



# 2018/19 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 2018/19. I hope you find it an interesting summary of our recent performance and the work we have been doing to improve safety, clinical effectiveness and the experience of people who use our services and their families and carers.

I am pleased to report that we have continued to make strong overall progress and, once again, we met all of our major performance and financial targets in 2018/19. It was another year when mental health and learning disability issues were high on the agenda and we continued to work hard to raise awareness and understanding at both the national and local levels. We very much welcome the additional funding that has been earmarked for services like ours and will be doing everything possible to ensure that it finds its way to frontline services – where it can make a real difference to improving people's lives.

We also continued to provide local system leadership in the field of mental health and learning disability and are working closely with our partners in the delivery of the Sustainability and Transformation Partnership (STP) for the wider Devon area. In particular, we are working hard to ensure that the importance of excellent mental health and learning disability services is recognised as a priority and well-integrated with other parts of the health and social care system. I am the Senior Responsible Officer for this strand of work.

In terms of performance and service delivery improvements, we saw additional investment in some important services, secured new business and attracted widespread praise and recognition for many of our services and staff. Among other developments, we extended our Workways service, which helps people to find and retain employment; launched a pioneering new service for students at Exeter University; launched a pilot community forensic team; launched a new community eating disorders service and secured the contract for the Liaison and Diversion service, which supports people who come into contact with the criminal justice system, for the whole of Devon and Cornwall.

Perhaps most significantly, we are part of an alliance of NHS organisations that secured the contract to provide services for children and families across Devon from April 2019. These services have been operated by a private provider for some time and we are delighted to bring them back to the NHS for the next seven to ten years. 219 staff have transferred to our employment and we will create a Children and Families Directorate that will work closely alongside all of our existing services, promoting greater integration and smooth transitions for people.

Our Dementia Wellbeing Service in Bristol has continued to perform very well over the last year and this has been recognised by the commissioner, which has announced a two year contract extension for the service. 2018 saw significant redevelopment of the service's central hub, with dementia-friendly design principles used in the refurbishment of its clinical spaces. The service has also developed an Acute Liaison Team which will focus on proactive crisis intervention in the community.

We have seen positive developments in many aspects of our learning disability services over the past 12 months. This has included new protocols in the areas of parenting, transition and dementia - and the pathways for challenging behaviour, mental health and complex disabilities have been strengthened. National drivers continue to influence our service development and our teams are actively engaged in the STOMP (Stop Overmedicating People with a Learning Disability), the learning disabilities mortality review (LeDeR) and to tackle the health inequalities agenda.

January 2019 saw the opening of our brand new Psychiatric Intensive Care Unit (PICU) on the Wonford House site in Exeter - it is called The Junipers. This service is the first of its kind in Devon and its opening was a huge source of pride to us all. We also opened an interim Mother and Baby Unit (MBU) in 2018, inside the main Wonford House building. This service has been running very well and is the precursor to a new, purpose-built MBU on the Wonford House site, which opened in May 2019. We have worked extremely hard to deliver these new inpatient services and we know they will make a huge difference to local people and their families - in terms of being able to access safe, high quality services far closer to home.

These two projects are just one aspect of our on-going efforts to increase local capacity and to reduce the number of people who have to travel outside the county for their care. We have continued to make progress on this front and increased the size of our dedicated Individual Patient Placement (IPP) team – which provides quality assurance and focused support and case management for people needing care that we are currently unable to provide close to home.

We know that we are around 45-50 general adult acute beds short when benchmarked against other parts of the country and we are working with our commissioners to increase this capacity. However, the shortage of local general adult beds has continued to present challenges in terms of the number of people who have had to receive their care and treatment outside Devon. In December 2018 we received confirmation of around £8m funding for a brand new adult ward on the Torbay Hospital site – which is great news – and we are in the early stages of planning this development. In addition, as an interim measure, we have contracted with a private sector organisation to provide 16 additional beds in nearby Taunton. Our long-term plan, however, is to develop the NHS capacity we need here in Devon.

We are leading a partnership of eight organisations across the South West to transform the commissioning and delivery of secure services. This project, for which we are the accountable provider, went live on 1 April 2017 and is continuing to make good progress, with more than 100 people already repatriated back to the South West. 75% of people are now having their needs met in-region – this figure was 50% when the project started just two years ago.

Working with our partners in other agencies, we have also continued our work to improve the urgent care pathway – which delivers support when people are in crisis and need urgent help. Having extended the operating hours of our crisis and home treatment teams last year, we were delighted to launch the pilot of three new crisis cafés at the start of April 2019 - in Torbay, Barnstaple and Exeter. They are being funded until April 2020 with around £1m from the Improved Better Care Fund (IBCF) and, if successful, it is hoped that recurrent funding will follow. Evidence from other parts of the country shows that a more relaxed, welcoming and non-clinical environment can provide invaluable support for people in crisis, as well as helping to alleviate pressure on other parts of the health and social care system.

Our Single Point of Access (SPA) has gone from strength to strength during the last year. For the first time it has given us a single ‘front door’ to the organisation and has proved to be a major development for people using our services, our partners and our stakeholders. The SPA has gradually taken on more work during the year and is now managing all routine primary care and Depression and Anxiety Service (DAS) referrals – which equates to about 1,300 contacts a month.

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 are continuing to embed this in our culture through our *Together* approach. It is 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 – from the recruitment of staff to the design of new services. We have focused particular attention on our plans to recruit more Peer Support Workers (PSWs) in our teams during the last year. I am delighted to report that we now have 14 PSWs in teams across our organisation – with a further 12 PSWs in the pipeline.

Our work to engage with and support our staff remains a priority for the Board. Last year’s *Our Journey* events were supported by almost 800 staff – an increase in attendance of 26% on the previous year. Around 58% per cent of our staff participated in the 2018 NHS Staff Survey, one of the highest response rates among mental health and learning disability providers. Encouragingly, one of our biggest improvements was the percentage of staff who consider that care of people using our services is our top priority – which is now up to 73%. The number of staff who look forward to coming to work is also above the national average. We have further work to do in a number of areas, including supporting the health and wellbeing of our staff. While the results indicate that we are continuing to perform reasonably well, improving our communication and engagement with staff remains a priority.

Despite the continued progress and positive developments across our organisation, we are still facing some significant challenges. Prominent among these is the difficulty we still 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 but it remains a major concern. We are also seeing increases in waiting times for some of our services and are focusing particular attention on providing support for our core services, including our community teams for adults – they are the backbone of our service but are under significant and sustained pressure. We have created a Core Services Board to drive this work forward. Despite these and other challenges, we managed to achieve financial balance once again in 2018/19, but this is becoming increasingly difficult.

On behalf of the Board, I would like to extend my thanks to all of our staff for their efforts during the last year. Despite a challenging backdrop of ever-increasing demand and pressure across the health and social care system, our staff continue to display admirable commitment and dedication – something that the Care Quality Commission has highlighted in all of its recent inspections. They help to improve people's lives every day. We never take their efforts for granted and we thank them all.

**Melanie Walker**  
Chief Executive

## 1.2 Strategic Overview

### 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.*

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 The Alzheimer's Society, and from 1 April 2019 we are part of an NHS alliance providing services to children and families across Devon.

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.

### **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 an annual Trust 'Operational Plan'. The latest version of this document was revised in March 2019. The key themes of the document are clinical quality, governance and finance. 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. Each Directorate also prepares an annual plan setting out its main programmes and priorities for service improvement and development.

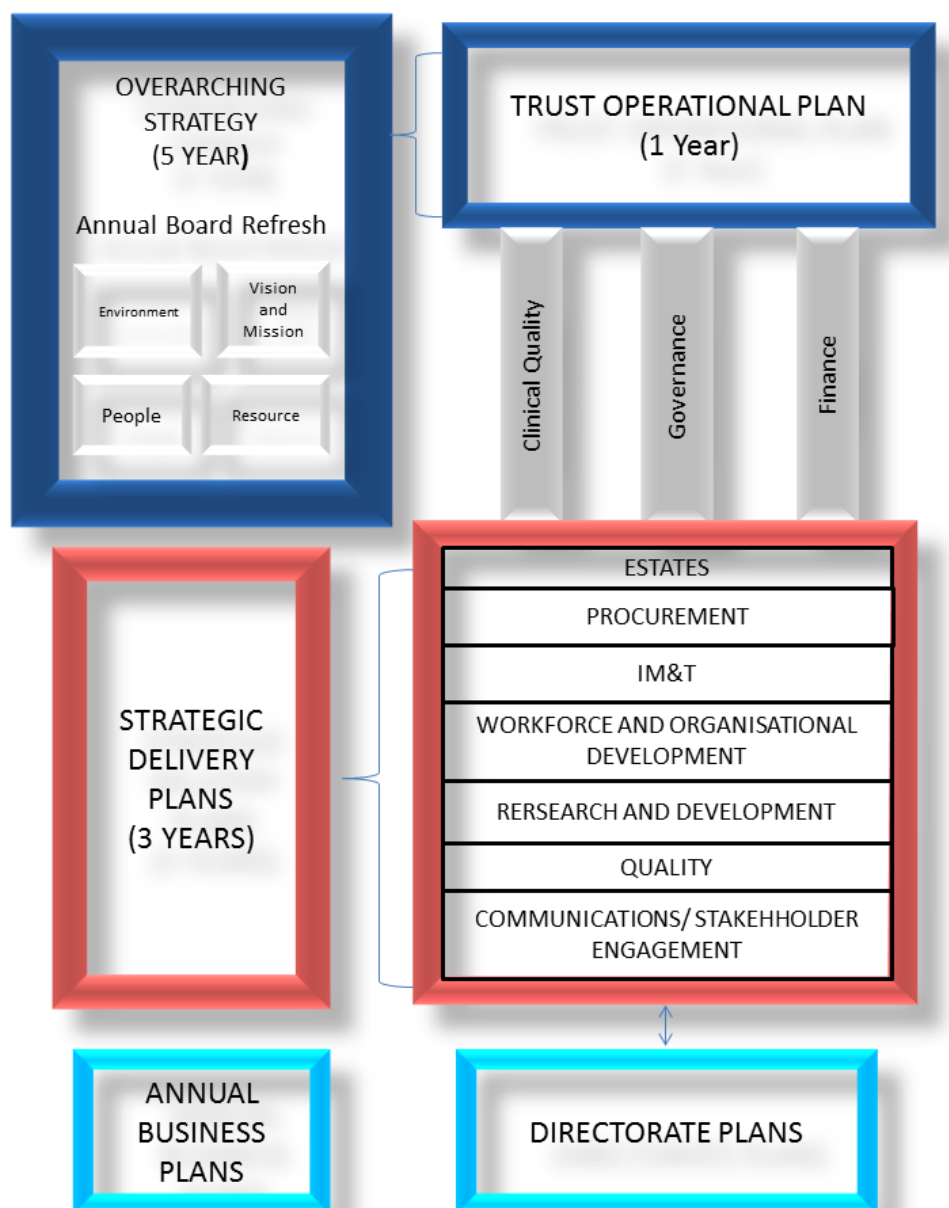
We have five operational Directorates, these are:



1. Adult Services
2. Older People's Services
3. Secure Services
4. Specialist Services
5. Individual Patient Placement (IPP).
6. New Care Model - Regional Secure Services.

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 2019, we employ 3,009 staff, of whom 2,750 are substantive and 259 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 2019 is as follows:

Staff Grade	Male	Female	Total
Directors*	2	4	6
Senior Managers and Clinical Managers**	48	74	122
Other Staff	767	2,114	2,881
<b>Total</b>	<b>817</b>	<b>2,192</b>	<b>3,009</b>

\* The total for voting directors is inclusive of departing Director of Finance (Female) and excludes the interim Director of Finance (Male) who was on secondment to the Trust until 31 March 2019.

\*\* 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	2,766	92
Mixed	34	1
Asian	42	1
Black	26	1
Chinese	2	0
Other	13	0
Unspecified	106	4
Not Stated	20	1
<b>Total</b>	<b>3,009</b>	<b>100</b>

## **Risk Management**

We have strengthened our existing risk management processes during 2018/19 developing a robust Board Assurance Framework (BAF). This brings together in one place all of the relevant information about the risks to the Board's six strategic objectives. The BAF has been regularly reviewed and updated at the Board of Directors and Board Committees.

To support the BAF we have developed a comprehensive Corporate Risk Register which includes all of the organisation's risks with a current risk score of 15 or more. These risks are reviewed monthly at the Executive Risk Management Group, which is chaired by the Chief Executive.

The Directorate Governance Boards each maintain their own local risk registers which they review on a monthly basis and following assessment and can escalate or de-escalate risks scoring 15 or more to or from the Corporate Risk Register.

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 organisation 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 organisation meets its legal requirements and a crucial part of this is the appointment of independent Hospital Managers who act on behalf of people detained under the Act. We have 13 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 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 via the Safeguarding Committee into the Quality and Safety Committee.

The Board of Directors approved the 'Annual Mental Health Act Report' in September 2018 and the associated plans for the year ahead.

## Modern Slavery

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our organisation's slavery and human trafficking statement for the financial year ending 31 March 2019.

The statement sets out the steps that Devon Partnership NHS Trust has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain during the year ending 31 March 2020.

Modern slavery encompasses slavery, servitude, human trafficking and forced labour. Devon Partnership NHS Trust has a zero tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings, and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain.

### Our Commitment:

We are fully aware of the responsibilities we bear towards our service users, staff and local communities. We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers to adhere to these same principles. We are committed to ensuring there is no modern slavery in any part of our business and in so far as possible to require our suppliers to hold similar ethos.

We adhere to employment checks and standards which includes right to work and suitable references.

Modern slavery guidance is embedded into our safeguarding policies. Staff are expected to report concerns about slavery and human trafficking, and management are expected to act upon them in accordance with our policies and procedures. Guidance on modern day slavery – what it means, the types and who is affected, what to do if you suspect someone of being subjected to slavery and further advice, support and resources – can be found on our intranet site.

### Due Diligence:

To identify and mitigate the risks of modern day slavery and human trafficking in our business and in our supply chain, we:

- **Operate a robust Recruitment policy**, including appropriate pre-employment checks on directly employed staff, and agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will
- **Implement a range of controls to protect staff** from poor treatment and/or exploitation which comply with all respective law as and regulations; these include provision of fair pay rates, fair terms or conditions of employment and access to training and development opportunities
- **Consult and negotiate with Trade Unions** on proposed changes to employment, work organisation and contractual relations
- **Operate a whistleblowing policy** so that all staff know that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals -this includes the **Freedom to Speak Up service**.

- Have an **Acceptable Behaviours policy** which explains the manner in which we behave as an organisation and how we expect our staff and suppliers to behave.

Our approach to procurement and our supply chain includes:

- Ensuring that our suppliers are carefully selected through our robust supplier selection criteria/processes.
- Ensuring a human rights issue clause is included in specification and tender documents wherever possible.
- Evaluating specifications and tenders with appropriate weight given to modern day slavery points.
- Encouraging suppliers and contractors to take their own action and understand their obligations in their processes.
- Upholding professional codes of conduct and practice relating to procurement and supply. Our staff must contact and work with the Procurement Department when looking to work with new suppliers so appropriate checks can be undertaken.

## Training

Advice and training on modern slavery and human trafficking is available to staff through our safeguarding policies, procedures and training, and our Safeguarding Leads. All of our registered clinicians undertake mandatory training on modern slavery.

Our commitment to modern slavery has been evidenced in our multiagency work with colleagues in Devon and Cornwall Police and relevant local authorities, including Devon County Council, Torbay Council and Bristol City Council.

## Health and Safety

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

Significant work has been undertaken in line with the National Suicide Prevention Strategy for England to ensure wards are safe and therapeutic, specifically regarding the management of self-harm and suicide. Spaces where service users are not continually supervised by staff, for example bedrooms and toilets, have been reviewed and where possible designed, constructed and furnished to make self-harm or ligature as difficult as possible. Spaces where service users circulate, for example lounges, dining rooms and corridors have also been reviewed and works undertaken to minimise the risk of self-harm.

Specific headline pieces of work include:

- All sites have been inspected by the Health and Safety Team and all have scored above 94% on performance, most sites being above 98%
- All sites have reviewed their general risk assessments and assurance has been provided to our Trust Executive Committee (TEC) by the Health and Safety Manager that assessments are in place

- Ligature management risk assessments have been completed on all inpatient wards and in community team sites with interview rooms by the Health and Safety Team. Assurance has been provided to the Quality and Safety Committee that safety features are in place for the management of self-harm from ligature points. Assurance from Internal Audit in January 2019 confirmed the arrangements to be satisfactory.
- Significant work has been undertaken by the Health and Safety Team providing advice and support to ensure the environment is safe and therapeutic for new builds, for example the Psychiatric Intensive Care Unit (PICU) and the Mother and Baby Unit (MBU) and refurbishments, for example The Cedars and Health and Wellbeing Hubs.

### **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) in August 2018, who have confirmed that our organisation is fully compliant against all the core standards.

The organisation can provide assurance that plans and systems are in place to meet NHS England's Core Standards self-assessment for 2018/19. The national self-assessment occurred in August 2018 and the 55 Emergency Preparedness, Resilience & Response (EPRR) Standards were submitted with significant evidence attached for each core standard.

Part of this assessment incorporates a 'deep dive' each year with a different core standard being assessed but not included in our overall rating. The 2018/19 deep dive focus was on 'Command and Control' and ensured that we had an Incident Coordination Centre (ICC) that was well-resourced. Gold and Silver Command members are identified, trained and able to respond to any internal or external event with or without their multiagency partners. The organisation appointed a new Service Manager for EPRR and Business Continuity in January 2019.

Throughout 2018/9 we have seen a number of local and national incidents that have either directly or indirectly impacted on business continuity.

### **Fraud**

We have a clear strategy for tackling fraud, corruption and bribery and our Counter Fraud Policy sets out details of staff responsibilities and how to report suspicions of fraud or bribery.

The organisation has a contract with ASW Assurance to provide a Local Counter Fraud Specialist who works with us 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 risk-based Work Plan and Annual Report and also monitors the adequacy of counter fraud arrangements and reports on progress to the Board of Directors.

During 2018/19 there have been minimal referrals and none have progressed to criminal or disciplinary action. A working group has focused on the implementation of the NHS England

Conflicts of Interest guidance recommendations. This has targeted the high risk staff groups to raise awareness and ensure compliance in the completion of individual declarations of interest and to publish the information on our website.

Bank mandate fraud is an on-going risk to any organisation and a recent fraudulent request was prevented due to robust authorisation procedures being in place regarding the changing of a supplier's bank account details.

### **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 organisation. 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 organisation'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 2019/20, 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 2018/19 was £169m and, once again, our organisation finished 2018/19 with a pre-impairment surplus of £7.9m, as shown in the accounts.

The maintenance of a surplus is critical as it allows us to invest further to deliver high quality care for the people using our services and, in particular, provides us with an additional source of funds to spend on equipment, buildings, IT and the environment – which benefits users of services and staff.

It should be noted that £4.7m of the £7.5m surplus comes as a result of additional funding from the national Provider Sustainability Fund (PSF), which has replaced the Sustainability and Transformation Fund. It is in the nature of this funding that it will vary from one year to the next, based on our financial performance and underlying financial health – the better our performance, the greater the funding allocation. The pre-impairment surplus generated by the organisation in 2018/19, excluding the PSF, was £2.8m.

2018/19 was a year of new developments and service expansion for our organisation. These developments are highlighted elsewhere in this report but the fact that we are in a strong financial position has enabled us to earn further confidence from our commissioners to secure more business and to take on greater 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 inpatient beds and the cost of agency staff where recruitment to vacancies has not been possible.

We have secured national capital funding (as a part of an STP process) to build a new ward in Torbay, the area of greatest need and lowest bed availability. It will take roughly three years from business case to completion and we have contracted with a private provider to secure 16 additional beds in Taunton as an interim contingency.

An increase in agency expenditure was experienced in 2018/19, driven by an increase in demand for medical agency staff as well as the introduction of new services – for example the PICU and MBU.

We undertook a significant capital programme during 2018/19 amounting to £16.3m. This programme was funded via Public Divided Capital and cash generated from operating activities.

The organisation spent over 99.5% of its Capital Resource available ending the year with spend of £16.3m.

Significant capital spend in-year included:

- £10m on the construction of Jasmine Lodge (Mother and Baby Unit) and The Junipers (Psychiatric Intensive Care Unit).



- £1.8m on estates backlog and health and safety schemes including anti-ligature works. Smaller estates programmes included the refurbishment of Prentice House at £0.7m, Elizabeth House at £0.4m and £0.3m for our north Devon inpatient wards
- Our IT team spent approximately £1.3m on our general replacement programme and security enhancements, including the provision of equipment for children's services
- The project to develop our own Electronic Patient Record system started in 2018/19 with a spend of £0.4m.

Our Financial Sustainability Risk Rating at the end of 2018/19 was one (one is the maximum achievable) and this was in line with our plan.

The organisation also contributed to the system-wide work to develop a robust Sustainability and Transformation Partnership for the wider Devon area. We have maintained good working relationships with our local Clinical Commissioning Groups and other commissioners and this has been particularly valuable in the current financial climate. Our contract negotiations for 2019/20 have been constructive and all of our commissioners are committed to the investment in, development of, an improvement in mental health and learning disability services. Our organisation has secured the Mental Health Investment Standard for 2019/20 of 6.1%.

Looking ahead to 2019/20, our operating budget for the year is £192m. This includes income generated as part of the Devon Alliance for the provision of children's services from 1 April 2019. In addition to this we manage, as agents on behalf of NHSE and local authorities, a budget of around £85m.

Our cost improvement plan target for the coming year is £8m. 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.

Our capital plan includes spend of £12m for 2019/20. Ongoing capital schemes include Cedars improvements, the completion of Jasmine Lodge (MBU) and the development of our new Electronic Patient Record system.

Overall, our financial performance in 2018/19 has allowed us to maintain a solid position in times of financial constraint and unprecedented levels of demand. However, given this backdrop, it is clear that we must maintain our rigorous approach to 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.

**Phillip Mantay**

Interim Director of Finance

## 1.5 Review of 2018/19 Performance

Our organisation performed well during 2018/19. Detailed information about our performance in a number of key areas is included in our Quality Report (see Section 3) but some of our headline numbers for the year are summarised below:

### **Key Performance At-A-Glance**

- We received 70,000 referrals, an increase of 6% from last year; the Depression and Anxiety Service (DAS) alone received almost 26,000 referrals, (18% increase from last year)
- On average, we made contact with 23,000 people every month – up from 20,000 in 2017/18
- 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 1,457 referrals and made 13,141 contacts – and on average 97% of people had their first appointment booked within ten days of a referral being accepted.
- Our average length of stay in hospital is lower than the national average – 55 days for older people (national average 74 days) and slightly higher for adults - 35 days (national average 34 days) and Our staff training rate is 92.4% – significantly higher than the national average of 80%
- 3.6% of transfers of care were delayed – against a target of 7.5%, this means that fewer people are staying in hospital when they don't need to be there.
- 90% 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.
- 90% 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, 99% received their first treatment within 18 weeks of referral – against the national target of 95%
- For people needing access to a psychological therapy, 94% received their first treatment within six weeks of referral – against the national target of 75%
- Our Dementia Wellbeing Service in Bristol has a diagnosis rate of 74.3% – still the best in the south west.
- 70% of people experiencing a first episode of psychosis were assessed and allocated care in accordance with NICE guidelines – against a target of 53%
- We have increased the number of people receiving their low and medium level secure care within the region from 50% to 77%, and returned more than 100 people back to services in the south west from other parts of the country.
- 61% of staff would recommend us as a place to receive care and treatment.
- 5,630 users of our services completed The Friends and Family Test – 5,193 (92%) said they were likely or extremely likely to recommend our services.

## Performance Analysis and Highlights

### ***Developments and Improvements***

#### **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 organisation's continued journey of improvement. Within the same inspection report, our Secure Services were rated as 'Outstanding' overall. We are expecting our next CQC visit later in 2019 and this will include an inspection of the Well-led domain as well as visits to many frontline services.

#### **Working Together**



The *Together* approach has continued to go from strength to strength, ensuring that people who use our services, their families and carers continue to be meaningfully involved in our work.

*Together* has been exploring ways in which we can better engage and involve people, helping to build a culture where co-design and co-production are the norm and not the exception.

During 2018/19, based on feedback received from people who use services, carers and staff, there have been a number of changes to the configuration of the *Together* Delivery Group and the Carer's Steering group. This resulted in the two groups coming together as one and meeting quarterly. Following further feedback we are currently in the process of moving towards having a more locally-driven framework with a planned yearly celebration of *Together* initiatives and achievements.

We are also encouraging people to become 'friends' of the organisation and support our campaigning and charitable activities work.

Our *Carers and Families Strategy 2018-21* was launched in June 2018. This was developed, designed and co-produced by carers and staff and describes the structures and practices which will deliver our services to carers to give them the best possible experience in carrying out their role. A working group is now reviewing the strategy, ensuring that it remains fit for purpose.

Following receipt of our Stage One award from the Carers Trust in January 2018, we are now in the process of measuring our progress against the six key standards. We are also undertaking an initial assessment across all of our community teams, which will enable us to apply for the next level of accreditation.

Carer Awareness training has been piloted in Torbay with a total of 19 sessions being delivered. Carers have co-facilitated the delivery of this training which has included sharing people's experiences and personal stories. In addition, a carer awareness session has now been added to our corporate induction programme for new staff, as part of 'living our values'. The session is interactive, sharing both positive and negative experiences from the carer perspective.

Our *Together* approach continues to be promoted at every opportunity and we have been invited to present our work at a number of events, including the Royal College of Nursing recruitment fair held at the NEC in Birmingham and to local other providers including Somerset Partnership NHS Trust and Livewell Southwest in Plymouth.

Staff engagement around *Together* at directorate level is continuing to develop with outstanding practice in secure services, learning disability services and the Cedars Academy. Improvement Café style staff conversations are being regularly held and a total of 43 conversations, involving 310 staff, have taken place to date.

We know that people with lived experience can bring huge benefits and unique skills in a role supporting people with mental health and learning disability needs. We are proud to say that we now employ 14 Peer Support Workers (PSWs) in a dedicated team that includes two Peer Support Coordinators. The PSWs work across Devon in a range of areas from inpatient wards to community and specialist services. Although it is still early days in terms of our ultimate ambition, the PSW programme is already very successful and there is considerable enthusiasm for expanding this work further. The *Together* Award remains an integral part of our annual Celebrating Achievement Awards and the 2018 award went to the Peer Support Work programme.

## Workforce

As both a large employer and an NHS Provider we face several workforce challenges, in particular around recruitment and retention in specific staff groups. Whilst this is a national problem we have taken several steps to address this locally.

Our long-term recruitment strategy is to have a 'build' model where we effectively grow our own staff through an apprenticeship route. Whilst we have initially focused on nursing this will be extended to other professions in due course

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 risks and therefore we have a dedicated Workforce Resourcing Action Plan, which is managed through the Workforce Directorate. Last year we commenced an improvement project to review our internal recruitment process with a view to streamlining it to ensure that people could start as quickly as possible. We have reduced the time it takes to recruit people (from the closing of an advertisement to the formal offer of employment) from an average of 120 days to 38 days.

We continue to develop our recruitment microsite (a dedicated part of our website) to support our resourcing strategy. We have also attended numerous recruitment fairs and events and have attracted a large number of newly-qualified staff as a result of these. Our Preceptorship Programme has been refreshed and we now have a dedicated Preceptorship lead who supports newly qualified staff from the time that they are offered the post through to when they finish their Preceptorship.

We have also sponsored staff to become qualified Mental Health Nurses through a top-up degree delivered by Plymouth University at its Exeter campus and Learning Disability Nurses through University of the West of England.

Last year we 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. Our target for improvement was a 1% reduction in avoidable attrition within a year – and we reached 1.5% after nine months.

Ensuring that our staff are physically and mentally well is also a key focus of our workforce strategy over the next two years. We have a number of staff wellbeing initiatives in place and have recently refreshed our health and wellbeing plan to ensure that it is compliant with NICE guidelines.

### 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.

Over the last few years we have made good progress in reducing the number of people who have to receive their care and treatment outside the county and this has made a major difference to people and their families – but the situation remains challenging. At the moment, we still lack some important services locally but we are gradually developing a wider range so that more people can receive the care they need near to their home.).

In terms of general hospital beds for adults with mental health needs, we know that we are around 45-50 beds short in Devon when benchmarked against other parts of the country and we are working with our commissioners to increase this capacity. In December 2018 we received confirmation of funding for a brand new adult ward in Torbay (see above) and, in addition, as an interim measure, we have commissioned 16 private beds for men in nearby Taunton. We are also working more closely with our colleagues at Livewell Southwest to ensure that we maximise opportunities to use beds in Plymouth. Our long-term plan, however, is to develop the NHS capacity we need here in Devon.

We are 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 - this figure is now 75% and improving all the time. We have already repatriated more than 100 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 region, and we are making progress on this front. When the programme started, only 25% of women received their care in-region – this figure is now

around 50% and our ambition is to increase this substantially further still over the course of the next year.

This is a transformational 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.

#### *IPP Directorate*

Our dedicated Individual Patient Placement (IPP) Directorate is focused specifically on people who are on a community placement or receiving care outside the county in a Psychiatric Intensive Care Unit (PICU) or a locked high dependency rehabilitation unit. 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.

The Directorate had a challenging year in 2018/19, with an average of 70 people receiving their care outside the county at any one time. The opening the PICU in Exeter in January 2019 is anticipated to make a significant difference to this situation. In addition, we are continuing to work 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*.

#### **Older People's Services**

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

- Improving access and triage within our community teams, this has included supporting the development of the Single Point of Access (SPA)
- Developing our Electroconvulsive Therapy (ECT) service, improving the joint working arrangements we have in place with other providers and considering options for the future of the 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 and ensuring that people with dementia get the support they need from a specialist service when they need it
- Review of our Devon Memory Service pathway, ensuring that people diagnosed with dementia get the support they need to understand the diagnosis
- Continuing our work to develop our care pathways for older people with a diagnosis of a non-dementia type illness, for example depression.

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 received Memory Services National Accreditation Programme (MSNAP) accreditation in the Exeter clinic in 2018 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 Homes Education and Support Team is now well embedded in the Torbay area, this team has expanded to incorporate social work input from Torbay and South Devon Foundation Trust. Care homes education and support service is now being rolled out across Devon. 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).

Other achievements during 2018/19 include:

- Electroconvulsive Therapy Accreditation Service (ECTAS) for our Torbay and Exeter 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 and opened an Extra Care Area (known as the Beech Retreat)
- Reduced lengths of stay and improved bed occupancy on Rougemont ward in Exeter
- Advanced Practitioner roles embedded into all older people's community teams and supporting our medical workforce to target priority areas
- Dedicated GP advice line fully operational and accessed through the Single Point of Access
- Work with the Flow Academy to develop the Dementia and Delirium care pathway
- Alzheimer's Society workers now co-located with older people's community teams
- Piloted a community liaison support worker role to facilitate early supportive discharge from our older people's inpatient wards.



## Adult Services

The Adult Directorate implemented a number of Quality Improvement projects in 2018/19 which have changed the way we deliver our services. They include:

- Introduction of the personality disorder Change programme - this has transformed how we work and has been recognised nationally, with other trusts interested in the pathway
- A new model for assessment within our assessment teams that ensures people have a multidisciplinary 'wrap around' assessment
- Introduction of an Initial Intervention pathway
- Piloting a dedicated mental health team to support homeless people in north Devon
- Introduction of a new model of social care within our teams
- Psychologists now working with all of our inpatient teams and people in their care
- Appointment of Activity Workers on our wards to improve the activities available to people, seven days a week.

We are also continuing to work on a number of transformational programmes which will improve the way we deliver our services. They include:

- Involvement in the national programme to pilot Open Dialogue as an additional therapy for people.
- Introduction of physical health clinics for people with a serious mental illness
- Development of a Core Services Board to drive forward and embed development and improvement.
- 'Gold Standard' home treatment – to understand the benefits that an enhanced multidisciplinary team can bring, one of our teams is piloting how we develop and invest in home treatment over the next year.
- Cross-directorate working to better support people with a diagnosis of personality disorder - with particular emphasis on co-design and co-delivery, training our acute care staff alongside people with lived experience of personality disorder.

## Bristol Dementia Wellbeing Service

Our Dementia Wellbeing Service in Bristol, which we have run in partnership with Alzheimer's Society since 2015, has continued to deliver quality support for people affected by dementia. The headlines from 2018/19 include:

- 1,457 new referrals, where 97% of people receive their first booked appointment within ten days.
- Despite the increasing caseload, the service has maintained quality in ensuring people receive their personalised Wellbeing Plans within 12 weeks and 97% of people receive a contact from the service at least once every six months
- Over 66% of carers have received a carer's assessment, which is a fantastic achievement, representing an increase from 42% last year.
- As at 31st March 2019, the service supports 866 residents in Bristol's care and residential homes, providing a 'whole home' approach to supporting staff and residents
- We continue to receive more Friends & Family Test responses than ever before (383 in the last year) and 99% of returns have been positive, indicating that people would be likely or extremely likely to recommend our service to a friend or family member.

In October 2018 the service received a Highly Commended Award in Specialist Services at the Positive Practice in Mental Health awards. The service was also Highly Commended for Improvement at Devon Partnership NHS Trust's own Celebrating Achievement Awards and has recently been shortlisted for the BMJ Awards 2019 for the Care of the Older Person category.

2018 also saw significant redevelopment of the service's central hub, with dementia-friendly design principles used in the refurbishment of its clinical spaces. The service now has the flexibility to arrange assessments or appointments from this hub, where appropriate.

The service has continued to support people to access research opportunities, engaging with a range of studies including genetics relating to Alzheimer's disease, trialling goal-oriented cognitive rehabilitation as an intervention, and an evaluation of the service's referral pathways for its black and minority ethnic (BME) service users.

Following a two year project to develop pathways and protocols alongside the local acute hospital trusts to support service users during inpatient stays, the service has developed an Acute Liaison Team which will operate from 2019/20 and will focus on:

- Proactive intensive intervention in the community
- Collaborative working with acute trusts to support people during their hospital stay
- Supporting a safe and timely discharge back into the community
- On-going intervention to reduce or avoid hospital re-admission.

The importance of the service has been recognised by its commissioner, and we are pleased to announce that the service has been extended for a further two years. This will allow the service to continue to innovate and improve the support available for people affected by dementia in Bristol.

*"As a carer for my Mum, I was caring on my own, not knowing help was out there. But the moment I was put in contact with Dementia Wellbeing Service and met with the team, I'm not on my own anymore and there is a world of help, advice and support for both myself and Mum. Thank you."*

### **Secure Services**

2018/19 continued to be an exciting time for Secure Services having received a rating of 'Outstanding' from the Care Quality Commission (CQC).

The directorate continues to develop its strategy for the future driven by its underpinning pledges:

- To put patients and carers at the centre of all we do
- To reduce all avoidable harm to zero
- To make our staff the best they can be.

