting on these indicators internally since 2015/16.

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

- Have been assessed by the Early Intervention Psychosis (EIP) service  
And, where appropriate:
- Have been accepted onto the EIP service caseload
- Have been allocated an EIP care coordinator who has actively engaged with the person to develop a plan of care and commence treatment in line with NICE recommendations.

More than 50% of people experiencing first episode psychosis are allocated to, and engaged with an early intervention psychosis care coordinator, and their treatment started with a NICE-concordant package of care, within two weeks of referral. We achieved 82% against target of 50% at the end of March 2018, and clear programmes and plans are in place to continue to deliver against the 50% target.

We have also achieved 48% performance in provision of regular measurement and monitoring of the effectiveness of services for people in the first episode psychosis pathway using health of the nation outcome scores at the end of March 2018.

#### Ⓐ Inappropriate Out of Area Placements for Adult Mental Health Services

Summary of Outlier Bed Placements	January 2018 Bed Days	February 2018 Bed Days	March 2018 Bed Days	Qtr 4 Total
Outlier Out of County	586	885	1321	2792
Outlier Within Devon	976	652	778	2406
PICU	80	108	205	393
<b>Total</b>	1642	1645	2304	5591

1. Outliners outside County – the number of bed days where a patient has been placed in a bed outside of Devon footprint, due to lack of availability of beds within Devon footprint
2. Outliners within Devon – the number of bed days where a patient has been placed in a bed within the Devon footprint, but geographically away from the locality they reside in
3. Psychiatric Intensive Care Unit (PICU) – the number of bed days where a person resides in a PICU bed awaiting repatriation to a local bed or move on to a specialist bed. For the purpose of this we have assumed any PICU length of stay in excess of 28 days are classified as inappropriate.

The Trust currently places people in acute out of area placements. The Trust has reviewed the data on all acute out of area placements and has identified any that would be classed as inappropriate.

The Devon Partnership Trust considers that this data is as described for the following reasons; the Trust considers the following out of area placements to be appropriate and therefore these have been excluded from the bed days reported:

- There are no PICU facilities currently available in Devon and therefore placements of up to 28 days are considered appropriate at the current time.
- Placement made out of area due to safeguarding reasons.

In some circumstances, the actual date of admission may be up to 24 hours from the data reported due to completions of Mental Health Act assessments and / or transports arrangements.

All other out of area placements (including those within Devon but outside of localities of residence) have been included in line with issued guidance.

The Devon Partnership Trust has taken the following actions to improve this indicator and the quality of its services:

- We have done significant work to review bed stock within Devon and have identified a need for additional inpatient facilities
- We have submitted a bid for STP capital funding to support the development of new inpatient facilities
- The crisis team hours in the Exeter area have been extended during the last year to reduce dependence on beds
- Discharge facilitators have been appointed to support timely discharge of patients
- During 2017/18 the Devon system lost 12 step-down beds for a period of months whilst the provider moved from one facility to another, this impacted adversely on the number of OOA bed days reported in the year.

### **Our Performance against a Selection of the Indicators for 2017/18:**

Our organisation performed very solidly overall during 2017/18. We continue to meet national submission requirements such as the MHSDS (Mental Health Service Data Set), CDS (Commissioning Data Set) and UNIFY2. Key information from the national data submissions is then published in the 'Mental Health Five Year Forward View Dashboard' which is provided by NHS England. We continue to monitor the accuracy of information to ensure services users and their families and carers can see how our services are performing and make informed choices about their care. Our Directorate Governance Boards, Senior Management Board, Quality and Safety Committee and Board of Directors regularly review a range of key performance indicators to monitor progress in a number of areas that influence the delivery of safe, high quality care.

A selection of these indicators for 2017/18, and our performance against them, is set out below (we also produce an integrated performance report, which is discussed at each of our public Board meetings – you can find the papers on our website):

- *Reducing Waiting Times*

We have been continuing to work hard to reduce waiting times for the people we support. Our Depression and Anxiety Service, for people with mild to moderate needs, received nearly 22,100 referrals in 2017/18. Of those, 15,520 entered into treatment.

94% of these people were seen within a six week period, which is well above the national target of 75%. 99.9% of people received their first treatment less than 18 weeks from referral, against the national target of 95%.

Just over 52% of people have achieved recovery following their support from our organisation, against a national target of 50%. In the final quarter of 2017/18, 3.9% of our local population had accessed our psychological therapy services, against a national quarterly target of 4.25%.

Within our Psychology and Psychological Therapy Service, for people with more complex needs, three people were waiting for more than 18 weeks in Torbay and south Devon at the end of 2017/18. In the rest of the county, where our waits have historically been the most challenging, 57 people waiting over 18 weeks at the end of the year. This is a significant reduction from 133 people in April 2017. While we are making real progress in reducing waiting times, we want people to wait the shortest possible time to access all of our services and we are working hard to achieve this.

- *Annual Reviews of Care*

It is equally important that people being supported using the Care Programme Approach have a formal, validated review of their care every 12 months. At the end of March 2018, our performance was 92% against a target of 95%. There has been some significant work done by our Directorates to carry out the reviews within the expected time during the last year, and this is ongoing. We are continuing to monitor a six monthly review target internally in order to ensure that, in due course, people are supported more frequently than the national target of once a year.

- *Delayed Transfers of Care*

We do everything possible to minimise delays in the transfer of people's care from one setting to another. We are working closely with local authorities and commissioners to jointly address the delays and we have seen a significant reduction in 2017/18. Our target is for less than 7.5% of transfers to be delayed and, at the end of March 2018, the rate was 3.9%.

- *Admissions to Hospital*

Our aim is for 95% of hospital admissions to be planned and coordinated by our Crisis Resolution and Home Treatment teams. We continue to perform well against this target and, at the end of March 2018, we achieved 96%.

- *Staff Supervision and Appraisal*

It is really important for us to make sure that our staff receive regular supervision and appraisal so we can continue to deliver high quality services. Our target is for 90% of staff to have received supervision, a monthly one-to-one meeting with their line manager, within the last 60 days. At the end of March 2018, our performance was at 79%. Our target for appraisal is 90% of staff to have received an appraisal within the last 12 months. At the end of March 2018 our performance was at 77%. We have continued to improve our performance in both areas since last year.



- **Compulsory Training**

Making sure that our staff complete appropriate training is an important factor in delivering high quality services. Training continued to perform above target at 92% at the end of March 2018. This is one of the highest compulsory training completion rates when benchmarked against other mental health and learning disability providers.

## **Performance against 2017/18 Quality Priorities**

In last year's Quality Account we identified a number of local priorities that we were planning to progress in 2017/18. The identification of these priorities was part of our engagement process with stakeholders for the 2016/17 Quality Account, they included:

### **Patient Safety**

#### **Further Reducing Avoidable Harm**

Throughout 2017/18 we have remained committed to our priority to reduce avoidable harm in all of its forms, and this is also being taken forward as one of the strategic priorities set out in our Quality Delivery Plan for 2016-2021. In particular, we will continue our focus on the reduction of falls, medication errors, self-harm and suicide.

During the year we have seen positive outcomes, reducing the severity of aggression being experienced within our inpatient wards and improving levels of service user satisfaction in terms of their engagement with staff. Highlights for the year include:

- Physical aggression is down in 13 of our 19 wards
- We have seen higher levels of staff and service user engagement
- There are reductions in levels of observation
- Five wards have reduced their use of seclusion and/or physical restraint
- We are reporting a decreased agency spend on two wards currently linked to improved risk review and decreased use of level 3/4 observation.

We are part of a National *Sign up to Safety* campaign, and we are also actively involved in initiatives to reduce suicide, including the National *Zero Suicide* project.

Whilst the testing and implementation phase of our work to reduce violence and aggression on all of our inpatient wards is now completed, the continued implementation of the innovative techniques and interventions remains a priority for our clinical Directorates to embed and deliver. In conjunction with the Royal Devon and Exeter NHS Foundation Trust, we were successful in 2017 becoming one of only three sites nationally to develop a Flow Coaching Academy. This programme is based on a specific Quality Improvement process which has been proven to be effective in the United States and in the UK. We will be focusing on improving care to three care pathways across both organisations. Clinical and Quality Improvement staff will receive training and support from Sheffield Teaching Hospitals during the course of the year. As part of this initiative, we will be offering to train and support staff in other organisations in the South West to develop similar programmes in 2019/20.

Our aim for 2018/19 is to continue to review and improve our internal systems and processes to support staff in delivering more consistent and reliable care to enable our organisation to deliver measurable reductions in avoidable harm. We will continue to support our clinical Directorates in improving some of their community and inpatient systems and processes to improve access, reduce delays and improve people's experience of our services.

### **Improving Systems and Processes in Relation to Risk Management**

During 2017/18 we have worked on ways to improve how we make use of our risk management system for reporting, managing incidents, complaints, compliments and our risk registers. We have developed and implemented a number of improvements that have come in part as a result of feedback from our teams who use the system as well as our desire to make better use of the information we have to learn and improve our services.

The developments we have progressed include:

- A fully-integrated system for reporting and making safeguarding referrals which has allowed us to improve the quality, timeliness and numbers of these types of concerns. We are now able to respond much more quickly when concerns are raised and ensure that in each case the necessary support is provided and actions are taken to protect people using our services their families and carers and our staff
- Reviewing how we report particular types of incidents and developing easier reporting forms on the risk management system. Following feedback from our teams we have developed a shorter and easier incident form for incidents that involve self-harm which has resulted in a higher level of reporting. This in turn allows a better understanding of these incidents, where they occur and how we can reduce the harm and frequency
- The launch of a single action planning system. We have introduced a fully-integrated action planning section to our system which holds actions from complaints, incidents, risk registers and any of the different parts of the system as well as other separate actions plans from things like inspections, reviews, audits and quality improvement work. This means that they can be monitored easily and updates can be requested automatically to provide more timely and up to date information for reporting
- Using the risk management system to record, disseminate and manage alerts that are received from the National alerts system. This includes safety alerts, medication alerts, estates and medical device alerts.

### **Clinical Effectiveness**

#### **Streamlining Assessment and Diagnosis**

2017/18 has seen us open two additional Health and Wellbeing Clinics following the successful launch of the clinics in Torbay and Exeter in January and April 2016. In April 2017 we opened a further clinic in Wonford House, Exeter, followed by a clinic in North Devon District Hospital, Barnstaple in May 2017. The North Devon clinic now includes appointments for the Mental Health Assessment Team, Perinatal Service, Devon Memory Service, Psychology Services and Community Mental Health Teams among others. Work to improve their appearance to create more welcoming environments is ongoing and having

clinics available in set locations has simplified the process for people using services and streamlined the process of clinical assessment and diagnosis.

### **Developing Clinical Care Pathways**

During 2017/18 there has been a significant amount of work undertaken in the individual clinical Directorates and services to develop consistent, evidence based clinical care pathways. These standards are essentially roadmaps that describe a person's journey from their initial referral all the way to an eventual discharge. They are a person-centered, evidence-based framework that tells multi-disciplinary and multi-agency care providers, people using our services, and carers what should be expected at any point along the journey of care. The Pathways allow services to compare planned care with what was actually delivered and then this information can be used to develop services and improve the patient journey.

Specific pieces of work that have been undertaken this year as part of the clinical care pathway project include the positively received launch of a county-wide GP advice line as second point of contact to the local Older People's Services consultant doctor, to ensure all GPs have timely access to advice and guidance.

Pilots are also under way in Older People's services to provide education and support to care homes in Torbay and East Devon to enable quicker access straight to our service for advice and guidance. Work is being done with staff to plan and review care and support with specific emphasis on building confidence and knowledge about how to maintain independence and respond to needs to prevent the potential breakdown of placements. Similar principles are helping to inform the development of a supporting dementia at home pathway to help maintain independence and educate carers around support and planning.

### **Implementing Whiteboards to Manage Real Time Patient Information and Information Sharing between Staff**

Working with clinicians, our Informatics Team has co-designed and developed an innovative electronic visual control board. The concept of 'MyWard' is to provide simple visual clues and prompts for improving quality and safety of care and this visual electronic whiteboard is a National first for Mental Health.

Previously, information on the progress of key clinical interventions about patients being cared for on a ward was hand written on a display whiteboard and had to be manually updated. The new electronic whiteboard is a touch-screen system, which provides near real-time information visually using data from the clinical recording system where available, with an aim to highlight individuals who needs more intervention, enabling targeting of resources, reduced administrative burden and improved ward efficiency and flow.

The whiteboards are in use in some of the Adult and Older People's wards and we expect it to be in use by all of our wards by June 2018. The whiteboard was developed to achieve the following outcomes:

- Enable control of ward resources to ensure key clinical interventions are completed in line with clinical measures and other time-sensitive protocols, which improves care delivery

- Remove administrative burden and enable clinical staff to spend more time on direct patient care
- Provide an at-a-glance visual storyboard for staff to get a clear picture of the ward, without having to look through multiple systems.

Ward staff can see key information relating to each individual patient via a touch-enabled electronic whiteboard. Icons are displayed alongside the patient name to show clinically relevant checks and completion status which alerts staff when things need to be actioned.

The whiteboard product was tested in wards, a series of small tests of change were implemented which resulted in a range of staff proposed changes to ensure that the whiteboard was fit for use. This testing process ensured that the visual control board was easy to access, easy to use and that the right intervention icons were visible to improve care. The Quality Academy lead, alongside Informatics staff jointly supported the test and implementation phase on both wards.

A survey was carried out to seek feedback from staff, both at the Adult acute and the Older People's inpatient wards. The key findings are as follows:

- 85.7% staff agree that the electronic whiteboard helps them to plan their work
- 90% agree that the electronic whiteboard contributes to patient safety/patient care
- 95% state that the electronic whiteboard makes it easier to see what tasks need to be done for users of our services
- 90% felt that the electronic whiteboard has highlighted gaps in care that I have then filled
- 80% staff feel that the electronic whiteboard supports them to run more efficiently
- 20 out of 21 staff would recommend the electronic whiteboard to another service.

A comparison of timely intervention targets measured three months post-testing shows an increase of 38% to 91.6% of checks completed within the target on our Older People's and 35.8% to 90.7% on our Adult acute wards.

The software has received various National recognition and awards including winning the Tech4Good Digital Health Award; Healthcare Financial Management Association (HFMA) South West Outstanding Contribution Award; Finalists in the *Health Service Journal* and Patient Safety Awards, and voted top 4 Digital Health Tech in Europe by the Healthcare Information and Management Systems Society (HIMSS).

## Patient Experience

### Single Point of Access (SPA) Service

In 2017/18 we made good progress on the work to expand the 24/7 aspect of the service to give the public a single 0300 number for everyone to use to contact the organisation. The call centre will be launched in July 2018 and the new streamlined process will mean immediate access to support, to lessen the potential requirement for crisis services to become involved, and improve consistency and helpfulness for people using our services, including signposting them to other resources and providing support and advice.

### **Delivering a Psychiatric Intensive Care Unit (PICU) for Devon**

Work continues on the £5.5m development of a new PICU to support ten men and women from Devon, Torbay and Plymouth with serious mental health needs. Following the granting of planning consent by Exeter City Council in autumn 2017, the construction of the new unit is now well under way and the handover of the facility is planned for early October 2018.

### **Strengthening our Work with Carers**

In 2017/18 we continued to work hard to further develop partnerships with carers who support users of our services and the carer organisations that help them.

We successfully held two formal launch events across Devon and Torbay in April 2017 and May 2017, and these were co-designed by people with lived experience and carers. The outcomes of the events were then followed-up with feedback workshop sessions in November 2017 and December 2017.

Our *Together* initiative, to ensure meaningful engagement and involvement with people with lived experience, continues to be widely promoted and is very successful. We are also actively promoting *Together* with partner organisations, Healthwatch, other NHS providers, local authorities and local forums for people with lived experience and carers, to increase awareness and support.

Further information about *Together* and its achievements in the past year can be found on page 34.

### **Medicines Optimisation**

Once again we are pleased to confirm that our Medicines Optimisation services continued to meet all required standards in this field during 2017/18.

We have had specific areas of noted good practice including our evidence-based prescribing information and guidance; the work of our Drugs and Therapeutics committee; reliable processes for ensuring people get the right medicines as soon as possible after admission to our inpatient units; our inpatient Medicines Optimisation dashboard (including checking the legality of prescriptions for people receiving treatment under the *Mental Health Act*); our medicines helpline and evidence of sharing learning from medicines related incidents.

We are proud of our Medicines Optimisation team and of the care we deliver in collaboration with our colleagues across the organisation to ensure people use medicines safely and effectively.

### **Performance against 2017/18 CQUIN Goals**

Every year a proportion of our income is conditional upon achieving quality improvement and innovation goals agreed between our organisation 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.

Agreed CQUIN Targets for 2017/18 included the following:

### ***Improving Staff Health and Wellbeing***

We have partially achieved the targets set by commissioners for the CQUIN. This is a continuation from previous years to encourage providers to improve their role as an employer in looking after employee's health and wellbeing. The CQUIN requirements comprise three elements:

- The improvement of health and wellbeing of NHS staff
- Providing access to healthy food for NHS staff, visitors and patients
- Improving the uptake of flu vaccinations for frontline staff.

### ***The Improvement of Health and Wellbeing of NHS Staff***

The requirement for this element of the CQUIN was to improve the responses from staff to identified questions in the National Staff survey questions by 5% about:

- Whether our organisation takes positive action on health and wellbeing
- Whether staff have experienced musculoskeletal problems in the past 12 months
- Whether staff have felt unwell as a result of work-related stress.

We have not met the agreed target for the rate of response from staff. However, we have undertaken large pieces of work within the year to improve staff health and wellbeing and the way it is perceived by our staff:

- We have reviewed and revised the Health and Wellbeing Programme – the Programme Board Advisory Groups are now in place and the Delivery Group membership is being finalised
- We have introduced a Health and Wellbeing Advisory Group with support from Health Psychology
- We have piloted a support service for staff with mental health issues through Workways (a part of our organisation that helps to get people back to work)
- We have delivered mindfulness programmes for staff to support their mental wellbeing (particularly in response to staff requests for this provision)
- We have commenced joint working with local health partners
- We have introduced Health and Wellbeing Champions within the Directorates which currently equates to 20 members of staff
- Our annual *Our Journey* roadshow of staff engagement events in 2017 had staff health and wellbeing as their focus.

### ***Providing Access to Healthy Food***

Our project team has done an enormous amount of work with our onsite catering supplier to increase the number of healthy food options available to staff. Over the year we have reached our targets of 70% of drinks lines stocked must be sugar free (less than 5.0g of sugar per 100ml); 60% of confectionery and sweets do not exceed 250 kcal, and at least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g.



### ***Improving the Uptake of Flu Vaccinations for Frontline Staff***

Our infection control team has worked tirelessly to campaign to make sure that our staff have been kept well and flu-free this winter. The target for the flu element of the CQUIN was for 70% of frontline clinical staff to have the vaccination. We reached 65.1%, which is the highest uptake of flu vaccinations that we have ever had and we have achieved the threshold for partial payment.

### ***Improving Physical Healthcare to Reduce Premature Mortality in People with Serious Mental Illness***

This CQUIN builds on the developments across England over the last four years to improve physical health care for people with Severe Mental Illness (SMI) who are at an increased risk of poor physical health, and their life-expectancy is reduced by an average of 15–20 years mainly due to preventable physical illness.

### ***Cardio-Metabolic Assessment and Treatment for People with Psychosis***

The CQUIN includes improvements to ensure that patients with SMI receive comprehensive cardio metabolic risk assessments and have access to the necessary treatments/interventions. Patients with SMI for the purpose of this CQUIN are all patients with psychosis, including schizophrenia, in all types of inpatient units and community settings.

The progress with this CQUIN indicator was reflected in the national audit, the results of the national audit have not been published yet; the local report included the following results:

<b>All 7 Screening and Intervention Parameters must be met to Comply with CQUIN Requirements</b>				
<b>Number of Parameters Met</b>	<b>Inpatient Number =5</b>	<b>Community Number =34</b>	<b>EIP Number =217</b>	<b>Total Number =256</b>
<b>0</b>	1 (20%)	6 (18%)	77 (35%)	84 (33%)
<b>1</b>	1 (20%)	2 (6%)	4 (2%)	7 (3%)
<b>2</b>	0 (0%)	6 (18%)	18 (8%)	24 (9%)
<b>3</b>	1 (20%)	11 (32%)	62 (29%)	74 (29%)
<b>4</b>	0 (0%)	5 (15%)	34 (16%)	39 (15%)
<b>5</b>	0 (0%)	2 (6%)	14 (6%)	16 (6%)
<b>6</b>	1 (20%)	2 (6%)	7 (3%)	10 (4%)
<b>7</b>	1 (20%)	0 (0%)	1 (0.5%)	2 (1%)
	<b>Compliance = 20%</b>	<b>Compliance = 0%</b>	<b>Compliance = 0.5%</b>	<b>Total Compliance = 1%</b>

While we have made significant efforts to improve physical healthcare monitoring, we have not achieved the CQUIN target set by the commissioners this year. In order to meet the CQUIN indicator goals, 90% of cases needed to evidence that a Care Plan, Clinic Letter or Discharge Summary had been shared with primary care professionals. An audit revealed that this is being done in 74% of cases. Of the 74% cases that did evidence this, five individual numerators needed to be met for partial achievement of the CQUIN, however, only 5% of these cases met all five numerators, therefore the results do not qualify for partial achievement rates of the CQUIN.

Each year of this CQUIN has remained challenging due to tensions between the collaborative agencies that are involved with delivering the work. The CQUIN enters into its fifth and final year in 2018/19, which provides opportunity to build on work achieved to date and it is anticipated that a formal agreed pathway of care between primary care and our organisation will be achieved over the course of this year. This new Clinical Commissioning Group supported specification will impact positively on collaboration of care and sharing of information for people with enduring mental illness and who are treated with antipsychotic medication requiring physical health monitoring.

### ***Improving Services for People with Mental Health Needs who present at Accident & Emergency (A&E)***

People with mental ill health are three times more likely to present at an A&E Department (also called Emergency Departments or EDs) than the general population, and five times more likely to be admitted to acute hospitals primarily for physical health reasons. This CQUIN is designed to tackle the need for acute hospitals to be equipped to detect and treat urgent mental health needs that are cited as the primary reason for presentation as well as improving identification of underlying mental health conditions where the primary presenting reason may be a physical health one.

Our target has been to reduce by 20% the number of attendances at A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions and establish improved services to ensure this reduction is sustainable. We have achieved these targets with all three geographical teams (Exeter, Torbay and North Devon) achieving a minimum 20% reduction in the cohort's A&E attendances in 2017/18 compared to 2016/17.

### ***Transitions out of Children and Young People's Mental Health Services***

This CQUIN aims to achieve improvements to the experience and outcomes for young people as they transition from Children and Young People's Mental Health Services (CYPMHS) into Adult Services. We are reporting that we have not achieved all of the targets for this CQUIN.

There have been a number of reasons why progress has been difficult but we have undertaken a large amount of work to move towards improving the experience of young people. A multi-agency group has been established to implement this CQUIN which includes representatives from our organisation (as the adult mental health provider), Torbay Child and Adolescent Mental Health Services (CAMHS) and Virgin Health CAMHS. A Transitions Policy has now been drafted. This CQUIN remains a target for 2018/19 and we are continuing to build multi-professional relationships across agencies to progress it.

### ***Preventing Ill Health by Risky Behaviours – Alcohol and Tobacco***

We are reporting that we have achieved two of the four indicators for this CQUIN. Smoking is estimated to cost £13.8billion to society (£2billion on the NHS through hospital admissions, £7.5billion through lost productivity, £1.1billion in social care).

This indicator seeks to help deliver on the objectives set out in the *Five Year Forward View for Mental Health* and has been focused on reducing smoking and alcohol consumption



within our population, particularly around the need for a 'radical upgrade in prevention' and 'incentivising and supporting healthier behaviour'.

Throughout the year we have seen a steady improvement in performance. Our organisation became smokefree on 14 March 2018, a target that has been a major focus of activity. Initial feedback since then shows that smokers admitted to the wards are tending to switch to 'vaping' rather than accepting Nicotine Replacement Therapy and trying to quit.

### ***Reducing the Length of Stay (LoS) in Specialised Mental Health Services (Adult Eating Disorder Services)***

We have achieved the requirements for this CQUIN. Nationally, all specialised mental health services are experiencing ongoing capacity and demand pressures for inpatient beds. This CQUIN has been spread over two years (1 April 2016 – 31 March 2018) and is intended to support a 7% reduction in the current average LoS of completed episodes of care. The service has developed and delivered an implementation plan and has achieved the LoS targets in both Year 1 and Year 2.

### ***Repatriation and Reduction of Length of Stay (LoS) in Specialised Mental Health Services (Low and Medium Secure Services)***

We have developed a strategy for reducing LoS and have achieved the LoS CQUIN targets, reducing length of stay within medium secure services by 7% and by 10% in low secure. This has ensured people are receiving the right treatment, in the right place and the right time. The CQUIN continues next year where we are aiming to reduce LoS further and improve the services being delivered.

### ***Bristol Dementia Wellbeing Service – Acute MDT In-Reach***

Staff within acute hospitals are sometimes reluctant to discharge people as they are unaware of certain factors, such as a person's home environment. They can, therefore, sometimes be risk-averse in their approach. This CQUIN aim is to increase staff confidence to support patients and make discharge easier. The teams have provided multi-disciplinary input to both acute hospital Trusts in Bristol and when people are ready for discharge the service can support the Trusts in finding a suitable placement or package of care whilst also ensuring that they maintain independence.

We have achieved the Year 1 targets for this CQUIN. The team have worked closely with all partners, internally within the Dementia Wellbeing Service and across the acute Trusts and other stakeholders to develop a Project Brief which will continue into Year 2 of the CQUIN:

- They have visited hospitals across the Trusts, completing observations and interviews with patients and staff to gain a better understanding of people's journeys and what the strategic priorities are for each Trust, agreeing regular communication channels
- They have undertaken process mapping to identify staff members and teams who can commit to working on solutions to identified 'problem' areas, which has also helped focus the interventions required, for example training, coaching, consultancy, triage, care plan reviews, improving links and communication

- Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI): Collaboration with Primary Care Clinicians.

### **CareUK Prison Mental Health Services – Improving Physical Healthcare**

CareUK provide primary health services to prisons within the Devon Prison Cluster (HMP Exeter, HMP Channings Wood and HMP Dartmoor) and our organisation is sub-contracted by CareUK to provide mental health services for this population. This CQUIN is linked to the more general Improving Physical Healthcare CQUIN and aims to improve physical healthcare to reduce premature mortality in People with Serious Mental Illness (PSMI), specifically with regard to collaboration with the primary care services of CareUK.

Achievement of the CQUIN will be met when 90% of patients have an up-to-date CPA (Care Programme Approach), care plan or a comprehensive discharge summary which has been shared with their GP. This is to be measured by the completion of a local audit of communications.

We have completed the objectives set out in this indicator and the CQUIN has been fully achieved.

### **CQUINS for 2018/19**

The CQUIN targets for 2018/19 are a continuation of the indicators above and there have been no new CQUINS identified for this year.

### **Participation in Clinical Audits**

In April 2017 we started a process to restructure the clinical audit programme to move away from a separate clinical audit department and realign clinical audit within the newly formed Programme Management Office (PMO), part of the Quality Improvement (QI) team. The rationale behind this decision was to change the way we look at clinical audit in the organisation and encourage its use as a quality improvement tool, using established methodology to improve services.

We are committed to the Clinical Directorates owning the responsibility for identifying practice areas that require and meet the criteria for a clinical audit or a quality improvement initiative and Directorates are required to have a database to record these local initiatives. We agree our participation in national audits in which we participate through discussions at the Clinical Effectiveness and Assurance Group.

The work plan is held within the QI team and follows the prioritised approach as set out within the Healthcare Quality Improvement Partnership (HQIP) best practice document. The QI team focus on completion of the national audits, audits linked with CQUINS and those identified by commissioners. The QI team is also promoting a closer link between relevant NICE guidance and the use of clinical audit to focus on specific areas of compliance. Key priority work identified by the Directorates, for example, work linked with the outcomes of the investigation of serious incidents, may also receive focussed support from the QI team.

Each Directorate has been asked to develop their own governance process and tracking system for clinical audit and QI work. The Directorates hold responsibility for monitoring the

progress of these, ensuring improvement work follows on from the audits and that the standard of the audits meet the standard required for a clinical audit.

The 2017/18 Clinical Audit Work Plan consisted of:

### **National Audits**

- National Clinical Audit of Psychosis Core Audit - Royal College of Psychiatrists
- National Clinical Audit of Psychosis Early Intervention in Psychosis spotlight audit – Royal College of Psychiatrists
- Prescribing Observatory for Mental Health (POMH-UK) - Royal College of Psychiatrists
- Learning Disability Mortality Review Programme (LeDeR) - University of Bristol

### **National Confidential Inquiry**

- The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Young People's Mental Health Study
- National Confidential Inquiry in Suicide and Homicide by People with Mental Illness (NCISH) research – assessment of risk and safety in mental health services.
- Learning Disabilities Mortality Review (LeDeR) programme
- Maternal, new-born and infant clinical outcome review program.

### **National CQUIN Target Audit**

- Physical Health Monitoring 3a (Cardio Metabolic Assessment and Treatment for Patients with Psychosis) Inpatient Data Collection – data from NCAP (National Clinical Audit Programme) and EIP (Early Intervention Psychosis) audits used for this return
- Physical Health Monitoring 3b (Communication with GPs) – data collection has now closed and currently being analysed; the sample was weighted across inpatient and community.

### **Commissioner Identified Audits**

- International Treatment Effectiveness Project (ITEP) Standards (Torbay Drugs Service)
- Compliance with Child K Recommendations (Drug Service Serious Incident Review)
- Antimicrobial prescribing.

### **Directorate Level Clinical Audit and QI Initiatives Completed**

- Dual Diagnosis Audit (Health and Social Care Advisory Service) – Adult Directorate
- Challenging Behaviour – Learning Disability Service
- Incident and team debrief – Inpatient Secure Directorate
- Lone working – Community Pathfinder team, Secure Directorate
- Quality of Triage – Adult Directorate
- Section 17 leave (recording of cancelled/postponed leave) – Adult inpatient wards
- GP support from consultant – Adult Directorate
- Extended hours for Crisis Resolution and Home Treatment (CRHT) – Adult Directorate.

### **About CQC Inspections**

In 2017, the CQC published its new inspection methodology which includes that they aim to inspect each Trust at least once between June 2017 and spring 2019 in and approximately annually after that.

The first CQC inspection of the Trust guided by the new methodology took place between November 2017 and February 2018. We are now planning for annual inspections based on the same time frame in each year.

### **Summary of Findings for CQC Inspection in May 2018**

The inspectors reported being impressed again with the passion and commitment shown by our staff. This has been a regular theme in the CQC's comments over the last few years. We were especially pleased to note the CQC's comments about the strength and quality of leadership within our organisation and the level of commitment and passion displayed by our staff.


CQC reported that we have continued to make positive changes to our culture in key areas such as meaningful engagement and involvement, quality improvement and openness and transparency.




We were already aware of the areas identified by the CQC where we need to focus more attention and we described the action we are already taking to address the issues to the inspectors. Our community mental health services for adults with mental health needs have now been rated as 'Requires improvement' despite acknowledged improvements in some areas. These are our core services and they provide invaluable support for a large number of people. There are already programmes of work in place to make further progress on improving waiting times and ensuring that people have physical health checks and we are in discussion with our commissioners regarding additional support to provide further help.

Throughout the inspection report, CQC commend our caring and compassionate staff, who treat people with kindness, dignity and respect. They found that 'staff were supportive and kind to patients and patients and carers gave good feedback about patient care and about how staff treated them.' They saw evidence of 'some excellent leadership at all levels across the Trust with many dedicated, compassionate staff who were striving to deliver the very best care for patients.