Collaboration is a key theme across secure services to ensure an inclusive and productive environment which allows for staff, carers and patient voices to be heard and to influence the agenda. This is achieved by a strong Patient Council, collaborative events and involving patients and carers in our core governance meetings. We have very strong partnerships with Chaplaincy and Advocacy who contribute to the collaborative approach by supporting our

patients, carers and staff. We also value diversity and are championing equality in our staff and patient groups.

Our service also enjoys a successful relationship with the Quality Network for Forensic Mental Health, sharing knowledge and experience. A recent visit saw the Network commend the service for its physical health centre, therapies corridor and carer strategy.



We are very proud that last year we secured the bid to trial community forensic services in Devon. The service will support our patients by developing individualised care pathways to support them in environments close to their home and loved ones by overcoming barriers to transition between inpatient and community services. Several of our inpatients have already

been discharged and are under the care of this team with a reduction in the length of their inpatient stay.

The care that we provided in Devon's three prisons in 2018/19 also received praise from the CQC. A huge amount of work has taken place to ensure that prisoners are receiving the right treatment in a timely manner. The full implementation of the Stepped Care Model has proved to be a huge part of our success. Another achievement has been the setting-up of a patient group within the prisons, allowing the patient voice to be heard and to influence the quality of the service.

We are looking at new and innovative ways of providing care whilst maintaining quality. For example, using different professional disciplines to provide some traditional nursing duties and improving training and development for our staff. The CQC identified the strong leadership within secure services which is leading the way in these developments.



Our Discovery Centre, a recovery college at Langdon, sits within the Occupational Therapy Team. It offers recovery-focused education to patients, staff and carers. We had another outstanding year in 2018/19, with over 50% of patients and 50 staff members attending sessions. Feedback has been positive. Staff facilitating workshops and courses fed back that it was a useful tool in improving their skills and developing new ones. The autumn term of Education saw the final assessments for many patients/students in English, Maths and IT Skills. All of the students passed their final

assessments with high scoring percentages and are now moving forward on to the next levels. We continue to develop the programme within the Discovery Centre offering exciting opportunities for all.

### **Learning Disability Services**

The review of the redesign for community services 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. An assistant psychologist was employed to support us with reviewing the care pathways and the challenging behaviour pathway audit is complete. Audit templates for the further two

pathways have been developed. National drivers continue to influence service development and our teams are engaged in STOMP (Stop Overmedicating People with a Learning Disability), LeDeR programmes and addressing the health inequalities agenda.

We are contributing to the review, led by the CCG, of NHS Continuing Healthcare (CHC) functions across Devon and this will help inform our own service configuration. We also continue to engage with NHS England's Clinical Leads for learning disabilities during the year. We work closely with NHS Improvement leads for learning disabilities and have been asked to contribute to the review of the NHSI learning disability benchmarking standards.

### **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 for people who have depression and anxiety alongside a long-term physical health problem in NEW Devon CCG area. We are now embedded into multiple physical health pathways, and have expanded, with additional investment, to work with people in South Devon & Torbay CCG area, who have physical health difficulties and are struggling with their emotional wellbeing.

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. The evaluation of the service demonstrated both the effectiveness of psychological treatment for people who also have physical health needs, and also showed significant 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.

Across the service we are working towards increasing our access in line with the *Five Year Forward View*. We have had a number of initiatives to reach out to women in the perinatal period and to reach out to people who have a mild/moderate difficulty, to encourage people to seek help early for their mental health, to prevent further deterioration further down the line. We have been working closely with a group of people who have used the service. They have encouraged us to use less medical language and promote our service in a less stigmatising way. We have redesigned and renamed the service and, in May 2019, we moved to a new name, look and feel, which implies hope and moving forward. Our new name is TALKWORKS.



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

We were extremely proud to open our brand new, purpose-built Psychiatric Intensive Care Unit (PICU) in January 2019. The Junipers is a state-of-the-art 10 bed unit for men and



women based on site at Wonford House and will make a huge difference to people's lives in the county. It is a major step forward and is a key part of our plans to improve the range of services available locally and to minimise the number of people needing to travel outside the county for their care.

During the construction of the unit, our project team worked closely with our architects using information based on the feedback and experience of individuals from Devon and their families who have used other PICUs. We also sought guidance from NaPICU and other National Building Reference Material alongside visits to PICUs across the breadth of England and Wales.

The PICU project was also seen on roadshows across the county at key points in the design phase, enabling wider engagement from service users, carers and staff alongside community events offering local residents opportunities to ask questions and discuss our plans.

The result is a modern, welcoming facility that provides a safe and therapeutic environment for people using the service and our staff. It is a great example of a genuinely co-produced service and it has been working very well since its launch in January.



### **New Community Forensic Team**

In May 2018, we were one of only three organisations nationally to be awarded contracts by NHS England to become pilot sites for new community forensic teams. The main aim of the two-year pilot is to reduce length of stay for people in secure care through the provision of specialist community forensic teams - which will work alongside inpatient teams to help facilitate a more robust transition to the community and provide more robust community treatment and support. As well as providing more specialist and robust direct care for people in the community, the team will also be working closely with supportive accommodation providers to give them extra training, consultation and supervision to help ensure that community placements are better-equipped to support people in the community and to help them engage in more meaningful activity.



### **Interim Mother and Baby Unit**

We opened an interim Mother and Baby Unit (MBU) in 2018 within Wonford House in Exeter, as a precursor to the brand new MBU that is currently being constructed in the grounds. The interim MBU has four bedrooms and a staff team of around 30, including doctors, nurses, nursery nurses, occupational therapists, psychologists, peer support workers and healthcare assistants. Its facilities include a dining room, large lounge, baby changing and feeding areas and a dedicated garden area. It has been delivering a great service since it opened and we will be taking advantage of the learning and experience gained over the last year in the running of our new ten bed MBU, which opened in May 2019.



### **Community Eating Disorders Service**

Following lengthy discussions with our commissioners, a brand new community eating disorders service went live in January 2019. We have known for many years that we need a

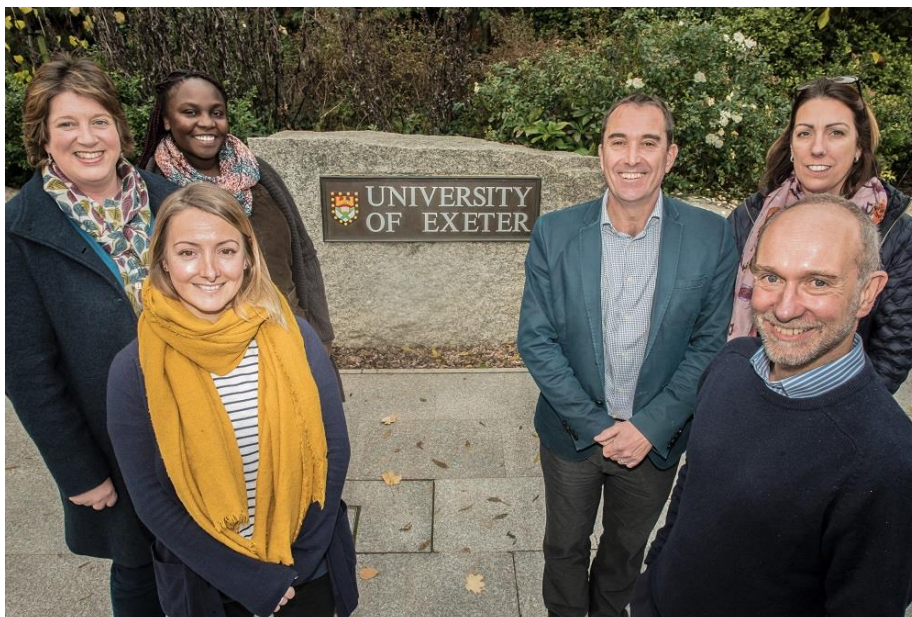
dedicated community eating disorders service in Devon and the new service will benefit from £536k in its first year, rising to £800k from year two onwards. The mortality rate associated with eating disorders is the highest for any mental health condition. Public health data tells us that, in our area, the prevalence of anorexia is about 10-30 people per 100,000 and, for bulimia, it is around 50-150 per 100,000. This means that we should expect between 90-270 people to have anorexia and 445-1,335 to have bulimia. These figures make it clear why the new service is such an important addition to what we are able to offer local people.

### **New Ward in Torbay**

In December 2018, we learned that our bid for around £8m in capital funding to build a brand new ward on the Torbay Hospital site had been successful. We have known for some time that we are around 45-50 adult mental health beds short in Devon, when we compare ourselves to other parts of the country. This announcement was a major step in the right direction in terms of the services we are able to offer local people. The funding will enable us to proceed with our plans to build a 16 bed ward in Torbay, which will be located close to our two existing wards on the site - Haytor and Beech. As well as providing a safe, high quality environment for adults with mental health needs who require a spell of care in hospital, the new ward will mean that more people can be treated close to home – which is one of our leading priorities.

### **Student Service at University of Exeter**

In January 2019, a new joint-funded mental health service was launched at the University of Exeter. The service – one of the first of its kind in the country - is funded by our organisation, the University of Exeter and Devon County Council, via the Improving Better Care Fund (iBFC). The new service was launched on national Time to Talk Day – when everyone is encouraged to have a conversation about mental health. The University Community Mental Health Team (UCMHT) will focus on students with moderate to severe mental health conditions such as eating disorders, emerging personality disorders and mood disorders - and is based on the university's main campus. A 2018 report produced by Universities UK showed a rise in the number of students at UK universities disclosing a mental health condition to their higher education institution – from 9,675 in 2007/8 to 57,305 a decade later in 2017/18.





### **Workways Expansion**

In November 2018, we were successful in securing additional non-recurrent funding to expand our Workways service – which helps people with mental health needs to find and retain employment. The funding has enabled us to extend the Individual Placement and Support (IPS) approach to people who access mental health services right across the county. Previously, it had only been available to people living in Exeter, East & Mid Devon. Having paid employment is an important recovery goal and we see many examples of how this can be life-changing for people who have been challenged by an experience of mental illness. Alongside a sense of independence, being employed can provide a gateway back into society and the social norms that can be lost to people struggling with mental health difficulties. Regaining employment can make a real difference for people on their journey to recovery.

### **Single Point of Access**

Our Single Point of Access (SPA) was initially launched as a night call handling crisis support service in 2016. In June 2018 a new SPA referral management call centre went live to become the single point of access for all generic adult and older people's mental health referrals. The SPA is currently handling around 1,300 calls a month.

During 2019/20 the SPA service will expand further to provide:

- The 24/7 single point of access for all external Crisis Response Home Treatment Team referrals
- An out-of-hours call handling support service for people (or their family members/ carers) with an open referral
- A telephone advisory and referral support service for GPs or other health, social care and emergency services professionals.

These developments are in response to feedback we have received from workshops and consultation with users of our services, their supporters and other partners and stakeholders – and they represent a significant step forward to improve access to services, quality of care and communication.

### ***Other Key Developments in 2018/19***

#### **Staff Engagement**

Meaningful engagement with staff remains one of our organisation's overriding priorities and Our Journey is an important annual opportunity for us to listen to our staff. The latest round of staff engagement roadshows took place in October 2018 with staff attending 11 events across the county, including Bristol. There was a 13% increase on attendance from 2017. The key theme of the events was keeping people who use our services as our top priority.

Our Journey staff feedback has been used to inform our ongoing work plans in a number of areas and has led to changes being made to some of our other engagement events, such as the series of regular Senior Staff Forum events.

In 2019/20 we will be launching Your Journey events, to provide an informal opportunity for Executive and Non-executive directors to visit frontline and back-office teams to see how they are getting on and to listen, first-hand, to their feedback.

### Charitable Fundraising Activity

Our charity enables us 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.

2018/19 has seen charitable funds help a variety of services that benefited both users of our services and staff. Recent initiatives include supporting the provision of staff uniforms at the Beech Unit, the installation of Sky Sport at the Dewnans Centre and donating Christmas presents for people on Russell Clinic. These funds add an extra dimension to our services and can contribute significantly to the wellbeing of people in our care.

Charitable funds have also supported users of our services with art therapies 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 Bluebells*. 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.

2018/19 saw a distinct increase in fundraising across the organisation for our charity, which included challenges like a 15,000ft skydive, running 13.1m miles at the Torbay Half Marathon, making a delicious array of cakes for a bake sale, swimming 2k in open water and walking an incredible 188 miles to show support for our staff and services.

2019/20 will be another exciting year in the growth of our charity. We expect this to include the development of a recognisable identity in line with our mission, vision and values. The charity will continue to capitalise on the fundraising success we have seen in the last year and demonstrate how, with people's help, we can make a difference to those with mental health and learning disability needs.

### Devon Recovery Learning Community (DRLC)

The DRLC is a Recovery College provided by our organisation for the wellbeing of people in Devon. Its students are people with lived experience of mental health difficulties, their family and friends and the professionals who support them. The approach is educational, informed by the values and principles of recovery that aim to promote and instil hope, opportunity and control.

In recent years, the DRLC has grown significantly in terms of the number of people taking advantage of the more than 150 courses that it offers. More than 1,300 people are now registered on its website and hundreds of people sign-up every year. 2018/19 saw the variety of courses expand further and, in addition to courses that help people to develop knowledge and skills, rebuild their lives, live well and understand mental health issues and treatments, there is a wide range of 'Wild Thing!' activities that include pursuits such as mountain biking, sea fishing, surfing and walking with llamas.

The work of the DRLC has benefited immensely from the partnerships it has established with outside groups and organisations, such as Exmoor National Park, Exeter College, Organic Arts, the Sharpham Trust, Learn Devon, Positive People and many others. We are very grateful for their support.

### **MINDFUL EMPLOYER**

Since it was founded in 2004, MINDFUL EMPLOYER, as part of our Workways service, has been offering support to employers to empower them to support the mental wellbeing of their staff; providing easy access to professional workplace mental health training, information and advice.

In 2018/19, MINDFUL EMPLOYER had another hugely successful year. It featured at the Disability Matters conference in Switzerland and Richard Frost, who was the UK lead and instrumental in creating and launching the now global initiative, was appointed a Member of the Order of the British Empire (MBE) for his services to mental health in the Queen's Birthday Honours 2018 (see Awards, Nominations and Visits). In addition to this Mindful Employer trained over 1,800 members of staff across the UK last year by recruiting a team of associate trainers to help expand the delivery of training nationwide. As a result they are now better equipped to deliver MINDFUL EMPLOYER training to far-away areas, including Leeds and Newcastle. MINDFUL EMPLOYER has also gained three new patrons for the initiative. The service has continued to go from strength to strength and, with the appointment of a new dedicated lead, will continue to do so in the years to come. For more information visit [www.mindfulemployer.net](http://www.mindfulemployer.net)

### **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, continued delivery of Level 3 Safeguarding Training (in both children and adults safeguarding), the production of an internal bi-monthly safeguarding bulletin and ensuring the safeguarding data captured through the Risk Management System (RMS) about patterns and trends is explored and shared. This information has been of value both within the organisation and externally.

The volume of safeguarding concerns identified by clinicians has continued to increase - 259 (2016/17), 994 (2017/18) to more than 1,500 alerts raised in 2018/19. This is reflected in the volume of safeguarding referrals made to local authorities. The continued increase in awareness and activity brings with it challenges for all parts of the organisation in responding robustly to the high number of safeguarding enquiries being undertaken at any time - with an average of 80 open safeguarding adult enquiries across the organisation on any given day in 2018/19. Initiatives completed this financial year include new publicity material on safeguarding, evaluation of peoples experience of safeguarding enquiries and agreeing standards on timescales for completion of enquires.

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. One area of note in 2018/19 has been the increase in

the number of referrals across Devon relating to County Lines and Sexual Exploitation. In addition the Safeguarding Team has actively represented the organisation in exploring the learning arising from domestic homicides, safeguarding adult reviews and Serious Case Reviews and ensuring this is widely implemented.

We are an active member of the Devon Strategic Leadership Board for Domestic Abuse and Sexual Violence, the Channel Strategic Board (for Prevent referrals) and contribute actively to Channel Panels. In addition, we 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 the Vice-Chair of the Devon Safeguarding Adults Board.

### **Equality, Diversity and Inclusion (EDI)**

Our aim is to challenge discrimination and stigma and to champion recovery, inclusion and wellbeing 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 which has developed significantly in the past 12 months, 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 towards achieving our six Equality Objectives, and ensuring that we meet the requirements of the NHS England Equality Delivery System v2, the NHS England Workforce Race Equality Standard, Gender Pay Gap reporting and annual monitoring and analysis and publication of Workforce Equality and Patient Equality information.

In 2019 we will also be ensuring compliance with the Sexual Orientation Monitoring Standard for people using services and undertaking first year reporting for the new Workforce Disability Equality Standard being introduced by NHS England. We will also be continuing our work to enhance service delivery, ensuring that we meet people's individual needs in compliance with both the Equality Act and the Accessible Information Standard. We will also continue to produce a robust, annual equality monitoring and action report summarising our progress against our objectives and in response to feedback from people both using and working within our services.

We have made positive progress in a wide range of areas within our Equality, Diversity and Inclusion programme. These include:

- Working with local colleges to commence supported internships for people with disabilities or learning difficulties, to assist people in developing workplace skills and experience - our first placement commenced in early 2019

- Attendance at a range of Equality and Diversity events across Devon, to create further channels of conversation, enhance our community presence and challenge stigma associated with mental health and learning disabilities
- Developing and implementing a Zero Tolerance policy, a Staff Transgender, Non-Binary and Intersex policy and a Supporting Transgender, Non-Binary and Intersex patients policy
- Developed Reasonable Adjustments policies for both staff and users of services
- Being an active member of the Devon Equality Cooperative
- Planning and coordinating a multi-organisation Compassionate Care Symposium in November 2018 in partnership with the Royal Devon and Exeter NHS Foundation Trust and Hospiscare
- Designing a Trust Buildings Accessibility Audit to establish the appropriateness and effectiveness of our buildings in terms of access and ease of use by a wide range of potential users with disabilities and impairments. An independent Access Audit of our HQ at Wonford House has been undertaken and improvements are now being planned and undertaken in line with the recommendations made
- Undertaking a high level review of the organisation's needs in terms of spiritual care and chaplaincy
- Implementing Equality Link Champions at team and service level and continuing to run our DPT Respect Network, BME Network, the LGBT+ Network and the Equality, Diversity and Inclusion Steering Group.

Our plans for the future within the EDI programme include:

- Ratification and implementation of the Reasonable Adjustments policies for staff and people using services
- Full implementation of the supported internships programmes in partnership with Petroc College and Exeter Deaf Academy
- The implementation of an organisation-wide spiritual care and chaplaincy service
- Creation of the staff Menopause Matters Network for women to meet and share their experiences, concerns and ideas together.

We are also thrilled to have been selected as one of 2019/20 NHS Employers Diversity and Inclusion Partners. Through participation in the Partners' programme, we will work with NHS Employers and peers across the NHS to support system-wide efforts to improve the robust measurement of diversity, inclusion and equality across the health and social care system. This will include a specific focus on areas such as the Workforce Disability Equality Standard (WDES), the Learning Disability Employment Programme (LDEP) and the whole area of gender pay gap reporting and its associated issues. We will also be working to develop more effective regional networks and to continue to improve the overall staff experience for under-represented, marginalised and disadvantaged groups / communities.

### **Information, Technology and the Digital Agenda**

We continue towards our vision of a fully 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 across the Trust. Our IT and safer information strategic delivery plan is enabled by the following eight key digital themes:

- Ensure a secure and fit for purpose digital environment
- Nurturing and delivering innovation
- Supporting county-wide integrated digital care
- Creating a digital culture to improve digital maturity
- Sharing information safely and in a timely manner
- Information without boundaries across health care partners
- Deliver IT services that represent true value both in quality and cost
- 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 with the General Data Protection Regulation that became law in May 2018 and for the change from the Information Governance Toolkit to the new Data Security and Protection Toolkit.

Our Informatics team has further 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 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.

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 Partnership. The year has seen us move forward digitally in the belief that we can deliver better care through continually improved digital services, focusing 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, the University of Plymouth, and other academic partners, we recruited 794 patients to dementia studies (the highest recruiter in the South West). Across our other studies we recruited a further 1,005 people, including 601 to ageing studies. We ended the year ranked as the 9th highest performing mental health provider for 2018/19 with a total of 1,799 participants.

We have recently started a number of UK Clinical Record Interactive Search (CRIS) projects, using anonymous patient data. We remain committed to delivering research opportunities to people across Devon and Bristol. We are making new links with acute services in Torbay and Bristol 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 strengthening our Research Champions programme, and now have over 150 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, and psychosis.

### Raising Awareness and Understanding






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. Our regular monthly phone-in with BBC Radio Devon 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, sleep 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 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.

### **Improving Analytical Capability**

In October 2018 we were selected by the Health Foundation to be part of its Advancing Applied Analytics programme, which aims to improve analytical capability in support of health and care services. The programme is supporting 11 project teams in the UK that are working on local, innovative, ambitious projects, to help them demonstrate the value of improving analytical capability.

Each project will run for up to 15 months and our project, in partnership with the South West NIHR CLAHRC, aims to bridge the gap between the decision makers and analysts within healthcare organisations. The project aims to develop a clear set of recommendations for improving communication within services. In order to do so, the team are beginning by using analytics to help people with a diagnosis of personality disorder with their decision-making.

### ***Awards, Celebrations and Recognition***

#### **NHS 70th Birthday**

We joined organisations across the country to celebrate 70 years of the NHS in July 2018. To mark the occasion, we delved into the archives to revisit some of the key milestones in learning disability and mental health over the years. From attitudes and stereotypes to key therapies and treatments, a lot has changed during the past 70 years. We captured the information in the form of an online timeline, featuring archive photos, interviews with past and present staff and facts about mental health and learning disability care both in Devon and nationally. Staff across our organisation also celebrated the 70<sup>th</sup> birthday of the NHS with tea parties and other get-togethers.

Supporting you to live well

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## 70 YEARS OF THE NHS 1948 - 2018

### Mental health and learning disability milestones through the decades

Since the NHS was founded on 5 July 1948 there have been huge changes in the way we think about mental health and learning disability – and in how we support people. Take a look at some of the key milestones and developments over the last 70 years and how they have affected what we do in Devon.

2010s 2000s 1990s 1980s 1970s 1960s 1950s 1940s

What the NHS means to us

IN 2018

It is estimated that around 1.5 million people in the UK have a learning disability, and around 800,000 people have a severe learning disability. Around one in four of us is likely to have a

IN 2018

Building work begins on the Warford House site in Exeter for a new [Perinatal Intensive Care Unit \(PICU\)](#) and a new [Maternal and Baby Unit \(MBU\)](#), both scheduled to open in 2019

IN 2018

Dr Peter Allison, Consultant Psychiatrist and Director of Research and Development, talks about ongoing research into mental health conditions and how Devon is at the forefront of



### Visit from Dr Henrietta Hughes

Melanie Walker and members of the senior team welcomed the National Guardian for the NHS, Dr Henrietta Hughes, to our organisation in December 2018. Henrietta leads the national network of over 800 Freedom to Speak Up (FTSU) Guardians across England, a key recommendation from the Francis Report into the events at Mid Staffs. Our own independent FTSU Guardian, Wayne Walker, also participated in the visit, along with Gerry Marshall, who is our Non-Executive FTSU Lead. More information about FTSU can be found on page 148 of our Quality Report. Within our organisation, the number of people speaking up using our Guardian service is currently quite low compared to other similar trusts but Wayne Walker reported that, having conducted 85 visits to different teams, awareness and use of the service is gradually increasing.

### MBE for Richard Frost

Richard Frost was appointed Member of the British Empire in the Queen's New Year's Honours list 2018 for his services to mental health. Richard, who has now retired, was

instrumental in creating and launching the Mindful Employer programme, which now has global reach.



#### **Steve Powis visits Langdon and New Leaf**

The Medical Director for NHS England, Professor Stephen Powis (pictured centre), visited our secure services at Langdon and our vocational rehabilitation services at New Leaf in April 2018. He met the Executive Team and was taken on a tour of both sites, where he talked with staff and users of services.



Every year our staff and services achieve local and national recognition for their work. Here are some of our nominations and awards during 2018/19:

### **CHANGE Programme at Patient Safety Awards**

In July our colleagues Claire Hobbs (South Devon PPT) and Dawn Dymond (Torbay North CMHT) travelled to Manchester to represent the CHANGE programme at the HSJ (Health Service Journal) Patient Safety Awards.

We were nominated in the Mental Health Category based on the early evaluation data gathered from the first 18 months of the Torbay CHANGE programme (for people with personality disorder presentations)

Our early data from the first 18 months of the programme in Torbay was hugely positive in terms of reduction of emergency/out of hours contacts and increases in engagement in meaningful care pathways for people who have a personality disorder diagnosis. But the results of a later evaluation, were much more mixed. This is understandable, as it takes time for a new programme to embed, and there is still have a lot of work to do.



### **Social Worker of the Year Awards**

Rob Manchester, an Approved Mental Health Professional (AMHP) and Social Worker, from our Devon AMHP Service (Teignbridge), was shortlisted for the Creative and Innovative Social Work Practice Award at the Social Worker of the Year Award sin November 2018. He was nominated for working in co-production with the Experts by Experience group (EbyE) at The Bridge Collective in Exeter. 'Conversations across the divide', as the project has become known, builds on the connections and commitment Rob has shown to the service user and carer-led Bridge Collective over many years. When so much of social work practice in statutory mental health service is process-driven, Rob has been able to help construct something positive and human in a manner firmly rooted within social work values with a sense of shared purpose with people who have lived experience of mental health issues.





### National Positive Practice in Mental Health Awards

Three of our teams were nominated at the 2018 Positive Practice in Mental Health Awards in Liverpool. In the Crisis and Acute Mental Health Care for Children and Young People, Adults and Older People category, our teams from Ocean View and Moorland View wards in north Devon received a Highly Commended Award. Our Bristol Dementia Wellbeing Service also received a Highly Commended Award in the Specialist Services category. Our Perinatal Team won the award in the Perinatal Mental Health Category.

Geraldine Stratthdee and 1 other Retweeted



**Jo Black** @Black2Jo · 13h

I am crazy proud of our @DPT\_Perinatal @DPT\_NHS team. The difference they make to families across Devon and Torbay with humility, compassion and clinical expertise.

Enjoy the night on behalf of all of us who can't be there.

#MHAwards18 🥳



2 7 43

## Awards for Secure Services New Care Model



In June 2018, the South West Secure Services New Care Model scooped the coveted HSJ Value Award in the category of mental health at the Health Service Journal's prestigious annual awards ceremony in Manchester. The award was for the work that is being done to transform the commissioning and delivery of low and medium level secure mental healthcare services across the south west.



In addition, the team won the Healthcare Financial Management Association's (HFMA) National Healthcare Finance Awards in the category of Innovation in November 2018. These awards recognise the work of finance and teams across the UK and the Innovation Award looks to showcase an initiative that has led to an improvement in the quality of a service in a financially efficient way.





Our Communications Team was also shortlisted for an HSJ Value Award in the Communication Category for 'Creating an innovative NHS website for patients and with patients'.



### **Best UK Employer Award**

We were delighted to be shortlisted for the 2018 Nursing Times award for Best UK Employer. Among the reasons for us being shortlisted were our approaches to recruitment, our focus on staff engagement, wellbeing and support and the use of collaboration on our projects. With a focus on the issue of the national shortage of Registered Mental Health Nurses and Learning Disability Nurses, some of the projects addressed within our nomination were the reduction of nursing vacancies, the increased morale and motivation of our teams and the extension of career pathways.

### **Informatics Team Shines at AphA Awards**

Our Informatics Team was successful at the 2018 Association of Professional Healthcare Analysts Awards. The team was presented with the AphA Analytical Team of the Year Award at a ceremony in Cardiff. The award seeks to recognise an analytics team making an outstanding contribution through excellent service delivery and engagement with service users.



### 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 2006/07 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.

The Trust is starting to contribute more towards the following goals:



We are already clearly contributing towards:



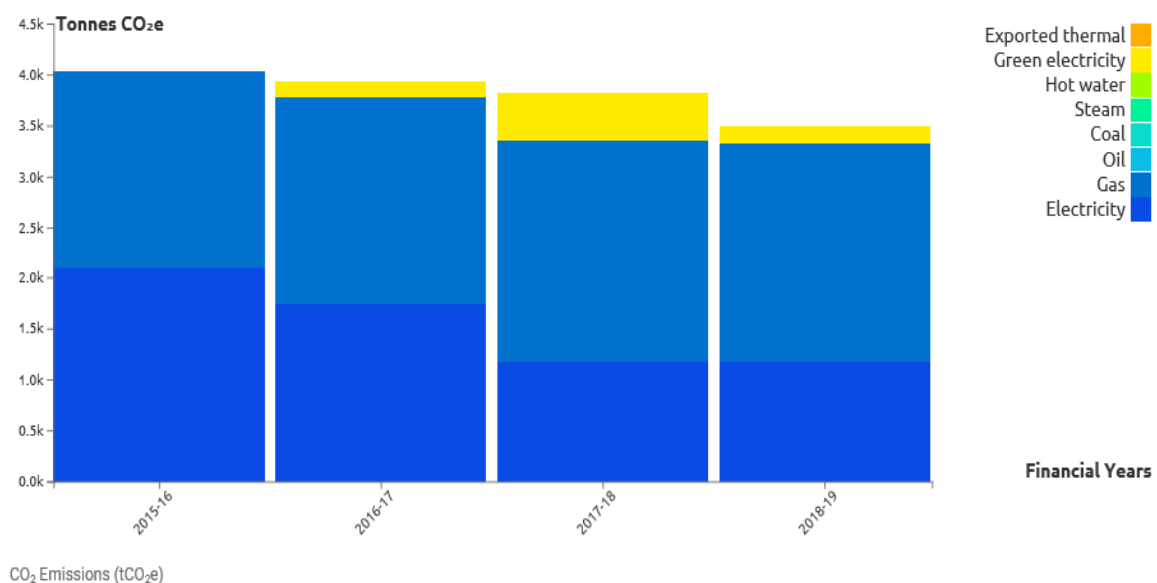
Key areas for attention for 2019/20 include reducing business mileage and energy costs and making better use of mobile technology.

During the past year:

- Our total energy usage has increased by 0.22% and spend increased by 19% from £697,142 to £829,530. 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% of our electricity usage comes from renewable sources.

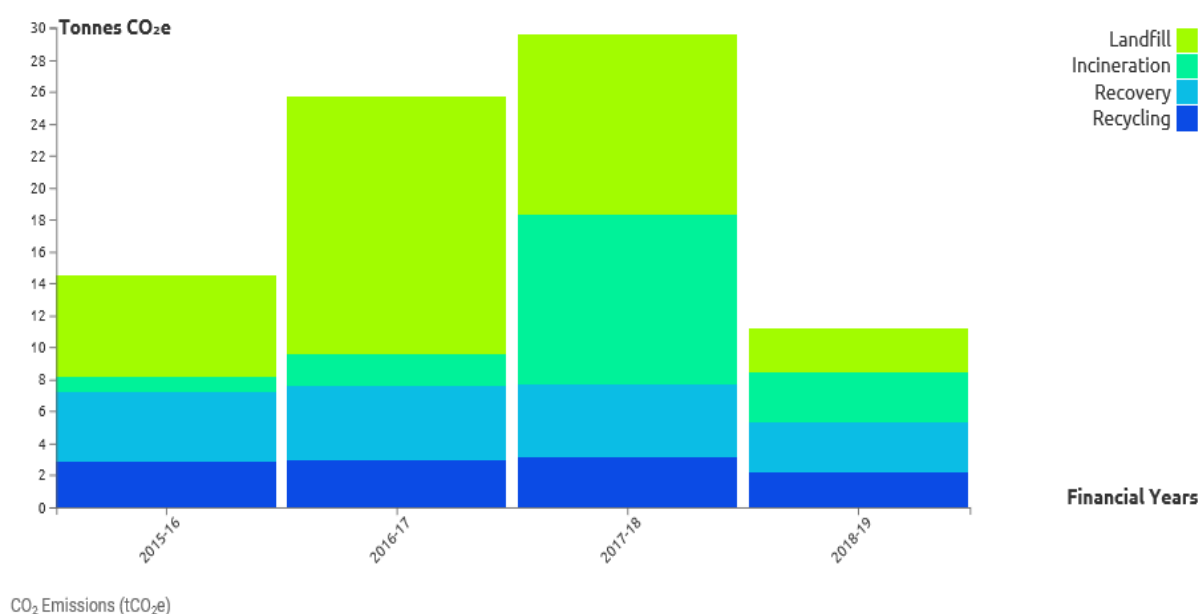
The impact of this on our carbon emissions is demonstrated below:

Carbon emissions resulting



- Our business travel mileage by road was 1,667,382 miles. This is an 8.6% decrease since 2015/16 . 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.
- We recycled 103.97 tonnes of waste which represents 38.4% of the total waste we produce. There has been a significant reduction in the volume of landfill waste which has reduced from 226 tCO<sub>2</sub>e in 2014/15 to 8.1 tCO<sub>2</sub>e in 2018/19. Our target is to increase the recycling rate to 60% by volume by 2020. The carbon emissions resulting from our waste has dropped dramatically and is reflected below.

Carbon emissions resulting



- Our water consumption has seen an increase of 1,312m<sup>3</sup> between 2017/18 and 2018/19 - a total increase of 3.69%. This has also led to an increase in CO<sub>2</sub> from 32 tCO<sub>2</sub>e in 2017/18 to 34 tCO<sub>2</sub>e in 2018/19. Since 2015/16 the Trust has seen an overall decrease in water consumption of 3.92%.

Water		2015/16	2016/17	2017/18	2018/19
Mains	m <sup>3</sup>	38,338	36,784	35,523	36,835
Water	tCO <sub>2</sub> e	34	34	32	34

- We hold 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.
- In January 2019, we were notified that we were successful in an application to the Department of Health and Social Care for £113k national funding to install LED lighting in more of our buildings. This scheme will be progressed over the next financial year.

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

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

*NHS Devon Clinical Commissioning Group has requested that all local providers include this summary of STP activity in their 2018/19 annual reports.*

Three local authorities, seven NHS organisations and one Community Interest Company joined forces in October 2016 to create a single Devon Sustainability and Transformation Partnership (STP). Since the summer of 2018, Dame Suzi Leather has been the Devon STP independent chair.

The STP mission is to achieve the triple aim of improving:

1. Our population's health and wellbeing
2. The experience of care
3. The cost effectiveness of spending per head of population

In July 2018 it published a Two Year Report highlighting the significant progress that has been achieved through joint working. It noted in particular:

- Improved performance against national NHS standards, putting Devon in the top 30% nationally on urgent care and mental health
- Reduced delays in transferring patients out of hospital, meaning Devon was on track to reach targets and to free 79 hospital beds for those needing them
- High quality social care, with 86% of adult social care providers rated as either Outstanding or Good by the Care Quality Commission
- Enhanced community services to support thousands more people to live independently at home, leading to 213 fewer acute and community hospital beds
- Clinically appropriate referrals into hospitals, reducing unnecessary visits and seeing a 5.37% reduction in planned procedures and treatments
- New clinical networks supporting 'Best Care for Devon' standards in:
  - Urgent and emergency care
  - Stroke
  - Maternity services
- Innovative mental health services including:
  - Liaison psychiatry in each acute hospital
  - Psychological support for people with long-term health conditions
  - Specialist support for women with postnatal depression
- More than 100 ambassadors trained to promote careers in health and social care in schools

- Strengthening outcomes for children and young people, with children's community health services rated 'Good' by the Care Quality Commission.

In addition, historical overspending has been reduced from £95.4 million to £22.7 million in the past two years. This includes saving £25 million on agency staff. The Devon system is aiming for financial balance in 2019/20.

However, real challenges remain. These include health inequalities, social isolation, disadvantages for people with mental health problems, an ageing population and meeting the needs of carers.

Recruitment of staff remains challenging, in primary care, in some medical specialties and in nursing and social care. Initiatives such as Proud to Care are showing the value of collaboration in this area. A campaign is under way with NHS England to promote the south west to prospective GPs, including those who have recently retired and those currently working abroad. Other initiatives will aim to make general practice more attractive to new doctors, in line with the Long Term Plan. NHS England workforce trajectories indicate a gap of 62 GPs in Devon by 2020. As at June 2017, 22% of GPs were aged over 55. This indicates the need for the action we are taking. A new academy of nursing was launched by four NHS Trusts in Devon and the University of Exeter so that local nurses are at the forefront of regional, national and international advances in care.

Services for children and young people with special educational needs and disabilities in the Devon County Council area also need improving. The CCGs and local authority have been working together to implement reforms, which will be co-designed with children, young people and their families.

The STP has proposed taking a more focused approach on fewer priorities for 2019/20, to deliver high impact transformational changes and make best use of system resources.

Over the next year, the STP focus will be on five areas:

- Accelerating the **digital opportunities** for the system to achieve integrated and interoperable care record systems, and improved access to care
- Developing an **acute care strategy** for Devon and Cornwall
- **Addressing inequalities** by moving resources to where they will be more effective in meeting need and improving outcomes
- **Integrating mental health services, alongside development of inpatient services**
- Promoting **prevention and self-care**, helping more people live healthy, well lives at home, with greater resilience in communities achieved through close working with charity and voluntary leaders.

These five priorities are accompanied by two other pieces of work that need to be accomplished:

- Implementation of the Integrated Care Model blueprint agreed in 2017
- Implementation of the workforce strategy.



We will continue to review our key hospital services across Devon, so that they deliver the same high standards of care. The next phase of service reviews includes cardiology. With the support of NHS Improvement, Northern Devon Healthcare NHS Trust and the Royal Devon and Exeter NHS Foundation Trust began work in April on securing the long-term sustainability of acute services for the people of north Devon. The collaboration is supporting Northern Devon Healthcare NHS Trust to address the challenges it faces in continuing to provide acute services, ensuring that local people's health needs continue to be met.

The STP-led acute services review confirmed that our four acute hospitals in Exeter, Barnstaple, Plymouth and Torquay are key in the provision of NHS services. Clinical services are now approached in a more collaborative way. This includes a ground-breaking agreement on mutual clinical support among the four hospitals, which has proved invaluable in addressing short-term service challenges due to medical staffing problems. The two hospitals now have a shared executive team and are aligning policies.

#### *Integrated Care System and Devon Long Term Plan*

The creation of one Clinical Commissioning Group (CCG) for Devon is an important step in the journey to create a single strategic commissioner for the county, as partners in the Sustainability and Transformation Partnership design a new, more integrated care system.

Work has been progressing on how this Integrated Care System (ICS) for Devon should operate and improve outcomes for our population.

We have been supported nationally through being selected to take part in the Aspiring ICS programme, which was tailored locally to focus on specific areas including developing population health management, care redesign, financial planning and effective system governance.

Part of this developmental work has included exploratory discussions with local authority Health and Wellbeing Boards and Health Scrutiny Committees.

Over the coming months we will:

- Develop a Devon five-year plan in response to the national NHS Long Term Plan, showing how we will work together across the NHS, local authorities and other partners to improve outcomes for our population. System leaders have agreed that a key priority in Devon will be to address inequalities by ensuring resources are used in line with strategic ambitions, population needs and outcomes
- Design the most effective ways of working together both in local communities and places as well as across the wider Devon system, with the right system governance that allows for transparent and responsive decision making
- Engage with stakeholders and local communities in developing the plan and system working
- Publish the Devon Strategy in autumn 2019.

## 1.6 Priorities for 2019/20 and Beyond

Our key strategic priorities, as set out in our Operational Plan for 2019/20, are to:

- Reduce the number of people treated inappropriately outside Devon
- Meet all the key delivery targets for mental health and learning disability services in the *Five Year Forward View* and the *NHS Long Term Plan*
- Improve physical health for people with a mental illness (particularly for those with serious mental illness)
- Establish the emotional health and wellbeing and learning disability community service for children and young people, as a part of an integrated physical and mental health offer, in collaboration with local NHS partners
- Expand our commissioning responsibilities through continuing to lead the New Care Models (with additional NHS England specialised mental health services being delegated in 2019/20) and further explore the delegation of Devon CCG commissioning budgets to our organisation
- Maintain a strong quality improvement focus to deliver our quality priorities (see Section 3 Quality Report)
- Develop proposals (with NHS England) for Devon to be a test site for the new Community Framework
- Work to address key workforce risks through identifying new roles and improving recruitment and retention of existing staff.

### *Together*

2019/20 will see us continue to embed and extend our *Together* approach to working more closely with people with lived experience, their families and carers. 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.

### *Staff Engagement and Wellbeing*

Engaging in a meaningful way with our staff and doing everything possible to maintain their health and wellbeing – in what is an increasingly challenging environment in which to work - will remain a priority for our organisation in 2019/20 and beyond.

### *Recruitment and Retention*

Recruiting and retaining staff remains our most significant challenge. 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 employees and retaining existing staff. This work will continue throughout 2019/20 and

beyond as we strive to develop the strongest possible workforce in order to continue delivering high quality care.

#### *Increasing Inpatient Capacity*

One aspect of achieving our aim to reduce the number of people treated inappropriately outside Devon is to continue increasing our inpatient capacity. The opening of the PICU and MBU will obviously make a major contribution to reducing out-of-area placements for people who require these services, and the opening of a new adult ward in Torbay in due course will help to address the shortfall of general adult beds in the county. However, we will continue to work with our commissioners and other partners to explore further opportunities to expand inpatient capacity.

#### *Devon-wide Priorities*

Supporting broader plans and developments across the county also remains a priority for our organisation. We will continue to play an active role in the wider Devon Sustainability and Transformation Partnership as it strives to deliver the Long Term Plan for the NHS, improvements in care, more integrated services and efficiencies across the county's health and social care system.

#### *Capital Developments*

The top priorities for capital investment in 2019/20 are the completion and launch of our new Mother and Baby Unit (MBU) in Exeter and the progression of plans to build a new adult ward on the Torbay Hospital site.

### **Performance Report Declaration**



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

23 May 2019

## 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 Associate Directors. 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 2018/19
Julie Dent (Chair)	1 March 2013	1 March 2017	Third	None
Elizabeth Childs	8 April 2013	8 April 2017	Second	Resigned Dec 2018
David Gebbie	1 December 2016	1 December 2018	Second	None
Gerald Marshall	1 March 2017	1 March 2017	First	None
Mary Moore	1 April 2014	1 April 2018	Third	None
Ian Turner	1 July 2018	1 July 2018	First	None

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

Executive Director	Title	Changes in 2018/19
Melanie Walker	Chief Executive	None
Sarah Brampton	Director of Finance/Deputy Chief Executive	Resigned as Finance Director 18 March 2019
Phillip Mantay	Interim Director of Finance / Director of Strategy and Business Development	Appointed to post in Interim Director of Finance 18 March 2019
Paul Keedwell	Director of Nursing and Practice	None

Sue Smith	Chief Operating Officer/ Interim Director of Workforce	Appointed to interim Chief Operating Officer post on 1 September 2018. Appointed substantively to Chief Operating Officer Post 18 April 2019. Appointed to Interim Director of Workforce 18 March 2019
Dr Helen Smith	Medical Director	Resigned as Medical Director 31 August 2018
Dr David Somerfield	Chief Operating Officer / Medical Director	Resigned as Chief Operating Officer 31 August 2018. Appointed to Medical Director with effect from 1 September 2018

### 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 58 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.

### **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 £2 million and makes recommendations to it on any financial decisions over this limit. This Committee also monitors the Trust's estates, information management and technology and procurement functions.

### **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. There was one occasion in the previous 12 months 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 oversees the Trust's Freedom to Speak Up arrangements (for further information on our Guardian Service see page 148 of our Quality Account report). It also monitors the production of the Trust's annual report and accounts, 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 for 2018/19 are Price Waterhouse Coopers.

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.

### **Mental Health Act Committee**

The work of the Committee is to ensure the organisation is working within the legal requirements of the Mental Health Act (1983), as amended by the 2007 Act, and the Mental Capacity Act 2005 and the associated Codes of Practice. The Committee will oversee those aspects of Mental Health Act activity that the Code of Practice states should be subject to on-going scrutiny and to ensure the high standards of governance that apply throughout the Trust are evident in the application of the legal framework that provides for the detention, treatment and care of service users whilst protecting their rights and those of carers. Its principal responsibilities lie in ensuring the Trust's compliance with all aspects of the Act and that significant reports from the Care Quality Commission are actioned appropriately. The Committee is chaired by a Non-Executive Director.

### **Charitable Funds**

The Committee is chaired by a Non-Executive Director and it is responsible for ensuring the stewardship and effective management of funds which have been donated for charitable purposes. It oversees the administration of charitable funds for the Board of Directors who act as Corporate Trustee to its linked charity, Devon Partnership NHS Trust Special Charity. This includes the governance and regulation of the charity's finances, accounts, investments, assets, business and all affairs of the charity.

The Committee also has a linked Charitable Fundraising group which is constituted as a standing group of the Trust's Charitable Funds Committee and chaired by the Director of Strategy and Business Development. The group oversees fundraising activities in the interest of the Trust. This includes developing and overseeing the Fundraising Strategy and Policy, monitoring all fundraising activity and income, and providing regular updates to the Board of Directors. There has been one occasion in the past year when the Committee was not quorate.

### **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:

[illegible]

## 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.

The Board have an on-going Board Development programme that 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 in 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 Trust is also has a standing invitation to be on the membership of the Devon Health and Well Being Board as well as being an active participant in the local Sustainability Transformation Partnership.

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 2018/19 (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 for voting board members during the year 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
		• 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
		• Member of the NHS Providers Board	Non-Financial Professional	Declaration
Non-Executive Director	Liz Childs	• Executive Coach	Financial interest	Declaration
		• Involvement with Compassion in Dying and its member organisation, Dignity in Dying	Non-financial personal interest	Declaration
		• Consultant – independent professional services	Financial interest	Declaration
Non-Executive Director	David Gebbie	• Owner of OTB Eving LLP (law firm)	Financial	Declaration

Designation	Name	Declaration	Type of Interest	Mitigations
Non-Executive Director	Gerry Marshall	• Chair of Trustees: Circles UK (Circles of Support and Accountability national body - volunteers working with released sex offenders)	Non-Financial Personal	Declaration
		• Trustee: Howard League for Penal Reform	Non-Financial Personal	Declaration
		• Criminal Justice adviser: Tutu Foundation UK	Non-Financial Personal	Declaration
		• Assessor for Restorative Services Quality Mark (Restorative Justice Council)	Financial	Declaration
		• Leadership consultancy through "Leadership Insight"	Financial	Declaration
				Declaration
Non-Executive Director	Mary Moore	• Trustee – SeeAbility	Non-Financial Personal	Declaration
		• Director – Mary Moore Limited Consultancy	Financial	Declaration
Non-Executive Director	Ian Turner	• Healthcare Financial Management Association (HFMA) – Deputy Chief Executive / Financial Director	Financial	Declaration
		• Trustee – Brunelcare	Non-Financial Personal	Declaration
		• Trustee – Healthcare Supply Chain Association (HSCA)	Non-Financial Personal	Declaration
		• Trustee – Research Institute for the Care of Older People (RICE)	Non-Financial Personal	Declaration
Director of Finance and Resources and Deputy Chief Executive	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
		• Member of the NHS Providers Finance Network	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



Designation	Name	Declaration	Type of Interest	Mitigations
Medical Director	Dr David Somerfield	• Fellow and Associate Registrar with the Royal College of Psychiatry	Non-Financial Personal	Declaration
		• Consultancy work - Kingsgate.	Financial Professional	Declaration (fee paid to DPT)
		• Spouse is Sister at Torbay South Devon Healthcare NHS Foundation Trust	Indirect	Declaration
Director for Improvement	Dr Helen Smith	• Member of Royal College of Psychiatry Quality Improvement Committee	Non-Financial Professional	Declaration
		• Care Quality Commission Expert Advisor	Non-Financial Professional	Declaration
		• National Clinical Director for the Mental Health Safety Improvement Programme with NHS Improvement	Non-Financial Professional	Declaration
		• One session per week for SW AHSN as Expert Advisor	Non-Financial Professional	Declaration
		• Spouse is Deputy Chief Inspector of Hospitals (South of England and London) Care Quality Commission	Indirect	Declaration
		• Mental Health Advisor, Federation Global Initiatives for Psychiatry (GiP)	Non-Financial Professional	Declaration
Interim Chief Operating Officer	Sue Smith	• Spouse and son employed by Devon Partnership NHS Trust	Indirect	Declaration
Director of Strategy and Business Development / Interim Director of Finance	Phil Mantay	• No interests declared	-	-

## 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

23 May 2019

## 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.

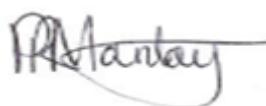
The Directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By Order of the Board



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

23 May 2019



.....  
**Phillip Mantay**  
Interim Finance Director  
Director of Strategy and Business Development

23 May 2019

## 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 four occasions in 2018/19.

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 NHS salary survey information provided by NHS Improvement, 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. (Local organisations)
- 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 32, 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) 2018/19 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	2018-19						2017-18					
		(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All Pension related benefits (bands of £2,500)	Total (a to e) (Bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) 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	500	0	0	0	20-25	20-25	0	0	0	0	20-25
E Childs <sup>1</sup>	Non-Executive Director	0-5	100	0	0	0	0-5	5-10	300	0	0	0	5-10
H M Moore	Non-Executive Director	5-10	100	0	0	0	5-10	5-10	100	0	0	0	5-10
D Gebbie <sup>2</sup>	Non-Executive Director	5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
G Marshall <sup>2</sup>	Non-Executive Director	5-10	400	0	0	0	5-10	5-10	300	0	0	0	5-10
I Turner <sup>1</sup>	Non-Executive Director	0-5	0	0	0	0	0-5	0	0	0	0	0	0
P Marriner <sup>2</sup>	Non-Executive Director	0	0	0	0	0	0	5-10	400	0	0	0	5-10
M Walker <sup>3</sup>	Chief Executive	165-170	0	0	0	67.5-70	230-235	160-165	100	0	0	65-67.5	225-230
D Somerfield <sup>1,4</sup>	Medical Director	150-155	300	0	35-40	70-72.5	255-260	140-145	300	0	35-40	50-52.5	225-230
H Smith <sup>1</sup>	Former Medical Director	55-60	100	0	15-20	35-37.5	105-110	140-145	400	0	35-40	147.5-150	325-330
S Brampton <sup>1</sup>	Director of Finance	130-135	100	0	0	62.5-65	195-200	125-130	100	0	0	40-42.5	170-175
S Smith <sup>1</sup>	Interim Chief Operating Officer	55-60	0	0	0	90-92.5	145-150	0	0	0	0	0	0
P Mantay <sup>1</sup>	Interim Director of Finance	0-5	0	0	0	0-2.5	0-5	0	0	0	0	0	0
P Keedwell	Director of Nursing & Practice	115-120	300	0	0	0	115-120	110-115	300	0	0	35-37.5	150-155
		£000s						£000s					
Mid-point of Band of Highest Paid Director's Total Remuneration ex		187.5						177.5					
Median Total Workforce Remuneration Excluding Pension		29.6						28.7					
Ratio		6.3						6.2					

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

*All taxable expense payments relate to travel and subsistence.*

*Where an individual has been in a relevant post for part of the year, the costs above have been pro-rated accordingly.*

<sup>1</sup> **2018/19 Changes to Directors roles**

S Brampton Resigned 18 March 2019

<i>P Mantay</i>	<i>Appointed interim Director of Finance from 18 March 2019</i>
<i>H Smith</i>	<i>Resigned as a voting member on 1 September 2018 and appointed to Director of Quality Improvement 1 September 2018</i>
<i>D Somerfield</i>	<i>Resigned 1 September as Chief Operating Officer and appointed Medical Director 1 September 2018</i>
<i>S Smith</i>	<i>Appointed Interim Chief Operating Officer 1 September 2018</i>
<i>I Turner</i>	<i>Appointed 1 July 2018</i>
<i>R Aitken</i>	<i>Appointed 1 July 2018</i>
<i>E Childs</i>	<i>Resigned 31 December 2018</i>

<sup>2</sup> **2017/18 Changes to Directors roles**

*P Marriner*      *Resigned on 12 February 2018*

<sup>3</sup> *M Walker's pension related benefits have been adjusted based on retrospective pay increases.*

<sup>4</sup> *0.2 WTE (1 day a week) relates to D Somerfield's non-director medical role. Prior year pension benefits have been amended to adjust for pensionable amounts only which has led to an increase in pension related benefits in 2017/18.*

**Pension related benefits for defined benefits schemes**

*The amount shown in the annual increase determined in accordance with the HMRC method which is derived from s229 of the Finance Act 2004 but modified for the purpose of this calculation.*

*In summary the benefit is calculated as the annual increase in pension at the end of the year multiplied by 20 and increase in lump sum, deducting the equivalent value at the beginning of the year and deducting any employee contributions toward the scheme.*



## 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 2019 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £000)	Cash Equivalent Transfer Value at 1 April 2018	Real Increase/ (Decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2019
		£000	£000	£000	£000	£000	£000	£000
M Walker	Chief Executive	2.5-5	2.5-5	60-65	150-155	1,017	186	1,233
D Somerfield*	Medical Director	2.5-5	10-12.5	60-65	190-195	1,165	219	1,419
H Smith	Former Medical Director	0-2.5	5-7.5	55-60	175-180	1,014	210	1,263
S Brampton	Director of Finance	2.5-5	2.5-5	35-40	85-90	513	113	661
S Smith	Interim Chief Operating Officer	2.5-5	10-12.5	35-40	110-115	523	223	769
P Mantay	Interim Director of Finance	0-2.5	0	25-30	50-55	285	67	361
P Keedwell	Director of Nursing & Practice	0	0	55-60	170-175	1,152	110	1,296

*There were nil employer contributions to Director's Stakeholder Pensions (2017/18, 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. The factors used to calculate CETV increased on 29 October 2018 the impact of which is within the closing figures and real increase.*

*There was a calculation error in CETV values for individuals with benefits in the 2015 scheme. This has been adjusted for the opening figure for S. Brampton*

*The prior year cash equivalent transfer value for D Somerfield has increased by £33k as a result of correcting pensionable pay relating to 2017/18.*

## 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 2018/19 was £187.5k (2017/18, £177.5k). This was 6.3 times (2017/18, 6.2 times) the median remuneration of the workforce, which was £29,608 (2017/18, £28,746). In 2018/19, 3 agency locums received remuneration in excess of the highest paid director (2017/18, one). Annualised remuneration ranged from £6,125 to £248,560 (2017/18 £6,157 to £226,638).

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 2018/19 (2017/18, nil).

## Employee Benefits

*This information has been subject to Audit*

Gross Expenditure 2018/19	Permanent	Other*	Total	2017/18 Total
	£000s	£000s	£000s	£000s
Salary and wages	77,211	5,300	82,511	76,748
Social Security costs	7,584		7,584	7,214
Apprenticeship Levy	392		392	364
Employer pension contributions	10,298		10,298	9,574
Other pension costs	20		20	7
Temporary staff		4,951	4,951	4,141
Total employee benefits	95,505	10,251	105,756	98,048
Of which costs capitalised as part of assets	439	-	439	365

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

## Staff Numbers

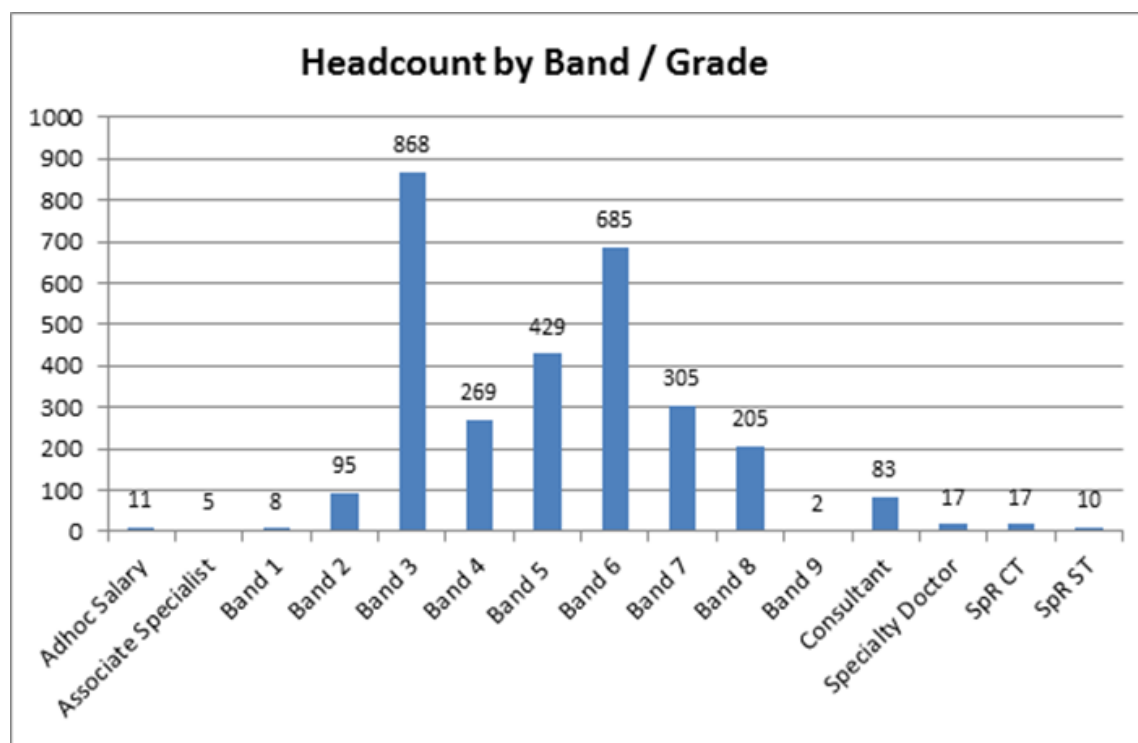
The table below sets out our staff composition by occupation group as at 31 March 2019:

*This information has been subject to Audit*

Staff Group	Substantive	Bank	Total Headcount
Admin & Clerical	741	88	829
Allied Health Professionals	164	3	167
Clinical Support	625	110	735
Estates & Ancillary	96	8	104
Medical	131	1	132
Qualified Nursing	665	45	710
Scientific, Therapeutic & Technical	310	4	314
Nursing students	11	0	11
<b>Total*</b>	<b>2,743</b>	<b>259</b>	<b>3,002</b>

\* Figure for the total number of staff is taken as at 31 March 2019

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	2018/19	2017/18
			Total	Total
Medical and dental	112	8	120	120
Administration and estates	385	53	438	386
Healthcare and other support staff	802	81	883	839
Nursing, midwifery and health visiting staff	639	44	683	660
Scientific, therapeutic and technical staff	384	3	387	361
Other				6
<b>Total*</b>	<b>2,322</b>	<b>189</b>	<b>2,511</b>	<b>2,371</b>
Number of employees (WTE) engaged on capital projects	18		18	11

\* 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 2,511 staff in 2018/19 from 2,371 in 2017/18.

## Sickness Absence

The total adjusted Whole Time Equivalent days lost for the 12 months to December 2018 (calendar-year) were 26,490 (2017 - 24,273 days), which equates to an average of 11.6 sick days per Whole Time Equivalent employee (2017 -11.1 sick days). This is based on an average Whole Time Equivalent of 2,285 days between 1 January 2018 and 31 December 2018 (2017 - 2,197 days).

## 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 actively encourages people who identify themselves as having a disability to work within the Trust and complies with best practice, including the following:

- The Trust is part of the Disability Confident scheme where people with a disability will be guaranteed an interview if they meet the essential criteria of the role. The Trust is currently a Disability Confident Employer (Level 2 of the scheme). During 2019/20 the Trust is working towards achieving Level 3 – Disability Confident Leader.
- Use of the Occupational Health service to support staff at appointment or who develop a disability whilst at work to ensure reasonable adjustments including medical re-deployment are put in place where necessary
- Adjustments can be made for all staff with disabilities to have access to training and development
- Training is available for managers on how appropriately to support staff with disabilities and to understand their rights under The Equality Act 2010
- A Health and Wellbeing Programme is available to help staff stay well at work.
- A Disability, Impairment and Long Term Conditions Staff Network is in place, meeting quarterly, to bring staff together to share experiences, provide peer support and develop ideas for improvement and innovation to support people at work who have a disability.

In addition we monitor all applications for employment at the Trust to ensure that we understand and proactively address any inequities and barriers to employment experienced by people in relation to protected characteristics. We monitor this information at all stages of the recruitment process. The Trust will be completing the new Workforce Disability Equality Scheme return this year and reporting the results of this and any associated action to the Board.

### Trade union relations

The Trade Union (Facility Time Publication Requirements) Regulation 2017 came into force on 1st April 2017. These regulations place a legislative requirement on relevant public sector employers to collate and publish on an annual basis, a range of data on the amount and cost of facility time within their organisation.

### Relevant Union Officials

The Trust had 15 employees who were relevant union officials during 2018/19 (FTE 13.26). The percentage of their time spent on facility work was as follows:

Percentage of Time	Number of Employees
0%	
1 – 50%	13
51 – 99%	
100%	2

### Percentage of the Pay Bill Spent on Facilities Time

<b>Total Cost of Facilities Time</b>	£98,302
<b>Total Pay Bill</b>	£105,756,000
<b>% of Pay Bill Spent on Facilities Time</b>	0.09%

## **Paid Trade Union Activities**

Trade union activities include attending union conferences, training and meetings.

Time spent on paid trade union activities as a percentage of total paid facility time hours	1.6%
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## **Agency Staff**

The Trust saw an increase in agency spend of £0.6m from £3.5m in 2017/18 to £4.1m in 2018/19, £0.4m above our allocated ceiling of £3.7m. The largest increases were in the Adult and Specialist directorate. Medical agency contributes to thirty per cent of Trust agency spend (2017/18 – 27%).

Agency expenditure continues to be regularly monitored via Trust Executive Committee and is reported on a wider basis through monthly Directorate Governance Boards with any overspends requiring the Directorate to clarify mitigating actions. The Trust has continued to benefit from creating its own internal nursing bank in April 2017; the overall bank which saw a 39% increase compared to 31 March 2018.

## **Expenditure on Consultancy**

Consultancy spend for the year ended 31 March 2019 was £186,000 (2017-18, £263,000). Items of significance include spend on Continuing Health Care reviews, Suicide prevention, HR consultancy and investigation of serious incidents.



### 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 until 31 August 2018  Medical Director from 1 September 2018	1 April 2010	Substantive	3 months	As per Schedule 26, terms and conditions for Consultants (England) 2003	n/a
Helen Smith	Medical Director until 31 August 2018	1 April 2010	Substantive	3 months	As per Schedule 26, terms and conditions for Consultants (England) 2003	n/a
Sarah Brampton	Director of Finance until 18 March 2019	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
Phill Mantay	Director of Strategy and Business Development  Interim Director of Finance from 18 March 2019	1 February 2018	Substantive	3 months	As per AfC redundancy Schedule 16	n/a

Sue Smith <sup>1</sup>	Interim Chief Operating Officer	6 March 2017	Substantive	3 months	As per AfC redundancy Schedule 16	n/a
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<sup>1</sup> Sue Smith was previously Managing Partner for Secure service (Contract commenced 6 March 2017), was appointed interim Chief Operating Officer (COO) from 1 September 2018, appointed substantively to COO on April 2019

## Reporting of Other Compensation Schemes

### Exit Packages

*This information has been subject to Audit*

The Trust did not make any Compensation payments for exit packages during 2018/19. An analysis of payments in 2017/18 is shown below:

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
Exit package cost band (including any special payment element)				
<£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				
Total number of exit packages by type		1	2	3
Total resource cost (£)		£5,000	£41,000	£46,000

Exit packages: other (non-compulsory) departure payments				
	2018/19		2017/18	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs			2	41
Mutually agreed resignations (MARS) contractual costs			-	-
Early retirements in the efficiency of the service contractual costs			-	-
Contractual payments in lieu of notice			-	-
Exit payments following Employment Tribunals or court orders			-	-
Non-contractual payments requiring HMT approval			-	-
<b>Total</b>	<b>-</b>	<b>-</b>	<b>2</b>	<b>41</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				

The Trust has not incurred any redundancy costs during the year ended 31 March 2019 aside from those relating to ill-health.

### 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 2018/19 are set out below:

*This information has been subject to Audit*

<b>For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months:</b>	<b>Number</b>
Number of existing engagements as of 31 March 2019, of which the number that have existed:	5
for less than one year at the time of reporting	5
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

<b>For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019:</b>	<b>Number</b>
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

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 2018 and March 2019, 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 2018 and 31 March 2019, <i>of which</i> :	5
Number assessed as caught by IR35	3
Number assessed as not caught by IR35	2
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	3
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

### 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 2018. Data for 2019 will be published next year, in accordance with national legislation.

The key highlights from the 2018 data are as follows:

- As at 31 March 2018, the gender split within the Trust's overall workforce is 71% female and 29% male. Nationally, roughly 77% of the total NHS workforce is female and 23% male.
- The Trust's analysis of 2018 hourly pay rate shows that there is a 13.1% difference between average hourly pay for males and females, which is a positive improvement of 2.3% following last year's report which showed a 15.4% difference\*.
- Our more detailed analysis across each pay band has shown that for the majority of Trust roles the mean gender pay gap is considerably less than 13.1%. In most pay bands, we are confident that the average hourly pay rate for males and females is equal or within 1% of each other.

\* A positive figure represents a higher figure for the male pay rate.

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

### 3. Quality Report

#### Independent Auditors Report – Quality Account Report

##### Independent Auditors' Limited Assurance Report to the Board of Directors of Devon Partnership NHS Trust on the Annual Quality Account

We have been engaged by the Board of Directors of Devon Partnership NHS Trust (“the Trust”) to perform an independent assurance engagement in respect of Devon Partnership NHS Trust’s Quality Account for the year ended 31 March 2019 (the “Quality Account”) and specified performance indicators contained therein.

NHS Trusts are required under the Health Act 2009 to publish a Quality Account which must include prescribed information set out in the National Health Service (Quality Account) Regulations 2010, subsequent amendments, and the NHS Improvement (“NHSI”) updates set out in their letter to Trusts dated 17 December 2018 entitled ‘Quality accounts: reporting arrangements 2018/19’. These documents together will be referred to as the “regulations”.

##### Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance (the “specified indicators”) marked with the symbol **A** in the Quality Account, consist of the following indicators:

<i>Specified Indicators</i>	<i>Specified indicators criteria</i>
Early Intervention in Psychosis (EIP)	Page 125 of the Annual Report, Quality Account and Financial Accounts
Inappropriate out-of-area placement for adult mental health acute inpatient service users	Page 127 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 Account each year in accordance with the regulations. The Directors are also responsible for the conformity of the specified indicators criteria with the assessment criteria set out in the ‘Detailed requirements for external assurance for quality reports 2018/19’ issued by NHSI (the “detailed guidance”), and for reporting the specified indicators in accordance with those criteria, as referred to on the pages of the Quality Account listed above.

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

- The Quality Account does not incorporate the matters required to be reported on as specified in the regulations;
- The Quality Account 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 detailed guidance.

We read the Quality Account and consider whether it addresses the content requirements of the regulations; and consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the financial year, April 2018 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 2018 to the date of signing this limited assurance report;
- The 2018 national NHS staff survey dated March 2019;
- The 2018 Community Mental Health survey dated November 2018;
- Feedback from the NHS Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group dated 23 May 2019;
- Feedback from Bristol Healthwatch dated 15 May 2019; Local Healthwatch Torbay dated 17 May 2019; and Local Healthwatch Devon dated 22 May 2019;
- Feedback from Devon County Council Health and Adult Care Scrutiny Committee dated 21 May 2019;
- Most recent Care Quality Commission inspection dated May 2018; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 23 May 2019.

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 complied with 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 the Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, 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 the 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 Account against the requirements included within the detailed guidance;
- reviewing the Quality Account 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 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 Account in the context of the criteria set out in the regulations and the detailed guidance.

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

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Account, which have been determined locally by the 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 2019:

- The Quality Account does not incorporate the matters required to be reported on as specified in the regulations;
- The Quality Account 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 regulations and the detailed guidance.

*PricewaterhouseCoopers LLP*

**PricewaterhouseCoopers LLP**  
Bristol

24 May 2019

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.

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

Welcome to our Quality Account Report for 2018/19 which summarises our recent performance and the work we have been doing to improve safety, clinical effectiveness and the experience of people who use our services and their families and carers.

In 2018/19 we continued to work towards achieving six strategic aims and realising our mission to be a recognised centre of excellence by 2020/21. The goals outlined in our strategy include three aims that are specifically related 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 people who use our services.

The Quality 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



In terms of the headline performance and service delivery improvements in 2018/19, we saw additional investment in important services, secured new business and attracted widespread praise and recognition for many of our services and staff.

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 are continuing to embed this in our culture through our *Together* approach. It is 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 – from the recruitment of staff to the design of new services. This is proving to be a significant factor in our on-going drive to improve quality of care and people's experience of our services.

Despite continued progress and positive developments across our organisation, we are still facing some significant challenges that are impacting upon our ability to provide services of the very highest quality. Prominent among these is the difficulty we still 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 but it remains a major concern.

We are also seeing increases in waiting times for some of our services and are focusing particular attention on providing support for our community teams for adults – they are the backbone of our service but are under significant and sustained pressure. We have established a Core Services Board (CSB) to lead this vital piece of quality improvement work. Similarly, we continue to strive to reduce the number of people who have to receive their care and treatment outside the county, for any reason, but this has proved very challenging during the last year.

Our Quality Delivery Plan for 2016-21 sets out a range of quality initiatives that we asked directorates to embed in business as usual practice. These included work to integrate a practice 'bundle' to reduce the number of people going absent without leave and other new

initiatives which included:

- The completion of the 4 Steps programme to reduce levels of harm due to violence and aggression on our inpatient wards which resulted in a reduction in 13 of 19 wards.
- Building and embedding quality improvement skills across the organisation and increasing access to internal expertise and resource by developing the Devon Flow Coaching Academy in conjunction with the Royal Devon and Exeter NHS Foundation Trust.
- The Portfolio and Programme Management Office (PMO) enhanced the capability of the organisation to support transformational change. It has helped support a range of new developments including the new PICU, Mother and Baby Unit, crisis cafés and Single Point of Access (SPA).
- Improved access, continuity and consistency of care through integrated care pathways. The PMO tested and project-managed, using QI methodology, many of the new developments within the SMART programme resulting in the development of the SPA, clinic hubs and a streamlined clinical process.
- The PMO Quality Improvement approach has also established new systems and processes that are helping to integrate clinical audit, evidence-based practice and operational service delivery and development.