## Ratings

### Overall rating for this trust

















































**Good** 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good 	Good 	Good 	Good 	Good 	Good 

### Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017
Long-stay or rehabilitation mental health wards for working age adults	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017
Forensic inpatient or secure wards	Good  Dec 2017	Outstanding  Dec 2017	Outstanding  Dec 2017	Good  Dec 2017	Outstanding  Dec 2017	Outstanding  Dec 2017
Wards for older people with mental health problems	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017
Wards for people with a learning disability or autism	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017
Community-based mental health services for adults of working age	Requires Improvement  Dec 2017	Requires Improvement  Dec 2017	Good  Dec 2017	Requires Improvement  Dec 2017	Requires Improvement  Dec 2017	Requires Improvement  Dec 2017
Mental health crisis services and health-based places of safety	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017
Community-based mental health services	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017	Good  Mar 2017
Community mental health services for people with a learning disability or autism	Good  Jan 2016	Good  Jan 2016	Good  Jan 2016	Good  Jan 2016	Good  Jan 2016	Good  Jan 2016
<b>Overall</b>	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017	Good  Dec 2017

## Patient Feedback

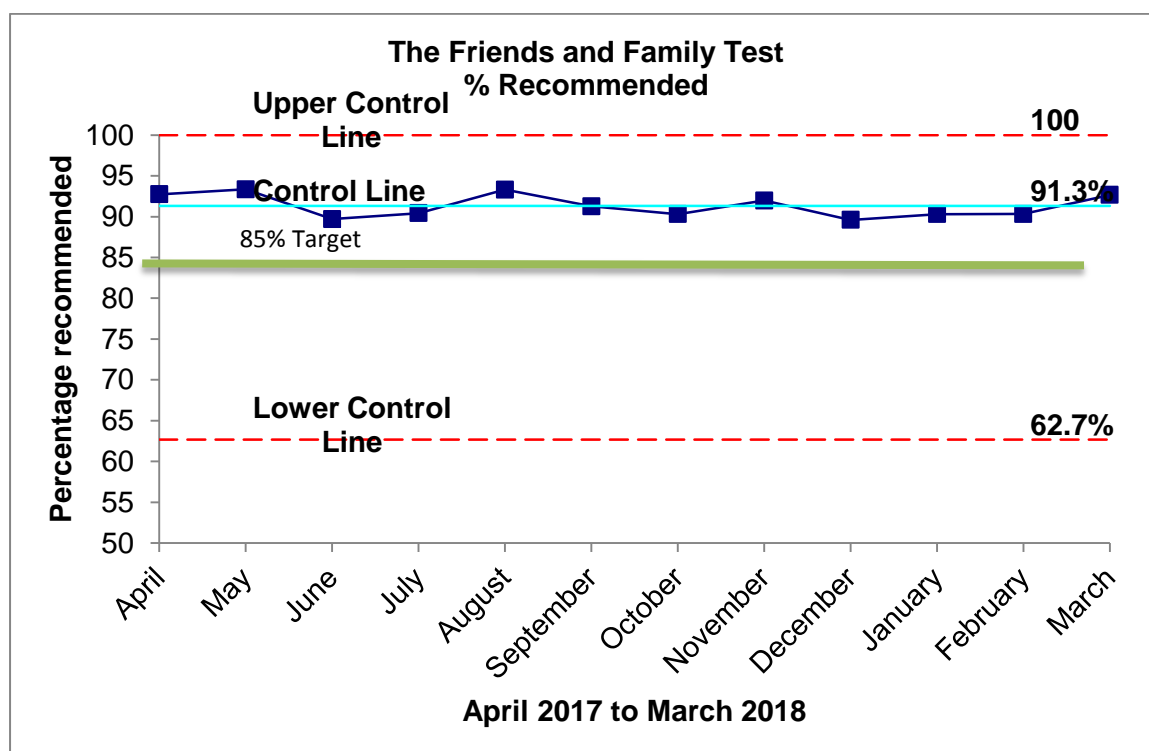
In 2017/18 the feedback we received from the public through The Friends and Family Test continued to be hugely positive and we have worked hard with services to encourage feedback and expand the number of responses received.

During the year, 4,794 people (a significant increase from 3,500 last year) took the time to provide their feedback about their experience of using our services and the percentage of those who would recommend them to friends and family has consistently remained over the performance target set by our commissioners of 85%, with an average of 91.3%. This means that 4,377 responses out of 4,794 recommended us as a place to receive care.

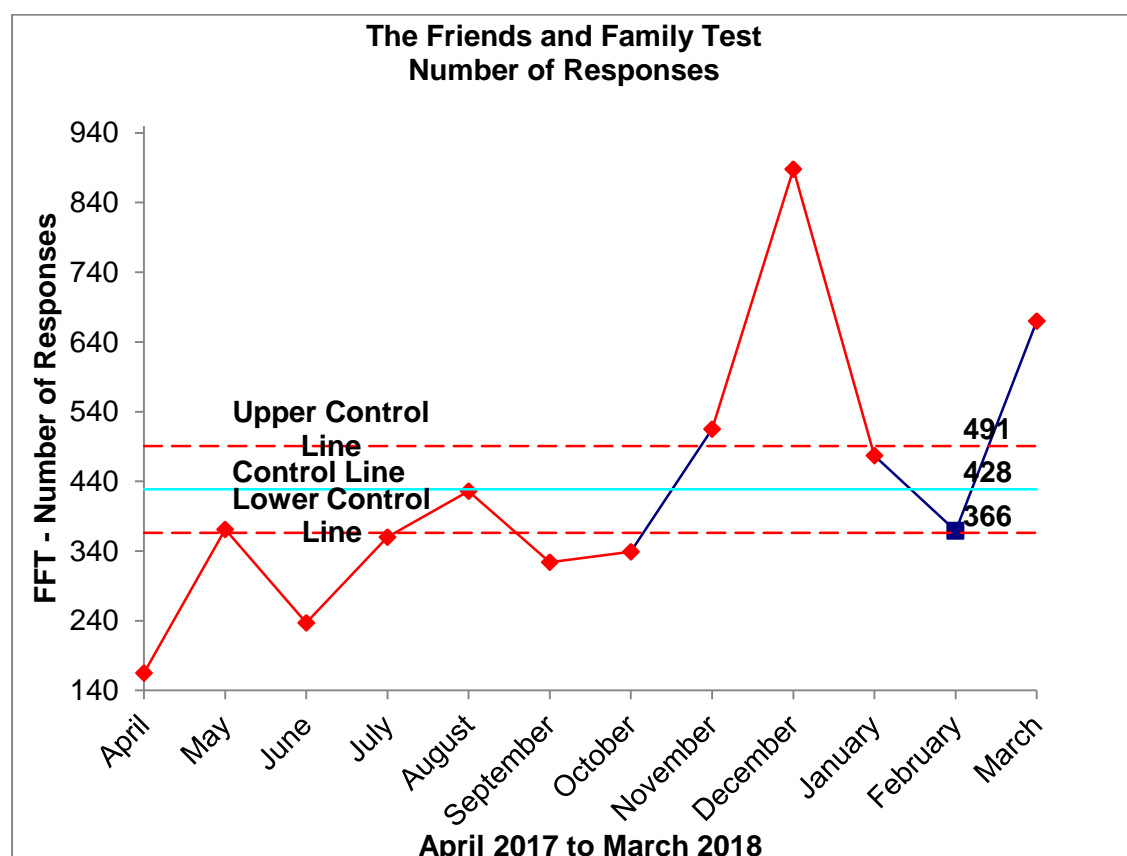
We have continued to work in consultation with teams and clinics to increase the number of individual service surveys again. One notable addition are the new surveys for the Clinic Hubs in Exeter, Torbay and North Devon, all of which opened with the ability to provide patients the opportunity to provide feedback about their experience when they attend appointments.

The Friends and Family Test and additional survey questions remain the Trust's most widely used tool to ask how we are performing and we are constantly working to improve the way we listen to people and respond to their feedback. The comments and knowledge that teams have received through this process have helped to identify good areas of practice and show areas that might require improvement which has informed our strategy and shaped the way our services are managed.

The Graph below shows the percentage of people who would recommend our services to their friends and family:

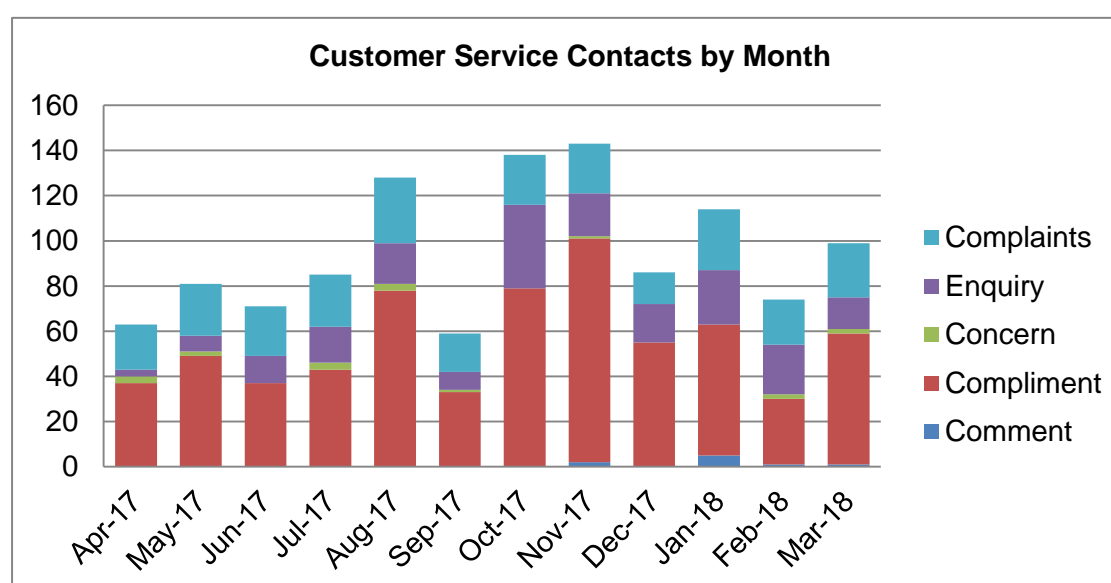


The graph below shows the amount of responses received throughout the year by month:



### Compliments and Complaints

During 2017/18 the Patient Experience Team received 263 complaints (a reduction from 273 in 2016/17), 655 compliments (previous year 687), 17 concerns, 197 enquiries (up from 120) and nine comments. These are illustrated by month in the graph below:





Many more compliments are received by our teams in the form of telephone calls, letters and postcards and we continue to encourage 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.

Of the complaints received, 71% related to either clinical care or attitude of staff and 96% were acknowledged within three days. Processes have been improved and now 100% of complaints received directly by the Patient Experience Team will be acknowledged within the three day target.

The success of the creation of a central investigating team in 2016/17 has also been recognised and consolidated by an agreement to introduce a post for a substantive complaints investigating officer.

The annual complaints report will be submitted to the Board in July 2018 as part of the 2017/18 Annual Experience Report. The Quality and Safety Committee which is a sub-committee of the Board receives a bi-monthly Experience, Safety and Risk Report which includes complaints activity.

### **Putting Things Right for People Making a Complaint**

The Patient Experience team's first priority is to try to resolve issues for the person making the complaint and we aim to make sure that each response letter sets out the actions we will take to do this. Actions that are not then immediately completed are transferred to the appropriate quality improvement plan.

### **Directorate Learning and Action**

The principle responsibility for reviewing concerns, complaints and other feedback sits within each Directorate through their local governance arrangements; this can include their learning from experience groups or equivalents. Actions arising, for example from complaints, are monitored through the Directorate improvement plans.

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

Among other responsibilities, this group:

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



The resulting assurance that Directorates are responding to people's experience of using services is provided through:

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

### **Duty of Candour**

The statutory Duty of Candour was introduced in November 2014 to encourage healthcare providers to be open, honest and transparent when things go wrong. The statutory duty came about as a direct response to recommendation 181 of the Francis Report into the failures experienced by patients and families at Mid Staffordshire NHS Foundation Trust. During his inquiry, Sir Robert Francis found staff to be 'defensive and legalistic' when errors occurred.

The Duty of Candour is embedded within the culture of our Trust, with staff initiating apologies when someone experiences moderate or above harm in our care. These apologies are offered as soon as possible after the incident and an explanation is provided along with a full description of any additional steps that we will be taking to identify learning for the trust and bring about improvements to reduce the risk of incidents repeating. This is all followed up with a letter.

Our compliance with this process is monitored closely within the Trust, and education and support for staff is continuous. Reports are provided to Board, the Risk team monitors incidents and safety briefings/leaflets are provided to staff to remind them of best practice. During inspections, the CQC also seek assurance that the Duty of Candour is understood by staff and applied accordingly and as part of any Root cause analysis investigation, where compliance with the Duty of Candour is measured. This is fed back to teams and on to the Commissioners.

### **Staff Friends and Family Test and Staff Survey**

Our work to engage with and support our staff remains a priority for the Board. Last year's *Our Journey* events were again very well attended by our staff and it was clear that people welcomed our focus on staff health and wellbeing.

In the latest staff Friends and Family Test, 66.3% of our staff recommended us as a place to receive care and treatment and 56% recommended us as a place to work. These results are lower than last year and whilst we have previously seen a steady increase in our advocacy scores since 2014, they are now starting to decrease again. In order to understand this we have agreed a staff engagement plan which includes a regular briefing and are about to

commence a task and finish group, including staff side representation to agree and implement actions.

In the most recent NHS Staff Survey, around 68% per cent of our staff participated which is a 5% increase since 2016. We also continue to be one of the best performing mental health and learning disability providers in terms of response rates. Of the 32 key findings, 12 were better than average and only five were below the average when compared with other NHS organisations. While these results indicate that we are continuing to perform reasonably well, improving our communication and engagement with staff remains a priority.

### **The Guardian Service**

The independent Guardian Service, established in 2017, has continued to be very popular and highly-valued by our staff. The creation of the service was made in line with a national drive across the NHS to help staff speak-up freely and safely and supplements the Counselling in Companies confidential staff counselling and support helpline.

The Guardian Service provides confidential support to staff who may have concerns that they feel are directly or indirectly impacting on patient care. The service includes a unique Helpline number and an independent, named Guardian advisor for our organisation.

### **Involvement and Supporting Statements**

Every year we involve a wide range of stakeholders and partners in the production of our Quality Account and ask them for ideas and suggestions for inclusion. For the 2017/18 publication, these included the following:

- Staff
- Healthwatch
- Recovery Devon
- Lived Experience Advisory panel (LEAP)
- People with lived experience
- Torbay Council
- Devon County Council
- Clinical Commissioning Groups (CCGs).

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

**Annex 1: Statements from Devon County Council Health and Adult Care Scrutiny Committee, NHS Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group (CCGs), Healthwatch Devon and Healthwatch Torbay**

**Devon County Council Health and Adult Care Scrutiny Committee**



## **Health and Adult Care Scrutiny Committee**

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### **COMMENTARY ON THE DEVON PARTNERSHIP NHS TRUST**

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the Devon Partnership NHS Trust (DPT) Draft Quality Account for the year 2017/18 which includes the priorities for 2018/19. All references in this commentary relate to the reporting period 1st April 2017 to 31st March 2018 and refer specifically to the Trust's relationship with the Scrutiny Committee and its Members.

Members believe that the Quality Report 2017/18 is a fair reflection and gives comprehensive coverage of the services provided by the DPT, based on the Scrutiny Committee's knowledge.

The Committee is pleased to see that Trust has undertaken work in 2017-18 to develop clinical care pathways and to expand the Single Point of Access service. Members commend the Trust for reducing aggression experienced within wards and in developing partnerships with carers. The Committee is also grateful to the DPT for attending a Member development session in November on mental health.

The Committee notes however that the Trust has not achieved targets to improve physical healthcare monitoring and the experience and outcomes for young people as they transition into adult services. Members also acknowledge the challenges that Devon Partnership faces in recruiting to key posts in the medical and nursing professions, but appreciate that the Trust has performed well in relation to agency staff costs.

In terms of the priorities for 2018/19, Members endorse measures to further reduce the severity of harm reported in incidents on the Trust's inpatient wards. The Committee supports the implementation of carer awareness training for clinical staff and looks forward to hearing the Trust's progress in improving the physical health monitoring of people with mental health and learning disability needs and in embedding the integrated governance structure.

Members are grateful to the Trust for attending the meeting of the Health and Adult Care Scrutiny Committee Standing Overview Group in May 2018 in which the Trust outlined its Quality Account for 2017-18 to the Committee.

The Committee welcomes a continued positive working relationship with the DPT in 2018/19 and beyond to continue to ensure the best possible outcomes for the residents of Devon.

**18 May 2018**

## **NHS Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group (CCGs)**

### **Statement from NHS Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group (CCGs)**

The NHS Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group (CCGs) are pleased to provide feedback on the Quality Account for Devon Partnership Trust (DPT) 2017/18 and would like to offer the following commentary.

We review the quality of services throughout the year, including safety, effectiveness and experience and DPT has provided evidence of a commitment to high quality care. This Quality Account summarises and reflects the evidence and we commend it.

#### **Quality Priorities**

For 2016 -17, quality priorities were identified including person-centred care, supporting carers, developing leadership and reducing avoidable harm. The CCGs congratulate DPT on progress in all of these areas.

Progress of a Single Point of Access for the public to find services using one telephone number has gained momentum and the finalisation of 24/7 call centre plans are welcomed by the CCGs. Additionally, the planned handover of a newly completed Psychiatric Intensive Care Unit for Devon in October 2018 is highly commended.

The 'Together' initiative has been successful in engaging people with lived experience and carers. Events, co-designed with carers, have provided feedback and outcomes to promote meaningful involvement. The CCGs welcome the continuation of this initiative as a patient experience priority for 2018-19.

The reduction of avoidable harm continues to be a priority for DPT with particular focus on reduction of falls, medication errors and self-harm. Last year, DPT demonstrated a reduction in harm related to violence within inpatient areas.

#### **Commissioning for Quality and Innovation (CQUIN)**

DPT, in collaboration with acute hospital providers, has achieved well beyond the CQUIN targets for reducing attendance at emergency departments for people with mental health needs and the CCGs recognise the significant commitment in this area. DPT is responding to challenges in achieving some CQUIN targets. Although some CQUINs have been partially met, improvement has been demonstrated in most CQUIN schemes.