Driving-up quality in every aspect of our work remains an overriding priority for our organisation and we expect to continue to implement and embed further development programmes and initiatives during 2019/20.

#### **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

23 May 2019

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

### 2.1: Performance against 2018/19 Quality Priorities

In last year's Quality Account we identified a number of other specific local priorities that we were planning to progress in 2018/19 which were taken from our strategic aims for 2016-21 and as part of our engagement process with stakeholders. These included:

#### Implementation of our multi-organisational Suicide Prevention work plan

Our organisation has a key part to play in reducing suicide in Devon and Torbay and a responsibility to support our commissioners, local authority partners and the people, their families and carers who use our mental health services. We have been working closely with our partners on The National Suicide Prevention Strategy which identifies ten areas of focus.

*The National Confidential Inquiry's ten points for safer mental health services are:*

1. to make wards safer by removing ligature points,
2. to reduce absconding and use skilled observations,
3. to ensure good care planning and early follow up on discharge,
4. to have no out of area admissions for the acutely ill,
5. to provide 24hour crisis and home treatment teams and outreach teams to support those who may lose contact with conventional services,
6. to ensure the provision of specialised services for alcohol and drug misuse and dual diagnosis,
7. to ensure there is an Multi-Disciplinary team (MDT) review of all patient suicides,
8. to Implement the NICE guidance on depression and self-harm,
9. to use personalised risk management rather than routine checklists
10. to have a low turnover of medical staff

We have made great progress to deliver actions across Directorate and team action plans, with work including the reduction of ligature risks, improved follow up processes after discharge and waiting list reviews. Improving care planning is also a high priority as is the training and supervision of staff. As well as these pieces of work we also had the opportunity to meet with the leaders of the National Zero Suicide Alliance Manchester in January 2019 to share learning.





The progress of the project team is reported through Directorate Governance Boards to the Trust Executive Committee and the Quality & Safety committee and to the Devon & Torbay Suicide Prevention Strategic Implementation Group.

### **Implementation of care pathways to support people with a diagnosis of Personality Disorder (PD) and people with a ‘dual diagnosis’ (people with issues related to both mental health and addiction)**

A Care Pathway is a roadmap that describes a person’s journey from referral to discharge and is a person-centred, evidence-based framework that tells multi-disciplinary and multi-agency care providers, people using our services, and their carers what should be expected at any point along the journey of care. Care Pathways also allow services to compare planned care with what was delivered ensuring information can then be used to develop services and improve patient experience.

This priority is a continuation of the work we did during 2017/18 to develop clinical care pathways generally which saw us undertake actions such as launching 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. During 2017/18 work was also 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.

In 2018/19 our priority was to focus specifically on PD and Dual Diagnosis Care Pathways and throughout the year we have completed significant work to implement and develop care pathways with a specific focus on these two areas.

For the PD pathway, the Personality Disorder Steering Group has been chaired by the Director of Nursing and has successfully overseen a programme of work to develop an evidence based Personality Disorder Care Pathway across both planned and unplanned services. This has built upon the adult community PD Pathway which was been implemented in 2017 which includes the CHANGE programme as the first stage. PD training has been designed in co-production with people with lived experience and has been highly valued by the inpatient and acute service teams who have said it has had a positive impact on how they work with people with PD. This training is being extended to our community based teams and our independent residential care providers to ensure they also provide recovery focussed support to their residents with PD.

A 'Step by Step' Guide has also been designed for the admission of people with a diagnosis of Personality Disorder and focusses on goal based admissions and the effectiveness of a multidisciplinary meeting in the first few days of admission. Together with the development of a positive risk taking protocol from the perspective of a person with lived experience, this is part of developing evidence based clinical guidelines that are easily accessible to busy frontline staff and are aligned with the training content and material used in the training.

The Dual Diagnosis pathway has also been implemented in the Trust with detailed action plans developed to implement the framework. All Assessment and Community Mental Health Team (CMHT) staff have signed a declaration to say that they have read a list of key documents which include:

- Core documents such as the latest NICE guidelines, a dual diagnosis protocol, information regarding care planning guidance, goal-setting workbook, social care assessment & eligibility.
- Practitioner Guidance – risk assessment and suicidal assessment, dual diagnosis good practice handbook.
- Guidance for people using services including dual diagnosis Mind information.

An audit was undertaken to measure the difference that the pathway has made to the delivery of our services and significant improvements in results have been reported since a similar audit in 2017:

- Evidence that the care plan/recovery plan clearly identifies how the individual will be supported to meet their identified needs has improved from 63% in 2017 to 72% in 2018.
- Evidence of appropriate contact with the individual's family related to their involvement in the individual's care plan/recovery plan has improved from 33% in 2017 to 64% in 2018.
- Evidence that there was multi-agency collaboration in the individual's care plan/recovery plan has improved from 45% in 2017 to 65% in 2018.

However there are still elements of the care pathway where improvements need to be made:

- Evidence that risk information has been shared between drug/alcohol service and mental health service has decreased from 60% in 2017 to 56% in 2018.
- Evidence that the drug/alcohol service and the mental health service communicated has decreased from 89% in 2017 to 80% in 2018.

As an organisation this will continue to be an important priority and we will continue to measure performance against these markers and seek to deliver continued improvements against them.

### **Agreement with primary care partners to monitor the physical health of people with mental health and learning disability needs**

In 2018/19 the Trust promoted the Physical Health agenda with the support of the Project Management Office who are overseeing a project plan that is set for completion August 2019.

The Physical Health CQUIN was unfortunately not achieved this year due to a number of issues including a lack of support from GP's to do this uniformly and gaps in skills, roles and resources to enable checks to be carried out. However, our Organisation has continued to make good progress with improvement work overall. New tools have been developed and are in process of approval and publication including:

- Sepsis Resource Tool
- National Early Warning Score Physical Health Observations form
- Physical Health care in Mental Health Settings Guide
- Non-Contact Patient Observations

The Trust Physical Health Advisory Group (PHAG) also met consistently with broad and regular membership, chaired and deputy chaired by the Medical Director and Lead Nurse for Physical healthcare. A workshop was held in January with a sub set of the PHAG to consider the options available to improve physical health provision and an approach to training was agreed;

- Physical Health and Wellbeing Basic Awareness – eLearning (mandatory for clinical staff)
- Physical health monitoring skills incorporating The Lester Tool, medical devices, and interventions training for all Community Adult and Older People's Mental Health Teams and Team managers. 12 sessions are being delivered through to the end of May 2019 in locations across the teams geography
- Phlebotomy training for identified people within medical, registered and non-registered staff groups. (remove this line)
- Point of Care Testing training – procurement of devices for capillary blood measures for HbA1c and full lipids commenced. These machines will provide community teams with the equipment to take the necessary blood tests avoiding the need to a sub cutaneous sample being taken from patients. The necessary training is being provided to use these machines.
- Physical health monitoring and equipment training for all Inpatient medical, registered and non-registered staff. (remove this line)
- Pathology systems access for all medical and administration staff and identified people with registered and non-registered staff groups (remove this line)
- We have worked with our Informatics team to develop a reporting tool that will allow teams and Directorates to assess the achievement of the monitoring requirements set out in the Lester tool at the end of each month. This means for the first time we will have an overview of whether the physical health check requirements have been met for patients with SMI, against the parameters and frequencies set out in the Lester Tool.
- Regular communication with community team leaders and staff setting out the requirements, training support and equipment available

We continue to work towards building better relationships with primary care partners. The Trust has agreed in principle with Clinical Commissioning Group and the Local Medical Committee that GPs will undertake annual health check for patients in contact with secondary care services. Further work is also required to bridge a gap between IT systems so the Trust can be assured that the annual check has taken place.

## **Implementing the Positive Behavioural Support Programme in Learning Disability Services**

Over the past 12 months we have trained community learning disability services in Positive Behaviour Support (PBS) working across all disciplines. We are currently developing a manual that works through all the elements of PBS, functional Assessment, formulation, intervention which includes Active Support Model and Interactive Training. We continue to support individuals through the PBS Advance Diploma Course and we now have the PBS training coordinator in post. We are in the process of setting up our Devon PBS network group which will link into the South West Peninsula PBS network group where we will be able to network and share our experiences and good practice. We are in the process of evaluating our current documentation, such as, our functional assessment and Positive Behaviour Support Plan ensuring it is in line with current evidence based practice.

PBS has been embedded into the Additional Support Unit for over 18 months. Within the ASU we continue to complete functional assessments for individuals, as appropriate, and develop Positive Behavioural Support Plans that promote primary and secondary preventative strategies leading to reactive strategies if required. We have completed an Active Support Model audit that is forming us of further training requirements for the team which will commence in June 2019.

## **Opening of our Psychiatric Intensive Care Unit (PICU)**

In January 2019 we opened our brand new, state-of-the-art 10 bed Psychiatric Intensive Care Unit (PICU). The Junipers provides care for men and women and is based at our Wonford House site in Exeter. It is a major step forward in our plans to improve the range of services available locally and to minimise the number of people needing to travel outside the county for their care.

Construction of The Junipers began in 2017. Its completion and opening represent a major step forward in terms of our aspiration to provide as many services as possible close to home. In 2016/17 more than 100 placements were made to a PICU outside Devon.

The design of The Junipers is largely based on feedback from individuals and their families who have used other PICUs. The result is a modern and welcoming facility that provides a safe and therapeutic environment. It is a great example of a genuinely co-produced service and it has been working well since its launch in January.



### **Opening of our interim Mother and Baby Unit (MBU)**

We are proud to report that we opened our interim MBU in April 2018. The unit has been running well and is the precursor to a new, purpose-built MBU on the Wonford House site which we expect to start accepting referrals in May 2019. The MBU and the PICU projects are excellent examples of delivering against our ambition to see as few people as possible travel outside Devon for their care and treatment. They will make a huge difference to the lives of people with serious mental health needs, their carers, families and supporters.

### **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.**

This work is a continuation from 2017/18 where we made it our priority to develop and embed our Work with Carers and held formal launch events that were co-designed by people with lived experience and carers across Devon and Torbay in April 2017 and May 2017.

Since these dates in 2017, the *Together* approach has continued to go from strength to strength during 2018/19 ensuring that people who use our services, their families and carers continue to be involved in our work. Some of the key pieces of work undertaken by the project this year specific to this priority include:

- The launch of our first carers strategy In May 2018 outlining our aims and vision for carers based on the carers Trust Triangle of care standards.
- Carers Awareness training was piloted in Torbay delivering 19 sessions between May and December 2018 for 166 staff. Carers have also helped to deliver this training which includes sharing their experiences and stories. The feedback from staff has been positive and the team now plans to cascade it to all teams across Devon in collaboration with our training department and Devon Carers.

- A carer awareness session has now also been included in our corporate induction sessions for new employees as part of 'living values'. The session is interactive and tells both positive and negative stories from carers. It also describes some of the difficulties and barriers that staff have experienced at times. The session gives a full flavour of what it's like to be a Carer and what the diversity of the role entails.
- We are proud to say that today Devon Partnership Trust now employs 14 Peer Support workers and 2 Peer Support Coordinators. The Peer Support workers work across Devon in a range of services from Acute to Community and Specialist, and while this strand of work is in its infancy there is considerable enthusiasm for making the initiative a success.

## Priorities for Improvement for 2019/20

Our priorities for 2019/20 have been taken from our strategic aims for 2016-21 which form part of the Trust business planning process and are based on feedback from service users, carers and staff. In order to develop our Trust Operational plan, our Directorates and their supporting departments have been involved in a series of workshops and the resulting plan establishes these areas of work and new service developments that are continuing from 2018/19. The Directorates also translated our Quality improvement priorities into a clear action plan with specific “what by when” statements and milestones to track progress. Work to refine these action plans is currently on-going but the priorities and the way we plan to measure them are outlined below:

- Measurable improvements in the physical health of people using our services, for example smoking and obesity

Our intention is that by end of March 2020, 100% of patients who are open to secondary and tertiary mental health services (both community and inpatient) will have received a physical health screening and have received appropriate interventions as required within the patient care plan. In addition to this we also aim for all patients who have capacity to decide if it is in their best interest to have psychotropic medication to be fully informed in regards to physical health care, e.g. exercise, etc and all appropriate patients will receive on-going monitoring at 6 weeks, 12 weeks, and annually.

This will be achieved through:-

- 1) Continue to implement existing action plans
  - 2) Procurement of medical equipment required to undertake physical health care monitoring
  - 3) Development of EPR (Havana) physical healthcare module aimed for release in 2020
  - 4) Development of an implementation plan based on the Leicester Tool for patients with Serious Mental Illness (SMI) (irrespective of inpatient or community)
  - 5) Working with GPs to provide baseline data
  - 6) Staff training to undertake physical healthcare function
  - 7) Staff education for role modelling purposes, e.g. school's 'Mile a day' initiative
  - 8) Scope physical exercise opportunities within local areas, e.g. gym, sports professionals, for patients in the community. Good partnership working with the community.
  - 9) Developing the Trust's own form of social prescribing
- Working towards zero incidence of restraint and seclusion in our inpatient services

We have an action plan in place to work towards a reduction of the number of physical restraints and seclusions by 30% by April 2021. The plan contains pieces of work such as the identification of Champions who will carry out a programme of work planned for training and awareness.

This will be achieved through:-



- 1) Developing baseline data
  - 2) Establishing opportunities for staff and patients to reflect on select incidents
  - 3) Develop good practice based on experiences and data
  - 4) Identifying champions within clinical environments
  - 5) Incorporating 'safety' questions within feedback surveys and Friends and Family test (FFT)
- Working towards every person in our inpatient services feeling sexually safe

We plan to improve how patients feel sexually safe on inpatient units by 50% by April 2021 against a comparison of their current perception.

This will be achieved through:-

- 1) Agreement and communication of what Sexual Safety means and how to report incidents
  - 2) Information gathering by staff and patients to inform action plans and policy. This will include the recording and investigation of incidents, together with the sharing of lessons learnt
  - 3) Build consistent standards into general practice
  - 4) Continued implementation of safeguarding plans and trauma informed plans.
- Working towards zero incidence of violence in all of our inpatient services.

We plan to reduce the severity of harm from physical violence and aggression by 50% by April 2021

This will be achieved through:-

- 1) Developing baseline data
  - 2) Identification and training of 4 steps champions on each ward
  - 3) Cyclical refresh training and embedding of 4 steps programme in inpatient environments
  - 4) Provision of data to review current trend and measure reduction in incidences.
- Move towards nobody being admitted to an acute inpatient ward outside their local area

As part of this priority we plan to establish local ownership of bed management by Local Delivery Unit (LDU) by April 2020 and are aiming that by the end of June 2021 we will have no one from acute care outside of our locality.

This will be achieved through:-

- 1) Continued development of close working relationship between Torbay Crisis Team and staff working in non DPT provided beds
- 2) Continued building of an additional ward in Torbay

- 3) Improvement in locality bed management through use of discharge facilitators.
- 4) Securing additional step down beds
- 5) Opening of three crisis cafes from 1st April 2019 to July 2020

- Work towards zero suicides

The NHS Long Term Plan is for a 10% reduction in suicide rates by 2020/21 across the wider health community. Our Organisational aim is to aspire to eliminate suicide from within our care over the next three years including zero suicides in inpatient settings by April 2021.

This will be achieved through:-

- 1) Ensuring safer wards – installation of door sensors to reduce ligature risks, improved use of skilled observation to reduce risk of absconding
- 2) Early follow up on discharge and good care planning
- 3) No out of area admissions
- 4) 24 hour crisis teams and home treatment teams in place
- 5) Outreach teams to support those who may lose contact with conventional services
- 6) Family involvement on learning lessons
- 7) Implementation of NICE guidance on depression and self-harm
- 8) Personalised risk management plans
- 9) Low turnover of staff – continue investment in staff retention
- 10) Service for dual diagnosis
- 11) Establishing a 'Safe from suicide team' to provide practical and expert support, this include the provision of appropriate training packages
- 12) A Multi-Disciplinary Team (MDT) review of all patient suicides and sharing of lessons learnt.

- Move towards the elimination of waiting lists above national or local targets.

Our aim for this priority is that there will be no one waiting above national or local targets for services by April 2021.

This will be achieved through:-

- 1) Clear understanding of waiting times and reasons for the wait.
- 2) Review of “Do not attend” (DNA's) and a consistent application of Trust DNA policy
- 3) Alignment of waiting times targets across services
- 4) Clear identification of resources required to address waiting time and agreement of plan of investment to support sustainable reduction in waiting times.

Progress for all of the above will be reported to and monitored via internal governance processes reported to the Quality and Safety Committee.

In addition to these priorities we also continually monitor the accuracy of our information to ensure service users, their families and carers can see how our services are performing to make informed choices about their care. Our Directorate Governance Boards, Trust Executive Committee, 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 produce an integrated performance report, which is discussed at each of our public Board meetings and the papers are available on our website. The content of these reports has informed our selection of Indicators which are available in Section 3 of this report.

## 2.2 Statements of Assurance from the Board of Directors

During 2018/19 the Devon Partnership Trust provided and/or sub-contracted five 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 them on the quality of care in five of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 96% of the total income generated from the provision of relevant health services by the Devon Partnership Trust for 2018/19. The remainder of the income (4%) is generated via partnership agreements, education, training and research and other arrangements such as New Leaf which is part of the Trust's Vocational Rehabilitation Service.

During 2018/19, six national clinical audits and four national confidential enquiries covered relevant health services that the Devon Partnership Trust provides.

During that period Devon Partnership NHS Trust participated in 100% national clinical audits and 50% national clinical audits and national confidential enquiries which it was eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that Devon Partnership Trust was eligible to participate in during 2018/19 are as follows:

### **National Audits**

- National Clinical Audit of Anxiety and Depression
- National Clinical Audit of Anxiety and Depression – Spotlight on Psychology and Psychological Therapies
- National Clinical Audit of Psychosis – Spotlight on Early Intervention Services
- National Audit of Care at the End of Life
- 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.

### **Confidential Enquiries**

- Learning Disability Mortality review
- Maternal, Newborn and Infant clinical Outcome programme (Maternal Mortality surveillance and mortality confidential enquiries – annual report)

- Maternal, Newborn and Infant clinical Outcome programme (Maternal morbidity confidential enquiries – reports every second year).
- Mental Health Clinical Outcome Review Programme: Suicide, Homicide and Sudden unexplained Death.

The National Clinical Audits and National Confidential Enquiries that Devon Partnership Trust participated in during 2018/19 are as follows:

#### **National Audits**

- National Audit of anxiety and Depression
- National Clinical Audit of Anxiety and Depression – Spotlight on Psychology and Psychological Therapies
- National Clinical Audit of Psychosis – Spotlight on Early Intervention Services
- National Clinical Audit of Care at the End of Life
- 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.

#### **National Confidential Inquiry**

- Learning Disability Mortality review
- Mental Health Clinical Outcome Review Programme: Suicide, Homicide and Sudden unexplained Death.

The national clinical audits and national confidential enquiries that Devon Partnership Trust participated in, and for which data collection was completed during 2018/19, 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 Audit of anxiety and Depression – **100% submission**
- National Clinical Audit of Anxiety and Depression – Spotlight on Psychology and Psychological Therapies – **100% submission**
- National Clinical Audit of Psychosis – Spotlight on Early Intervention Services – **100% submission**
- National Clinical Audit of Care at the End of Life – **100%**
- 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 -**100% submission**
- Physical Health Monitoring 3b (Communication with GPs) – data collection has now closed and currently being analysed; the sample was weighted across inpatient and community. - **100% submission**

### ***National Confidential Inquiry***

- Learning Disability Mortality review – **10 Cases reported have been referred**
- Maternal, Newborn and Infant clinical Outcome programme (Maternal Mortality surveillance and mortality confidential enquiries – annual report) – **No Cases Referred**
- Maternal, Newborn and Infant clinical Outcome programme (Maternal morbidity confidential enquiries – reports every second year) - **No Cases Referred**
- Mental Health Clinical Outcome Review Programme: Suicide, Homicide and Sudden unexplained Death. - **100% submission**

The reports of two National Clinical Audits were reviewed by the provider in 2018/19 and Devon Partnership Trust intends to take the following actions to improve the quality of healthcare provided:

The actions taken following a review of the audits above were largely concerning physical health care. Following previous years audits, the Trust requested the Project Management Office support a Trust wide approach to improving the assessment and provision of appropriate interventions for physical health. This project is being led by the Director for Transformation and the Medical Director.

This work began with a scoping exercise - reviewing the data across all patients with SMI in all of the four directorates to get an accurate sense of the baseline; gathering feedback from directorate leads regarding the challenges within completing this work in the different services within the Trust; development of a physical health communications strategy to include a dedicated physical health page on the Trusts intranet; development of resources and guides to support clinicians with the completion of physical health checks; reviewing different models of nursing and reviewing different training requirements. This scoping work had a timescale of December 2018.

The project has now moved into the execution stage with three workshops currently planned; the objectives of the workshops is to present the outcomes of the scoping activities to the service and team managers and open the discussion about how to implement the required interventions.

The reports of six local clinical audits were reviewed by the provider in 2018/19 and Devon Partnership Trust intends to take the following actions to improve the quality of healthcare provided:

- Roll out of a new reporting template for use of Section 17 leave on adult inpatient wards
- Training for staff around completion of physical health monitoring and recording in secure directorate
- Improvements in recording systems, e.g. changes to forms to make easier recording
- Development of resource packs
- Review and improvements of audit tools to make more effective in next round of audit
- Improve processes for sharing of risk information between different services within DPT.

The number of patients receiving relevant health services provided or sub-contracted by Devon Partnership Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee 1799.

A proportion of Devon Partnership Trust's income in 2018/19 was conditional upon 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 payment framework.

Further details of the agreed goals for 2018/19 and for the following 12-month period are available electronically at [www.dpt.nhs.uk](http://www.dpt.nhs.uk).

The amount of income in 2018/19 conditional upon achieving Quality Improvement and Innovation Goals was £3,377,870 and the monetary total for the associated payment in 2017/18 was £3,259,146.

During the year we are reporting that we fully met four of our ten CQUINs and partially achieved one other. New CQUIN measures have been set for 2019/20. Further details and information about the improvements resulting from this year's CQUINs can be found on page 135.

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 2018/19.

Devon Partnership Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Devon Partnership Trust submitted records during 2018/19 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. These figures are for the February Provisional MHSDS Submission (The latest position that is available at the current time).

From 2018/19 the Information Governance toolkit was replaced with the Data Security and Protection toolkit. The Trust was not able to meet all standards contained in the updated toolkit and has agreed and resourced an improvement plan-which has been submitted to and formally approved by NHS Digital. The assessment has been completed on this basis and it is anticipated that all mandatory standards will be fully met by 30/09/19.

Devon Partnership Trust was not subject to the Payment by Results clinical coding audit



during the reporting period by the Audit Commission.

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

### **Improving Data Quality**

In 2018/19 the Informatics Team continued to develop our business intelligence reporting platform called the Informatics Hub, which is a system used to flag data quality, accuracy and aid the decision making process.

The Hub provides an interactive team 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 a 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
- Information around how long people are waiting for our services

The hub also offers '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 Trust Executive Board accordingly.

The annual requirement to ensure compliance with the national Information Toolkit to assure the governance and 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.

The Trust takes part in an annual cycle of national benchmarking services provided by the NHS Benchmarking Network, this enables the Trust with rich and comparable information against other Mental Health and Learning Disabilities services, and provides meaningful insight on where we are against national variations and performance.

### Learning from Deaths

Since the publication of the Learning from Deaths Framework in March 2017, we have implemented the Trust's process and policy to meet the requirements of the framework.

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 2018/19 361 of Devon Partnership Trust patients died. This comprised the following number of deaths, which occurred in each quarter of that reporting period:

Quarter Reported	Number of Deaths Reported 2017-18	Number of Deaths Reported 2018-19
Quarter 1	101	84
Quarter 2	92	72
Quarter 3	114	97
Quarter 4	109	108
<b>Total</b>	<b>416</b>	<b>361</b>

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 361 deaths reported, the reported causes are shown below; these are not the confirmed causes of death as per the coroner:

Cause of Death reported by staff	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total / %
<b>Expected Natural Death - Expected Timeframe</b> <i>Expected to occur in an expected time frame. e.g. terminal illness or within palliative care services.</i>	31	31	41	44	147 (41%)
<b>Expected Natural Death - Earlier Than Expected</b> <i>Was not expected to happen in the timeframe. e.g. person with cancer or liver cirrhosis who dies earlier than anticipated.</i>	12	2	7	8	29 (8%)
<b>Homicide (Suspected)</b>		1		1	2 (0.6%)
<b>Unexpected Natural Death - Care Concerns</b> <i>From a natural cause but didn't need to be e.g. alcohol dependence and where there were may have been care concerns.</i>	3			4	7 (2%)
<b>Unexpected Natural Death</b> <i>Unexpected natural death from a natural cause e.g. a sudden cardiac condition or stroke</i>	17	17	24	28	86 (24%)
<b>Unexpected Unnatural Death</b> <i>An unexpected death from unnatural causes e.g. suicide, abuse, neglect.</i>	21	21	25	23	90 (25%)
<b>Total</b>	<b>84</b>	<b>72</b>	<b>97</b>	<b>108</b>	<b>361</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 2019, 46 deaths reported during the period April 2018 to March 2019 had been identified as a serious incident requiring external reporting and further investigation by our Root Cause Analysis team. Of these, 31 have been completed and 15 investigations are on-going.

A total of 155 deaths that had have been reported as occurring between April 2018 to March 2019 were identified as requiring a mortality case review. Of these; 10 cases have been

referred to the Learning Disabilities Mortality Review (LeDeR) Programme for review. Of the remaining 145 cases, 34 case reviews have been completed with the remaining 111 still to be completed.

<b>Mortality Review Status</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Total</b>
Mortality Review Completed	18	14	2	-	34
Review to be completed	11	12	36	52	111
Learning Disabilities Mortality Review	5	1	2	2	10
<b>Total</b>	<b>34</b>	<b>27</b>	<b>40</b>	<b>54</b>	<b>155</b>

By May 2019, 34 case record reviews and 31 investigations have been carried out in relation to 214 of deaths included above.

In five cases a death was subjected to both a care record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

<b>Review type and status</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Total</b>
Mortality Review Completed	18	14	2		34
Mortality Review Required	11	12	36	52	111
Learning Disabilities Mortality Review	5	1	2	2	10
Root Cause Analysis completed	11	13	7	0	31
Root Cause Analysis in progress	2	1	8	9	20

2 representing 0.55% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

2 representing 5% of the number of deaths which occurred for the first quarter

0 representing 0 of the number of deaths which occurred for the second quarter

0 representing 0 of the number of deaths which occurred for the third quarter

0 representing 0 of the number of deaths which occurred for the fourth quarter

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. During the year we have worked with the Royal College of Psychiatrists on the development of their Care Review Tool, this has now been finalised and published and is now used for all mortality reviews. The new tool does not include the 'avoidability' scoring like the original tool but does ask 'Was the patient's death considered more likely than not to have resulted from problems in care delivery or service provision?', where it is identified that this may have been the case referral for a serious incident investigation is considered.

## **What has been learnt from the reviews?**

A number of key themes have been identified by the mortality review process there were;

- Non-engagement in treatment with concerns about the assessment of capacity to disengage.
- Discharge planning
- Physical health care
- Delays in care or extended periods of time between contacts
- Liaison with other agencies e.g. GPs, support agencies
- Under estimation of risk given presentation and complex physical health concerns
- Engagement with drug and alcohol services

## **Actions taken or being taken in response to the reviews**

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

Each of the completed case reviews is shared with the services involved in the care and they are asked to consider the review, any 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. 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 during the year were reported to the Trust's Mortality Steering Group. The mortality review work will in the future be reported to and overseen by our Clinical Audit and Effectiveness Group which has senior multidisciplinary representation and will allow closer and more direct links with quality improvement work.

## **Assessment of the impact of the actions taken**

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

The themes identified in the reviews are monitored to identify where the actions being taken are resulting in the reduced occurrence of similar issues, the consideration if the reviews at service and Trust level allows the themes to be considered as part of on-going improvement programmes, including work on physical health monitoring and the review of our dual diagnose pathways.

44 case record reviews and 15 investigations completed after 31 March 2018 which related to deaths which took place before the start of the reporting period. 2 representing 4% of the patient deaths during 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. This number has 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.

4 representing 0.9% of the patient deaths during 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.

## 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 2018 to September 2018 showed that we have continued to make a significant improvement in our level of reporting.

For the year 2018/19, a total of 11,289 incidents have been reported locally by our staff, of these 116 incidents met the criteria in the NHS England Serious Incident Framework for external reporting and serious incident review. 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	63
Abuse/alleged abuse of adult patient by staff	11
Abuse/alleged abuse of adult patient by third party	11
Disruptive/ aggressive/ violent behaviour	8
Confidential information leak/information governance breach	5
Unauthorised absence	4
Apparent/actual/suspected homicide	3
Slips/trips/falls	3
Treatment delay	3
Environmental incident	2
Medication incident	2
Pressure ulcer	1
<b>Total</b>	<b>116</b>

During 2018/19 the Trust has continued its participation in a pilot project with the Royal College of Psychiatrists to develop a national set of standards and accreditation scheme for Serious Incident Investigations. The outcome of the recent pilot review is awaited.

## Personal Data

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.

Six significant lapses of data security occurred during 2018/19 and these required reporting to the Information Commissioner's Office (ICO) and the details are set out in the table below.

<b>SUMMARY OF SERIOUS INCIDENTS REQUIRING INVESTIGATIONS INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER'S OFFICE(ICO) IN 2018/19</b>				
Date of incident (month)	Nature of incident	Nature of Data involved	Number of data subjects potentially affected	Notification steps
June 2018 (ref 40093)	<b>Unauthorised disclosure</b>	Sensitive information	1	Notification to ICO ref: COM0753374
Further action on information risk	Matter fully investigated. On investigation it was clear that whilst there had been insufficient transparency in relation to the particular circumstances the disclosure was appropriate. ICO investigation concluded with no enforcement action required.			
November 2018 (ref 38518)	<b>Unauthorised disclosure.</b>	Some patient identifiable information including health information.	1	Notification to ICO ref: COM0752521
Further action on information risk	Safeguarding meeting attended by social worker with potential conflict of interest. Matter fully investigated and identified that attendance in the particular circumstances was appropriate and no harm to the individual. Recommendations made to improve communications to reduce future risk.  ICO investigation concluded with no enforcement action required.			
October 2018 (ref 44200)	<b>Disclosed in Error</b>	Confidential patient information	1	Notification to ICO ref: COM0792262
Further action on information risk	Member of staff discussed contact with services with patient in public place. Addressed with member of staff and action taken to minimise impact to patient  ICO investigation on-going			



November 2018 (ref 45958)	<b>Disclosed in Error</b>	Confidential patient information	1	Notification to ICO ref: IC-02800-Y9J0
Further action on information risk	Document relating to another individual disclosed in error with Subject Access request. Full investigation with recommendations to review processes to minimise future risk  ICO investigation concluded with no enforcement action required.			
February 2019 (ref 48592)	<b>Technical Security failing</b>	Some staff identifiable information including health information.	2781	Notification to ICO ref: COM0792262
Further action on information risk	Identified that a UK Cloud virtual server had been infected with Ransom ware. Full forensic investigation commissioned. Unable to confirm whether information inappropriately accessed. Immediate actions taken and recommendations from investigation to be implemented to minimise future risk. ICO investigation concluded with no enforcement action required.			
March 2019 (ref 48955)	<b>Disclosed in Error</b>	Person identifiable information	250	Notification to ICO ref: IC-10483-C0N0
Further action on information risk	E mail sent to carers disclosing other e mail addresses and some limited personal information about one individual. ICO investigation concluded with no enforcement action required.			

## 2.3 Reporting Against Core Indicators for 2018/19

### Key Performance Indicators for 2018/19

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 are 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 Nationally	Lowest Score Nationally	Reporting Period (for 3 months in quarter)		National Average	Highest Score Nationally	Lowest Score Nationally
Quarter 3 2018/19					Quarter 4 2018/19				
Number	%	95.5%	100%	81.6%	Number	%			
59/63	93.7				36/41	83			

*\* Quarter 4 figures were not published nationally at the point of releasing Quality Accounts, we have added local figures for Quarter 4 and weren't able to add the highest and lowest details due to the delayed national publication. Quarter 4 information will need to be updated once the national data becomes available*

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 2019; our performance was at 94%. 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 intends to take the following actions to improve this indicator, and so the quality of its services by:

Adhering to a robust operational process to follow up with people discharged from our services. This indicator is clearly linked to national evidence based data that timely follow up reduces suicides and harm to patients. In quarter 4, only 5 patients missed the follow up deadline however, for all cases checks were made to ensure that the patients were safe.

As a proactive measure for safety and compliance, Devon Partnership Trust takes reasonable steps to ensure the robust reporting of this key indicator.

- Daily information is available via the Trusts reporting portal 'Informatics Hub'.
- Real time report who requires follow up is available as part of the Clinical Recording System (CareNotes).

- In addition to this, weekly updated and consolidated position is shared with the relevant ward managers to highlight gaps.
- This indicator is reported at the monthly Directorate Governance Board, Trust Executive Committee, and bi-monthly to Quality and Safety Committee and The Trust 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 2018/19					Quarter 4 2018/19				
Number	%	97.8%	100%	78.8%	Number	%			
113/115	98.3				95/97	98			

*\* Quarter 4 figures were not published nationally at the point of releasing Quality Accounts, we have added local figures for Quarter 4 and weren't able to add the highest and lowest details due to the delayed national publication. Quarter 4 information will need to be updated once the national data becomes available*

The Devon Partnership Trust considers that this data is as described for the following reasons:

Our Crisis and Home Treatment Teams (CRHTs) are the 'gatekeepers' to our inpatient wards. This measure is important as it demonstrates that admissions to hospital are assessed as timely and well-coordinated. We consistently perform well against this target and our quarter 3 and quarter 4 data provides assurance that we are performing above the nationally mandated target which is 95%.

The Devon Partnership Trust intends to take the following actions to improve this indicator, and so the quality of its services by:

Devon Partnership Trust takes pro-active measures to ensure that the process is followed operationally to ensure a robust delivery of service, this is supported by information available to clinicians daily via the Trusts reporting platform 'Informatics Hub'. Weekly reports are also shared with the Crisis team managers so that it helps to monitor activity routinely.

This indicator is also reported at the monthly Directorate Governance Board, Trust Executive Committee, and bi-monthly to Quality and Safety Committee and The Trust 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.

Percentage of readmissions within 28 days Data Source – NHS England					
Reporting period (for 3 months in quarter)	Trust		National Average	Highest Score Nationally	Lowest Score Nationally
	Number	%			
Quarter 1	17/204	8%	-	-	-
Quarter 2	11/168	6%	-	-	-
Quarter 3	7/182	3%	-	-	-
Quarter 4	8/150	5%	9%	23%	2%

*\*Readmission data is only available as a year-end total therefore we are unable to provide a quarterly breakdown.*

The Devon Partnership Trust considers that this data is as described for the following reasons:

We routinely report readmission rates 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.

The Devon Partnership Trust intends to take the following actions to improve this indicator, and so the quality of its services by:

As per the yearly national benchmarking data, the Trust is able to compare our position against national data and therefore make informed choices about service improvement, or acknowledgement of good practice.

Re-admission data is currently being worked on as an activity measure so that it can be accessed as part of the team dashboards and will be updated daily. The Informatics team are working on this with an aim to make this measure available within the next 6 months. As an interim, arrangement, weekly activity data is shared with the service managers and reported to the Directorate Governance Board monthly, for governance and assurance purposes.

### 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 – Patient experience of Community Mental Health Services Data Source – Care Quality Commission Annual Survey									
Data Source	Trust Score 2017/18	National Average	Highest Score Nationally	Lowest Score Nationally		Trust Score 2018/19	National Average	Highest Score Nationally	Lowest Score Nationally
Overall Experience	7.0	7.0	7.5	5.9		6.8	6.8	7.5	5.6

Responses were received from 234 people at Devon Partnership NHS Trust.

The Devon Partnership Trust considers that this data is as described for the following reasons:

This survey is completed as part of the Care Quality Commissions NHS patient survey programme. The survey is completed on behalf of the Trust by an externally commissioned provider. The survey has strict sampling and administration processes and the results are published on the Care Quality Commission website.

The Devon Partnership Trust intends to take the following actions to improve this indicator, and so the quality of its services by reviewing the following recommendations that were highlighted in the survey including:

- We ensure service users are seen often enough for their needs. Review where this is not happening and take action.
- Many service users say they are not always given enough time to discuss their needs and treatment. This score has declined and is in the bottom 20% range. In addition, some service users report that their health or social care worker did not understand how their mental health needs affected other areas of their life. This score is in the intermediate 60% range of all Trusts surveyed.
- Ensure that service users' views are taken into account and they are engaged with effectively when discussing their condition and care.
- Many service users report that they have not been told who is in charge of organising their care and services. This score is in the bottom 20% range. The score for how well care is organised is also in the bottom 20% range.
- Healthcare professionals should use and adapt the person-centred approach to meet the needs of individual patients so that all patients have the opportunity to be involved in decisions about their care at the level they wish.

These recommendations have been reviewed by Directorates and appropriate actions have then been added to their Quality Improvement Plans to take forward.

### 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 period October 2017 to September 2018; this is the most recent reporting period published by the National Reporting and Learning System (NRLS).

The NRLS report, which details the level of patient safety reporting benchmarked against other Mental Health Trusts, has been published covering the period April 2018 to September 2018. Of the 50 Mental Health Trusts in our cluster, we are the 24th highest reporting Trust; with a reporting rate of 48.0 incidents per 1,000 bed days.

The Devon Partnership Trust considers that this data is as described for the following reasons. There has been a significant improvement in our level of reporting to the NRLS and this is a reflection of the continued work to make reporting easier for staff. We have seen an increase in the number of reported deaths, As described in the Learning from Deaths section above, this will in part be a result of higher number of all deaths being reported, a large number will at the time of reporting be reported as patient safety incidents as the cause of death will not have been determined and reported by the coroner, once the outcome of the coroners review is known these causes and impact can be updated, although this is not always in time for the NRLS publication.

The Devon Partnership Trust intends to take the following actions to improve this indicator, and so the quality of its services, we will continue in 2019/20 to improve the levels of reporting and reduce the harm resulting from these incidents, this work will include:

- Improved review of all moderate and severe incidents to ensure that the level of harm appropriately reflects the actual impact for example incidents of death that are initially reported as patient safety incidents that are later determined as being due to natural causes.
- 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
- On-going training for staff to use the system and for managers to review and identify actions and learning from incidents.

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 October 2017 to March 2018)		National Average	Highest Nationally	Lowest Nationally
		Number	%			
NRLS	Incidents Reported	1798		3147	8134	1
NRLS	Rate reported per 1,000 bed days	35.33		51.37	96.72	14.88
NRLS	Incidents resulting in severe harm	7	0.4%	11 / 0.3%	121 / 2.1%	0
NRLS	Incidents resulting in death	31	1.7%	25 / 0.9%	138 / 3.9%	0

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 2018)		National Average	Highest Nationally	Lowest Nationally
		Number	%			
NRLS	Incidents Reported	2447		3381	9204	16
NRLS	Rate reported per 1,000 bed days	48.0		55.4	114.3	24.9
NRLS	Incidents resulting in severe harm	16	0.7%	10.96 / 0.3%	129 / 2.1%	0
NRLS	Incidents resulting in death	53	2.2%	25.72 / 0.9%	110 / 2.3%	0

## Part 3 Other Information

### Performance against 2018/19 Quality Indicators

We produce an integrated performance report, which is discussed at each of our public Board meetings and the papers are available on our website. The report includes a range of indicators that help us to understand our performance in relation to the quality of the care we provide. These indicators are agreed with our commissioners (stakeholders) and reviewed both in terms of performance and appropriateness for demonstrating improvement in quality. A number of these indicators are detailed below.

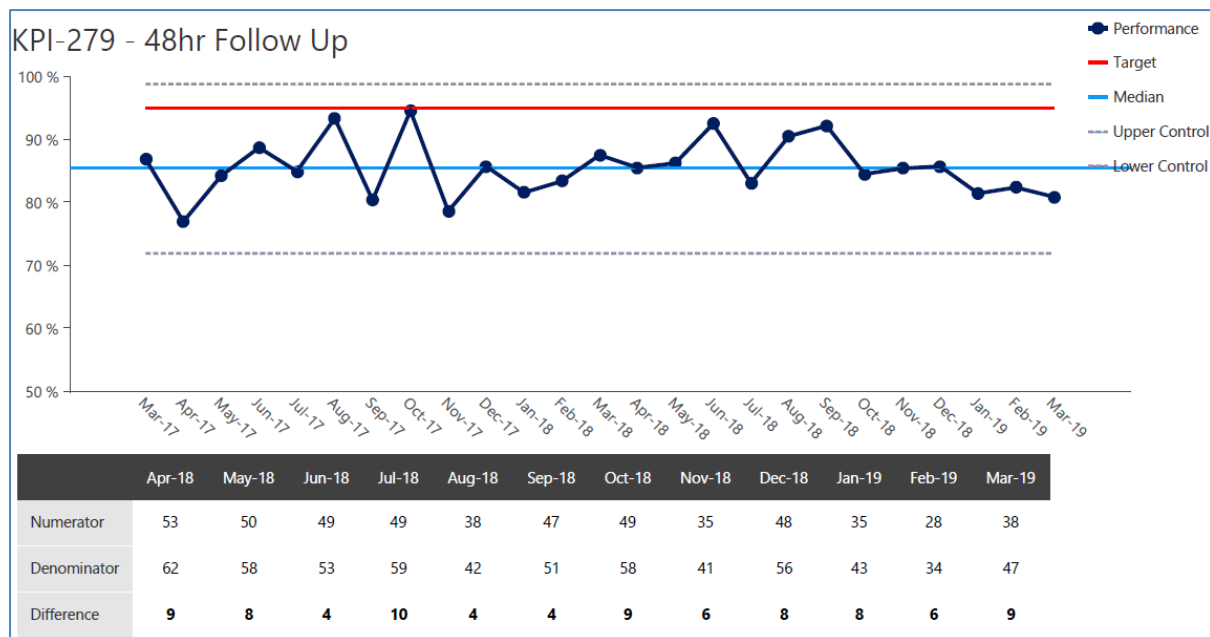
The graphs and data presented in these graphs from are based on local data recorded by staff that they are collected from various internal systems including our Clinical Recording System, our Workforce System (ESR), our Risk Management System (RMS) and local data captures. Some of the indicators themselves are national, however, the actual month end position may vary against nationally published data due to timing of data submission and data cut off points.

### Patient Safety

#### 48 hour follow up

Discharge is a known risk factor for suicide and early follow up has been shown to reduce risk. This is a local indicator and captures all follow ups, irrespective of whether the person is on CPA or not.





### Operational Commentary

For the last 12 months, we have seen between a small number of people not being followed up within 48 hours, please note that the 7 day follow up is a national KPI for people only on CPA, and 48 hour follow up is for everyone - not just those who are on CPA.

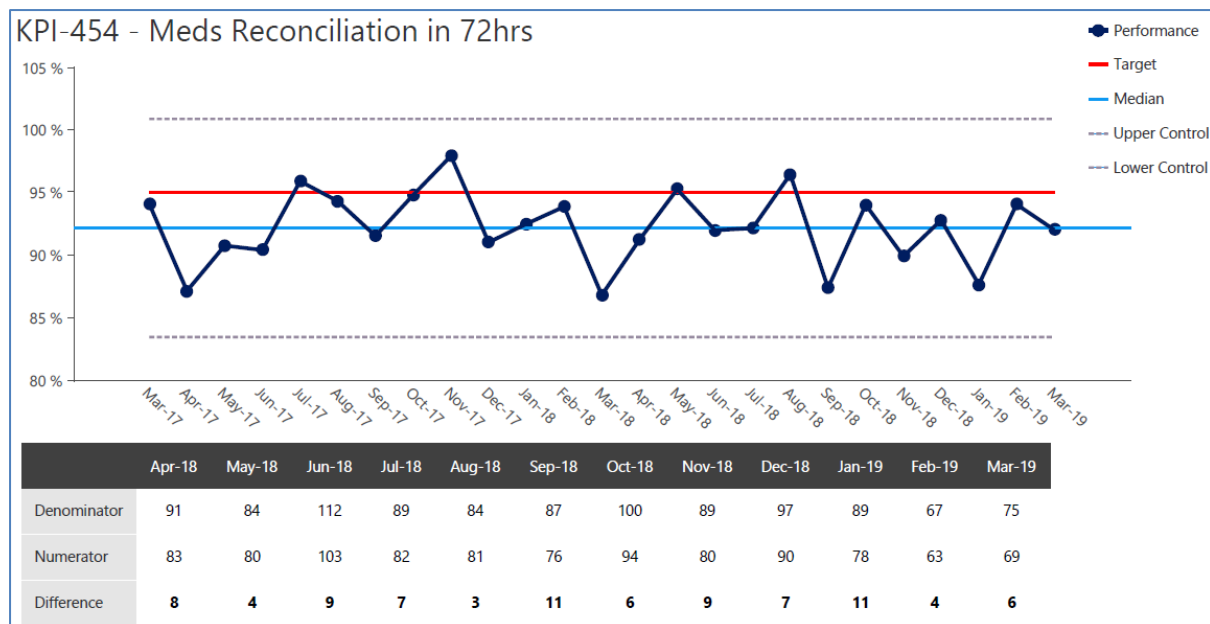
The main reasons for not missed follow ups are:

- Patients do not respond to agreed phone call follow up
- Patients were seen but slightly delayed after 48 hours
- Patients were contacted through third party contact which doesn't pass the criteria due to the national definition

In all patient cases and in providing assurance checks are made to ensure patients who were not followed up with 48 hours did receive delayed follow up outside of the agreed timescale and were safe.

### Meds Reconciliation in 72hrs

This is a safety check designed to ensure people get the right medicines as soon as possible after admission and to prevent unintentional changes being made to a person's medicines when they are transferred from one care environment to another or when prescription charts are rewritten.



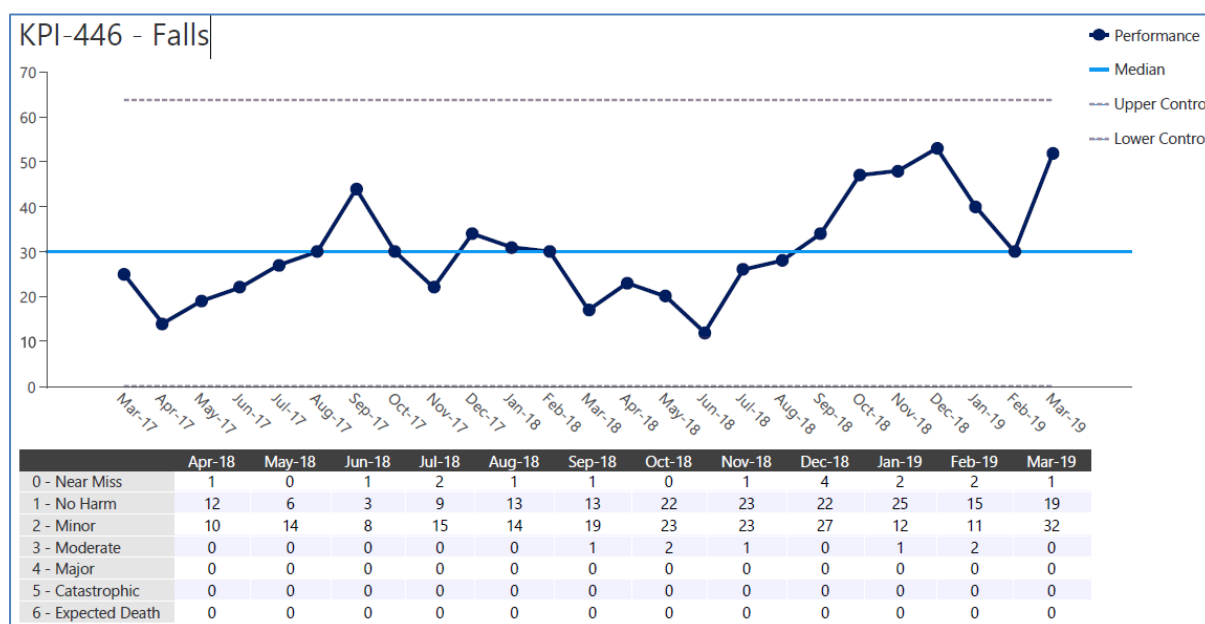
### Operational Commentary

The graph shows a common cause variation, which means that unless the process is reviewed and improved; it is unlikely to be performing consistently above the target (95%).

All patients are actively followed up and our pharmacy staff work directly with our staff to improve this in a safe and timely manner for our patients. Further discussion is taking place with the lead for medicines management to see if any root cause can be identified for the above cases identified.

## Falls

Falls can lead to serious harm for inpatients and reduction is a patient safety priority.



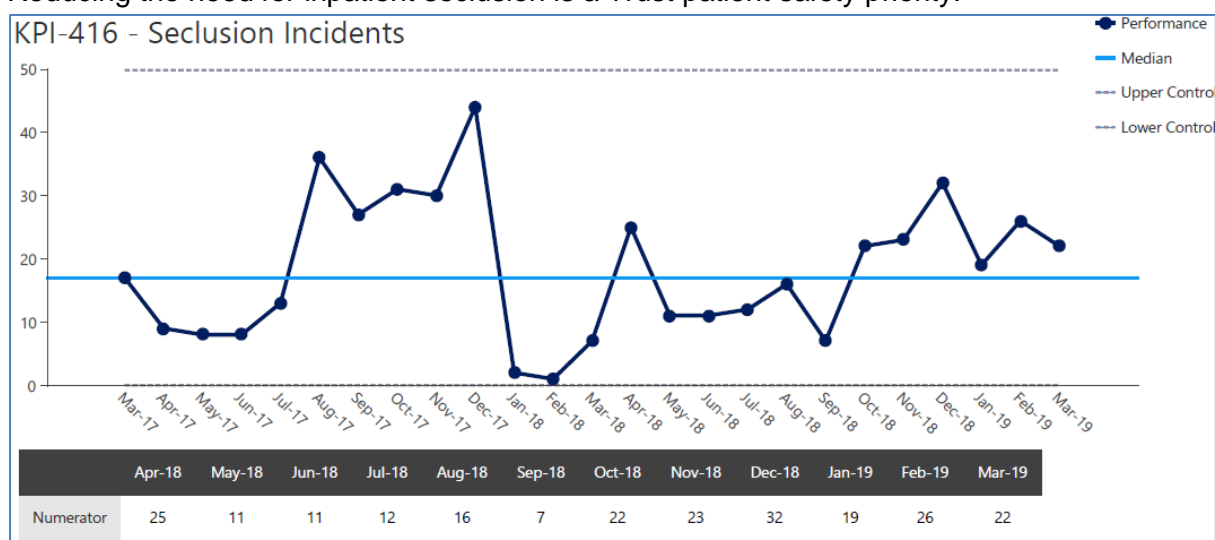
### Operational Commentary

This indicator is showing a common cause variation, since June 2018 we are seeing an upward trend in the numbers, however we note that falls resulting in moderate to serious harm has been consistently low which shows the impact has been insignificant.

Directorates are being asked to review. The numbers of reported falls have risen; however the majority of these resulted in no harm or minor harm.

## Seclusion Incidents

Reducing the need for inpatient seclusion is a Trust patient safety priority.



### Operational Commentary

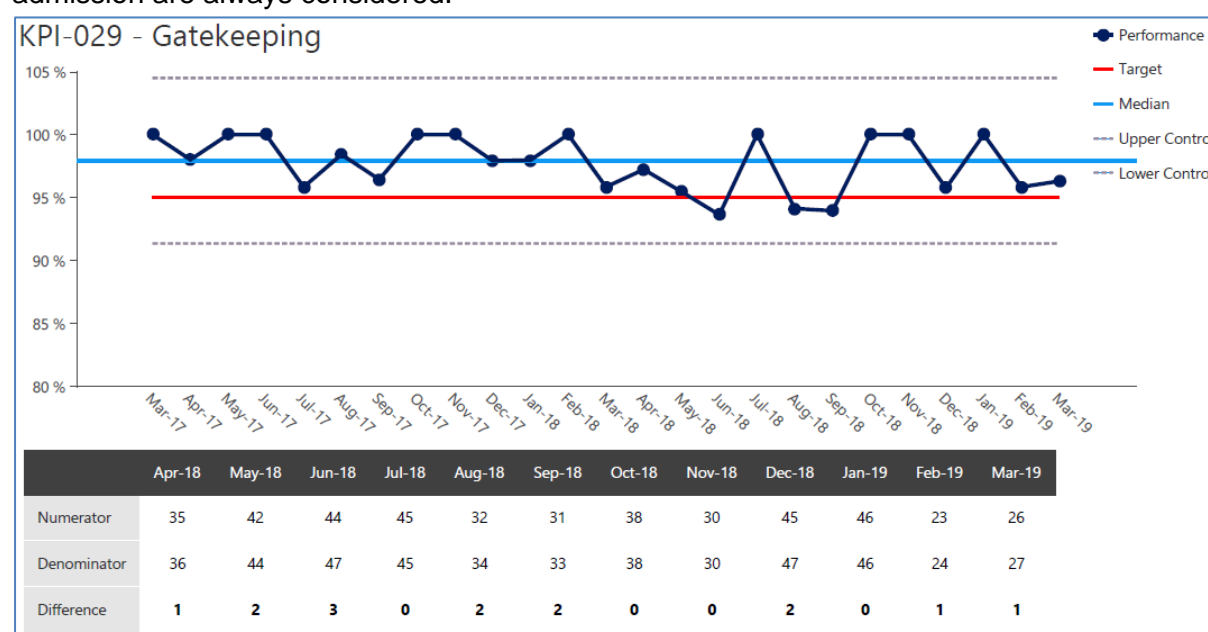
The Indicator shows random variation (common cause). Numbers of seclusions are monitored by the local senior nurses and the Safety and Quality committee. Reports are produced and sent to the Directorates Learning from Experience groups where they are reviewed for trends and patterns.

The importance of continuing to embed our approach to the 4 steps programme and our engagement and supportive interventions with patients remains key to reducing the overall need for restrictive interventions.

## Clinical Effectiveness

### Gatekeeping

All patients should be assessed by CRHT prior to admission. This is to ensure alternatives to admission are always considered.

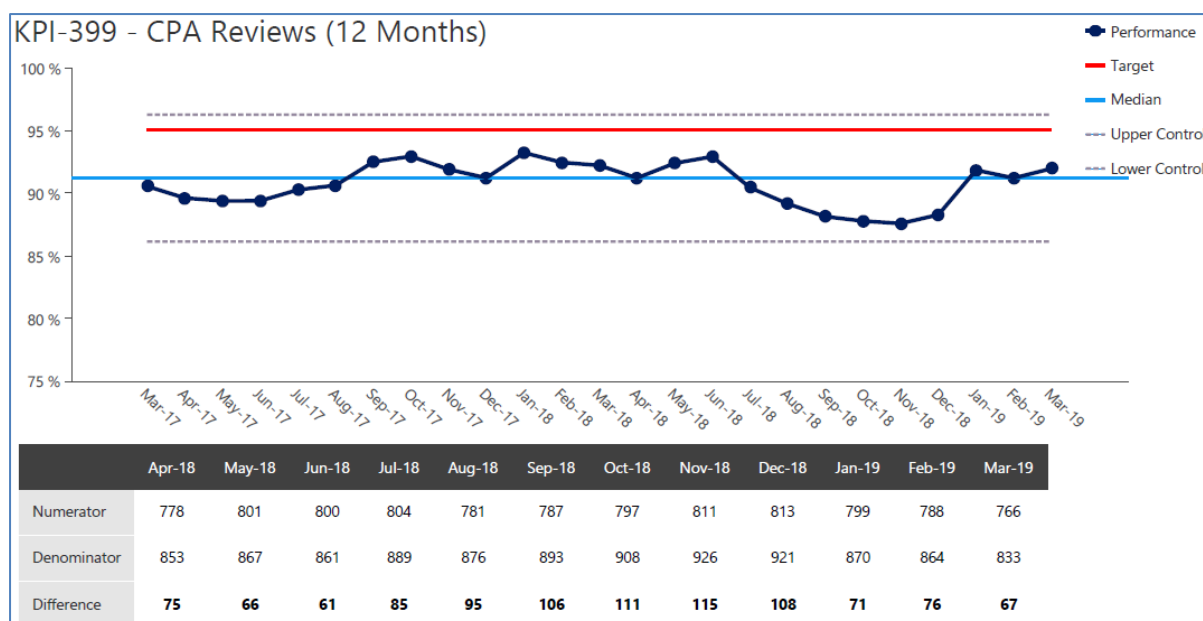


### Operational Commentary

This measure was a national indicator as part of the Monitor Risk Assessment Framework, which was superseded by the Single Oversight Framework (SOF), and Gatekeeping is no longer part of SOF, it has been agreed to continue reporting this indicator.

### CPA Reviews (12 Months)

CPA is a formal review of complex patients on going needs and care which should include the patient, carers and all other key agencies. A care plan should be produced which is signed by the patient. Not all mental health patients are formally under CPA. This process is in place to help ensure all complex patients are formally reviewed.



## Operational Commentary

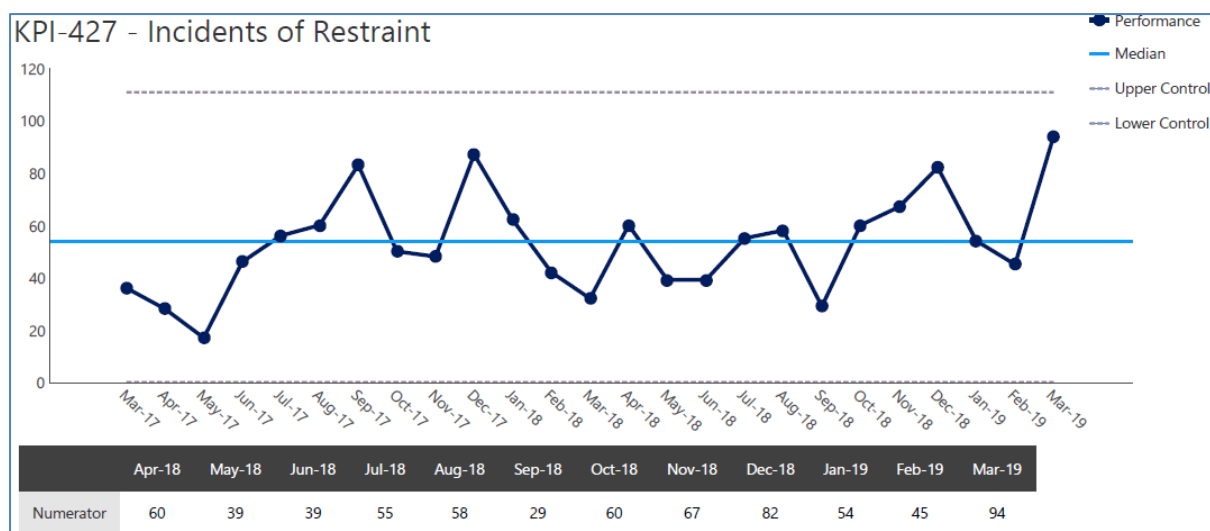
This relates to patients who are under the Care Programme Approach and there is a requirement for their plan of care to be reviewed regularly.

Work to date has identified that there are issues with the reporting leading to cases remaining as appearing open on the system but their episode of care is closed with DPT.

This work has identified that the majority of the required underperformance data cleansing has almost been completed. Performance as of the end March 2019 is at 92% which is a significant improvement and further work is being undertaken to maintain continuous improvement. Assurance is that people in receipt of our services are receiving timely reviews to their care and treatment.

## Incidents of Restraint

Restrictive practice in mental health and learning disabilities settings requires monitoring to ensure that staff are safely trained and competent in managing in the least restrictive manner. Also where restraint is used that it is undertaken with caution and with the right techniques to avoid causing undue harm to patients or staff.



### Operational Commentary

The Indicator shows random variation (common cause). These are monitored by the Safety and Quality Leads.

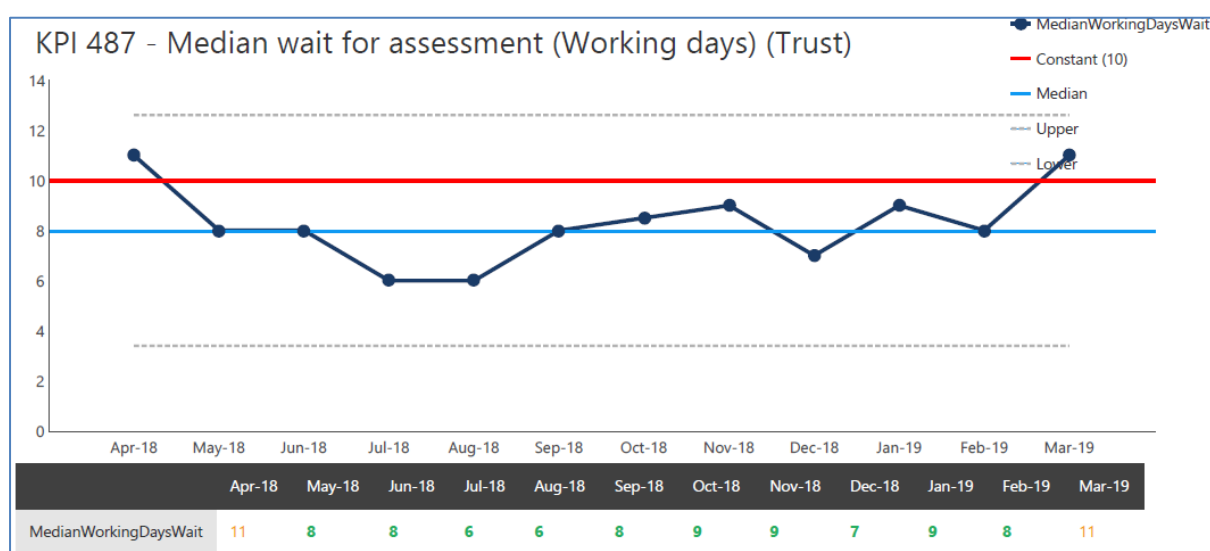
The importance of continuing to embed our approach to the 4 steps programme and our engagement and supportive interventions with patients remains key to reducing the overall need for restrictive interventions

Reports are produced and sent to the Directorates Learning from Experience groups where they are reviewed for trends and patterns. These are reported through to DGB on a monthly basis.

### Patient Experience

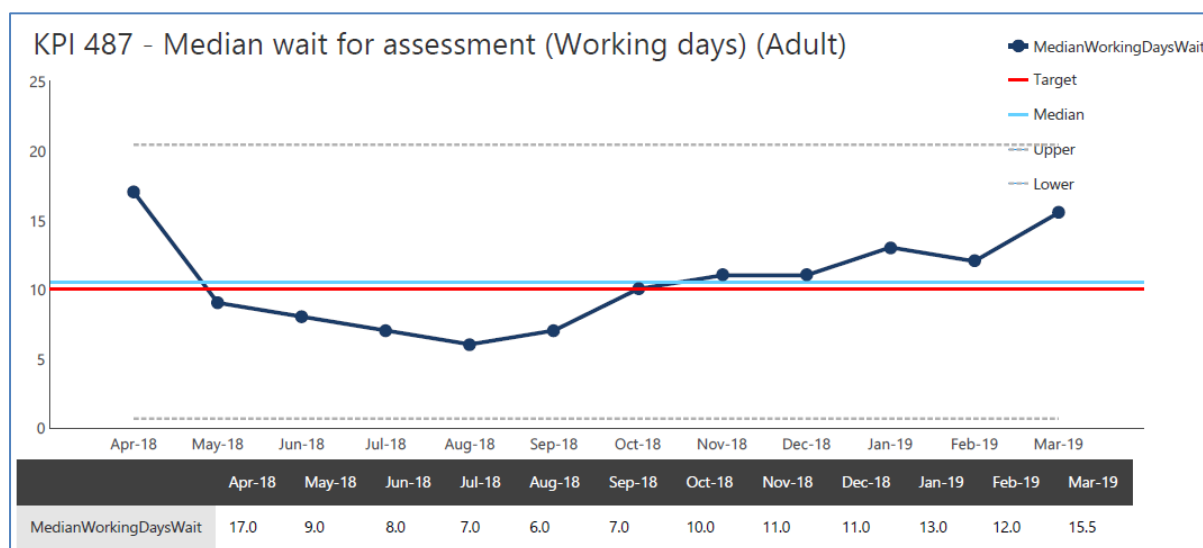
#### Median wait for assessment (Working days) (Trust)

All referrals should be assessed within 10 days



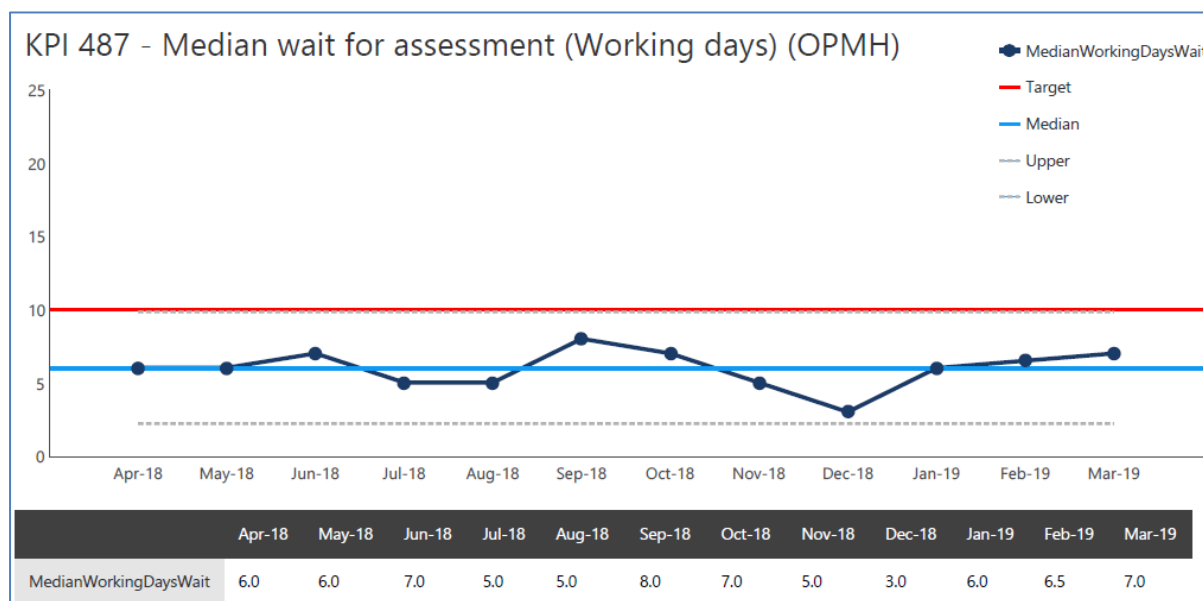
### Operational Commentary

We are currently showing 11 days, against the target of 10 days (median - middle number). In total, there were 125 people who had to wait longer than 20 working days for assessment.



### Operational Commentary

We are currently showing 7 days, significantly below the target of 10 days (median - middle number).



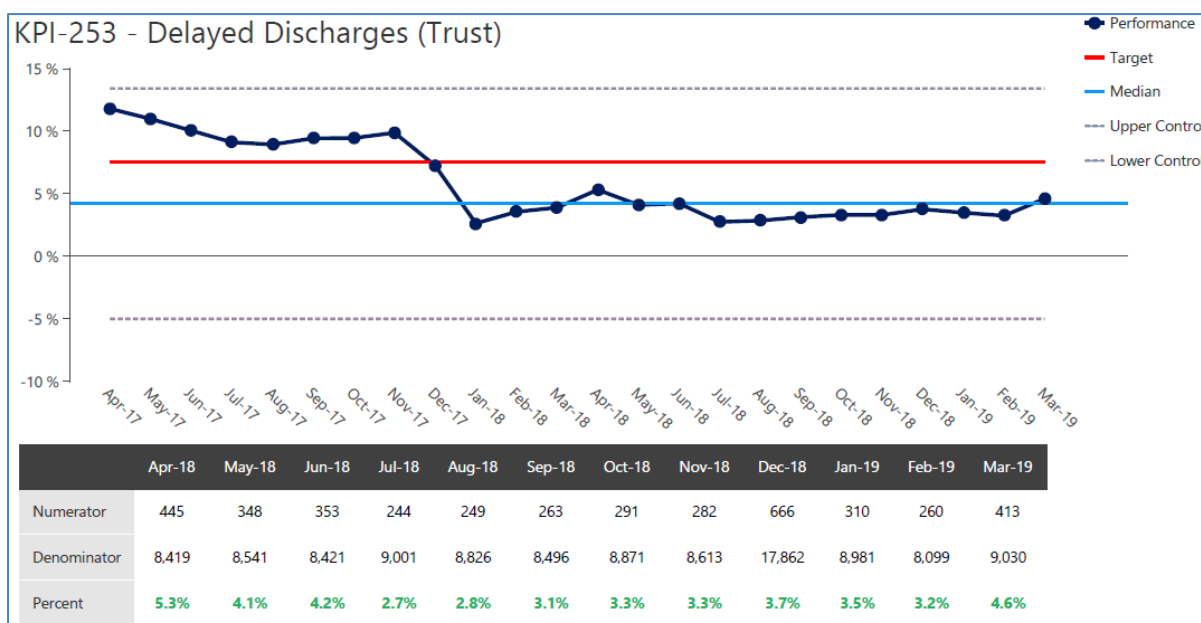
### Operational Commentary

We are currently showing 15.5 days, against the target of 10 days (median - middle number).