#### **Care Quality Commission (CQC)**

DPT continues in its aspiration to move to an overall 'outstanding' CQC rating. It retains its overall 'good' rating and was assessed as good in all domains (safe, effective, caring, responsive and well-led) following the latest inspection completed in February. The CQC reported that they saw evidence of some excellent leadership at all levels across the trust with many dedicated, compassionate staff who were striving to deliver the very best care for patients.

#### **Looking Forward**

Looking ahead, the CCGs welcomes the specific priorities for 2018/19 including the aim to further embed the culture, systems and processes developed over the last two years. Additionally, the aim of becoming a centre of excellence in the field of mental health and

learning disability is fully supported. The CCGs are assured that these priorities were developed in conjunction with key stakeholders, including patients and staff.

It is felt that this Quality Account is well considered and is reflective of a strategic approach to quality improvement. The CCGs look forward to our continued collaborative working to deliver safe and high quality care across Devon.

A handwritten signature in black ink, appearing to read 'L. Collingwood-Burke', with a stylized flourish at the end.

**Lorna Collingwood-Burke**  
**Chief Nursing Officer**

**17 May 2018**

## Healthwatch Devon

Healthwatch Devon commends the work of the Trust in meeting the needs of people with mental health problems and learning disabilities. However this year, due to exceptional circumstances, we regret we are unable to provide a commentary on the Quality Account.

24 May 2018

## Healthwatch Torbay

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

We receive very few individual comments of either praise or complaint about the work of the Trust. By listening to the wider public voice we have picked up on issues which we are pleased to see are being addressed within this report. These include waiting times, the transition of services as young people become older, information and the need for the single point of contact and an improved understanding of the interrelationship between mental and physical health, especially in older people.

To some extent we have not been as active this year in sharing our knowledge of patient and public experiences of the services provided. To our great satisfaction, though, we were lucky to have a really meaningful Annual General Meeting for Healthwatch Torbay in the presentation given by the Together team including an inspirational presentation from a patient. We know that this was well received by all present and gave an opportunity to share knowledge outside the usual boundaries. A challenge to both of us to build this into future work together.

In our opinion, this report presents a good overview of the Trust's performance, is reliable and accurate and identifies appropriate internal controls and assurances.

Healthwatch Torbay  
25 May 2018





### **An Explanation of Changes Made**

No changes have been made to the 2017/18 Quality Account as a result of comment or feedback from our stakeholders.

## Annex 2: Statement of Directors' Responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the NHS (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Trust's on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Trust's should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- The contents of the Quality Report meets the requirements set out in the NHS Trust's annual reporting manual 2017/18 and supporting guidance
- The contents of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2017 to May 2018
  - Papers relating to quality reported to the Board over the period April 2017 to 24 May 2018
  - Feedback from NHS Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group (CCGs) dated 17 May 2018
  - Feedback from Devon County Council Health and Adult Care Scrutiny Committee dated 18 May 2018
  - Feedback from Healthwatch Devon dated 24 May 2018
  - Feedback from Healthwatch Torbay dated 25 May 2018
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 – the Board will receive the report on 9 July 2018
  - The 2017 Community Mental Health Survey dated November 2017
  - The 2017 National NHS staff survey dated March 2018
  - The Head of Internal Audit's Annual Opinion of the Trust's control environment dated 21 May 2018
  - CQC inspection report dated May 2018
- The Quality Report presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

### Statement of Directors' Responsibilities for the Quality Report Declaration

The Director's confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By Order of the Board



.....  
**Julie Dent**  
Chairman

24 May 2018



.....  
**Melanie Walker**  
Chief Executive

24 May 2018

## 4. Financial Statements

### Statement of Comprehensive Income for the Year Ended 31 March 2018

	Note	2017/18 £000	2016/17 £000
Operating income from patient care activities	3	144,900	140,260
Other operating income	4	9,048	8,274
Operating expenses	5	(147,850)	(142,087)
<b>Operating surplus from continuing operations</b>		<b>6,098</b>	<b>6,447</b>
Finance income	10	61	27
Finance expenses	10	(149)	(185)
PDC dividends payable		(2,090)	(2,230)
<b>Net finance costs</b>		<b>(2,178)</b>	<b>(2,388)</b>
Other gains / (losses)	11	(21)	2
<b>Surplus for the year</b>		<b>3,899</b>	<b>4,061</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	6	(854)	(799)
Revaluations	13	4,402	2,593
Other reserve movements		(9)	8
<b>Total comprehensive income for the period</b>		<b>7,438</b>	<b>5,863</b>

## Statement of Financial Position as at 31 March 2018

	Note	31 March 2018 £000	31 March 2017 £000
<b>Non-current assets</b>			
Intangible assets	12	1,038	724
Property, plant and equipment	13	94,850	87,053
<b>Total non-current assets</b>		<b>95,888</b>	<b>87,777</b>
<b>Current assets</b>			
Inventories	15	57	55
Trade and other receivables	16	9,062	5,225
Non-current assets held for sale / assets in disposal groups	17	423	423
Cash and cash equivalents	18	18,962	14,982
<b>Total current assets</b>		<b>28,504</b>	<b>20,685</b>
<b>Current liabilities</b>			
Trade and other payables	19	(20,010)	(14,701)
Borrowings	20	(1,752)	(1,752)
Provisions	21	(341)	(690)
<b>Total current liabilities</b>		<b>(22,103)</b>	<b>(17,143)</b>
<b>Total assets less current liabilities</b>		<b>102,289</b>	<b>91,319</b>
<b>Non-current liabilities</b>			
Borrowings	20	(8,834)	(6,886)
Provisions	21	(1,131)	(1,288)
<b>Total non-current liabilities</b>		<b>(9,965)</b>	<b>(8,174)</b>
<b>Total assets employed</b>		<b>92,324</b>	<b>83,145</b>
<b>Financed by</b>			
Public dividend capital		41,807	40,066
Revaluation reserve		22,630	19,091
Income and expenditure reserve		27,887	23,988
<b>Total taxpayers' equity</b>		<b>92,324</b>	<b>83,145</b>

The notes on pages 125 to 163 form part of these accounts.

The financial statements on pages 120 to 124 were approved by the Board on 24 May 2018 and signed on its behalf by the Chief Executive:

.....  
**Melanie Walker**

Chief Executive

24 May 2018

## Statement of Changes in Equity for the Year Ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2017 - brought forward</b>	<b>40,066</b>	<b>19,091</b>	<b>23,988</b>	<b>83,145</b>
Surplus for the year	-	-	3,899	<b>3,899</b>
Impairments	-	(854)	-	<b>(854)</b>
Revaluations	-	4,402	-	<b>4,402</b>
Public dividend capital received	1,741	-	-	<b>1,741</b>
Other reserve movements	-	(9)	-	<b>(9)</b>
<b>Taxpayers' equity at 31 March 2018</b>	<b>41,807</b>	<b>22,630</b>	<b>27,887</b>	<b>92,324</b>

## Statement of Changes in Equity for the Year Ended 31 March 2017

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2016 - brought forward</b>	<b>40,066</b>	<b>17,587</b>	<b>19,626</b>	<b>77,279</b>
Prior period adjustment	-	3	-	<b>3</b>
<b>Taxpayers' equity at 1 April 2016 – restated</b>	<b>40,066</b>	<b>17,590</b>	<b>19,626</b>	<b>77,282</b>
Surplus for the year	-	-	4,061	<b>4,061</b>
Other transfers between reserves	-	(301)	301	-
Impairments	-	(799)	-	<b>(799)</b>
Revaluations	-	2,593	-	<b>2,593</b>
Other movements in public dividend capital in year	-	-	-	-
Other reserve movements	-	8	-	<b>8</b>
<b>Taxpayers' equity at 31 March 2017</b>	<b>40,066</b>	<b>19,091</b>	<b>23,988</b>	<b>83,145</b>

## Information on Reserves

### Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend. During the year ended 31 March 2018, the Trust received PDC allocations of £1,550k in relation to the provision of the Mother and Baby Unit build and £191k for improvements to the Trust's place of safety at the Cedars.

### Revaluation Reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential. Further information about the Trust's revaluation exercise is shown at note 6.

### Income and Expenditure Reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust. The Trust's break-even rolling assessment is shown at note 32.

## Statement of Cash Flows

	Note	2017/18 £000	2016/17 £000
<b>Cash flows from operating activities</b>			
Operating surplus		6,098	6,447
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	5	4,618	4,515
Net impairments	6	(57)	601
(Increase) / decrease in receivables and other assets		(3,893)	(1,307)
(Increase) / decrease in inventories		(2)	12
Increase / (decrease) in payables and other liabilities		2,882	1,224
Increase / (decrease) in provisions		(509)	274
<b>Net cash generated from operating activities</b>		<b>9,137</b>	<b>11,766</b>
<b>Cash flows from investing activities</b>			
Interest received		61	27
Purchase of intangible assets		(195)	(673)
Purchase of property, plant, equipment and investment property		(6,566)	(3,851)
Sales of property, plant, equipment and investment property		-	687
<b>Net cash generated used in investing activities</b>		<b>(6,700)</b>	<b>(3,810)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		1,741	-
Movement on loans from the Department of Health and Social Care		1,948	(1,752)
Other interest paid		(139)	(169)
PDC dividend (paid)		(2,007)	(2,349)
<b>Net cash generated from / (used in) financing activities</b>		<b>1,543</b>	<b>(4,270)</b>
<b>Increase in cash and cash equivalents</b>		<b>3,980</b>	<b>3,686</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>14,982</b>	<b>11,296</b>
<b>Cash and cash equivalents at 31 March</b>	18	<b>18,962</b>	<b>14,982</b>



## Notes to the Accounts

### Note 1 Accounting Policies and Other Information

NHS Improvement, in exercising the statutory functions conferred on NHS England has directed that the financial statements of NHS trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2017-18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Department of Health and Social Care Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### Note 1.1 Basis of Preparation

##### Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, and certain financial assets and financial liabilities.

##### Note 1.1.2 Going Concern

The Trust's annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. In addition the Trust has reviewed its financial plan for 2018/19 and current operating performance and contract negotiations for the year ahead. As a result of this review, the Trust considers itself to be a going concern and the accounts have been prepared on that basis.

#### Note 1.2 Acquisitions and Discontinued Operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another. The Trust did not have any acquisitions or discontinued operations during the year ended 31 March 2018.

#### Note 1.3 Charitable Funds

Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the Trust's financial statements.

The Trust maintains an associated charitable fund, Devon Partnership NHS Trust Special Charity (1056669) and adopts the role of Corporate Trustee in relation to these funds. The

FReM requires consolidation of the charitable funds with the Trust where the charitable fund activity, in comparison to the Trust's financial performance, is deemed to be material. The charitable fund activity for the year (outlined below) is not considered material compared to that of the Trust and consequently has not been consolidated within the financial statements of the Trust.

During the year the Charity received income of £144k. It had expenditure of £72k of which £25k was spent on patient comforts, £13k issued as a restricted grant towards the set-up of Global Alliance for Maternal Mental health, £12k towards the Charity's fundraiser and staff salaries where those staff are involved in charitable fund projects. A further £9k was spent on staff welfare and training, and £13k for governance costs which includes the Trust's administration fee of £12k for management of the charitable fund and £1k audit fees.

#### [Note 1.4 Critical Accounting Judgements and Key Sources of Estimation Uncertainty](#)

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

##### [Note 1.4.1 Critical Judgements in Applying Accounting Policies](#)

The following are the critical judgements, apart from those involving estimations (see 1.4.2 below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- The Trust's building and land assets are subject to the quinquennial revaluation by the District Valuer. In the interim years the Trust's assets are revalued using desktop revaluations undertaken by the Valuation Office. The Valuation Office is an expert therefore there is a high degree of reliance on the valuer's expertise. Indexation has not been applied to any other category of plant and equipment.
- Asset lives, other than those identified by professional valuation, have been estimated by management based on their expected useful lives and the Trust's own accounting policies.

##### [Note 1.4.2 Sources of Estimation Uncertainty](#)

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- Information provided by the NHS Resolution has been used to determine provisions required for potential employer liability claims and disclosures of clinical negligence liability. This information is shown at note 21 and 22.

- The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of 0.1% in real terms. This information is shown at note 21.

- The NHS Pensions Agency has provided information with regard to disclosure and calculation of ill health retirement liabilities. This information is shown at note 7.1.

#### Note 1.5 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of health care services. At the year end the Trust accrues income relating to activity delivered in that year. Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract. Income in relation to the sale of goods is recognised once the risks and rewards of ownership are transferred to the purchaser.

##### 1.5.1 Revenue Grants and Other Contributions to Expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure, it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

##### 1.5.2 Secondary Commissioning

The Trust acts as an agent on behalf of NHS England in relation to South West Regional Secure Service. Income received in relation to the secondary commissioning of services is recognised as follows:

- Income from NHS England - Net of expenditure incurred (i.e. underspend on clinical commissioning) as the Trust is acting as an agent for NHS England. Where the expenditure exceeds the income received, this is shown as an expense at note 5.

- Income from Consortium Members - should there be an overall overspend on the service, income from Consortium members is recognised in line with the risk share agreement.

## Note 1.6 Expenditure on Employee Benefits

### 1.6.1 Short-Term Employee Benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

### 1.6.2 NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices, and other bodies allowed under the direction of Secretary of State in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health.

## Note 1.7 Expenditure on Other Goods and Services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

## Note 1.8 Property, Plant and Equipment

### Note 1.8.1 Recognition

Property, plant and equipment is capitalised where:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

In addition, items forming part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost will be capitalised. Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

## Note 1.8.2 Measurement

### Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at current value where there are no restrictions preventing access to the market at the reporting date.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

### Subsequent Expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential derived from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

### Depreciation and Impairment

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

At each financial year-end the Trust checks whether there is any indication that its property, plant and equipment or intangible non-current assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss, and if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year-end.

### Revaluation Gains and Losses

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be

determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost, modern equivalent asset basis.

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

#### Note 1.8.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale'; and,
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

#### Note 1.8.4 Donated and Grant Funded Assets

Donated and grant funded property, plant and equipment assets are capitalised at current value in existing use if they are held for service potential, or otherwise at fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met. The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

#### Note 1.8.5 Useful Economic Lives of Property, Plant and Equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives is shown in the table below:

	Minimum life Years	Maximum life Years
Buildings, excluding dwellings	1	75
Dwellings	20	48
Plant & machinery	5	15
Transport equipment	7	7
Information technology	3	10
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Estimated useful lives and residual values are reviewed each year, with the effect of any changes recognised on a prospective basis.

#### Note 1.9 Intangible Assets

##### Note 1.9.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset is at least £5,000 and can be measured reliably.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and,
- the Trust can measure reliably the expenses attributable to the asset during development.



## Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

### Note 1.9.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or “fair value less costs to sell”.

## Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

### Note 1.9.3 Useful Economic Lives of Intangible Assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Minimum life Years	Maximum life Years
Information technology	1	5
Development expenditure	1	5
Websites	1	5
Software licences	1	5
Licences & trademarks	1	5

Estimated useful lives and residual values are reviewed each year, with the effect of any changes recognised on a prospective basis.

## Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula.



### Note 1.11 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

### Note 1.12 Financial Instruments and Financial Liabilities

#### Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

#### De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

#### Classification and Measurement

Financial assets are classified as loans and receivables. Financial liabilities are classified as other financial liabilities. The classification depends on the nature and purpose of the financial instrument and is determined at the time of initial recognition.

Financial liabilities are recognised in the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received.

Loans from the Department of Health are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value through income and expenditure.

#### Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and "other receivables".

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the

expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

#### Other Financial Liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

#### Impairment of Financial Assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

The Trust provides for all non-NHS trade debtors which are also in excess of 90 days overdue. In addition the Trust provides for any staff advances, regardless of how they have occurred, which are in excess of 90 days overdue.

#### Note 1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

##### Note 1.13.1 The Trust as Lessee

#### Operating Leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

### Leases of Land and Buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

#### Note 1.13.2 The Trust as lessor

##### Finance Leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

##### Operating Leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

#### Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation as a result of a past event for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Injury Benefit provisions are discounted using HM Treasury's pension discount rate of positive 0.1% (2016-17: positive 0.24%) in real terms.

All percentages are in real terms.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditure arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the Trust.

#### 1.14.1 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 22.

#### 1.14.2 Non-Clinical Risk Pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any “excesses” payable in respect of particular claims are charged to operating expenses when the liability arises.

#### Note 1.15 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation, or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

Where the time value of money is material, contingencies are disclosed at their present value.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

#### Note 1.16 Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that, being issued under statutory authority rather than contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from the Trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable as PDC dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:

- (i) donated assets (including lottery funded assets);
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility; and,
- (iii) any PDC dividend balance receivable or payable.

The average relevant net assets is calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts. The PDC dividend calculation is based upon the Trust's group accounts and excludes consolidated charitable funds.

#### Note 1.17 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

#### Note 1.18 Corporation Tax

The Trust has determined that it has no corporation tax liability due to the fact that its activities do not generate annual profits.