### Delayed Discharges (Trust)

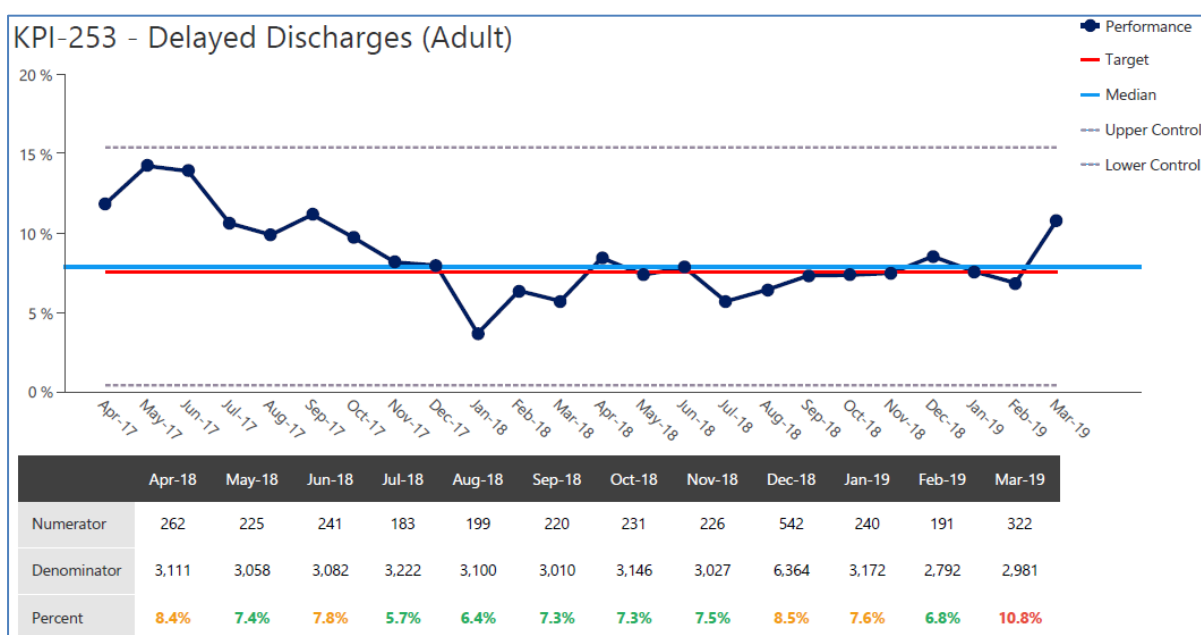
Patient access, experience and recovery is adversely effected by delayed discharges.





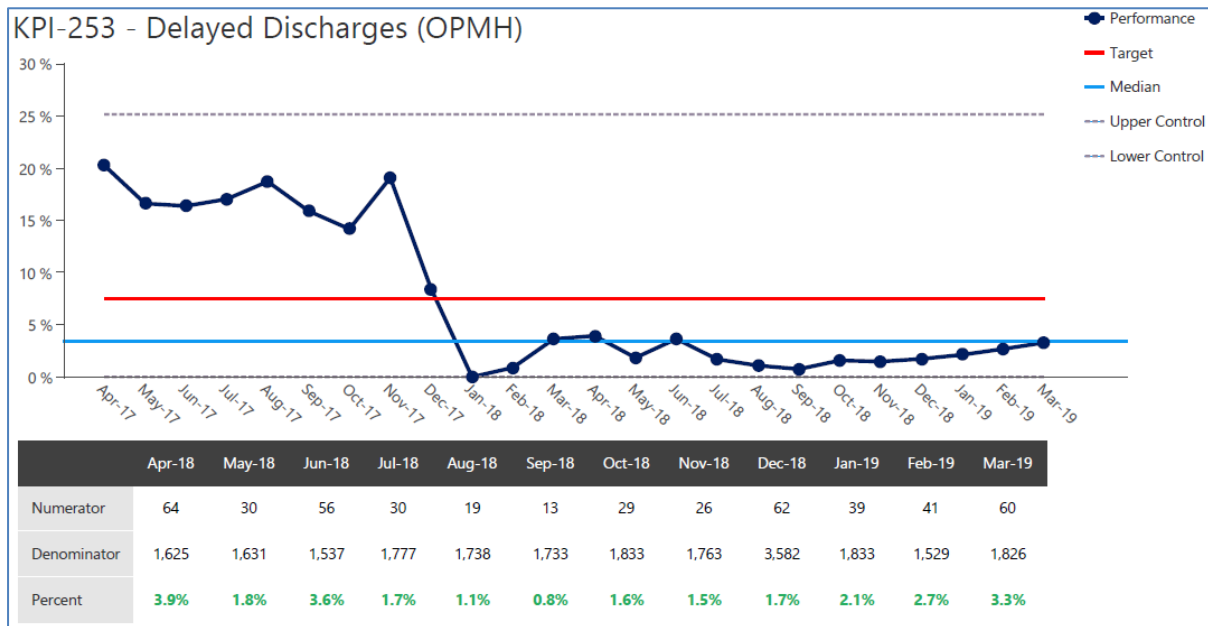
## Operational Commentary

Considerable improvement has been made within DPT in this area, investment into discharge coordinators within the inpatient areas, this is evident in the information as the improvement is clearly noticeable since December 2017.



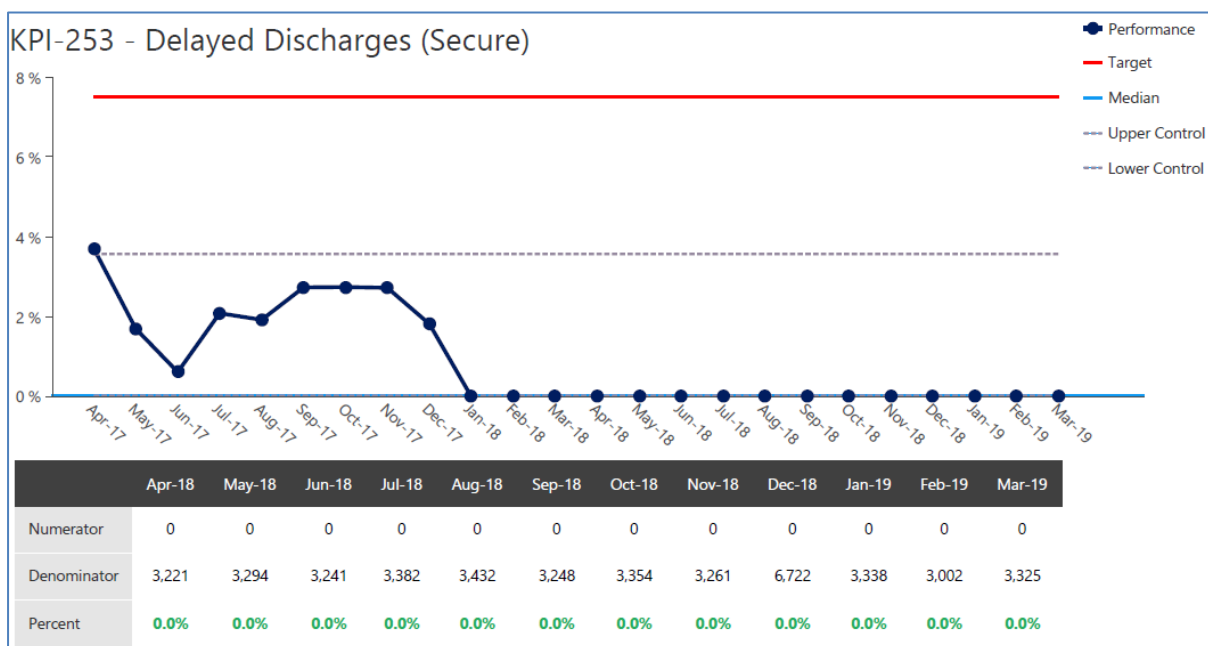
## Operational Commentary

The Trust has created a staffing resource to focus specically on the process of timely repatriation of patients from out of area beds and in monitoring overall bed days and reasons for delays to ensure a tilmely discharge. This service is developing and is closely monitored by our Individual Patient placement team.



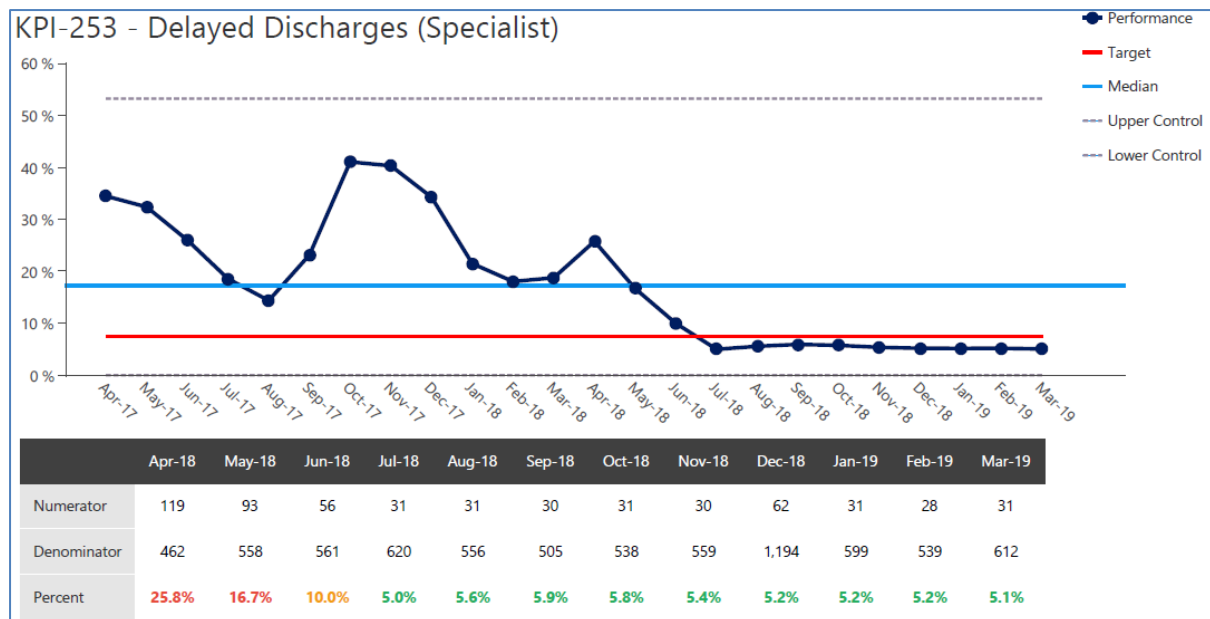
#### Operational Commentary

The graph demonstrates a stable common cause variation



#### Operational Commentary

The graph demonstrates a stable common cause variation

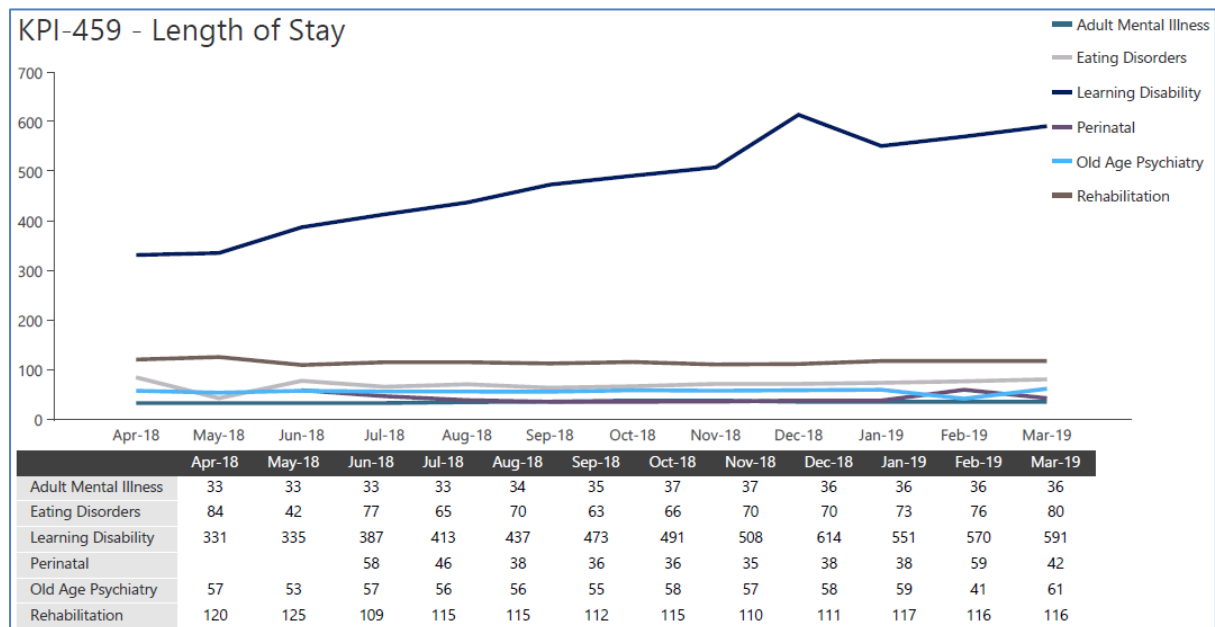


## Operational Commentary

The graph demonstrates a stable common cause variation

## Length of Stay

Inpatient stays should be for the minimum clinically appropriate time.



## Operational Commentary

Currently concerns about length of stay are connected with Learning Disability inpatients at the Additional Support unit ASU. The issues are around complexity of patient group and lack of suitable placements for these patients to be discharged to.

These issues have been raised with colleagues in commissioning and social care and a number of actions are being taken. However despite actions length of stay remains high and we are undertaking a safeguarding service review.

We are also commissioned an external officer to support with the above work.

## An Overview of the Quality of Care Based on Performance in 2018/19 against Indicators

Under the Department of Health (and Social Care) guidance on the production of Quality Accounts for 2018/19, 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
- 95% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital.

We have agreed that for the 2018/19 Quality Account the indicators that were 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	73.58%	-	-	-
Quarter 2	41/49	83.65%	-	-	-
Quarter 3	45/59	76.27%	-	-	-
Quarter 4	32/53	60.38%	53.0%	100%	18.0%

\*National data only provides year end snapshot therefore quarter 1-3 benchmark figures are not available

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 53% 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 61.5% against target of 50% at the end of March 2019, and clear programmes and plans are in place to continue to deliver against the 50% target.

We have also achieved 56.1% 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 2019.

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

<b>Summary of Outlier Bed Placements</b>	<b>Outlier out of County</b>	<b>Outlier within Devon</b>	<b>PICU</b>	<b>Total</b>
Apr-18	843	490	350	1683
May-18	927	430	349	1706
Jun-18	925	574	308	1807
Jul-18	923	533	373	1829
Aug-18	896	472	462	1830
Sep-18	1083	526	407	2016
Oct-18	965	590	361	1916
Nov-18	693	590	312	1595
Dec-18	823	582	312	1717
Jan-19	996	739	435	2170
Feb-19	1229	725	383	2337
Mar-19	1423	759	410	2592
<b>Total</b>	<b>11726</b>	<b>7010</b>	<b>4462</b>	<b>23198</b>
<b>Average</b>	<b>977</b>	<b>584</b>	<b>372</b>	<b>1933</b>

1. Outliers 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. Outliers 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 is 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; in accordance with the DHSC guidance for this indicator, which states there are various reasons why treatment in an out-of-area unit may be appropriate, the Trust considers the following out of area placements to be appropriate and therefore these have been excluded from the bed days reported:

- Prior to January 2019, there were no PICU facilities in Devon. A new facility opened in January 2019, and there was a phased programme of occupancy over the period February to March 2019. During the year all PICU placements up to 28 days were therefore considered to be appropriately placed.
- From April 2019, all PICU placements out of Devon will be considered inappropriate.
- Placement made out of area due to safeguarding reasons.
- Specialist placements made out of area.

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 secured national capital funding (as a part of an STP process) to build a new ward in Torbay. As an interim measure, we have commissioned 16 private beds for men in nearby Taunton.
- 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.
- Repatriation co-ordinators are been appointed.
- Additional step down beds have been commissioned.

## Our Performance against a Selection of the Indicators for 2018/19:

Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

- a) inpatient wards
- b) EIP services
- c) community mental health services (people on care programme approach)

### 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 2018/19					Quarter 4 2018/19				
Number	%	87.9%	100%	4%	Number	%	not yet published		
2539	95%				4623	92%			

\* Quarter 4 figures were not published nationally at the point of releasing Quality Accounts, we have added local figures for Quarter 4 and weren't able to add the highest and lowest details due to the delayed national publication. Quarter 4 information will need to be updated once the national data becomes available

### Improving Access to Psychological Therapies (IAPT): Waiting Time to Begin Treatment (from IAPT Minimum Dataset): Within Eighteen 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 2018/19					Quarter 4 2018/19			
Number	%	98.8%	100%	62.9%	Number	%	not yet published	
2539	100%				4623	99.9%		

\* Quarter 4 figures were not published nationally at the point of releasing Quality Accounts, we have added local figures for Quarter 4 and weren't able to add the highest and lowest details due to the delayed national publication. Quarter 4 information will need to be updated once the national data becomes available

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 impact 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 2018/19:

- 89% of people have received their first treatment/therapeutic session less than six weeks from referral, against a national target of 75%
- 99% of people have received first treatment/therapeutic session less than 18 weeks from referral, against a national target of 95%
- 51% of people have achieved recovery, against a national target of 50%
- In the final quarter of the year, 17.3% of the population have accessed IAPT services, against a national quarterly target of 19.0%.

Our organisation performed very solidly overall during 2018/19. 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, Trust Executive Committee, 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 2018/19, 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 25,662 referrals in 2018/19. Of those, 17,622 entered into treatment.

95% 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 54% of people have achieved recovery following their support from our organisation, against a national target of 50%. In the final quarter of 2018/19, 4.4% of our local population had accessed our psychological therapy services, against a national quarterly target of 4.5%.

Within our Psychology and Psychological Therapy Service, for people with more complex needs, seven people were waiting for more than 18 weeks in Torbay and south Devon at the end of 2018/19. In the rest of the county, where our waits have historically been the most challenging, 23 people waiting over 18 weeks at the end of the year. This is a significant reduction from 34 people in April 2018. 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 2019, 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 on-going. 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 2018/19. Our target is for less than 7.5% of transfers to be delayed and, at the end of March 2019, the rate was 4.6%.

- *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 2019, 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 2019, our performance was at 77.7%. Our target for appraisal is 90% of staff to have received an appraisal within the last 12 months. At the end of March 2019 our performance was at 78.3%. 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 2019. This is one of the highest compulsory training completion rates when benchmarked against other mental health and learning disability providers.

### Staff Engagement

Engaging with staff is a key factor in how well we are able to deliver our services. This indicator in the NHS Staff Survey measures our overall engagement with staff, based on advocacy, involvement and motivation.

National Data – Scores for Staff Engagement Theme				
Data Source: Annual Staff Survey	Reporting Period 2017	National Average	Reporting Period 2018	National Average
	Trust Score (out of 10)		Trust Score (out of 10)	
	7.0	7.0	7.0	7.0

Although our scores have remained consistent over the last two years we have seen an increase in our scores within advocacy, both in recommending the Trust as a place to work and patient care being this organisation's top priority, which was the theme for last year's staff engagement events.

Every Directorate has been asked to review their findings with their managers and teams and to produce their own local action plans. These will then be co-ordinated and monitored centrally through the Organisational Development team to ensure that cross-cutting themes are considered going forward.

### Workforce Race Equality Standard (WRES)

National Data Data Source – 2018 NHS Staff Survey	Ethnicity	Trust Score 2018/19	Average (Median) for Mental Health (provided in the 2018 DATA ANALYSIS REPORT FOR NHS TRUSTS; referencing 2017 median)	Trust Score 2017/18
<b>KF26 - National data -</b> percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	20.45%	20.3%	21.62%
	BME*	20.00%	24.5%	25.86%
<b>KF21 - National data -</b>	White	89.25%	87.6%	88.56%

percentage of staff believing that Trust provides equal opportunities for career progression or promotion	BME*	86.27%	73.0%	89.47%
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\* *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.** It is positive to report this year that there has been a further 5.4% decrease in the percentage of white staff experiencing harassment, bullying or abuse from other staff in the last 12 months, and this year there has also been a decrease for BME staff – of 22.6%. The action being taken by the Trust focuses on ensuring that staff experiencing discrimination, bullying, harassment and victimisation from other staff decreases and this is a key priority over the coming year.
- **KF21 – a positive increase for both white and BME staff regarding career progression and promotion.** This data shows a slight positive increase for white staff regarding career progression and promotion (of 0.78%). However, it shows a decrease for BME staff of 3.58%.

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

- **KF26 Action –**
- Staff have been actively encouraged to report incidents of discrimination, bullying, harassment and victimisation identifiably, so that these issues can be addressed or refer to the Freedom to Speak Up Guardian, the CiC service or their local managers. The anonymous reporting approach is also now live for staff to report anonymously should they feel they need to.
- The reported reduction in experiences of discrimination, bullying, harassment and victimisation might be attributable to the fact that in the past year, the Trust has placed far greater focus on Equality and Diversity as an agenda, with themes being discussed at key management and leadership events, such as Senior Staff Forum, Our Journey and the Professions Conference as well as staff networks, the DPT Respect Network and the central Equality inbox being available to staff routinely. Further events and activities are planned for 2019/20.
- The BME Staff Network Group continues to operate, and the Trust's DPT Respect Network has also now been in place for over a year. The BME Staff Network group provides 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. The DPT Respect Network provides staff with a 1:1 drop in opportunity every three months, in seven different localities, to discuss anything they wish to with the Head of Equality, Diversity and Inclusion.
- **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.
- The Trust has also commenced annual analysis of Trust data to identify which professions / roles BME staff are most commonly working within, specifically in bands 3, 5 and 6 to direct support around career progression.
- The Trust will also undertake a current analysis of conversion rates between BME staff completing applications for internal promotion but not being successfully appointed, versus BME staff not applying for more senior roles.

### **Pharmacy and Medicines Optimisation**

The safe and effective use of medicines and the impact that they have on a person's treatment, experience and outcomes plays a significant role in the care we offer. Recognising this over recent years there has been a commitment to grow and develop our own in-house team of specialist mental health Pharmacists and Pharmacy Technicians. Building on the solid foundations reported in previous reports; and using the opportunity afforded to us by having some vacancies in our existing structure a big focus of our work during 18/19 has been to review and redesign the current team roles and functions so that we are in the best place to work towards delivering our vision for Pharmacy and Medicines Optimisation to 'Work together to enable people to use medicines safely and effectively' and to optimise the contribution we make to delivering an overall vision and strategy for our organisation.

Often unseen within the multidisciplinary team, clinical pharmacists and medicine optimisation technicians are the experts in the therapeutic use of medicines. We routinely provide medication education, support and advice to patients and other health care professionals. Clinical pharmacists are a primary source of evidence based advice regarding the up to date safe, appropriate, and cost-effective use of medications.

As well as being routinely available and present within inpatient teams the Medicines Optimisation Team offers advice and support to community teams, patients, other partners and carers both face to face and through our medicines helpline.

We have an established and valued in-house team of specialist mental health pharmacists and medicine optimisation technicians. We pride ourselves on putting patients first and can be used as an independent advocate for individuals and teams to promote shared decision making.

Our internal expertise is growing and being increasingly recognised outside of the Trust and we are being asked to share our expertise across local, regional and national health and social care pathways e.g. providing specialist medicines advice to our new perinatal service, being a recognised key partner in a new integrated workforce plan ensuring that Mental Health is now routinely included in the training and development of all new cross sector foundation level pharmacists within Torbay and South Devon, developing and implementing new medicines practice standards within our community services.

Medicines Optimisation is now becoming more embedded within all of our multidisciplinary teams and services. Testament to the work we do demand for our input is higher than



ever. Although there is always work to do we continue to be very proud of our Pharmacy and Medicines Optimisation team and the care we deliver in collaboration with our colleagues across the organisation and with our external partners to ensure people use medicines safely and effectively. We are committed to growing this further

### **Performance against 2018/19 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 2018/19 included the following:

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

We partially achieved the targets set by commissioners for this CQUIN in 2018/19. This work has been a continuation from previous years which aims to encourage providers to improve their responsibility as an employer to look after their employee's health and wellbeing. This CQUIN requirement comprises three elements:

- The improvement of the health and wellbeing of NHS staff
- Ensuring 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 2016 National Staff survey questions by 5% for:

- 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.

Unfortunately we have not met the targets for the staff to the survey results. However, the survey question regarding musculoskeletal problems shows that we have seen a positive decrease from 19.8% to 18% indicating that 1.8% less staff experience musculoskeletal problems as a result of work activities.

We have also undertaken a large number of other initiatives throughout the year to improve staff Health and Wellbeing with future events also planned including:

- A Health Promotion Day was held in January 2019 with further days scheduled across the organisation. A Schwartz round about staff health and well-being ran across our organisation and the Royal Devon and Exeter NHS Foundation Trust.
- Secure Services are launching a staff debriefing pilot with the aim that pro-active debriefing and shift de-briefs will improve staff mental well-being.
- Staff Counselling is provided 24/7 by CIC service and the Occupational Health team continues to support staff who feel unwell.

- The percentage of staff declaring a mental health diagnosis on pre-employment continues to increase, with 44% of new starters declaring a diagnosis and consequently receiving pro-active treatment, planning and support.
- All new starters receive a session on their health and well-being at induction, signposting them to services and resources available should they require support.
- Menopause awareness sessions for staff are planned for 2019/20
- A mental health and well-being workshop for staff will begin a pilot in May 2019.

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

Our CQUIN project team has again worked hard with our catering suppliers to increase the number of healthy food options available to purchase for staff, visitors and individuals using are services. Over the year we reached our target that has increased to 90% (70% in 2017/18) of drinks lines stocked to be sugar free (less than 5.0g of sugar per 100ml); 80% (60% in 2017/18) of confectionery and sweets to not exceed 250 kcal.

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

Our infection control team has again worked hard to campaign in order to help our staff keep flu-free this winter. The target for the flu vaccination element of the CQUIN was for 75% of frontline staff to have the vaccination. In 2018/19 the final submission to Public Health England for frontline health care workers was 64.8% which qualifies the Trust to receive 75% of the available CQUIN funding.

Reaching the flu vaccine target remains a challenge but the Trust has initiated a number of projects to meet an increased target of 80% uptake in frontline healthcare workers in 2019/20. An evaluation of last year's campaign has taken place, and has included Survey Monkey surveys available for staff to complete and share their experience about why either they may not have chosen to have the flu vaccination, or their experience of having the vaccine. Peer vaccinators were also asked to contribute what was helpful, and suggest improvements for next year. Targeted education over the summer months, the use of educational films with real-life experience, and improvements to accessibility of vaccine will all feature in the campaign strategy to meet the CQUIN in 2019/20.

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

This CQUIN is a continuation of the work previously undertaken 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.

#### ***3a Cardio-Metabolic Assessment and Treatment for People with Psychosis***

This CQUIN again involved work to ensure that patients with an SMI receive comprehensive cardio metabolic risk assessments and have access to the necessary treatments or interventions. Patients with an SMI for the purpose of this CQUIN are all patients with psychosis, including schizophrenia, in all types of inpatient units and community settings.

We are reporting that the Physical Health CQUIN has not achieved the CQUIN target set by the commissioners this year. The required CQUIN audits have been completed and we are currently awaiting the audit report for 3a (Cardio metabolic parameters). The summary table

below shows the progress over the past 4 years with the second part of the CQUIN, 3b. This shows a continuing improvement in performance against the parameters of the CQUIN.

### CQUIN 3b Collaboration with Primary Care Yearly Comparison

	2016 n=93/100	2017 n=87/100	2018 n=145/187	2019 n=137/171	Change for 2019
<b>Numerator 1 - NHS No</b>	100 (100%)	57 (67%)	98 (91%)	100 (90%)	↓1%
<b>Numerator 2 - All Primary &amp; Secondary diagnoses</b>	37-44 (37-44%)*	56 (64%)	40 (37%)	50 (45%)	↑8%
<b>Numerator 3 - Medications Prescribed</b>	72 (72%)	70 (80%)	46 (43%)	51 (46%)	↑3%
<b>Numerator 4 – Cardiometabolic risk</b>	N/A	15 (17%)	20 (19%)	27 (24%)	↑5%
<b>Numerator 5 - Care Plan / Discharge</b>	86 (86%)	57 (66%)	61 (56%)	89 (80%)	↑24%
<b>Total Numerators Met:</b>	18 (18%)	8 (9%)	7 (5%)	16 (14%)	↑9%

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

This CQUIN has been a continuation of work done in previous years to help those with ill mental health who are statistically 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 help acute hospitals detect and treat urgent mental health needs that are 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.

In 2018/19 the Trust's objective has been to target a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions and reduce their attendances at A&E in 3 geographical areas:

#### **North Devon**

There was an overall reduction in the attendance of the original cohort by 77.5% which represents a 57.5% reduction above the CQUIN target of 20%.

#### **Torbay**

There was an overall reduction in the attendance of the original cohort by 67.33%. This represents a 47.33% reduction above the CQUIN target of 20%. A second cohort also showed a reduction of 24.96% which represents a 4.96% reduction above the CQUIN target of 20%.

### **Exeter**

There was an overall reduction in the attendance of the original cohort by 58.52%. This represents a 29% reduction above the CQUIN target of 20%. The second cohort also shows a reduction of 48.60% which again exceeds the CQUIN figure of 20%.

We have achieved the targets set out for all three geographical teams and the good practice carried out by all three teams including setting up frequent attender groups and 1-1 case work will be continued and become part of each teams routine practice.

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

The aim of this CQUIN was to achieve improvements in the experience and outcomes for young people as they transition from Children and Young People's Mental Health Services (CYPMHS) into Adult Services.

Due to the complex negotiations that were involved with our successful bid to form part of the alliance of NHS organisations to provide services for children and families across Devon from April 2019 we were unable to fulfil the requirements specified in the CQUIN. The project group that was established for the CQUIN will continue to meet to review progress against the CQUIN targets and the transition protocol which was originally agreed between Torbay and South Devon NHS Foundation Trust (TSD), Child and Adolescent Mental Health Services (CAMHS), Virgin Care and Devon Partnership Trust has been redrafted to reflect that this is now a transition protocol between the new services.

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

This indicator is a continuation from previous years and seeks to help deliver the objectives identified in the *Five Year Forward View for Mental Health* which is 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'.

The Trust is reporting that unfortunately we have not achieved all the required targets for this CQUIN. Throughout the year there has been significant improvement against some of the 5 targets but we recognise that staff find the requirement to record advice challenging and therefore the numbers are lower than expected. In order to improve this we plan to replace our current medical record system with a bespoke in house electronic clinical record system and easier reporting will be incorporated into it.

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

We are reporting that we have achieved the requirements for this CQUIN over the year. Nationally, all specialised mental health services are experiencing on-going capacity and demand pressures for inpatient beds. This CQUIN has been spread over three years (1 April 2016 – 31 March 2019) and the work involved has intended to support a reduction in the current average LoS of completed episodes of care.

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

This CQUIN is a continuation from previous years and we are again reporting that we have achieved the LoS CQUIN targets. Year 3 has seen an additional 38% decrease in the average length of stay in Medium Secure Units and a 17% decrease in the average length of stay in Lower Secure Units.

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

We are reporting that we have achieved the requirements for this CQUIN over the year. The Bristol Dementia Wellbeing Service (DWS) developed a two-year CQUIN from June 2017 to March 2019 to deliver an Acute Hospital Interface Project. Prior to this project, the majority of acute staff were anecdotally unaware of the service and some lacked confidence when meeting the needs of people with dementia in hospital. This included; not knowing what is available in the community for people with dementia, how to gather collateral history in an efficient way and how this history can help them to provide good care, risk assessments and discharge planning.

The overall aim was to raise awareness of the DWS across both hospital trusts, University Hospitals Bristol NHS Foundation Trust (UHBT) and North Bristol Trust (NBT) and develop a pan-Bristol dementia pathway in collaboration to ensure a seamless transition between community and hospital, taking joint responsibility for maintaining function during hospital stay and supporting a timely discharge and package of care, putting the patient with dementia at the centre of their care.

Following a period of observation and information gathering, the CQUIN project team established that there were two predominant themes; **Communication** and **Culture** and a successful programme of work was delivered to target both areas including:

#### *Staff communicating to each other within the Acute Trusts:*

- Board rounds - a broader and multi-disciplinary focus with more collateral history about patients from community teams, including the patient/carer. The Multi-disciplinary Team (MDT) whiteboard was updated to identify whether the person is open to DWS
- Staff attended weekly Hospital Later Life Psych Liaison MDT and weekly case discussion, working closely with the Hospital Dementia Team
- There was a focus on handover between wards/hospitals – ‘handing over the baton’ to reduce duplication of work and creating a consistent process for doing so

#### *Staff communicating with DWS:*

- Increased knowledge of the service and clear understanding on targeted wards as to what the DWS provides. There is increased acute staff confidence knowing that there will be a planned follow-up in community and that handover between trusts can be facilitated by DWS
- Increased understanding within DWS of key areas of hospital and staff roles within it to aid others understanding including GPs, carers, etc. staff delivered workshops, coaching sessions and developed a pack of resources to support DWS staff who now report that

the feel more engaged and are bringing more cases for case discussion when the service user is in hospital, reflecting a change in culture

- A Hospital Information Pack was produced in collaboration as a resource for staff / GPs / Care Homes. This is a useful checklist of things to consider for a person with dementia during a hospital stay

The project has been met with high acclaim with improved collaboration, communication and learning between the services. A staff member from the Acute Trust has said that:

*“It was good for our team to be challenged in a different way. It shows we can work outside of our organisation with a mission that doors of UHBT are open from dementia perspective. In terms of external engagement this has been the biggest achievement to date. We also now have a Navigator in the Memory Café. This is reinforcing a powerful message - if we can do this for dementia, why can't we do the same for other long-term conditions?”*

As a result of this project, the service has developed an Enhanced Support Function and reviewed resources to create this. The positive relationships developed through this project will be maintained and the service will continue to review what is working, and what isn't, and what more it can do to support people's journeys with a more seamless transition from primary care, to community support and/or care homes.

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

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

Achievement of the CQUIN is reliant on 90% of patients having an up-to-date CPA (Care Programme Approach), care plan or a comprehensive discharge summary which has been shared with their GP. This is measured by the completion of a local audit of communications. We completed the objectives set out in this indicator and the CQUIN has been fully achieved.

### **Mother and Baby Interim Unit 2018/19 - Improving physical healthcare**

In October 2018 the new Mother and Baby Unit team began a new CQUIN in line with the other national physical healthcare requirements to provide cardio metabolic assessment and treatment for patients. We have achieved our targets for this CQUIN.

### **CQUINS for 2019/20**

CQUIN targets for 2019/20 have been published by NHS England and NHS Improvement and include:

#### **Staff Flu vaccinations**

The Trust target is to achieve an 80% uptake of flu vaccinations by frontline clinical staff.