#### Note 1.19 Foreign Exchange

The functional and presentational currency of the Trust is sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise.

#### Note 1.20 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in note 18.1 to the accounts in accordance with the requirements of HM Treasury's FReM.

#### Note 1.21 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses

which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis and does not include provision for future losses.

#### Note 1.22 Early Adoption of Standards, Amendments and Interpretations

No new accounting standards or revisions to existing standards have been adopted early in 2017/18.

#### Note 1.23 Standards, Amendments and Interpretations in Issue but not yet Effective or Adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 and IFRS 17 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 Revenue from Contracts with Customers – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

The Trust has reviewed those standards due to be adopted from 2018-19 and has concluded they will have an immaterial impact for the following reasons:

IFRS 9 Financial Instruments - The Trust does not hold complex financial instruments. The financial assets of the Trust consist mainly of trade receivables and cash which will continue to be measured at amortised cost. In terms of the rebuttable credit risk presumption associated with receipts more than 30 days past due, the Trust already provides for receivables over 90 days past due and only writes off trivial amounts of debt. The latter indicates it is unnecessary to make an additional provision for items with a 30 days past due date. The Trust has not elected to use the fair value option for valuing financial liabilities and the fair value of the Trust's loans are not considered to be materially different to carrying value.

IFRS 15 Revenue from Contracts with Customers – The Trust's contracts are set up to ensure that the income is only accounted for as and when the service has been provided. The Trust also has an activity database which is used to compare activity with amounts invoiced so the appropriate accounting adjustment can be made when placements span the year end.

IFRIC 22 Foreign Currency Transactions and Advance Consideration – The Trust does not have any material foreign currency transactions.

## Note 2 Operating Segments

The Trust has considered the requirements of IFRS 8 in relation to segmental analysis.

### Reporting Arrangements

The Chief Operating Decision Maker of the Trust is its Board of Directors (the Board) and committees that report to the Board. The Finance and Investment Committee (FIC) is one of those Committees, and receives a range of financial information on behalf of the Board. FIC receives regular reports on the financial performance of directorates within the Trust. The Directorates shown below represent the Trust's key areas of clinical service and operational support. Within the context of IFRS 8 the Trust's directorates represent reportable operating segments in relation to expenditure only.

Operating Segment	2017/18 £000	2016/17 £000
<b>Total income</b>	<b>153,948</b>	<b>148,534</b>
<b>Expenditure</b>		
<b><u>Provider Services</u></b>		
Adult	35,115	34,818
Older People's Mental Health	15,815	16,793
Headquarters	31,999	27,969
Secure	14,567	14,150
Specialist Services	29,586	29,092
<b>Sub-total</b>	<b>127,082</b>	<b>122,822</b>
<b><u>Secondary Commissioning</u></b>		
Individual Patient Placements	15,767	14,137
Regional Secure Services	438	12
<b>Sub-total</b>	<b>16,205</b>	<b>14,149</b>
<b>Total expenditure</b>	<b>143,287</b>	<b>136,971</b>

Segment expenditure reflects operating expenses as disclosed at note 5 minus depreciation (including donated), amortisation, and impairments of £4,563k (16/17 - £5,116k). Segment non-operating expenditure reflects all remaining items in the accounts that make up the overall Trust surplus. The classifications in this note reflect the presentation of financial information to FIC.

Segment income, profit and net assets are not routinely calculated or reported.

### Note 3 Operating Income from Patient Care Activities

<b>Note 3.1 Income From Patient Care Activities (By Nature)</b>	<b>2017/18 £000</b>	<b>2016/17 £000</b>
<b>Mental health services</b>		
Cost and volume contract income	23,129	23,283
Block contract income	114,098	111,155
Clinical partnerships providing mandatory services (including s75 agreements)	5,094	3,778
Clinical income for the secondary commissioning of mandatory services	1,872	1,397
Other clinical income from mandatory services	707	647
<b>Total income from activities</b>	<b>144,900</b>	<b>140,260</b>

<b>Note 3.2 Income From Patient Care Activities (By Source)</b>		
<b>Income from Patient Care Activities Received from:</b>	<b>2017/18 £000</b>	<b>2016/17 £000</b>
NHS England	24,337	23,574
Clinical commissioning groups	114,201	112,175
Other NHS providers	2,319	2,331
Local authorities	2,162	2,167
Non NHS: other	1,881	13
<b>Total income from activities</b>	<b>144,900</b>	<b>140,260</b>

<b>Note 4 Other Operating Income</b>	<b>2017/18 £000</b>	<b>2016/17 £000</b>
Research and development	1,234	1,354
Education and training	3,030	2,341
Charitable and other contributions to expenditure	16	15
Sustainability and transformation fund income	2,059	2,534
Rental revenue from operating leases	229	190
Income in respect of staff costs where accounted on gross basis	1,115	764
Other income	1,365	1,076
<b>Total other operating income</b>	<b>9,048</b>	<b>8,274</b>
<b>Total income</b>	<b>153,948</b>	<b>148,534</b>



Note 5.1 Operating Expenses	2017/18 £000	2016/17 £000
Purchase of healthcare from NHS and DHSC bodies	707	972
Purchase of healthcare from non-NHS and non-DHSC bodies	22,216	18,553
Purchase of social care	-	84
Staff and executive directors costs	97,828	95,019
Remuneration of non-executive directors	50	54
Supplies and services - clinical (excluding drugs costs)	1,754	1,289
Supplies and services - general	1,951	1,768
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,491	1,310
Consultancy costs	271	163
Establishment	2,664	3,065
Premises	6,077	5,862
Transport (including patient travel)	2,376	2,066
Depreciation on property, plant and equipment	4,188	4,019
Amortisation on intangible assets	430	496
Net impairments	(57)	601
Increase/(decrease) in provision for impairment of receivables	44	19
Change in provisions discount rate(s)	19	154
audit services- statutory audit	38	39
other auditor remuneration (external auditor only)	12	16
Internal audit costs	149	149
Clinical negligence	536	487
Legal fees	68	258
Insurance	261	244
Research and development	853	853
Education and training	887	1,023
Rentals under operating leases	1,227	1,520
Early retirements	1	6
Redundancy <sup>1</sup>	(145)	464
Car parking & security	73	89
Hospitality	49	23
Other services, e.g. external payroll	479	418
Other <sup>2</sup>	1,353	1,004
<b>Total</b>	<b>147,850</b>	<b>142,087</b>
<sup>1</sup> Redundancy is made up of £46k redundancy costs and a £191k release from the restructuring provision.		
<sup>2</sup> Other costs during the year ended 31 March 2018 comprise professional fees £434k (16/17 - £257k) subscriptions and licenses £402k (16/17 - £99k), plus miscellaneous items totalling £204k (16/17 - £280k).		

<b>Note 5.2 Other Auditor Remuneration</b>	<b>2017/18 £000</b>	<b>2016/17 £000</b>
<b>Other auditor remuneration paid to the external auditor:</b>		
Audit-related assurance services	12	16
<b>Total</b>	<b>12</b>	<b>16</b>
<sup>1</sup> Other auditor remuneration comprises work undertaken on the Quality Account.		

#### Note 5.3 Limitation on Auditor's Liability

The limitation on auditor's liability for external audit work is £1m (2016/17: £0m).

<b>Note 6 Impairment of Assets</b>	<b>2017/18 £000</b>	<b>2016/17 £000</b>
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Changes in market price	(57)	601
<b>Total net impairments charged to operating surplus / deficit</b>	<b>(57)</b>	<b>601</b>
Impairments charged to the revaluation reserve	854	799
<b>Total net impairments</b>	<b>797</b>	<b>1,400</b>

Impairments are a result of a professional valuation of the Trust's estate as carried out in 2017/18 by the District Valuers of HM Revenue & Customs.

A number of impairments were applied to the Trust's estate, for which there was no revaluation reserve in place leading to an in-year charge. A net credit of £57k (total impairments of £585k less reversals of £528k) has been applied the SOCI.

In addition there has been an increase in the revaluation reserve relating to the valuation of land totalling £976k and a net increase to the revaluation reserve relating to buildings of £2,557k. This is shown in the table below:

<b>Revaluation</b>	<b>Land £000</b>	<b>Buildings £000</b>	<b>Total £000</b>
Revaluation increase	1,176	3,215	<b>4,391</b>
Other Revaluation Movements		11	<b>11</b>
<b>Sub-total Revaluation increase<sup>1</sup></b>	<b>1,176</b>	<b>3,226</b>	<b>4,402</b>
(Impairment) / reversal	(200)	(659)	<b>(859)</b>
Other Impairment Movements		5	<b>5</b>
<b>Sub-total Impairment movement<sup>2</sup></b>	<b>(200)</b>	<b>(654)</b>	<b>(854)</b>
Other		(9)	<b>(9)</b>
Net increase to reserves	<b>976</b>	<b>2,563</b>	<b>3,539</b>
<sup>1</sup> £4,402k is reflected in the Statement of Changes in Equity which includes an adjustment for prior year accumulated depreciation on dwellings.			
<sup>2</sup> £854k is reflected in the Statement of Changes in Equity which incorporates the reversal of £5k relating to the prior year.			

Note 7 Employee Benefits	2017/18 Total £000	2016/17 Total £000
Salaries and wages	76,748	71,009
Social security costs	7,214	6,680
Apprenticeship levy	364	-
Employer's contributions to NHS pensions	9,574	8,973
Pension cost - other	7	4
Termination benefits	-	464
Temporary staff (including agency)	4,141	8,581
<b>Total gross staff costs</b>	<b>98,048</b>	<b>95,711</b>
<b>Total staff costs</b>	<b>98,048</b>	<b>95,711</b>
<b>Of which:</b>		
Costs capitalised as part of assets	365	228

#### Note 7.1 Retirements Due to Ill-Health

During 2017/18 there were 3 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2017). The estimated additional pension liability of these ill-health retirements is £177k (£194k in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

#### Note 8 Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these is as follows:

##### a) Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing

suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### b) Full Actuarial (Funding) Valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

For employees not opted into the NHS Pension Scheme, the Trust offers an additional defined contribution workplace pension scheme with National Employment Savings Scheme (NEST). A small number of employees are opted into this scheme. Employer and Employee Contributions for 2017/18 were £13k (2016/17 £4k).

## Note 9 Operating Leases

### Note 9.1 Devon Partnership NHS Trust as a Lessor

The Trust has a small number of operating leases relating to buildings it lets out as offices for the provision of health care services. The terms of these leases range from 1 to 7 years.

Operating Lease Revenue	2017/18 £000	2016/17 £000
Minimum lease receipts	229	190
<b>Total</b>	<b>229</b>	<b>190</b>
Future Minimum Lease Receipts Due	31 March 2018 £000	31 March 2017 £000
- not later than one year;	188	187
- later than one year and not later than five years;	2	-
<b>Total</b>	<b>190</b>	<b>187</b>

### Note 9.2 Devon Partnership NHS Trust as a Lessee

This note discloses costs and commitments incurred in operating lease arrangements where Devon Partnership NHS Trust is the lessee.

The Trust has a number of operating leases, the most significant of which relates to buildings which are used as offices or for healthcare services, or a combination of both. The terms of these leases range from 1 month to 27 years.

Rentals are generally reviewable at either the third or fifth anniversary, rents are either held at the basic rent payable immediately before the review period or amended upwards to the market rent on the review date.

Operating Lease Expense	2017/18 £000	2016/17 £000
Minimum lease payments	1,227	1,520
<b>Total</b>	<b>1,227</b>	<b>1,520</b>
Future Minimum Lease Payments Due:	31 March 2018 £000	31 March 2017 £000
- not later than one year;	1,330	1,448
- later than one year and not later than five years;	3,157	3,694
- later than five years.	587	1,083
<b>Total</b>	<b>5,074</b>	<b>6,225</b>

## Note 10 Finance Income

Finance income represents interest received on assets and investments in the period.

Note 10 Finance Income	2017/18 £000	2016/17 £000
Interest on bank accounts	61	27
<b>Total</b>	<b>61</b>	<b>27</b>

### Note 10.1 Finance Expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

Note 10.1 Finance Expenditure	2017/18 £000	2016/17 £000
<b>Interest expense:</b>		
Loans from the Department of Health and Social Care	146	168
<b>Total interest expense</b>	<b>146</b>	<b>168</b>
Unwinding of discount on provisions	3	17
<b>Total finance costs</b>	<b>149</b>	<b>185</b>

### Note 10.2 The Late Payment of Commercial Debts (Interest) Act 1998 / Public Contract Regulations 2015

There were no amounts included within finance costs arising from claims made under this legislation.

Note 11 Other Gains / (Losses)	2017/18 £000	2016/17 £000
Gains on disposal of assets	-	2
Losses on disposal of assets	(21)	-
<b>Total gains / (losses) on disposal of assets</b>	<b>(21)</b>	<b>2</b>

Note 12 Intangible Assets – 2017/18				
	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
<b>Gross cost at 1 April 2017 - brought forward</b>	<b>1,598</b>	<b>380</b>	<b>39</b>	<b>2,017</b>
Additions	-	-	195	195
Reclassifications	57	550	(58)	549
<b>Gross cost at 31 March 2018</b>	<b>1,655</b>	<b>930</b>	<b>176</b>	<b>2,761</b>
<b>Amortisation at 1 April 2017 - brought forward</b>	<b>936</b>	<b>357</b>	<b>-</b>	<b>1,293</b>
Provided during the year	89	341	-	430
<b>Amortisation at 31 March 2018</b>	<b>1,025</b>	<b>698</b>	<b>-</b>	<b>1,723</b>
<b>Net book value at 31 March 2018</b>	<b>630</b>	<b>232</b>	<b>176</b>	<b>1,038</b>
<b>Net book value at 1 April 2017</b>	<b>662</b>	<b>23</b>	<b>39</b>	<b>724</b>

**Note 12.1 Intangible Assets – 2016/17**

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
<b>Valuation / gross cost at 1 April 2016 – as previously stated</b>	<b>1,202</b>	<b>103</b>	<b>482</b>	<b>1,787</b>
Additions	-	-	160	<b>160</b>
Reclassifications	396	277	(603)	<b>70</b>
<b>Valuation / gross cost at 31 March 2017</b>	<b>1,598</b>	<b>380</b>	<b>39</b>	<b>2,017</b>
<b>Amortisation at 1 April 2016 - as previously stated</b>	<b>704</b>	<b>80</b>	-	<b>784</b>
Prior period adjustments	-	-	-	-
<b>Amortisation at 1 April 2016 - restated</b>	<b>704</b>	<b>80</b>	-	<b>784</b>
Provided during the year	<b>219</b>	<b>277</b>	-	<b>496</b>
Impairments	-	-	-	-
Revaluations	13	-	-	<b>13</b>
<b>Amortisation at 31 March 2017</b>	<b>936</b>	<b>357</b>	-	<b>1,293</b>
<b>Net book value at 31 March 2017</b>	<b>662</b>	<b>23</b>	<b>39</b>	<b>724</b>
<b>Net book value at 1 April 2016</b>	<b>498</b>	<b>23</b>	<b>482</b>	<b>1,003</b>

Note 13 Property, Plant and Equipment – 2017/18									
	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	IT	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2017 - brought forward</b>	<b>15,875</b>	<b>63,768</b>	<b>400</b>	<b>4,626</b>	<b>2,222</b>	<b>243</b>	<b>7,556</b>	<b>2,511</b>	<b>97,201</b>
Additions	-	-	-	8,950	-	-	-	-	8,950
Impairments	(200)	(1,367)	-	-	-	-	-	-	(1,567)
Reversals of impairments	-	770	-	-	-	-	-	-	770
Revaluations	1,176	3,148	68	-	-	-	-	-	4,392
Reclassifications	-	3,235	2	(4,669)	49	-	739	95	(549)
Disposals / derecognition	-	(371)	(12)	-	(291)	-	(1,973)	(389)	(3,036)
<b>Valuation / gross cost at 31 March 2018</b>	<b>16,851</b>	<b>69,183</b>	<b>458</b>	<b>8,907</b>	<b>1,980</b>	<b>243</b>	<b>6,322</b>	<b>2,217</b>	<b>106,161</b>
<b>Accumulated depreciation at 1 April 2017 - brought forward</b>	<b>-</b>	<b>2,305</b>	<b>10</b>	<b>-</b>	<b>1,579</b>	<b>225</b>	<b>4,546</b>	<b>1,483</b>	<b>10,148</b>
Provided during the year	-	2,495	10	-	179	9	1,256	239	4,188
Revaluations	-	-	(10)	-	-	-	-	-	(10)
Disposals / derecognition	-	(359)	(10)	-	(289)	-	(1,973)	(384)	(3,015)
<b>Accumulated depreciation at 31 March 2018</b>	<b>-</b>	<b>4,441</b>	<b>-</b>	<b>-</b>	<b>1,469</b>	<b>234</b>	<b>3,829</b>	<b>1,338</b>	<b>11,311</b>
<b>Net book value at 31 March 2018</b>	<b>16,851</b>	<b>64,742</b>	<b>458</b>	<b>8,907</b>	<b>511</b>	<b>9</b>	<b>2,493</b>	<b>879</b>	<b>94,850</b>
<i>Net book value at 1 April 2017</i>	<i>15,875</i>	<i>61,463</i>	<i>390</i>	<i>4,626</i>	<i>643</i>	<i>18</i>	<i>3,010</i>	<i>1,028</i>	<i>87,053</i>



<b>Note 13.1 Property, Plant and Equipment – 2016/17</b>									
	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Dwellings</b>	<b>Assets under construction</b>	<b>Plant &amp; machinery</b>	<b>Transport equipment</b>	<b>IT</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Valuation / gross cost at 1 April 2016</b>	<b>16,070</b>	<b>63,907</b>	<b>400</b>	<b>4,369</b>	<b>2,215</b>	<b>243</b>	<b>6,620</b>	<b>2,233</b>	<b>96,057</b>
Additions	-	-	-	4,024	-	-	-	-	4,024
Impairments	(32)	(1,368)	-	-	-	-	-	-	(1,400)
Revaluations	260	(921)	-	-	-	-	-	-	(661)
Reclassifications	-	2,150	-	(3,767)	24	-	1,245	278	(70)
Transfers to / from assets held for sale	(423)	-	-	-	-	-	-	-	(423)
Disposals / derecognition	-	-	-	-	(17)	-	(309)	-	(326)
<b>Valuation/gross cost at 31 March 2017</b>	<b>15,875</b>	<b>63,768</b>	<b>400</b>	<b>4,626</b>	<b>2,222</b>	<b>243</b>	<b>7,556</b>	<b>2,511</b>	<b>97,201</b>
<b>Accumulated depreciation at 1 April 2016</b>	-	<b>3,267</b>	-	-	<b>1,400</b>	<b>211</b>	<b>3,589</b>	<b>1,243</b>	<b>9,710</b>
Provided during the year	-	<b>2,305</b>	<b>10</b>	-	<b>191</b>	<b>14</b>	<b>1,259</b>	<b>240</b>	<b>4,019</b>
Reversals of impairments	-	-	-	-	-	-	-	-	-
Revaluations	-	(3,267)	-	-	-	-	-	-	(3,267)
Disposals/ derecognition	-	-	-	-	(12)	-	(302)	-	(314)
<b>Accumulated depreciation at 31 March 2017</b>	-	<b>2,305</b>	<b>10</b>	-	<b>1,579</b>	<b>225</b>	<b>4,546</b>	<b>1,483</b>	<b>10,148</b>
<b>Net book value at 31 March 2017</b>	<b>15,875</b>	<b>61,463</b>	<b>390</b>	<b>4,626</b>	<b>643</b>	<b>18</b>	<b>3,010</b>	<b>1,028</b>	<b>87,053</b>
<i>Net book value at 1 April 2016</i>	<i>16,070</i>	<i>60,640</i>	<i>400</i>	<i>4,369</i>	<i>815</i>	<i>32</i>	<i>3,031</i>	<i>990</i>	<i>86,347</i>

Note 13.2 Property, Plant and Equipment Financing – 2017/18									
	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value (NBV) at 31 March 2018:</b>									
Owned - purchased	16,851	64,532	458	8,907	508	9	2,493	879	<b>94,637</b>
Owned - donated	-	210	-	-	3	-	-	-	<b>213</b>
<b>NBV total at 31 March 2018</b>	<b>16,851</b>	<b>64,742</b>	<b>458</b>	<b>8,907</b>	<b>511</b>	<b>9</b>	<b>2,493</b>	<b>879</b>	<b>94,850</b>

Note 13.3 Property, Plant and Equipment Financing – 2016/17									
	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2017</b>									
Owned - purchased	15,875	61,247	390	4,626	643	18	3,010	1,028	<b>86,837</b>
Owned - donated	-	216	-	-	-	-	-	-	<b>216</b>
<b>NBV total at 31 March 2017</b>	<b>15,875</b>	<b>61,463</b>	<b>390</b>	<b>4,626</b>	<b>643</b>	<b>18</b>	<b>3,010</b>	<b>1,028</b>	<b>87,053</b>

#### Note 14 Revaluations of Property, Plant and Equipment

Land and buildings are restated at current cost using professional valuations at annual intervals. Professional valuations are carried out by the District Valuers of HM Revenues and Customs Government Department. Valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Department of Health and HM Treasury. The last asset valuations were undertaken in 2017/18 at the prospective valuation date of 31 March 2018.

The valuations have been carried out primarily on the basis of Modern Equivalent Asset Value for specialised operational property and Existing Use Value for non-specialised operational property. The value of land for existing use purposes is assessed at Existing Use Value. In respect of non-operational properties, including surplus land the valuations have been carried at Open Market Value.

Of the total property valued at 31 March 2018, £4,055k related to land valued at Open Market Value and £550k related to buildings valued at Open Market Value. Of the land valued at Open Market Value £3,487k relates to Langdon land which is currently being held at the lower of carrying value and current value less costs to sell (see note 17).

Of the total property valued at 31 March 2018, £1,125k related to land and buildings owned by the Trust which are leased under operating leases. The total depreciation charge in the year in respect of these buildings was £33k.

Asset lives were considered during the year with a reduction to the minimum life for Information Technology assets and Fixtures and Fittings.

There were no assets under finance leases or hire purchase contracts at the Statement of Financial Position.

Note 15 Inventories		
	31 March 2018 £000	31 March 2017 £000
Drugs	28	25
Consumables	24	26
Energy	5	4
<b>Total inventories</b>	<b>57</b>	<b>55</b>

<b>Note 16 Trade and Other Receivables</b>		
	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
<b>Current</b>		
Trade receivables	5,067	1,201
Accrued income	2,725	3,188
Provision for impaired receivables	(163)	(121)
Prepayments (non-PFI)	999	518
PDC dividend receivable	-	56
VAT receivable	323	245
Other receivables	111	138
<b>Total current trade and other receivables</b>	<b>9,062</b>	<b>5,225</b>
<b>Of which receivables from NHS and DHSC group bodies:</b>		
Current	6,974	4,142

<b>Note 16.1 Provision for Impairment of Receivables</b>		
	<b>2017/18 £000</b>	<b>2016/17 £000</b>
<b>At 1 April as previously stated</b>	<b>121</b>	<b>120</b>
Increase in provision	97	(51)
Amounts utilised	(2)	(18)
Unused amounts reversed	(53)	70
<b>At 31 March</b>	<b>163</b>	<b>121</b>

The Trust carried out a regular review of Non-NHS Receivables to identify provisions for impairment. A provision has been made for all non-NHS debts over 90 days.

<b>Note 16.2 Credit Quality of Financial Assets</b>		
	<b>31 March 2018 Trade and other receivables</b>	<b>31 March 2017 Trade and other receivables</b>
<b>Ageing of Impaired Financial Assets</b>	<b>£000</b>	<b>£000</b>
90- 180 days	31	30
Over 180 days	132	91
<b>Total</b>	<b>163</b>	<b>121</b>
<b>Ageing of Non-Impaired Financial Assets Past their Due Date</b>		
0 - 30 days	289	344
30-60 Days	295	77
60-90 days	75	154
90- 180 days	147	42
Over 180 days	27	91
<b>Total</b>	<b>833</b>	<b>708</b>

<b>Note 17 Non-Current Assets held for Sale and Assets in Disposal Groups</b>		
	<b>2017/18 £000</b>	<b>2016/17 £000</b>
<b>NBV of non-current assets for sale and assets in disposal groups at 1 April</b>	<b>423</b>	<b>650</b>
Assets classified as available for sale in the year	-	<b>423</b>
Assets sold in year	-	<b>(650)</b>
<b>NBV of non-current assets for sale and assets in disposal groups at 31 March</b>	<b>423</b>	<b>423</b>

Surplus land located at Langdon was marked as held for sale during the year ended 31 March 2017 and remains held for sale at 31 March 2018. The value of this land for agricultural purposes is £423,000. The asset is expected to be sold within 12 months of the Statement of Financial Position date.

#### **Note 18 Cash and Cash Equivalents**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

<b>Note 18 Cash and Cash Equivalents</b>		
	<b>2017/18 £000</b>	<b>2016/17 £000</b>
<b>At 1 April</b>	<b>14,982</b>	<b>11,296</b>
Net change in year	3,980	3,686
<b>At 31 March</b>	<b>18,962</b>	<b>14,982</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	50	38
Cash with the Government Banking Service	18,912	14,944
<b>Total cash and cash equivalents as in SoFP</b>	<b>18,962</b>	<b>14,982</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>18,962</b>	<b>14,982</b>

#### **Note 18.1 Third Party Assets held by the Trust**

The Trust held cash and cash equivalents which relate to monies held on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

<b>Note 18.1 Third Party Assets held by the Trust</b>		
	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
Bank balances	612	660
<b>Total third party assets</b>	<b>612</b>	<b>660</b>

Third party assets comprise cash held on behalf of other NHS organisations in respect of the South West Finance Management Training Scheme (£306k) and money held on behalf of patients (£306k).

<b>Note 19 Trade and Other Payables</b>		
	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
<b>Current</b>		
Trade payables	2,390	2,700
Capital payables	3,543	1,159
Accruals	10,377	7,613
Social security costs	1,150	1,000
Other taxes payable	859	800
PDC dividend payable	27	-
Accrued interest on loans	13	6
Other payables	1,651	1,423
<b>Total current trade and other payables</b>	<b>20,010</b>	<b>14,701</b>
<b>Of which payables owed to NHS and DHSC group bodies:</b>		
Current	1,450	1,254

[Note 19.1 Outstanding Pension Contributions in NHS Payables Above](#)

The payables noted above include amounts in relation to outstanding pension contributions.

<b>Note 19.1 Outstanding Pension Contributions in NHS Payables Above</b>		
	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
Outstanding pension contributions	1,345	1,242
<b>Note 20 Borrowings</b>	<b>31 March 2018</b>	<b>31 March 2017</b>
	<b>£000</b>	<b>£000</b>
<b>Current</b>		
Loans from the Department of Health and Social Care	1,752	1,752
<b>Total current borrowings</b>	<b>1,752</b>	<b>1,752</b>
<b>Non-current</b>		
Loans from the Department of Health and Social Care	8,834	6,886
<b>Total non-current borrowings</b>	<b>8,834</b>	<b>6,886</b>

<b>Note 21 Provisions</b>					
	<b>Pensions - early departure costs<sup>1</sup> £000</b>	<b>Legal claims £000</b>	<b>Restructuring £000</b>	<b>Other<sup>2</sup> £000</b>	<b>Total £000</b>
<b>At 1 April 2017</b>	<b>186</b>	<b>79</b>	<b>545</b>	<b>1,168</b>	<b>1,978</b>
Transfers by absorption	-	-	-	-	-
Change in the discount rate	-	-	-	19	19
Arising during the year	5	36	243	57	341
Utilised during the year	(188)	(10)	(193)	(58)	(449)
Reclassified to liabilities held in disposal groups	-	-	-	-	-
Reversed unused	(3)	(35)	(382)	-	(420)
Unwinding of discount	-	-	-	3	3
Transfer to FT upon authorisation	-	-	-	-	-
<b>At 31 March 2018</b>	<b>-</b>	<b>70</b>	<b>213</b>	<b>1,189</b>	<b>1,472</b>
<b>Expected timing of cash flows:</b>					
- not later than one year;	-	70	213	58	341
<b>Total</b>	<b>-</b>	<b>70</b>	<b>213</b>	<b>1,189</b>	<b>1,472</b>
<sup>1</sup> The Trust exercise an option to buy out its provision for early departure costs during the year.					
<sup>2</sup> The 'other' category comprises £1,189k relating to injury benefit claims the Trust is liable to pay.					

#### Note 22 Clinical Negligence Liabilities

At 31 March 2018, £2,066k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Devon Partnership NHS Trust (31 March 2017: £1,419k).

<b>Note 23 Contingent Assets and Liabilities</b>		
	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	45	53
<b>Gross value of contingent liabilities</b>	<b>45</b>	<b>53</b>
<b>Net value of contingent liabilities</b>	<b>45</b>	<b>53</b>

The contingent liabilities shown above relate to those advised by NHS Resolution.

In August 2017, HMRC issued guidance following the outcome of the Pennine Care NHS Trust Tribunal decision. This relates to the zero rating of qualifying residential properties. The Trust is awaiting the outcome in relation to Dewnans following an Appeal submitted in 2013. The Trust has yet to receive a response from HMRC in order to qualify its claim. Should the Trust be successful it would be looking at a net capital reclaim of c. £3.3m, of

which it would be liable for professional fees of £169k. Due to the liability being reasonably possible, it has been disclosed but has not been accounted for.

<b>Note 24 Contractual Capital Commitments</b>		
	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
Property, plant and equipment	5,413	720
<b>Total</b>	<b>5,413</b>	<b>720</b>

Capital commitments of £5.4m at 31 March 2018 include the following significant items  
Psychiatric Intensive Care Unit £4.4m, 'Prentice' building refurbishment of £0.5m, and North Devon security works of £0.3m.

## [Note 25 Financial Instruments](#)

### [Note 25.1 Financial Risk Management](#)

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with Clinical Commissioning Groups (CCGs) and the way those CCGs are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within the parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

### **Currency Risk**

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

### **Interest Rate Risk**

The Trust borrows from Government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 - 10 years, in line with the life of the associated assets, and interest is charged at the National Loans Funds rate, fixed for the life of the loan.

The Trust may also borrow from Government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.



<b>Note 25.2 Carrying Values of Financial Assets</b>		
	<b>Loans and receivables £000</b>	<b>Total book value £000</b>
<b>Assets as per SoFP as at 31 March 2018</b>		
Trade and other receivables excluding non- financial assets	7,739	<b>7,739</b>
Cash and cash equivalents at bank and in hand	18,962	<b>18,962</b>
<b>Total at 31 March 2018</b>	<b>26,701</b>	<b>26,701</b>
	<b>Loans and receivables £000</b>	<b>Total book value £000</b>
<b>Assets as per SoFP as at 31 March 2017</b>		
Trade and other receivables excluding non-financial assets	4,335	<b>4,335</b>
Cash and cash equivalents at bank and in hand	14,982	<b>14,982</b>
<b>Total at 31 March 2017</b>	<b>19,317</b>	<b>19,317</b>

<b>Note 25.3 Carrying Value of Financial Liabilities</b>		
	<b>Other financial liabilities £000</b>	<b>Total book value £000</b>
<b>Liabilities as per SoFP as at 31 March 2018</b>		
Borrowings excluding finance lease and PFI liabilities	10,586	<b>10,586</b>
Trade and other payables excluding non-financial liabilities	16,650	<b>16,650</b>
Provisions under contract	213	<b>213</b>
<b>Total at 31 March 2018</b>	<b>27,449</b>	<b>27,449</b>
	<b>Other financial liabilities £000</b>	<b>Total book value £000</b>
<b>Liabilities as per SoFP as at 31 March 2017</b>		
Borrowings excluding finance lease and PFI liabilities	8,638	<b>8,638</b>
Trade and other payables excluding non-financial liabilities	11,644	<b>11,644</b>
Provisions under contract	545	<b>545</b>
<b>Total at 31 March 2017</b>	<b>20,827</b>	<b>20,827</b>

#### Note 25.4 Fair Values of Financial Assets and Liabilities

Carrying value is a reasonable approximation of fair value.

<b>Note 25.5 Maturity of Financial Liabilities</b>		
	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
In one year or less	18,615	13,941
In more than one year but not more than two years	1,752	1,752
In more than two years but not more than five years	7,082	5,134
In more than five years	-	-
<b>Total</b>	<b>27,449</b>	<b>20,827</b>

<b>Note 26 Losses and Special Payments</b>				
	<b>2017/18</b>		<b>2016/17</b>	
	<b>Total number of cases</b>	<b>Total value of cases</b>	<b>Total number of cases</b>	<b>Total value of cases</b>
	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
<b>Losses</b>				
Cash losses	11	2	7	1
Bad debts and claims abandoned	-	-	4	15
<b>Total losses</b>	<b>11</b>	<b>2</b>	<b>11</b>	<b>16</b>
<b>Special payments</b>				
Compensation under court order or legally binding arbitration award	4	24	4	34
Ex-gratia payments	17	5	14	2
<b>Total special payments</b>	<b>21</b>	<b>29</b>	<b>18</b>	<b>36</b>
<b>Total losses and special payments</b>	<b>32</b>	<b>31</b>	<b>29</b>	<b>52</b>
Compensation payments received		3		6
<b>Details of cases individually over £300k</b>	The Trust had no single case exceeding £300k during 2017/18 (2016/17 - none)			

#### Note 27 Related Parties

During the year, other in relation to payment of staff salaries, none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, have undertaken any material transactions with Devon Partnership NHS Trust.