#### **Alcohol and Tobacco – Screening and brief advice**



The Trust Targets are to screen 80% of inpatients who are admitted to an inpatient ward for at least one night for both smoking and alcohol use and to provide 90% of identified smokers with brief advice and 90% of patients identified as drinking above low risk levels brief advice or offered a specialist referral.

### **72hr follow up post discharge**

The Trusts target is for 80% of adult mental health inpatients to receive a follow-up within 72hrs of discharge from a CCG commissioned service.

### **Mental Health Data Quality: MHSDS Data Quality Maturity Index**

The Trusts target is to achieve a score of 95% in the MHSDS Data Quality Maturity Index (DQMI).

### **Mental Health Data Quality: Interventions**

The Trusts target is to achieve 70% of referrals where the second attended contact takes place between Q3-4 with at least one intervention with the intention to demonstrate a range of interventions in the time period.

### **Use of Anxiety Disorder Specific Measures in Improving Access to Psychological Therapies (IAPT)**

The target is to achieve 65% of referrals with a specific anxiety disorder to finish a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).

### **NHS England - Achieving Healthy Weight in Adult Secure Services**

The indicator has 3 strategic goals and aims to deliver a healthy service environment in adult secure services regardless of security level, to promote and increase healthy lifestyle choices including increased physical activity (in line with expectations set out in NHS England guidance) and healthier eating in all patients in adult secure services and ensure continuity in approach and promotion of good practice across high, medium and low secure services.

### **NHSE England – Liaison and Diversion**

There are three parts to the Liaison and Diversion CQUINs:

- The CQUIN aims to offer peer support to all service users assessed as having a vulnerability and are suitable for peer support, and to inform all of the opportunity to become a peer supporter.
- 100% of all women assessed as having a vulnerability that require external referral are signposted or directed to dedicated female pathways.
- That outcomes are known for all referrals into external services.

### **Clinical Audits for Improvement**



During the 2018/19 clinical audit year, the Quality Improvement (QI) team have continued work to improve the blend between clinical audit and improvement. This has included on-going work to streamline the clinical audit programme, which now sits within a larger Quality Improvement Programme. The clinical audit programme continues to follow a prioritised approach based on the Healthcare Quality Improvement Partnership (HQIP) best practice document - this enables focussed engagement with the mandatory elements of the clinical audit programme.

The QI team have continued to develop a range of resources to support clinicians engaging in clinical audits, including resource packs, top tips guides and reporting templates, and offer bespoke support to clinicians leading the audits. All clinical audits and quality improvement initiatives are registered on the central Quality Improvement, including Clinical Audit, Programme, and monitored through regular contact between the QI team and the audit lead. Monthly updates are captured on the programme, which includes a RAYG status. The programme is reported and monitored via a bi-monthly report to Trust Executive Committee and Quality and Safety Committee.

The QI team also successfully coordinated Devon Partnership Trusts first Clinical Audit Awareness Week (CAAW) in November 2018, which included clinical audit coaching sessions, clinical audit training and promotion and marketing of the range of tools available to support clinical audit. The QI team received recognition and an award from the Chair of the National Quality Improvement, including Clinical Audit, Network (NQI-CA-N) for the work completed during CAAW.

In March 2019, the QI team and members of the Clinical Effectiveness and Assurance Group (CEAG) won an award at the South of England Mental Health Quality and Patient Safety Improvement Collaborative for their work in blending audit with quality improvement. The award was endorsed by the Collaborative who praised the team's strong track record of working in partnership with experts by experience and sharing their learning across the Collaborative. The Collaborative noted that through a commitment to QI methodology they have improved clinical governance and audit processes in order to improve patient care and patient safety.

### **The 2018/2019 Clinical Audit Programme consisted of:**

#### **National Audits**

- National Clinical Audit of Anxiety and Depression
- National Clinical Audit of Anxiety and Depression – Spotlight on Psychology and Psychological Therapies
- National Clinical Audit of Psychosis – Spotlight on Early Intervention Services
- National Audit of Care at the End of Life

#### **National CQUIN Target Audit**

- Physical Health Monitoring 3a (Cardio Metabolic Assessment and Treatment for Patients with Psychosis)
- Physical Health Monitoring 3b (Communication with GPs)

#### **Commissioner Identified Audits**

- Compliance with Child K Recommendations (Drug Service Serious Incident Review)
- Antimicrobial prescribing.

#### Directorate Level Clinical Audit

- Dual Diagnosis Audit (Health and Social Care Advisory Service) – Adult Directorate
- Challenging Behaviour – Learning Disability Service
- Section 17 leave (recording of cancelled/postponed leave) – Adult inpatient wards
- Compliance with Trust Prescribing Guideline (PG14) Behavioural & Psychological Symptoms of Dementia (BPSD)
- Challenging Behaviour Pathway Audit - Learning Disability
- Use of MDT birth plans - Perinatal service
- Physical Health Monitoring against Improving Physical Health CQUIN requirements for year August 2017/18 – Secure inpatient
- Quality review of records – Adult Directorate
- Completion of Mental State Examination prior to Discharge - Adult inpatient wards
- SPA triage processes

#### Key Findings from 2018 CQC Inspection


Throughout the 2018 report, the CQC commends 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.’ This has been a regular theme in the CQC’s comments over the last few years and is a great source of pride for our whole organisation. The CQC also 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 needed to focus more attention and we explained the action we were already taking to address these issues. The most significant challenges we continue to address are within our community mental health services for adults with mental health needs. These services were rated as ‘Requires improvement’ following the last inspection, despite acknowledged improvements in some areas. These are our core services and they provide invaluable support for a large number of people, however, they remain under sustained pressure as demand rises and investment for core mental health services nationally remains low.

There are robust programmes of work in place to continue to make progress with these services, particularly in improving waiting times and ensuring that people have physical health checks. Listening to the teams delivering these services, understanding their challenges and working in partnership to address them is clearly vital to achieve sustainable improvement. A range of staff engagement events commenced in spring 2019, led by the newly-formed Core Services Board – which is now responsible for the leadership of our core services, guiding the improvement programme and monitoring performance.

## 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

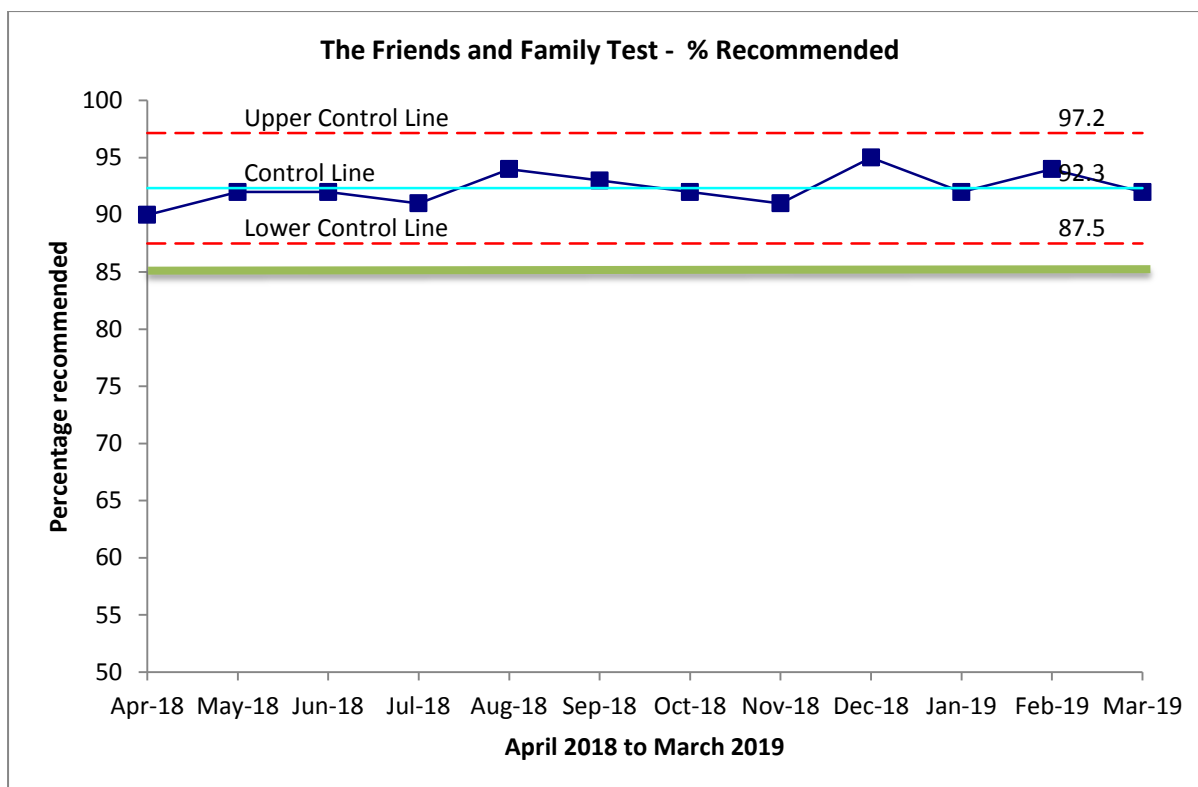
In 2018/19 the feedback we received from the public through The Friends and Family Test continued to be hugely positive and we have worked hard with services to encourage feedback and expand the number of responses received.

During the year, 5,664 people (a 18.15% increase from 4,794 last year) took the time to provide their feedback about their experience of using our services. This represents a 12% response rate against the national average response rate of 3%. The percentage of those who would recommend them to friends and family has also consistently remained over the performance target set by our commissioners of 85%, with an average of 92.3%. This means that 5,230 responses out of 5,664 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. One notable addition is the new survey for Older Persons Mental Health in Torbay which has been trialled for six months and is due to be rolled out for further trial to an inpatient unit in North Devon. There has also been consultation with the Single Point of Access Teams and their survey will be implemented during April 2019.

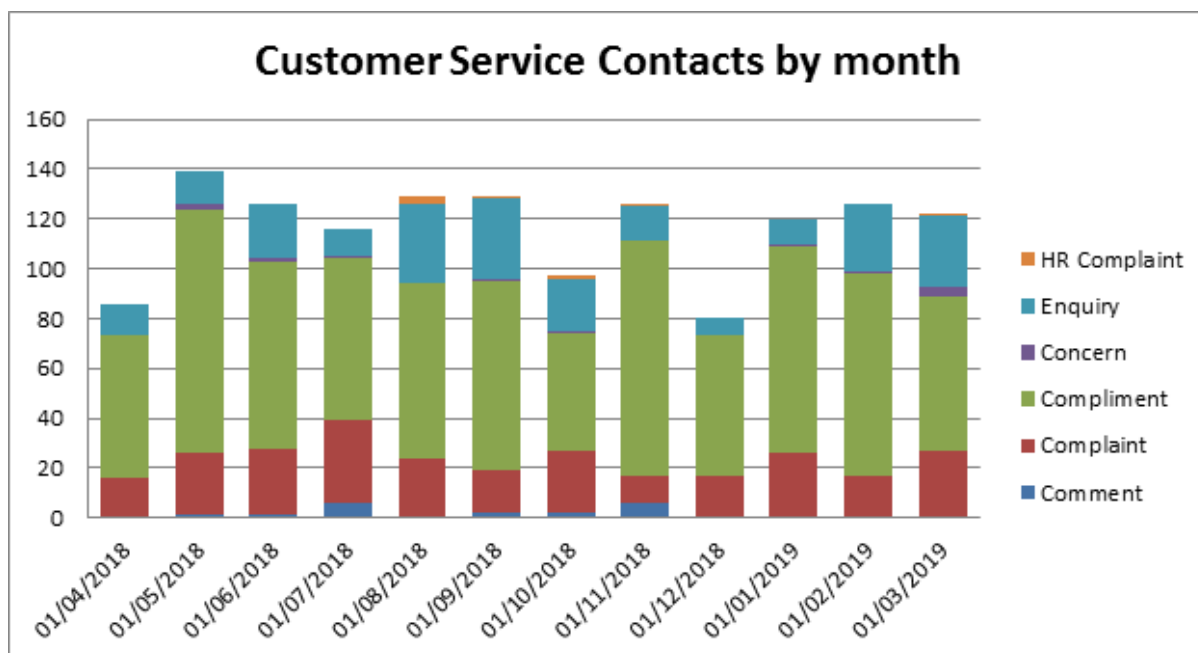
The Friends and Family Test and additional survey questions remain the Trust's most widely used tool to ask how we are performing and we are constantly working to improve the way we listen to people and respond to their feedback. The comments and knowledge that teams have received through this process 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:



### Compliments and Complaints

During 2018/19 the Patient Experience Team received 265 complaints (a slight increase from 263 in 2017/18), 864 compliments (previous year 655), 12 concerns, 230 enquiries (up from 197), 18 comments and seven HR Complaints. 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. Teams now also have the ability to input compliments directly onto the Risk Management System.

Of the complaints received, 78% related to either clinical care or attitude of staff and 97.4% were acknowledged within three days. Processes have been improved and now 100% of complaints received directly by the Patient Experience Team are acknowledged within the three day target.

The agreement to introduce a post for a substantive complaints investigating officer has been successfully implemented and they have assisted the Directorates by taking on the investigations of the more complex and cross directorate/agency complaints.

The annual complaints report will be submitted to the Board in July 2019 as part of the 2018/19 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 and this can include their learning from experience groups or equivalents. Any actions that arise from issues such as complaints, are monitored through the Directorate quality 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, the Trust wide group considers all areas of learning including incidents. Each meeting focuses on a theme with past topics including Violence and Aggression, Self-harm and suicide, Physical Health care, User and Carer involvement and patient and family centred care, Medication, Falls and Pressure Ulcers. Each meeting includes case studies and the presentation of Root Cause Analysis Investigations and presentations from various leads, for example, Safeguarding, Medicines management, resuscitation lead, engagement and Information Governance.

Local Learning from Experience groups are also held at Directorate level where incidents, complaints, RCA actions and learning are discussed. These meetings are attended by team managers, the medicines management team and members of the Experience Safety and Risk team.

Some examples of how teams have put learning into action include:

- As a result of a number of complaints an action was identified for the Practice Leads from Specialist Services and Adult Community to review the perceived gap in services between Talkworks (Depression and Anxiety) and Adult Mental Health Services.
- To ensure that general Trust learning, rather than individual directorate learning, is disseminated from complaints the Trust's safety briefing has been changed to include learning from complaints. The safety briefing is sent to key staff and is available for all staff to access on Daisy.
- A change in practise was implemented following a complaint regarding referral to the Arts Therapy service. The referral form now contains changes in relation to capacity, best interest decisions and consent.
- Following a complaint regarding the safeguarding process the Safeguarding Team have introduced feedback forms for patients after a safeguarding enquiry to explore their experience of the safeguarding process. The Care Coordinators have also been reminded of the importance to share the outcome of the Safeguarding Enquiry with the person involved.

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

In the latest staff Friends and Family Test, 61% of our staff recommended us as a place to receive care and treatment and 49% recommended us as a place to work. These results are lower than last year which is disappointing, although the number of staff completing them is also very low.

We are currently working on a refresh of our Organisational Development Plan which will include a review of how we are engaging with staff and how we can ensure that their feedback is acknowledged and acted upon.

### **Speaking up – Raising concerns**

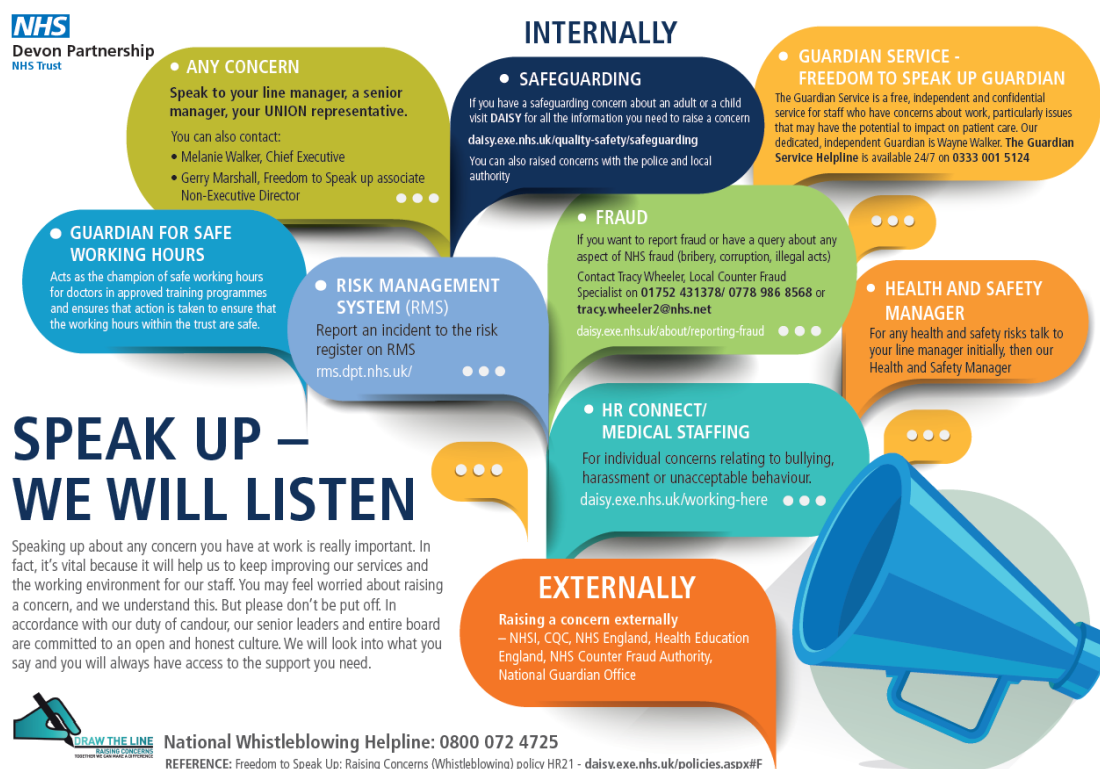
We have a dedicated Freedom to Speak up Guardian Service, which is a free, independent and confidential service for staff who have concerns about work, in particular issues that may have the potential to impact on patient care. This service is available 24 hours a day, 7 days a week. Our Guardian presents all of our Trust Induction sessions to raise awareness of the service, how to raise a concern, and what happens when a concern is raised.

Alongside our Freedom to Speak up Guardian we have a named Executive and Non-Executive Lead for raising concerns. Our raising concerns policy is aligned to the national policy and was developed in partnership with the Freedom to Speak up Guardian.

We actively took part in the national Freedom to Speak up month in October 2018 and encourage staff to raise concerns in a number of ways which are illustrated below.



57 staff contacted the freedom to speak up service in 2018/19. Feedback to those who raise a concern is either given via the Freedom to Speak up Guardian or via the named manager to whom the concern was raised. Our Freedom to Speak up Guardian presented to our Board in January 2019 and this will continue on a yearly basis. We are developing our vision and strategy in relation to freedom to speak up to ensure staff know how to raise concerns, are supported to do so, and thanked for raising a concern. We have agreed a communications plan to continue to raise awareness and to share internal and external learning from concerns raised



## Duty of Candour

The Duty of Candour is a requirement for Trusts to be able to provide evidence that when things have gone wrong and harm has occurred, staff provide an apology, an explanation and support is offered. This is followed up with a letter within 10 days.

Occasionally things do go wrong, but only a small number of these incidents cause actual harm. The aim of the Duty of Candour is to make sure that we are open and transparent when things go wrong and cause harm to people we are looking after.

We want people who use our services to be able to raise concerns freely and to ask questions about their care and our services. We will publish information about how our services are working, including information on where we could be doing better.

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 compliance with the Duty of Candour is measured. This is fed back to teams and on to the Commissioners.

An Internal Audit was recently undertaken looking at the compliance of the organisation with this statutory duty. It concluded that there is a satisfactory level of assurance and that the organisation has robust controls and processes in the areas reviewed with respect to DoC, although the report also identified a small number of low-risk areas where processes could be further improved, particularly around focused DoC training to improve compliance.

### **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 2018/19 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.



## Health and Adult Care Scrutiny Committee

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

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the Devon Partnership NHS Trust's Quality Account for the year 2018/19. All references in this commentary relate to the reporting period of the 1st of April 2018 to the 31st of March 2019 and refer specifically to the Trust's relationship with the Scrutiny Committee.

The Scrutiny Committee commends the Trust on a comprehensive Quality Account for 2018-19 and believes that it provides a fair reflection of the services offered by the Trust, based on the Scrutiny Committee's knowledge.

In terms of the priorities for 2018-19 Members appreciate the work undertaken by the Trust in the opening the Psychiatric Intensive Care Unit. The Committee was grateful for having been able to visit the Unit and highly commends the work done. The Committee notes that the progress of the Trust in the implementation of its multi-organisational Suicide Prevention work plan has been positive but recognises that time is needed to make all the changes required.

The Committee appreciates the Trust's implementation of care pathways to support people with a diagnosis of Personality Disorder and people with a 'dual diagnosis'.

Members also continue to applaud the Trust's work with care partners regarding the physical health of patients, and the Trust's work using the Together approach.

The Committee fully supports the Trust's Quality Priorities for Improvement 2019/20 and expects that the Trust will continue to safeguard patients and provide the very best quality care the Trust can. Members also appreciate the Trust's priority to eliminate waiting lists above national or local targets.

The Committee also supports the Trust's goal of moving towards nobody being admitted to an acute inpatient ward outside their local area. Working towards zero incidence of restraint and seclusion in inpatient services is also greatly supported by members.

Members anticipate that regular information on the progress of improving patient safety regarding violence and suicide will be shared by the Trust.

The Committee welcomes a continued positive working relationship with the Trust in 2019/20 and beyond to ensure the best possible outcomes for Devon residents.

## Devon Partnership NHS Trust Quality Report Commentary 2018/19

NHS Northern Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) & South Devon and Torbay Clinical Commissioning Group, (SDT CCG) (as of 1<sup>st</sup> April 2018 known as 'NHS Devon CCG') would like to thank the Devon Partnership NHS Trust (DPT) for the opportunity to comment on its quality account for 2018/19. DPT is commissioned by NHS Devon CCG to provide a range of secondary and integrated community services across Devon. We seek assurance that care provided is safe and of high quality, that care is effective and that the experience of that care is a positive one.

As Commissioners we have taken steps to review the accuracy of data provided within this Quality Account and consider it contains accurate information in relation to the services provided and reflects the information shared with the Commissioner over the 2018/19 period.

During 2018/19 we recognise that there have been a number of challenging issues for DPT. These include: Recruitment to medical and nursing posts, increasing waiting times in some services, and the need for some people to travel out of the county to receive their care.

We recognise the work undertaken by the Trust to address issues of waiting times for treatment. The Trust's development of a Core Services Board provides dedicated focus on this issue. The Community Services provided by DPT have been highlighted as an area of focus, especially with national drives to keep people at home and in the community rather than an acute in-patient unit. In addition, the work done to improve the timely response of services to those presenting at Accident and Emergency not only benefits DPT patients but the local Healthcare System as a whole.

The participation in 6 national clinical audits this past year demonstrates DPT's continued wish to be part of developing services in the future and providing patients and their support networks with the best possible care

The Quality Account highlights a number of positive results against key objectives for 2018/19. These include:

- **People receiving care outside of the county:** 2018 / 19 saw the opening of the 10 bed Psychiatric Intensive Care unit on the Wonford site as well as the interim Mother and Baby Unit. Both these facilities have reduced the need to ask people to go out of county to receive care meaning they have been able to stay local to friends and family to receive additional support. We note that

this continues to be a focus for 2019 / 20 with the target of nobody being admitted to an acute inpatient ward outside their local area

- **The use of patient, family, and carer feedback:** it is encouraging to see that the Trust continues to engage with and learn from patients and carers through feedback from several sources. Complaints, concerns, comments, national and local surveys, 'Patient Opinion' and other patient experience tools. These are encapsulated in the Trust's "Together" approach and continue to be embedded in processes such as recruitment and pathway development. We again recognise the provider's ongoing commitment to supporting further development of patient feedback as a priority for the coming year.
- **Safety Programme:** Other improvements to Quality stated in the report are noted, with reference to the ongoing development of a number of safety initiatives including assessing and monitoring the physical health of people. Welcome examples being, the Sepsis Resource Tool and National Early Warning Score, working towards zero suicides in inpatient settings by April 2021.
- **Staff Health and Well-being:** As part of this year's Commissioning for Quality and Innovation (CQUIN) targets, work has been done with staff to increase the uptake of the flu vaccine and provide more healthy eating options.

The Trust aspire to continuous improvement with quality and safety and meet regularly with appropriate staff within the CCG to ensure this. We continue to work together with the Trust to address the continuing challenge of reviewing serious incidents to ensure that any appropriate learning / action is identified and promptly disseminated and implemented across the Trust.

We can confirm the Quality Account reflects our experience as commissioner.

The CCG looks forward to working with DPT in the coming year, in continuing to make improvements to the quality of the services provided to the people of Devon.

**Simon Tapley**

**Interim Accountable Officer/ Director of Commissioning**

**NHS Devon Clinical Commissioning Group**

## Healthwatch Torbay

### Quality report response from Healthwatch Torbay

Healthwatch Torbay is the independent local champion for people who use health and social care services within the localities of Brixham, Paignton and Torquay. Central to our role is ensuring that the views of local people are taken into account at all levels of service planning and delivery. The Trust's Quality Report has a theme throughout showing awareness of the importance given to this approach and the way that feedback from individuals, families and carers has been used.

Although Healthwatch Torbay has not contributed directly to this process as much this year as in the past, we have been involved in a substantial piece of work commissioned by Healthwatch England. This was around mental health and maternity in Torbay. The perinatal mental health team, were generous in giving their time to support us in this work which has now been submitted for inclusion in a national report. Our research gave useful insight into what is important to individuals and much of what we found is reflected in the vision of the Quality Report. The importance of the new Mother and Baby Unit as the flagship for the perinatal mental service; the work to reduce travel out of the county and the value of a drop-in crisis cafe in Torbay, were all recognised. The level of anxiety and depression in Torbay was a recurrent issues, as was the concern about the interaction between physical health and mental health in both mothers and fathers. Our work also identified the positive impact of community support and the associated challenge of fund-raising to maintain these third sector services, essential for the continuity of care.

Our insight, gained by engaging with individuals and their carers is reflected in the Quality Report in other ways. The value of carer awareness training, the Triangle of Care and carer support cannot be overstated. Similarly we know that continuity of care across the whole pathway of care including discharge, cannot be taken for granted.

The Quality Report is intended to be a document which can be used by the public to understand the system. This report is commended in the efforts made to make it both readable and relevant to the experience of those who use the service. Overall we consider that the Quality Report presents a realistic overview of the Trust's performance and identifies appropriate internal controls and assurances.

## Healthwatch Torbay

May 2019





Healthwatch Bristol welcomes the opportunity to comment on the Devon Partnership NHS Trust Quality Account 2018/19.

The Dementia Wellbeing Service is delivered by Bristol Dementia Partnership which brings together Alzheimer's Society and Devon Partnership NHS Trust and is responsible for delivering dementia services in the city of Bristol.

Healthwatch Bristol congratulates Devon Partnership NHS Trust on the contract extension to the service. Healthwatch Bristol has had no public comments on the Dementia Wellbeing Service this year. Healthwatch Bristol applaud the work to include a named Dementia Practitioner and Dementia Navigator at every GP practice across the city. Healthwatch look forward to hearing more about the Acute Liaison Team that focuses on proactive intervention in the community during 2019/20.

## **Commentary provided by Healthwatch Devon in response to the quality account 2018/19 produced by**

### **Devon Partnership NHS Trust**

Healthwatch Devon welcomes the opportunity to provide a statement in response to the quality account produced by the Devon Partnership NHS Trust for the year 2018/19. Our statement is based on our knowledge of the Trust and its services and on the feedback we have received about the quality of the services DPT provides.

#### **Review of quality performance in 2018/19**

##### **Priority 1: Implementation of our multi-organisational Suicide Prevention work plan.**

Improving the care provided to those at risk of suicide not only supports the patient but also the patient's family, carers and the local community, Healthwatch Devon recognises the achievements made within this priority.

##### **Priority 2: Implementation of care pathways to support people with a diagnosis of Personality Disorder (PD) and people with a 'dual diagnosis' (people with issues related to both mental health and addiction).**

Healthwatch Devon notes the significant efforts within this priority and notes the year on year improvements within the care plan that the audit has shown and recognises that there is still progress that the Trust wishes to achieve.

##### **Priority 3: Agreement with primary care partners to monitor the physical health of people with mental health and learning disability needs.**

Whereas the Physical Health CQINN was not met for this year Healthwatch Devon recognises that the Trust has continued to make good progress against this priority.

##### **Priority 4: Implementing the Positive Behavioural Support Programme in Learning Disability Services.**

Healthwatch Devon recognises that over the past 12 months good progress has been made against this priority, which has resulted in a coordinated programme of training as well as developing and reviewing associated documentation and also sharing the experiences and good practice across the South West allowing others to benefit from this priority.

**Priority 5: Opening of our Psychiatric Intensive Care Unit (PICU)**

The use of feedback from the public's experiences of similar providers is a valuable source of information for an organisation to use to be able to improve the patients, carers and the patient's families experience, also assisting the patients prompt recovery thereby releasing resource for subsequent patients. This can only aid the reputation of the hospital and its staff which will ultimately reflect in the user sentiment which Healthwatch Devon collates.

**Priority 6: Opening of our interim Mother and Baby Unit (MBU)**

Healthwatch Devon recognises the progress made for this priority and that the support that this will give to mothers experiencing mental health issues will benefit the wellbeing of the family unit.

**Priority 7: 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.**

Engaging with families and carers in the work of the Trust is an important aspect of patient care and Healthwatch Devon recognises the progress made over the last year and that the Trust is endeavouring to improve on this success.

**Priorities for 2019/20**

Healthwatch Devon are looking forward to the service improvements that next year's priorities can provide;

- **Priority 1** Measurable improvements in the physical health of people using our services, for example smoking and obesity.
- **Priority 2** Working towards zero incidence of restraint and seclusion in our inpatient services.
- **Priority 3** Working towards every person in our inpatient services feeling sexually safe.
- **Priority 4** Working towards zero incidence of violence in all of our inpatient services.
- **Priority 5** Move towards nobody being admitted to an acute inpatient ward outside their local area.
- **Priority 6** Work towards zero suicides.

- **Priority 7** Move towards the elimination of waiting lists above national or local targets.

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

No changes have been made to the 2018/19 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 2018/19 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 2018 to May 2019
  - Papers relating to quality reported to the Board over the period April 2018 to 23 May 2019
  - Feedback from Bristol Healthwatch dated 15 May 2019
  - Feedback from NHS Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group (CCGs) dated 23 May 2019
  - Feedback from Devon County Council Health and Adult Care Scrutiny Committee dated 21 May 2019
  - Feedback from Healthwatch Devon dated 22 May 2019
  - Feedback from Healthwatch Torbay dated 17 May 2019
  - 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 2018 Community Mental Health Survey dated November 2018
  - The 2018 National NHS staff survey dated March 2019
  - The Head of Internal Audit's Annual Opinion of the Trust's control environment dated 23 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

23 May 2019



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

23 May 2019

## 4. Financial Statements

# ***Independent Auditors' Report to the Directors of Devon Partnership Trust NHS Trust***

## **Report on the audit of the financial statements**

### **Opinion**

In our opinion, Devon Partnership NHS Trust's ("the Trust") financial statements (the "financial statements"):

- give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of the Trust's income and expenditure and cash flows for the 31 March 2019; and
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19.

We have audited the financial statements, included within the 2018/19 Annual Report, Quality Account and Financial Accounts (the "Annual Report"), which comprise: the Statement of Financial Position as at 31 March 2019; the Statement of Comprehensive Income for the year ended 31 March 2019; the Statement of Cash Flows for the year ended 31 March 2019; the Statement of Changes in Equity for the year ended 31 March 2019; 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 Local Audit and Accountability Act 2014, 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 the 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 Trust'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 the 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. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

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 2018/19 have been included.

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.

### **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 2019 is consistent with the financial statements and has been prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19.

In light of the knowledge and understanding of the 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 and Staff reports to be audited have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19.

## **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 63, the directors are responsible for the preparation of the financial statements in accordance with the Department of



Health and Social Care Group Accounting Manual 2018/19, and for being satisfied that they give a true and fair view. The directors are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the 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 the Trust or to cease operations, or have no realistic alternative but to do so.

The Trust is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

### **Auditors' responsibilities 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 Auditors' 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 ISAs (UK) 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 these 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/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Auditors' report.

We are required under section 21 of the Local Audit and Accountability Act 2014 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report to you where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We have undertaken our work in accordance with the Code of Audit Practice, having regard to the criterion determined by the Comptroller and Auditor General as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

Our audit did not consider any impact that the United Kingdom's withdrawal from the European Union may have on the Trust as the terms of withdrawal are not clear, and it is difficult to evaluate all of the potential implications on the Trust's activities, patients, suppliers and the wider economy.

### **Use of this report**

This report, including the opinions, has been prepared for and only for the Directors of Devon Partnership NHS Trust as a body in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 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 into whose hands it may come save where expressly agreed by our prior consent in writing.

## **Other required reporting**

### **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 the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We determined that there were no matters to report as a result of this requirement.

## **Other matters on which we report by exception**

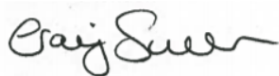
We are required to report to you if:

- we have referred a matter to the Secretary of State for Health under section 30 of the Local Audit and Accountability Act 2014 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision 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 Local Audit and Accountability Act 2014.
- we have made written recommendations to the Trust under section 24 of the Local Audit and Accountability Act 2014 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 section 21 of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.



Craig Sullivan (Senior Statutory Auditor)

for and on behalf of PricewaterhouseCoopers LLP  
Chartered Accountants and Statutory Auditors  
Bristol

24 May 2019

## Statement of Comprehensive Income for the Year Ended 31 March 2019

	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	3	157,976	144,900
Other operating income	4	10,874	9,048
Operating expenses	7,9	(158,267)	(147,850)
<b>Operating surplus from continuing operations</b>		<b>10,583</b>	<b>6,098</b>
Finance income	12	122	61
Finance expenses	13	(126)	(149)
PDC dividends payable		(2,686)	(2,090)
<b>Net finance costs</b>		<b>(2,690)</b>	<b>(2,178)</b>
Other gains / (losses)	14	-	(21)
<b>Surplus for the year</b>		<b>7,893</b>	<b>3,899</b>
<b>Other comprehensive income / (expense)</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	8	(380)	(854)
Revaluations	8,17	6,930	4,402
Other reserve movements		-	(9)
<b>Total comprehensive income for the period</b>		<b>14,443</b>	<b>7,438</b>
<b>Adjusted financial performance (control total basis)</b>			
Surplus for the period		<b>7,893</b>	<b>3,899</b>
Remove net impairments not scoring to the Departmental expenditure limit		<b>(499)</b>	<b>(57)</b>
Remove I&E impact of capital grants and donations		<b>11</b>	<b>2</b>
<b>Adjusted financial performance surplus</b>		<b>7,405</b>	<b>3,844</b>

## Statement of Financial Position as at 31 March 2019

	Note	31 March 2019 £000	31 March 2018 £000
<b>Non-current assets</b>			
Intangible assets	15	1,138	1,038
Property, plant and equipment	16	112,445	94,850
<b>Total non-current assets</b>		<b>113,583</b>	<b>95,888</b>
<b>Current assets</b>			
Inventories	18	68	57
Trade and other receivables	19	7,756	9,062
Non-current assets held for sale / assets in disposal groups	20	1,023	423
Cash and cash equivalents	21	20,583	18,962
<b>Total current assets</b>		<b>29,430</b>	<b>28,504</b>
<b>Current liabilities</b>			
Trade and other payables	22	(20,897)	(20,010)
Borrowings	24	(1,763)	(1,752)
Provisions	25	(313)	(341)
<b>Total current liabilities</b>		<b>(22,973)</b>	<b>(22,103)</b>
<b>Total assets less current liabilities</b>		<b>120,040</b>	<b>102,289</b>
<b>Non-current liabilities</b>			
Borrowings	24	(7,082)	(8,834)
Provisions	25	(1,431)	(1,131)
<b>Total non-current liabilities</b>		<b>(8,513)</b>	<b>(9,965)</b>
<b>Total assets employed</b>		<b>111,527</b>	<b>92,324</b>
<b>Financed by</b>			
Public dividend capital		46,567	41,807
Revaluation reserve		29,180	22,630
Income and expenditure reserve		35,780	27,887
<b>Total taxpayers' equity</b>		<b>111,527</b>	<b>92,324</b>

The notes on pages 170 to 209 form part of these accounts.