From 2017/18 the Trust has been involved in the provision of regional secure services. The Regional Secure Partnership is formed of eight providers, those marked with an asterisk are voting members of the South West Regional Secure Partnership Board, along with attendance from NHS England South Region and NHS England New Care Models Team:

- Devon Partnership NHS Trust – accountable provider \*
- 2gether NHS Foundation Trust
- Avon and Wiltshire Mental Health Partnership Trust \*
- Cornwall Partnership NHS Trust
- Cygnet
- Elysium
- Livewell Southwest
- Somerset Partnership NHS Foundation Trust \*

The Department of Health is regarded as a related party. During the year Devon Partnership NHS Trust has had a significant number of material transactions with the Department and with other entities for which the Department is regarded as the parent department including:

**CCGs** - North, East, West Devon CCG, South Devon and Torbay CCG and Bristol CCG

**NHS Foundation Trusts** - Royal Devon & Exeter NHS Foundation Trust and Torbay & South Devon NHS Foundation Trust

**NHS Trusts** - Northern Devon Healthcare NHS Trust and Plymouth Hospital NHS Trust

**NHS England** - South West Local Office, South West Commissioning Hub and Core

**Other NHS Bodies** - Health Education England and NHS Pension Scheme

The Trust has had a number of material transactions with other government departments and central and local government bodies. These have been with Devon County Council, Torbay Council and HMRC.

The Trust has also had a number of transactions with non-NHS providers for which it is required to disclose in-year transactions. These are set out below:

Transactions with Non-NHS Providers				
	2017/18		2016/17	
	Income £000s	Expenditure £000s	Income £000s	Expenditure £000s
Elysium Healthcare	0	1,188	-	86
Cygnet Health Care Ltd	4	7,845	3	5,550
Livewell SouthWest <sup>1</sup>	36	722	-118	844
<sup>1</sup> The (£118k) relates to a credit note issued as invoice in prior year was charged to the incorrect organisation				

The Trust is a corporate trustee for Devon Partnership Special Charity with a number of Directors sitting on the Charitable Funds Committee. During the year the Trust received payments from the Charity totalling £68k (2016/17 - £14k).

#### Note 28 Events after the Reporting Date

The Trust commenced a new healthcare contract to provide a mother and baby inpatient service during 2017/18. The service was open for referrals at the end of March 2018 and the first patient was admitted in April 2018.

The Trust has signed a Guaranteed Maximum Price contract for the construction of a permanent Mother and Baby Unit during April 2018.

The Trust was notified in April that it has been awarded a contract for the provision of a Community Forensic team within Devon by NHS England. The annual income is £1.2m and the contract will commence during the 2018/19 year.

Note 29 Better Payment Practice Code				
	2017/18 Number	2017/18 £000	2016/17 Number	2016/17 £000
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	22,121	67,980	19,996	66,779
Total non-NHS trade invoices paid within target	21,343	66,557	19,102	65,062
Percentage of non-NHS trade invoices paid within target	96.48%	97.91%	95.53%	97.43%
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	543	10,603	600	11,131
Total NHS trade invoices paid within target	527	10,486	537	10,320
Percentage of NHS trade invoices paid within target	97.05%	98.90%	89.50%	92.71%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 30 Capital Resource Limit (CRL)		
	2017/18 £000	2016/17 £000
Gross capital expenditure	9,145	4,184
Less: Disposals	(21)	(662)
<b>Charge against Capital Resource Limit</b>	9,124	3,522
Capital Resource Limit	11,621	4,195
<b>Under / (over) spend against CRL</b>	2,497	673

Note 31 Breakeven Duty Financial Performance	
	2017/18 £000
Adjusted financial performance surplus / (deficit) (control total basis)	3,844
Breakeven duty financial performance surplus / (deficit)	3,844

Note 32 Breakeven Duty Rolling Assessment										
	2008/9 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000
Breakeven duty in-year financial performance		209	616	789	3,529	3,392	1,287	2,052	4,664	3,844
Breakeven duty cumulative position	3,179	3,388	4,004	4,793	8,322	11,714	13,001	15,053	19,717	23,561
Operating income		113,533	129,463	140,003	140,888	131,775	132,205	139,976	148,534	153,948
Cumulative breakeven position as a percentage of operating income		2.98%	3.09%	3.42%	5.91%	8.89%	9.83%	10.75%	13.27%	15.30%

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluding when measuring break even performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

In 2017/18 the breakeven cumulative position of 15.30% exceeds 0.5% operating income in year. The Trust expects this to reduce in future years due to increasing financial cost pressures.

## Appendix A – Annual Governance Statement

### Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

### Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Devon Partnership NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Devon Partnership NHS Trust ("the Trust") for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

### Capacity to Handle Risk

As Chief Executive, I have overall responsibility for ensuring arrangements are in place for the effective management of risk. The Board collectively and individually has a role to ensure that robust systems of internal control and management are in place; the Audit Committee has a particular responsibility to oversee the system of internal control and ensure that there are effective risk management arrangements across the Trust.

The Trust takes a combined approach to its Board Assurance Framework (BAF) and Corporate Risk Register with all risks deemed appropriate to be managed at an Executive/Board level recorded on a Corporate Assurance Framework (CAF). The CAF has been operational for a number of years and during this time, it has evolved into a comprehensive and practical document.

The CAF sets out the Trust's position on the management of principal risks and is used to proactively identify gaps in control or assurance which may challenge achievement of key corporate strategic aims and objectives. It describes over 20 risks with each risk delegated to an Executive Lead, aligned to the Executive's portfolio, and identifies an operational risk owner for day to day management and oversight, and each risk is also allocated to a Board sub-Committee for regular review. The view of the Executive Lead and the Committee helps to determine the risk appetite for each risk and the risks on the CAF are also aligned to the Trust's objectives and priorities.

The CAF is a working document and is regularly discussed and challenged by the Board and its Committees. It is updated to reflect emerging or changing risks affecting the Trust or changes in the assurance of controls against risks identified.

In May 2017, the Trust had an Internal Audit review into its CAF and risk management arrangements which indicated both were satisfactory. However an independent expert review of the Trust's CAF and its risk management arrangements in March 2018 concluded that whilst the Trust had a strong commitment to risk management, its risk management arrangements were fragmented, partly due to the absence of clear executive leadership and expertise to oversee the effective delivery of a strategy and policy that reflects best practice. To operate a risk management system in line with high performing Trusts, the review concluded that a priority for 2018/19 was to establish a Lead Executive for risk, confirm roles and responsibilities and strengthen the existing risk management system in line with current guidance and to demonstrate an integrated approach between governance, risk management and assurance. Implementing the recommendations from this review will be a key priority for 2018/19.

The Trust is committed to developing the technical capability to effectively manage risk and the organisational culture where risk is embedded into everyday management practice and decision making. The clinical risk management process is led by the Director of Nursing and Practice and supported by a team providing managerial and administrative support to risk management and training across the Trust. Knowledge is developed across the Trust through a series of training events and online learning commensurate with staff duties and responsibilities and the Trust also has mechanisms for shared learning from risk related issues, incidents, complaints, claims and significant events. However in light of the March 2018 independent report into risk management arrangements, key priorities for 2018/19 will be to:

- Refresh of the Trust's Risk Strategy and Policy
- Redesign of the principal risk register in line with the Trust's risk management IT system (Ulysses Safeguard)
- Define risk management training needs in accordance with a refreshed Risk Management Strategy and Policy
- Devise and deliver a risk management training programme to build capacity and equip staff to understand and manage risk proactively
- Regularly test the competence of those charged with managing risk so that they can demonstrate their understanding of the risk process.

In addition, to improve ease of use of Ulysses Safeguard, it is proposed that a user group of risk management leads is established to identify the barriers to the system being used effectively as a risk management tool and to work closely with the software provider to ensure that the system meets the Trust's needs.



## The Risk and Control Framework

The Board committee structure as detailed is summarised below.

Each Committee has terms of reference which are reviewed by the respective committee and formally re-adopted by the Board throughout the year. There is a comprehensive Scheme of Delegation which details items reserved by the Board, those delegated to Committees and those delegated to individuals.

The Trust's performance against quality, workforce and financial metrics are reviewed by the relevant Committee in advance of the Integrated Performance and Clinical Operations Report being presented for discussion at the Trust Board.

The process of identification, assessment, analysis and management of risks (including incidents) is the responsibility of all staff across the Trust and particularly of all managers. The process for the identification, assessment, reporting, action planning, review and monitoring of risks is detailed in the Trust's Corporate Risk Management Strategy, Policy and Risk Assessment Process document which also outlines the formal structures in place to support this approach. Whilst the Trust recognises it is not possible to eliminate all elements of risk, the use of risk registers within Directorates is a fundamental part of the control process.

Risks are also identified through third party inspections, recommendations, comments and guidelines from external stakeholders and internally through incident forms, complaints, risk assessments, audits (both clinical and internal), information from the patient advice and liaison service, benchmarking, claims and national survey results.

The Audit Committee oversees and monitors the performance of the risk management system. External Auditors (PwC) and Internal Auditors (Audit South West) work closely with this Committee, with Internal Audit undertaking reviews and providing assurance to the Committee on the systems of control operating within the Trust. The results of Internal Audit reviews are reported to the Audit Committee, as well as the relevant Board sub-Committee. Procedures are in place to monitor the implementation of control improvements and to undertake follow-up reviews if systems are deemed less than adequate. Internal Audit recommendations are robustly tracked via reports to the Audit Committee. The Counter Fraud programme is also monitored by the Audit Committee.

During the year the Trust identified no significant control weaknesses and this is reflected in the Head of Internal Audit Opinion of **Significant Assurance** which confirms that, in general, there is a sound system of internal control at the Trust which is designed to meet its objectives, and that controls are generally being applied consistently.

The table below sets the assurance rating of all the Internal Audits conducted by Audit South West during the year:

Audit Conducted	Assurance Rating
Payroll (Third Party Assurance Report), Budgetary Control, Control Accounts, Contract Income, High Level Financial Controls	Significant
Data Quality (16/17) – focussing on Improving Access to Psychological Therapies (IAPT), Early Intervention in Psychosis (EIP), Section 117 reviews, discharge follow-up, SIRIs and Friends and Family Test.	Significant
Internal Staff Bank (16/17)	Significant
Psychiatric Intensive Care Unit (PICU) (16/17)	Significant
Cyber Security	Satisfactory
Estates Management	Satisfactory
Safe Staffing	Satisfactory
ESR Data Quality	Satisfactory
Ligature Points	Limited
HealthRoster	Limited
Service Level Agreements	Limited

The ISAE 3402 Third Party Assurance report in respect of IT General Controls relating to the Electronic Staff Record (ESR) provided reasonable assurance in respect of the IT general controls, predominantly operated by IBM UK in relation to the national ESR, and the controls operated by the NHS ESR Central Control Team.

During 2017/18, Internal Audit also undertook a compliance review on Information Governance (IG) Toolkit V14.1 for which no assurance rating was provided though the review confirmed that the Trust's Information Governance (IG) Team had a structured approach to reviewing and updating the evidence in the IG Toolkit. Internal Audit completed an assessment of the Mental Health Act (MHA) Team's capacity to deliver its objectives as a consultancy review and also completed a Devon-wide review of the Use of Locums, providing the Trust with an individual and regional analysis of how, why and where locums are used.

Furthermore, the Trust follows robust governance processes to assure the quality and accuracy of elective waiting time data and to manage any risks to the quality and accuracy of this data. Waiting time data is produced by the Trust's Informatics team and reviewed at Divisional Governance meetings before it is reviewed by the senior management team and incorporated into the Integrated Performance and Clinical Operations Report which is presented to the Board every two months. The Trust uses Internal Audit to review the data

and has received good levels of assurance for these reviews. In addition, External Audit has reviewed Early Intervention in Psychosis (EIP) data as part of its review of the Trust's Quality Account indicators and found good levels of assurance on the data.

### **Principal Risks**

Throughout the year, the Trust dynamically assessed and delivered assurance on a number of risks which were also represented on its CAF.

#### *Dual Diagnosis*

The Trust was asked to participate in a homicide review being undertaken by the Health and Social Care Advisory Service (HASCAS) following a serious incident in September 2013 in which a service user was arrested on murder charges following a fatal stabbing. The investigation identified a number of contributory or causal factors and was critical of the Trust's care, particularly in relation to clients with a dual diagnosis of serious mental illness and substance abuse. NHS England asked the Trust to provide assurance that it had improved its service to dual diagnosis clients and evidence its progress and a response was submitted to NHS England by the deadline (30 January 2018). To date there has been no response from NHS England though the Trust continues to make improvements in its service for dual diagnosis patients.

#### *Suicide Prevention*

The Trust has worked closely with organisations across Devon throughout 2017/18 to develop a draft Multi Organisation Suicide Prevention Strategy for the county. In support of this, the Trust has produced a Suicide Prevention Work Plan and is working hard to understand more about users of Trust services who kill themselves either whilst being cared for or within a year of receiving care and support. This work is being led by the Medical Director and this item is regularly discussed at internal management meetings and the Board.

#### *Ligature Risks*

The Trust is continually assessing ligature risks and each ward completes an annual ligature assessment which highlights potential risks. Those identified in 2016/17 were largely addressed in 2017/18 though ward assessments completed in 2017/18 have highlighted new or continuing risks. These are being addressed through an estates programme of work. In addition, following a limited assurance opinion on an Internal Audit report into ligature points during 2017/18, the Trust has agreed to fit door top sensors to all new builds and is considering the further roll-out of door top sensors to all wards. Throughout the year, the Trust has strengthened its approach to ensuring that wards and their staff keep the environmental risks very much at the forefront of their thinking by conducting daily safety walk-rounds and reporting any new or increased risks. Regular reporting of these, outstanding ligature reduction works and clinical management of risk issues are reported through to the Board on a regular basis to ensure they are rigorously managed and addressed. The Quality & Safety Committee oversees this area of work.

#### *Prison Service Contract*

As a number of governance and operational risks have been identified with the Devon Prison Service Contract, the Quality & Safety Committee receives a report to each meeting to monitor progress and assess the level of assurance with the mitigations and actions being

put in place. In addition, high occupancy levels and a high turnover rate of patients admitted from prisons have resulted in high levels of clinical acuity in the Secure Services Directorate which has led to a higher number of significant incidents, some of which have led to safeguarding concerns. To mitigate this, the Trust has slowed down the admission rate and proactively redeployed staff to manage hotspots. An audit of a number of areas of clinical practice is also being used to inform where further improvements can be made.

#### *Governance Arrangements for Commissioning Specialist Adult Mental Health Services*

In recognition of its increasing role in the responsibility for commissioning specialist mental health services for adults, in particular regional secure services for adults (a transfer of responsibility from NHS England, South Region to Devon Partnership NHS Trust as the accountable provider), the Trust agreed the following arrangements in 2017/18 to manage any conflicts arising from being both a commissioner and provider of services:

- The establishment of a Partnership Board comprising the Chief Executives and Directors of Finance from the mental health Trusts in the South West partnership footprint, the South of England Regional Director for NHS England and a senior manager from Devon Partnership Trust.
- The Partnership Board, chaired by the Chief Executive of Devon Partnership Trust, would meet regularly (at least two to three times per year) to set the strategic direction of the commissioning arrangements and oversee the governance arrangements of the provider organisations to ensure alignment and line of sight of the regional secure new care model
- Clinical leadership for service would be drawn from organisations in the Partnership.

During 2018/19 it is planned that these arrangements will be developed further to ensure greater transparency between the Trust's responsibilities in the *commissioning* and *operational delivery* of services.

#### *Corporate Assurance Framework (CAF)*

The following comprise the principal risks which were on the CAF during 2017/18. The most significant risks broadly relate to workforce, delivery of change programmes, under-commissioned services and some specific issues relating to services or estates:

Risk Ref	Risk Theme	Type of Risk	Residual Risk Score
S35	Staffing levels	Workforce	Significant
S37	Gender Services – access for patients	Operational	Significant
SU35	Workforce skillmix	Workforce	Significant
SU36	Staff recruitment and retention	Workforce	Significant
SU37	Achievement of 2017-18 cost improvement plans and knock-on impact to 2018-19	Financial	Significant
SU41	Construction of Mother & Baby Unit	Operational	Significant

Risk Ref	Risk Theme	Type of Risk	Residual Risk Score
AS	Dual diagnosis of mental illness and substance abuse	Operational	Significant
S25	Deprivation of Liberty	Operational	Moderate
S33	Demand (admission to adult & older patient wards)	Operational	Moderate
S34	Staff health & wellbeing	Workforce	Moderate
S36	Provision of Eating Disorder Service	Operational	Moderate
S38	Gender Services – governance arrangements	Operational	Moderate
S39	Ligature reduced cells for prisoners	Operational	Moderate
SU38	SMART programme and impact on delivery of 2017-18 cost improvement targets	Financial	Moderate
SU39	Achievement of 2017-18 financial plan	Financial	Moderate
SU42	Demand (admissions to High Dependency in patient services)	Operational	Moderate
SU43	Demand (Psychiatric Intensive Care Unit)	Operational	Moderate
T1	Patients held on waiting lists	Operational	Moderate
SU44	Implementation of General Data Protection Regulations	Operational	Low
ES36	Outsourcing arrangements (collapse of Carillion)	Operational	Low

### Quality Governance Arrangements

The Trust has a stated ambition to become a recognised centre of excellence for mental health and learning disability services within the next five years. The strategic objectives to support this ambition include ensuring that our services are shaped by the voices of people who use them; challenging discrimination and stigma and championing recovery and inclusion. This is embodied in the Trust's Quality Strategy and underpinned by the Quality Delivery Plan. The Trust's quality governance systems are aligned with NHS Improvement and the Care Quality Commission's (CQC) guidance and requirements.

Quality and safety are top priorities for the Board and this constitutes a significant portion of the Board agenda. Each meeting starts with an account of a service user or carer or the perspective of a member of staff delivering services and each year the Board approves the Trust's Quality Account and the Commission for Quality Improvement and Innovation targets. The Board seeks and continuously strives for assurance that the quality and safety of clinical services is robust through the review of the Integrated Performance and Clinical Operations report.

The Board delegates detailed scrutiny of the Trust's performance on quality and safety to the Quality and Safety Committee. In addition to scrutinising the Integrated Performance and Clinical Operations report before the Board, the Committee also receives a detailed in Experience, Safety and Clinical Risk Report at each meeting. This report is considered in advance by the Trust's Senior Management Board; its production is informed by the review of safety and quality and also performance against key operational standards and targets at the monthly Divisional Governance Boards.

On behalf of the Board, the Quality and Safety Committee seek assurance on quality improvement and clinical audit; Never Events and Serious Incidents (including explanations and follow-up actions; complaints and litigation and the assessment of quality (and equality) implications of cost improvements measures).

The Trust reports and manages Serious Incidents in accordance with the NHS England Serious Incident Framework. During 2017/18, the Trust has not been able to maintain the required compliance with the national timescales for completing the investigation of Serious Incidents and has agreed improvement actions with its commissioners. However the Trust has not experienced any Never Events during the year.

### **Annual Quality Account**

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The production of the Trust's Quality Account is led by the Executive Director of Nursing and Practice who is supported by a small management team which reviews the quality and accuracy of the data presented. The Quality Account is subject to rigorous internal scrutiny before it is reviewed by the Trust's External Auditors which tests the accuracy of selected data included within the Quality Account.

In addition to seeking the views from commissioners and local authority stakeholders on how well the Trust performed against the 2017/18 priorities for the Quality Account, the Trust also sought early engagement with its key stakeholders on the selection of quality priorities for 2018/19 Quality Account which are based on its strategic priorities for 2016-21.

The Trust's Quality Account sets out the current quality goals and the process of stakeholder consultation by which they were selected. The Trust has commissioner support for the integration of the Trust's priorities with the Commission for Quality Improvement and Innovation targets.

### **CQC Registration and Well-Led Framework**

The Trust is required to register with the Care Quality Commission (CQC) and is fully compliant with the registration requirements. In May 2018, the CQC rated our organisation as 'Good' in the five domains they assess organisations against; Safe, Effective, Caring, Responsive and Well-led. This continued 'Good' rating is a positive recognition of the Trust's continued journey of improvement. Within the same inspection report, our Secure Services were rated as 'Outstanding' overall.

In 2016, the Board approved the implementation of the Trust's CQC Compliance Self-Assessment tool and this is routinely used by staff to assess their service's achievements,

areas of strength and areas for improvement. If an area of non-compliance is identified, this is recorded as a risk and managed through the Trust's risk management and reporting arrangements.

To ensure that all service areas completed at least one self-assessment per year, an audit programme was implemented in 2017 to identify:

- Completeness of CQC compliance self-assessments across teams
- Accuracy of the self-assessments against other sources of evidence, such as risk registers, complaints and incident data
- Effectiveness and progress of any related actions with regard to achieving compliance.

To improve real time reporting, the self-assessment tool will be put on-line in 2018.

### **Licence**

The Board of Directors is responsible for ensuring compliance against the provider licence, mandatory guidance issued by NHS Improvement and other relevant statutory requirements. There is a robust horizon scanning process in place which tracks legislative changes and changes in sector guidance; this is led by the Chief Executive's Office and reported to the Board along with an assessment of the potential impact on the Trust.

The Board is satisfied that the Trust fully complied with licence conditions during 2017/18 and did not identify any principal risks to compliance.

### **Information Governance**

Information governance provides the framework for handling information in a secure and confidential manner. Covering the collection, storage and sharing of information, it provides assurance that personal and sensitive data is being managed legally, securely, efficiently and effectively to deliver the best possible care and service.

The Trust's control and assurance processes for Information Governance include:

- A trained Caldicott Guardian, a trained Senior Information Risk Owner (SIRO) and a trained Data Protection Officer
- A risk management and incident reporting process
- An Information Governance risk register
- Staff data protection and confidentiality policies
- Staff training via an "in house" e learning module and a formal presentation at induction; annual training is mandatory for all staff and is supplemented with ad-hoc training/awareness sessions as required
- Compliance with the Information Governance Toolkit.

Any incidents relating to data security are reviewed and monitored and the Caldicott Guardian and Senior Information Risk Officer (SIRO) are alerted in the case of any significant breach.



Three significant lapses of data security occurred during 2017/18 which were categorised at level 2 (higher level of severity). These required reporting to the Information Commissioner's Office (ICO) and the details are set out in the Quality Report.

The Trust maintained its Level 2 compliance with the Information Governance Toolkit (independently reviewed by Internal Audit) with a score of 78% for 2017/18 and has voluntarily agreed to participate in an ICO audit of compliance with the Data Protection Act 1998 and its readiness for General Data Protection Regulation (GDPR). It has also demonstrated a good level of compliance against the new Data Security Protection Requirements in the most recent national return and levels of compliance will be kept under close review during 2018/19 as GDPR comes into effect.

### **Pension Membership**

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

### **Equality and Diversity**

Quality and Equality Impact Assessments (EIAs) are completed for cost improvement proposals, policies, service changes and other activities so that relevant action plans are put in place when a requirement for adjustment is identified. The Trust's policies and processes mandate the use of 'reasonable adjustments' and audits are carried out on all new buildings and for any refurbishments to ensure suitable access and usability for service users, carers, other visitors and staff.

The Trust works to a number of statutory and national measures to ensure it complies with equality legislation. Progress against Equality Delivery System v2 and Workforce Race Equality Standard is reported to the Board and the Trust also publishes Workforce Profile and Patient Survey/Friends and Family Test data. From March 2018, it has published its Gender Pay Gap which, at 15.4%, is lower than many other NHS organisations though it aspires to reduce this gap still further with a number of targeted actions. The Trust also works in line with the Accessible Information Standard and the draft Workforce Disability Standard.

Equality and Diversity is actively discussed on the management agenda and has formed a significant part of the management development programme in 2017/18.

### **Carbon Reduction Delivery Plans**

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. This is reported in full on page 37. The Trust's Audit Committee Chair is the Non-Executive Director lead for sustainability and she works with our staff to ensure that sustainability issues have visibility and ownership at all levels of the organisation.



### **Review of Economy, Efficiency and Effectiveness of the Use of Resources**

The Trust has a range of processes to ensure resources are used economically, efficiently and effectively. This includes clear and effective management and supervision arrangements for staff and the regular presentation of performance information against key quality, workforce and financial metric to the Board and its Committees.

The Trust has an agreed risk-based annual audit programme with the Trust's Internal Auditors. These audit reports are aimed at evaluating effectiveness in operating in an efficient and effective manner and are focused on reviewing our operational arrangements for securing best value and optimum use of resources in respect of the services we provide. As part of their annual audit, the External Auditor is also required to satisfy itself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and report by exception if in their opinion the Trust has not. The External Auditor has indicated through their work undertaken that they have no issues to report in this respect.

### **Review of Effectiveness**

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the Internal Auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the External Auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and the Audit Committee and there are plans in place to address any weaknesses and ensure continuous improvement of the system is in place.

The Board continually reviews the effectiveness of its systems of internal control and the embedding of the strengthened governance framework supports the provision of evidenced based assurance up to the Board. It reviews and discusses the Trust's performance in the key areas of finance, activity, national targets, patient safety and quality and workforce at every meeting.

The Audit Committee oversees the effectiveness of the Trust's overall risk management and internal control arrangement. On behalf of the Board, it independently reviews the effectiveness of risk management systems. The Audit Committee regularly receives reports on internal control and risk management matters from the Internal and External Auditors as well as the other Board Committees. None of the Internal or External Auditors' reports considered by the Audit Committee during 2017/18 raised significant internal control issues.

The Medical Director has a strategic oversight role over the clinical audit programme and ensures that the annual programme is aligned to the Board's strategic objectives. The Trust has integrated its participation in clinical audit programmes and within its Quality Improvement programme. This is overseen by the Clinical Effectiveness and Assurance Group which reviews processes to ensure there is evidence of improvements made to practice and provides regular reports to the Trust's Quality and Safety Committee.

## Conclusion

The Board is committed to continuous improvement of its governance arrangements to ensure that systems are in place to identify and manage risks and ensure that Serious Incidents and incidents of non-compliance with standards and regulatory requirements are escalated and are subject to prompt and effective remedial action.

During 2017/18, the Trust has operated sound systems of internal control with no significant internal control issues having been identified in this report. Furthermore, there were no material events declared after the reporting period and the accounts were prepared on a Going Concern basis, as the Trust has adequate resources to continue in operational existence for the foreseeable future.

## Annual Governance Statement Declaration



.....  
**Melanie Walker**  
Chief Executive

24 May 2018

## Appendix B – Independent Auditors Report

### Independent Auditors Report – Annual Quality Report

#### Independent Auditors' Limited Assurance Report to the Board of Directors of Devon Partnership NHS Trust on the Annual Quality Report

We have been engaged by the Board of Directors of Devon Partnership NHS Trust to perform an independent assurance engagement in respect of Devon Partnership NHS Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and specified performance indicators contained therein.

#### Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance (the "specified indicators") marked with the symbol **A** in the Quality Report, consist of the following national priority indicators as mandated by Monitor:

<i><b>Specified Indicators</b></i>	<i><b>Specified indicators criteria</b></i> (exact page number where criteria can be found)
Early Intervention in Psychosis (EIP)	Page 89 of the Annual Report, Quality Account and Financial Accounts
Inappropriate out-of-area placement for adult mental health acute inpatient service users	Page 90 of the Annual Report, Quality Account and Financial Accounts

#### Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports for foundation trusts 2017/18" issued by Monitor (operating as NHS Improvement) ("NHSI").

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 Report does not incorporate the matters required to be reported on as specified in the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the FT ARM and the "Detailed requirements for external assurance for quality reports for foundation trusts 2017/18".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18"; and consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the financial year, April 2017 and up to the date of signing this limited assurance report (the period);
- Papers relating to quality report reported to the Board over the period April 2017 to the date of signing this limited assurance report;

- Feedback from the NHS Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group dated 17 May 2018;
- Feedback from Local Healthwatch Torbay dated 25 May 2018 and Local Healthwatch Devon dated 24 May 2017;
- Feedback from Devon County Council Health and Adult Care Scrutiny Committee dated 18 May 2018;
- The 2017 national NHS staff survey dated March 2018;
- The 2017 Community Mental Health survey dated November 2017;
- Care Quality Commission inspection, dated 16 May 2018; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 21 May 2018.

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

## **Our Independence and Quality Control**

We applied the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour. We apply International Standard on Quality Control (UK) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

## **Use and distribution of the report**

This report, including the conclusion, has been prepared solely for the Board of Directors of Devon Partnership NHS Trust as a body, to assist the Board of Directors in reporting Devon Partnership NHS Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Board of Directors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted 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 in accordance with International Standard on Assurance Engagements 3000 (Revised) ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000 (Revised)’). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and the “Detailed requirements for quality reports for foundation trusts 2017/18”;
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

A limited assurance engagement is less 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 Report in the context of the assessment criteria set out in the FT ARM and “Detailed requirements for quality reports for foundation trusts 2017/18” and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by NHSI. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, 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 2018:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the “Detailed requirements for quality reports for foundation trusts 2017/18”;
- The Quality Report is not consistent in all material respects with the documents specified above; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the FT ARM and the “Detailed requirements for external assurance for quality reports for foundation trusts 2017/18”.



PricewaterhouseCoopers LLP  
Bristol  
25 May 2018

The maintenance and integrity of the Devon Partnership NHS Trust’s website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

## *Independent Auditors' Report to the Directors of Devon Partnership NHS Trust*

### Report on the audit of the financial statements

#### Opinion

In our opinion, Devon Partnership NHS Trust's financial statements:

- give a true and fair view of the state of Devon Partnership NHS Trust's affairs at 31 March 2018 and of its income and expenditure and cash flow for the year then ended to 31 March 2018; and
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2017/18.

We have audited the financial statements, included within the 2017-18 Annual Report, Quality Account and Financial Accounts (the 'Annual Report'), which comprise: the Statement of Financial Position as at 31 March 2018; the Statement of Comprehensive Income, the Statement of Cash Flows, the Statement of Changes in Equity for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

#### Basis for opinion

We conducted our audit in accordance with the National Health Service Act 2006, the Code of Audit Practice and relevant guidance issued by the National Audit Office on behalf of the Comptroller and Auditor General (the 'Code of Audit Practice'), International Standards on Auditing (UK) ('ISAs (UK)') and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Independence

We remained independent of Devon Partnership NHS Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

#### Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which ISAs (UK) require us to report to you when:

- the directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

However, because not all future events or conditions can be predicted, this statement is not a guarantee as to Devon Partnership NHS Trust's ability to continue as a going concern.

#### Reporting on other information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information, we are required to report that fact. We have nothing to report based on these responsibilities.

Based on the responsibilities described above and our work undertaken in the course of the audit, ISAs (UK) and the Code of Audit Practice require us also to report certain opinions and matters as described below.

## Responsibilities for the financial statements and the audit

### Responsibilities of the directors for the financial statements

As explained more fully in the Accountability report set out on page 54, the directors are responsible for the preparation of the financial statements in accordance with the Department of Health and Social Care Group Reporting Manual 2017/18, and for being satisfied that they give a true and fair view. The directors are also responsible for internal control as they determine a means to enable the preparation of financial statements that are free from material misstatement due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing Devon Partnership NHS Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate Devon Partnership NHS Trust or to cease operations, or have no realistic alternative but to do so.

### Our objectives for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with JSAs (UI) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: [www.frc.org.uk/auditors/auditresponsibilities](http://www.frc.org.uk/auditors/auditresponsibilities). This description forms part of our auditor's report.

### Use of this report

This report, including the opinion, has been prepared for and only for the directors of Devon Partnership NHS Trust as a body in accordance with the Code of Audit Practice and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or to whose hands it may come save where expressly agreed by our prior consent in writing.

## Other reporting

### Opinions on other matters prescribed by the Code of Audit Practice

With respect to the Performance Report and the Accountability Report, we also considered whether the disclosures required by the Department of Health and Social Care Group Accounting Manual 2017/18 have been included.

### Performance Report and Accountability Report

In our opinion, based on the work undertaken in the course of the audit, the information given in the Performance Report and Accountability Report for the year ended 31 March 2018 is consistent with the financial statements and has been prepared in accordance with applicable legal requirements.

In light of the knowledge and understanding of Devon Partnership NHS Trust and its environment obtained in the course of the audit, we did not identify any material misstatements in the Performance Report or Accountability Report.

In addition, the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2017/18.

### Arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report, by exception, if we conclude we are not satisfied that Devon Partnership NHS Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018. We have nothing to report as a result of this requirement.

### Other matters on which we report by exception

We are required to report to you if:

- Information in the Annual Report is:
  - materially inconsistent with the information in the audited financial statements; or
  - apparently materially incorrect based on, or materially inconsistent with, our knowledge of Devon Partnership NHS Trust acquired in the course of performing our audit; or
  - otherwise misleading.
- We have referred a matter to Secretary of State for Health under Section 50 of the Act because we had reason to believe that the Trust, or a director or officer of Devon Partnership NHS Trust, was about to make, or had made, a declaration which involved or would involve the incurring of expenditure that was unlawful or was about to take, or



had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

- We have issued a report in the public interest under section 24 of the Act.
- We have made written recommendations to Devon Partnership NHS Trust under section 24 of the Act in the course of, or at the conclusion of the audit.
- We have not received all the information and explanations we require for our audit.

We have no exceptions to report arising from this responsibility.

## Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006.



Craig Sullivan (Senior Statutory Auditor)  
for and on behalf of PricewaterhouseCoopers LLP  
Chartered Accountants and Statutory Auditors  
Bristol  
25 May 2018

- The maintenance and integrity of the Devon Partnership NHS Trust's website is the responsibility of the directors: the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.
- Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.