The financial statements were approved by the Board on 23 May 2019 and signed on its behalf by the Chief Executive:

.....  
**Melanie Walker**

Chief Executive

23 May 2019

## Statement of Changes in Equity for the Year Ended 31 March 2019

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2018 - brought forward</b>	<b>41,807</b>	<b>22,630</b>	<b>27,887</b>	<b>92,324</b>
Surplus for the year	-	-	7,893	<b>7,893</b>
Impairments	-	(380)	-	<b>(380)</b>
Revaluations	-	6,930	-	<b>6,930</b>
Public dividend capital received	4,760	-	-	<b>4,760</b>
<b>Taxpayers' equity at 31 March 2019</b>	<b>46,567</b>	<b>29,180</b>	<b>35,780</b>	<b>111,527</b>

There is no impact of implementing IFRS 15 or IFRS 9 on 1 April 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>

## 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 2019, the Trust received PDC allocations of £4,443k in relation to the Mother and Baby Unit new build, £205k for improving wifi and £122k for Health System Led Investment (HSLI) in Provider digitisation of healthcare records and pharmacy software.

### 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 8.

### 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 37.

### Statement of Cash Flows for the year ended 31 March 2019

	No te	2018/19 £000	2017/18 £000
<b>Cash flows from operating activities</b>			
Operating surplus		10,583	6,098
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	7.1	5,017	4,618
Net impairments	8	(499)	(57)
Decrease / (increase) in receivables and other assets		1,306	(3,893)
(Increase) in inventories		(11)	(2)
Increase / (decrease) in payables and other liabilities		1,255	2,882
Increase / (decrease) in provisions		271	(509)
<b>Net cash generated from operating activities</b>		<b>17,922</b>	<b>9,137</b>
<b>Cash flows from investing activities</b>			
Interest received		122	61
Purchase of intangible assets		(521)	(195)
Purchase of property, plant, equipment and investment property		(16,143)	(6,566)
<b>Net cash used in investing activities</b>		<b>(16,542)</b>	<b>(6,700)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		4,760	1,741
Movement on loans from the Department of Health and Social Care		(1,752)	1,948
Other interest paid		(127)	(139)
PDC dividend (paid)		(2,640)	(2,007)
<b>Net cash generated from / (used in) financing activities</b>		<b>241</b>	<b>1,543</b>
<b>Increase in cash and cash equivalents</b>		<b>1,621</b>	<b>3,980</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>18,962</b>	<b>14,982</b>
<b>Cash and cash equivalents at 31 March</b>	21	<b>20,583</b>	<b>18,962</b>

## Notes to the Accounts

### Note 1 Accounting Policies and Other Information

#### Note 1.1 Basis of Preparation

The Department of Health and Social Care (DHSC) has directed that the financial statements of the Trust 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 GAM 2018/19 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 GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the 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 1.1.1 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 1.2 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 2019/20 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 1.3 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 £31k (2018: £144k). It had expenditure of £135k (2018: £72k) of which £73k (2018: £25k) was spent on patient comforts, £46k (2018:

£13k) towards the Charity's fundraiser and salaries of staff involved in charitable fund projects. A further £16k (2018: £13k) was spent on governance costs which includes the Trust's administration fee of £12k for management of the charitable fund and £1k audit fees.

#### Note 1.4.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

#### Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.



## Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

Sub-contracts - In some cases the Trust subcontracts research projects out to other organisations and does not retain control of the goods or services before they are transferred to the customer. Where this is the case, and in line with IFRS 15 paragraph B36, the Trust accounts only for its own element of income and expenditure, i.e. the net amount retained. The Trust considers each research project on a case by case basis by reviewing the individual performance obligations within the associated contracts.

### Note 1.4.2 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.

### Note 1.4.3 Other income

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.

### Note 1.4.4 Secondary commissioning

The Trust acts as an agent on behalf of NHS England in relation to South West Regional Secure Services. 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 7.
- 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 1.5 Expenditure on Employee Benefits

### 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.

### Pension Scheme

#### 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. The full amount of the liability for the additional cost is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

## Note 1.6 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 1.7 Property, Plant and Equipment

### Note 1.7.1 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 1.7.2 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 (i.e. operational assets used to deliver either front line services or back office functions) 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 and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values 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 on a modern equivalent asset basis

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

##### 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

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 or reverts to the Trust, respectively.

### Revaluation Gains and Losses

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'.

### Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### Note 1.7.3 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 1.7.4 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 1.7.5 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	73
Dwellings	17	45
Plant & machinery	5	15
Transport equipment	7	7
Information technology	3	10
Furniture & fittings	5	10

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

## Note 1.8 Intangible Assets

### Note 1.8.1 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.

#### Internally generated intangible assets

Internally generated assets such as goodwill, brands and similar items are not capitalised as intangible assets.

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 1.8.2 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 1.8.3 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 is 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 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula.

#### Note 1.10 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 1.11 Financial Instruments and Financial Liabilities

##### Note 1.11.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

#### Note 1.11.2 Classification and Measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at fair value through income and expenditure when the goods or services have been received.

#### Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

#### Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust carries out regular reviews of its receivables to identify provisions for expected credit losses. No provision/credit loss is recognised where the balance is owed by another NHS body. For non-NHS receivables a provision is recognised for all non-NHS debts and salary advances over 90 days. IFRS 9 introduces the concept of providing for doubtful debts



using the expected losses model. The Trust has reviewed the expected losses model as part of the IFRS and considers its own approach to be more prudent but still compliant, with no material impact on the accounts.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

#### Note 1.11.3 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.

#### Note 1.12 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 1.12.1 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 1.12.2 The Trust as lessor

#### 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 1.13 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 0.29% (2017-18: positive 0.1%) in real terms.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation with 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.

#### 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 25.2.

#### 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 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 26 where an inflow of economic benefits is probable.

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 in note 26 unless the possibility of a payment is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

#### Note 1.15 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.

A 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;
- (iii) any PDC dividend balance receivable or payable, and
- (iv) any notified incentive and bonus Provider Sustainability Funds

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 1.16 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 1.17 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 1.18 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.

### Note 1.19 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 a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

### Note 1.20 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).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

### Note 1.21 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see 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 a quinquennial revaluation by the District Valuer. In the interim years, the Trust's building and land assets are subject to 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 1.21.1 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 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 25.1 and 25.2.
- 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 25.1.
- The NHS Pensions Agency has provided information with regard to disclosure and calculation of ill-health retirement liabilities. This information is shown at note 9.1.

#### Note 1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been adopted early in 2018/19.

#### 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 2018-19. These standards are still subject to HM Treasury FReM adoption with the exception of IFRS 16 which has been adopted into the FReM from 2020/21.

- IFRS 14 Regulatory Deferral Accounts - Not EU-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.
- IFRS 16 Leases - Application required for accounting periods beginning on or after 1 January 2019, adopted by the FReM for 2019/20: 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 23 Uncertainty over Income Tax treatments - Applications required for accounting periods beginning on or after 1 January 2019.

The Trust is in the process of reviewing IFRS16 Leases due to be adopted in 2019-20 and considers that these will have an impact on its future accounts (subject to implementation work being finalised).

## 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	2018/19 £000	2017/18 £000
<b>Expenditure</b>		
<b><u>Provider Services</u></b>		
Adult	39,862	35,115
Older People's Mental Health	16,985	15,815
Headquarters	34,317	32,001
Secure	15,465	14,567
Specialist Services	31,931	29,586
<b>Sub-total</b>	<b>138,560</b>	<b>127,084</b>
<b><u>Secondary Commissioning</u></b>		
Individual Patient Placements	14,146	15,767
Regional Secure Services	1,043	438
<b>Total expenditure</b>	<b>153,749</b>	<b>143,289</b>

Reconciliation to Trust surplus	2018/19 £000	2017/18 £000
<b>Trust income</b>	<b>168,850</b>	<b>153,948</b>
Directorate expenditure (above)	(153,748)	(143,287)
Depreciation (including donated)	(4,601)	(4,188)
Amortisation	(416)	(430)
Reversal of impairment	499	57
<b>Trust expenditure</b>	<b>(158,267)</b>	<b>(147,850)</b>
Operating surplus from continuing operations	<b>10,583</b>	<b>6,098</b>
Finance costs	(2,690)	(2,178)
Other gains / (losses)	0	(21)
<b>Surplus for the year</b>	<b>7,893</b>	<b>3,899</b>

Segmental expenditure reflects operating expenses as disclosed at note 7.1 minus depreciation (including donated), amortisation, and impairments of £4,518k (17/18 - £4,563k). Segment non-operating expenditure reflects all remaining items in the accounts that make up the overall Trust surplus.

Segment income, profit and net assets are not routinely calculated or reported.

### Note 3 Operating Income from Patient Care Activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1.

<b>Note 3.1 Income From Patient Care Activities (By Nature)</b>	<b>2018/19 £000</b>	<b>2017/18 £000</b>
<b>Mental health services</b>		
Cost and volume contract income	28,482	23,129
Block contract income	106,783	114,098
Clinical partnerships providing mandatory services (including s75 agreements)	5,686	5,094
Clinical income for the secondary commissioning of mandatory services	14,773	14,283
Other clinical income from mandatory services	844	707
<b>All services</b>		
Agenda for Change pay award central funding	1,408	-
<b>Total income from activities</b>	<b>157,976</b>	<b>144,900</b>

<b>Note 3.2 Income From Patient Care Activities (By Source)</b>		
<b>Income from Patient Care Activities Received from:</b>	<b>2018/19 £000</b>	<b>2017/18 £000</b>
NHS England	26,739	24,337
Clinical commissioning groups	122,118	114,201
Department of Health and Social Care	1,408	-
Other NHS providers	2,774	2,319
Local authorities	2,867	2,162
Non NHS: other	2,070	1,881
<b>Total income from activities</b>	<b>157,976</b>	<b>144,900</b>

<b>Note 4 Other Operating Income</b>	<b>2018/19 £000</b>	<b>2017/18 £000</b>
Research and development (contract) <sup>1</sup>	852	1,234
Education and training (excluding notional apprenticeship levy income)	2,462	2,973
Provider sustainability fund (PSF)	4,671	2,059
Income in respect of staff costs where accounted on gross basis	1,013	1,115
Other contract income	1,517	1,365
<b>Other non-contract operating income</b>		
Education and training – notional income from apprenticeship fund	164	57
Charitable and other contributions to expenditure	12	16
Rental revenue from operating leases	183	229
<b>Total other operating income</b>	<b>10,874</b>	<b>9,048</b>
<b>Total income</b>	<b>168,850</b>	<b>153,948</b>

<sup>1</sup> – Research and development income has been accounted for on a net basis where the Trust has sub-contracted the research in accordance with IFRS 15. A retrospective amendment for 2017/18 is not required.

#### Note 5.1 Additional information on revenue from contracts with customers recognised in the period

There was no revenue recognised that was included within contract liabilities at the previous period.

#### Note 5.2 Transaction price allocated to remaining performance obligations

The Trust is not party to any contracts that require it to recognise revenue unless it directly corresponds to work done. As such, further disclosure in relation to transaction price allocated to remaining performance obligations is not required.

#### Note 6 Fees and charges

The Trust does not receive income from service users towards the services it provides them (2017/18 – none)

Note 7.1 Operating Expenses	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	1,209	707
Purchase of healthcare from non-NHS and non-DHSC bodies	23,300	22,216
Staff and executive directors costs	103,345	97,828
Remuneration of non-executive directors	55	50
Supplies and services - clinical (excluding drugs costs)	1,341	1,754
Supplies and services - general	1,516	1,951
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,605	1,491
Consultancy costs	186	271
Establishment	3,137	2,664
Premises	6,139	6,077
Transport (including patient travel)	2,703	2,376
Depreciation on property, plant and equipment	4,601	4,188
Amortisation on intangible assets	416	430
Net impairments	(499)	(57)
Movement in credit loss allowance: contract receivables / contract assets <sup>1</sup>	(41)	
Movement in credit loss allowance: all other receivables and investments <sup>1</sup>	(25)	44
Change in provisions discount rate	(24)	19
Audit services- statutory audit	37	38
other auditors' remuneration (external auditor only)	20	12
Internal audit costs	151	149
Clinical negligence	577	536
Legal fees	64	68
Insurance <sup>2</sup>	640	261



Research and development	219	853
Education and training	1,256	887
Rentals under operating leases	1,306	1,227
Early retirements	-	1
Redundancy <sup>3</sup>	(28)	(145)
Car parking & security	75	73
Hospitality	62	49
Other services, e.g. external payroll	837	479
Other <sup>4</sup>	2,087	1,353
<b>Total</b>	<b>158,267</b>	<b>147,850</b>
<sup>1</sup> New disclosure following the introduction of IFRS9. See note 19.3 for further details.		
<sup>2</sup> This cost is inclusive of the creation of a new injury benefit provision for £390k.		
<sup>3</sup> Redundancy relate to an overall net decrease in the restructuring provisions.		
<sup>4</sup> Other costs during the year ended 31 March 2019 comprise professional fees £538k (17/18 - £434k) subscriptions and licenses £567k (17/18 - £402k), plus SLA overheads and miscellaneous items totalling £719k (17/18 - £204k).		

<b>Note 7.2 Other Auditors' Remuneration</b>	<b>2018/19 £000</b>	<b>2017/18 £000</b>
<b>Other auditors' remuneration paid to the external auditor:</b>		
Audit-related assurance services	20	12
<b>Total</b>	<b>20</b>	<b>12</b>
<sup>1</sup> Other auditor remuneration comprises work undertaken on the Quality Account.		

#### Note 7.3 Limitation on Auditors' Liability

The limitation on auditors' liability for external audit work is £1m (2017/18: £1m).

<b>Note 8 Impairment of Assets</b>	<b>2018/19 £000</b>	<b>2017/18 £000</b>
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Changes in market price	(499)	(57)
Impairments charged to the revaluation reserve	380	854
<b>Total net impairments</b>	<b>(119)</b>	<b>797</b>

Impairments are a result of a professional valuation of the Trust's estate as carried out in 2018/19 by the District Valuers of HM Revenue & Customs.

The valuation of Trust's estate may result in impairments or reversals of previous years impairments compared to carrying values which are required to be recognised in the Statement of Comprehensive Income (SOCl). Where there is no revaluation reserve in place to accommodate an impairment this may lead to an in-year charge. For the year ended 31 March 2019, a net credit of £499k (2018: £57k) (total impairments of £162k less reversals of £661k) has been applied to the SOCl.

In addition, there has been an increase to the revaluation reserve relating to the valuation of land totalling £764k (2018: £976k) and a net increase to the revaluation reserve relating to buildings of £5,786k (2018: £2,557k). This is shown in the table below:

Revaluation impact on revaluation reserve	Land £000	Buildings £000	Total £000
Revaluation increase	764	6,166	<b>6,930</b>
(Impairment) / reversal	-	(380)	<b>(380)</b>
<b>Net increase to revaluation reserve</b>	<b>764</b>	<b>5,786</b>	<b>6,550</b>

Revaluation impact on I&E reserve	Land £000	Buildings £000	Total £000
Impairment reversals (previously charged to SOCl)	-	661	<b>661</b>
(Impairment)	-	(162)	<b>(162)</b>
<b>Net increase to income and expenditure reserve (2018/19 surplus)</b>	<b>-</b>	<b>499</b>	<b>499</b>

Note 9 Employee Benefits	2018/19 Total £000	2017/18 Total £000
Salaries and wages	82,511	76,748
Social security costs	7,584	7,214
Apprenticeship levy	392	364
Employer's contributions to NHS pensions	10,298	9,574
Pension cost - other	20	7
Termination benefits	-	-
Temporary staff (including agency)	4,951	4,141
<b>Total staff costs</b>	<b>98,048</b>	<b>98,048</b>
<b>Of which:</b>		
Costs capitalised as part of assets	439	365

### Note 9.1 Retirements Due to Ill-Health

During 2018/19 there were 5 early retirements from the Trust agreed on the grounds of ill-health (3 in the year ended 31 March 2018). The estimated additional pension liability of these ill-health retirements is £162k (£177k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

### Note 10 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 for Health 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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 latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

For employees not opted into the NHS Pension Scheme, the Trust offers an additional defined contribution workplace pension with National Employment Savings Scheme (NEST). A small number of employees are opted into this scheme. Employer and Employee contributions for 2018/19 were £42k (2017/18 £13k).

## Note 11 Operating Leases

### Note 11.1 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	2018/19 £000	2017/18 £000
Minimum lease receipts	183	229
<b>Total</b>	<b>183</b>	<b>229</b>
Future Minimum Lease Receipts Due	31 March 2019 £000	31 March 2017 £000
- not later than one year;	1	187
- later than one year and not later than five years;	1	-
<b>Total</b>	<b>2</b>	<b>187</b>

The majority of Trust lease income relates to one of its properties, Matford, to Virgin Care Limited for £182k per annum in its delivery of healthcare services. With the aforementioned healthcare service moving to the Devon Children Family Alliance (of which the Trust is a key partner) operating lease revenue will cease from 1 April 2019.

### Note 11.2 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 15 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.

<b>Operating Lease Expense</b>	<b>2018/19 £000</b>	<b>2017/18 £000</b>
Minimum lease payments	1,306	1,227
<b>Total</b>	<b>1,306</b>	<b>1,227</b>
<b>Future Minimum Lease Payments Due:</b>	<b>31 March 2019 £000</b>	<b>31 March 2017 £000</b>
- not later than one year;	1,162	1,330
- later than one year and not later than five years;	2,670	3,157
- later than five years.	539	587
<b>Total</b>	<b>4,371</b>	<b>5,074</b>

#### Note 12 Finance Income

Finance income represents interest received on assets and investments in the period.

<b>Note 10 Finance Income</b>	<b>2018/19 £000</b>	<b>2017/18 £000</b>
Interest on bank accounts	122	61
<b>Total</b>	<b>122</b>	<b>61</b>

#### Note 13.1 Finance Expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

<b>Note 10.1 Finance Expenditure</b>	<b>2018/19 £000</b>	<b>2017/18 £000</b>
<b>Interest expense:</b>		
Loans from the Department of Health and Social Care	125	146
<b>Total interest expense</b>	<b>125</b>	<b>146</b>
Unwinding of discount on provisions	1	3
<b>Total finance costs</b>	<b>126</b>	<b>149</b>

#### Note 13.2 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 (2017/18 – nil).

<b>Note 14 Other Gains / (Losses)</b>	<b>2018/19 £000</b>	<b>2017/18 £000</b>
Losses on disposal of assets	-	(21)
<b>Total losses on disposal of assets</b>	<b>-</b>	<b>(21)</b>

**Note 15.1 Intangible Assets – 2018/19**

	Software licences  £000	Internally generated information technology £000	Websites  £000	Intangible assets under construction  £000	Total £000
<b>Valuation / gross cost at 1 April 2018 – brought forward</b>	<b>1,655</b>	<b>930</b>	<b>-</b>	<b>176</b>	<b>2,761</b>
Additions	-	-	-	521	521
Reclassifications	177	40	29	(251)	(5)
Disposals / derecognition	(679)	(452)	-	-	(1,131)
<b>Valuation / gross cost at 31 March 2019</b>	<b>1,153</b>	<b>518</b>	<b>29</b>	<b>446</b>	<b>2,146</b>
<b>Amortisation at 1 April 2018 – brought forward</b>	<b>1,025</b>	<b>698</b>	<b>-</b>	<b>-</b>	<b>1,723</b>
Provided during the year	241	165	10	-	416
Disposals / derecognition	(679)	(452)	-	-	(1,131)
<b>Amortisation at 31 March 2019</b>	<b>587</b>	<b>411</b>	<b>10</b>	<b>-</b>	<b>1,008</b>
<b>Net book value at 31 March 2019</b>	<b>566</b>	<b>107</b>	<b>19</b>	<b>446</b>	<b>1,138</b>
<b>Net book value at 1 April 2018</b>	<b>630</b>	<b>232</b>	<b>-</b>	<b>176</b>	<b>1,038</b>

**Note 15.2 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 16.1 Property, Plant and Equipment – 2018/19**

	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 2018 - brought forward</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>
Additions	-	-	-	15,742	-	-	-	-	15,742
Impairments	-	(380)	-	-	-	-	-	-	(380)
Revaluations	764	4,532	(4)	-	-	-	-	-	5,292
Reclassifications	-	11,298	1	(13,252)	82	-	1,821	55	5
Transfers to assets held for sale	(165)	(435)	-	-	-	-	-	-	(600)
Disposals / derecognition	-	(1,695)	-	-	(495)	(223)	(945)	(161)	(3,519)
<b>Valuation / gross cost at 31 March 2019</b>	<b>17,450</b>	<b>82,503</b>	<b>455</b>	<b>11,397</b>	<b>1,567</b>	<b>20</b>	<b>7,198</b>	<b>2,111</b>	<b>122,701</b>
<b>Accumulated depreciation at 1 April 2018 - brought forward</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>
Provided during the year	-	2,836	12	-	155	3	1,393	202	4,601
Impairments	-	162	-	-	-	-	-	-	162
Reversals of impairments	-	(661)	-	-	-	-	-	-	(661)
Revaluations	-	(1,626)	(12)	-	-	-	-	-	(1,638)
Disposals / derecognition	-	(1,695)	-	-	(495)	(223)	(945)	(161)	(3,519)
<b>Accumulated depreciation at 31 March 2019</b>	<b>-</b>	<b>3,457</b>	<b>-</b>	<b>-</b>	<b>1,129</b>	<b>14</b>	<b>4,277</b>	<b>1,379</b>	<b>10,256</b>
<b>Net book value at 31 March 2019</b>	<b>17,450</b>	<b>79,046</b>	<b>455</b>	<b>11,397</b>	<b>438</b>	<b>6</b>	<b>2,921</b>	<b>732</b>	<b>112,445</b>
<i>Net book value at 1 April 2018</i>	<i>16,851</i>	<i>64,742</i>	<i>458</i>	<i>8,907</i>	<i>511</i>	<i>9</i>	<i>2,493</i>	<i>879</i>	<i>94,850</i>

**Note 16.2 Property, Plant and Equipment – 2017/18**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	IT £000	Furnitur e & fittings £000	Total £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)
Revaluations	-	770	-	-	-	-	-	-	770
Reclassifications	1,176	3,148	68	-	-	-	-	-	4,392
Disposals / derecognition	-	3,235	2	(4,669)	49	-	739	95	(549)
<b>Valuation / gross cost at 31 March 2018</b>	<b>-</b>	<b>(371)</b>	<b>(12)</b>	<b>-</b>	<b>(291)</b>	<b>-</b>	<b>(1,973)</b>	<b>(389)</b>	<b>(3,036)</b>
<b>Accumulated depreciation at 1 April 2017 - brought forward</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>
Provided during the year	-	2,305	10	-	1,579	225	4,546	1,483	10,148
Revaluations	-	2,495	10	-	179	9	1,256	239	4,188
Disposals / derecognition	-	-	(10)	-	-	-	-	-	(10)
<b>Accumulated depreciation at 31 March 2018</b>	<b>-</b>	<b>(359)</b>	<b>(10)</b>	<b>-</b>	<b>(289)</b>	<b>-</b>	<b>(1,973)</b>	<b>(384)</b>	<b>(3,015)</b>
	-	4,441	-	-	1,469	234	3,829	1,338	11,311
<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>



Note 16.3 Property, Plant and Equipment Financing – 2018/19									
	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 2019</b>									
Owned - purchased	17,450	78,773	455	11,397	436	6	2,921	730	<b>112,168</b>
Owned - donated	-	273	-	-	2	-	-	2	<b>277</b>
<b>NBV total at 31 March 2019</b>	<b>17,450</b>	<b>79,046</b>	<b>455</b>	<b>11,397</b>	<b>438</b>	<b>6</b>	<b>2,921</b>	<b>732</b>	<b>112,445</b>

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 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 Valuer's of HM Revenue 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 2018/19 using the valuation date of 31 March 2019.

The valuations have been carried out using 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 value at 31 March 2019, £4,060k (2018: £4,055k) related to land valued at Open Market Value and £555k (2018: £550k) related to buildings valued at Open Market Value. Of the land valued at Open Market Value £3,487k (2018: £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 20).

Of the total property valued at 31 March 2019, £640k (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 £28k (2018: £33k).

Asset lives are considered during the year with no changes with the exception of asset lives relating to buildings. The Trust held 1,036 of fully depreciated assets (2017/18 1,181) with a gross book value of £1,803k (2017/18 £1,884k).

There were no assets under finance leases or hire purchase contracts at the Statement of Financial Position.

<b>Note 18 Inventories</b>		
	<b>31 March 2019</b> <b>£000</b>	<b>31 March 2018</b> <b>£000</b>
Drugs	24	28
Consumables	31	24
Energy	13	5
<b>Total inventories</b>	<b>68</b>	<b>57</b>

### Note 19.1 Trade and Other Receivables

	31 March 2018 £000	31 March 2018 £000
<b>Current</b>		
Contract receivables*	6,573	-
Trade receivables	-	5,067
Accrued income	-	2,725
Allowances for impaired contract receivables	(63)	-
Allowance for other impaired receivables	(31)	(163)
Prepayments	652	999
PDC dividend receivable	-	-
Other receivables	235	111
<b>Total current trade and other receivables</b>	<b>7,765</b>	<b>9,062</b>
<b>Of which receivables from NHS and DHSC group bodies:</b>		
Current	5,970	6,974
* Following the application of IFRS15 from 1 April 2018, the Trust's entitlement to consideration for work performed under contracts with customers is shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS15 is applied without restatement therefore the comparative analysis of receivables has not been re-stated under IFRS15.		

### Note 19.2 Allowance for credit losses – 2018/19

	Contract receivables £000	All other receivables £000
<b>Allowance as at 1 April 2018 – brought forward</b>	<b>-</b>	<b>163</b>
Impact of implementing IFRS9 (and IFRS 15) on 1 April 2018	107	(107)
New allowances arising	29	4
Reversals of allowances	(70)	(29)
Utilisation of allowances (write offs)	(3)	-
<b>At 31 March</b>	<b>63</b>	<b>31</b>
<b>Total allowances (contract and other receivables) at 31 March 2019</b>		<b>94</b>
Other receivables relate to staff pay advances which are not considered contract receivables in line with IFRS 15.		

### Note 19.3 Allowance for credit losses – 2017/18

IFRS 9 and 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS7 prior to IFRS9 adoption. As a result it differs in format to

the current period disclosure.

	All receivables £000
<b>Allowance as at 1 April 2017</b>	<b>121</b>
Increase in provision	97
Amounts utilised	(2)
Unused amounts reversed	(53)
<b>At 31 March 2018</b>	<b>163</b>

#### Note 19.4 Exposure to credit risk

The Trust reviews its trade receivables on a regular basis and adjusts its provisions for any non-NHS trade receivables that remain outstanding 90 days after their required payment date. The Trust has considered the expected losses model of impairment as required by IFRS 9 Financial Instruments but considers its approach as more prudent.

#### Note 20 Non-Current Assets held for Sale and Assets in Disposal Groups

	2018/19 £000	2017/18 £000
<b>NBV of non-current assets for sale and assets in disposal groups at 1 April</b>	<b>423</b>	<b>423</b>
Assets classified as available for sale in the year	600	-
<b>NBV of non-current assets for sale and assets in disposal groups at 31 March</b>	<b>1,023</b>	<b>423</b>

Two properties were marked as held for sale at 31 March 2019 with a value of £600k. These are expected to be sold within 12 months of the Statement of Financial Position date. The Trust continue to show surplus land located at Langdon as held for sale and again, is expecting this to be sold within 12 months of the Statement of Financial Positions date.

#### Note 21.1 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.

#### Note 18 Cash and Cash Equivalents

	2018/19 £000	2017/18 £000
<b>At 1 April</b>	<b>18,962</b>	<b>14,982</b>
Net change in year	1,621	3,980
<b>At 31 March</b>	<b>20,583</b>	<b>18,962</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	43	50
Cash with the Government Banking Service	20,540	18,912
<b>Total cash and cash equivalents as in SoFP</b>	<b>20,583</b>	<b>18,962</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>20,583</b>	<b>18,962</b>

### Note 21.2 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.

	31 March 2019 £000	31 March 2018 £000
Bank balances	515	612
<b>Total third party assets</b>	<b>515</b>	<b>612</b>

Third party assets comprise cash held on behalf of other NHS organisations in respect of the South West Finance Management Training Scheme £284k (2018 - £306k) and money held on behalf of patients £231k (2018 - £306k).

### Note 22 Trade and Other Payables

	31 March 2019 £000	31 March 2018 £000
<b>Current</b>		
Trade payables	2,407	2,390
Capital payables	3,142	3,543
Accruals	11,055	10,377
Receipts in advance (including payments on account)	237	-
Social security costs	1,207	1,150
Other taxes payable	961	859
PDC dividend payable	73	27
Accrued interest on loans	-	13
Other payables	1,815	1,651
<b>Total current trade and other payables</b>	<b>20,897</b>	<b>20,010</b>
<b>Of which payables owed to NHS and DHSC group bodies:</b>		
Current	4,095	1,450

\* Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Accrued interest is now included in the carrying value of the loan within note 24. IFRS 9 is applied without restatement therefore comparatives have not been restated.

### Note 23 Other liabilities

The Trust does not have any sums held under other liabilities (2017/18 none)

Note 24 Borrowings	31 March 2019 £000	31 March 2018 £000
<b>Current</b>		
Loans from the Department of Health and Social Care	1,763	1,752
<b>Total current borrowings</b>	<b>1,763</b>	<b>1,752</b>
<b>Non-current</b>		
Loans from the Department of Health and Social Care	7,082	8,834

<b>Total non-current borrowings</b>	<b>7,082</b>	<b>8,834</b>
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<b>Note 24.1 Reconciliation of liabilities arising from financing activities</b>	<b>Loans from DHSC</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying value at 1 April 2018</b>	<b>10,586</b>	<b>10,586</b>
Financing cash flows – payments and receipts of principal	(1,752)	(1,752)
Financing cash flows – payments of interest	(127)	(127)
<b>Non-cash movements:</b>		
Impact of implementing IFRS 9 on 1 April 2018	13	13
Application of effective interest rate	125	125
<b>Total current borrowings</b>	<b>8,845</b>	<b>8,845</b>

<b>Note 25.1 Provisions</b>					
	<b>Pensions – injury benefits* £000</b>	<b>Legal claims £000</b>	<b>Restructuring £000</b>	<b>Other £000</b>	<b>Total £000</b>
<b>At 1 April 2018</b>	<b>1,189</b>	<b>70</b>	<b>213</b>	<b>-</b>	<b>1,472</b>
Change in the discount rate	(24)	-	-	-	(24)
Arising during the year	457	57	184	4	702
Utilised during the year	(118)	(46)	-	-	(164)
Reversed unused	-	(30)	(213)	-	(243)
Unwinding of discount	1	-	-	-	1
<b>At 31 March 2019</b>	<b>1,505</b>	<b>51</b>	<b>184</b>	<b>4</b>	<b>1,744</b>
<b>Expected timing of cash flows:</b>					
- not later than one year;	74	51	184	4	313
- later than one year and not later than five years;	312	-	-	-	312
- later than five years;	1,119	-	-	-	1,119
<b>Total</b>	<b>1,505</b>	<b>51</b>	<b>184</b>	<b>4</b>	<b>1,472</b>
The other category includes provisions for sums claimed by the Trust outside of those advised by NHS Resolution					
In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefits liabilities. In previous periods, these provisions were included within 'other' provisions.					

#### **Note 25.2 Clinical Negligence Liabilities**

At 31 March 2019, £2,836k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Devon Partnership NHS Trust (31 March 2018: £2,066k).

<b>Note 26 Contingent Assets and Liabilities</b>		
	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(18)	45
<b>Gross value of contingent liabilities</b>	<b>(18)</b>	<b>45</b>
<b>Net value of contingent liabilities</b>	<b>(18)</b>	<b>45</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. Although the Trust and HMRC have corresponded on this matter during the year, the decision has not yet been finalised. 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. Due to the liability being reasonably possible, it has been disclosed but has not yet been accounted for,

<b>Note 27 Contractual Capital Commitments</b>		
	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
Property, plant and equipment	401	5,413
<b>Total</b>	<b>401</b>	<b>5,413</b>

Capital commitments of £401k at 31 March 2019 is inclusive of residual sums owed for construction of Mother and Baby Unit £134k, Cedars Seclusion and Place of Safety £203k, £40k Elizabeth House and other schemes of £24k. The comparable figure for 2018 included the remaining build cost for PICU of £4.4m which was completed the year.

## [Note 28 Financial Instruments](#)

### [Note 28.1 Financial Risk Management](#)

Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had during the period in creating the risks an organisation 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 that would be typical of listed companies. 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 its transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust consequently 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.

### Note 28.2 Carrying Values of financial assets and liabilities

IFRS9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS39 and the measurement categories differ to those in the current year analyses.

Carrying value of financial assets at 31 March 2019 under IFRS 9	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non- financial assets	6,651	6,651
Cash and cash equivalents at bank and in hand	20,583	20,583
<b>Total at 31 March 2019</b>	<b>27,234</b>	<b>27,234</b>
Carrying value of financial assets at 31 March 2018 under IAS39	Loans and receivables £000	Total book value £000
Trade and other receivables excluding non-financial assets	7,739	7,739
Cash and cash equivalents at bank and in hand	18,962	18,962
<b>Total at 31 March 2017</b>	<b>26,701</b>	<b>26,701</b>

Carrying Value of Financial Liabilities as at 31 March 2019 under IFRS 9	Held at amortised cost £000	Total book value £000
Loans from Department of Health and Social Care	8,845	8,845



Trade and other payables excluding non-financial liabilities	16,280	16,280
Provisions under contract	184	184
<b>Total at 31 March 2018</b>	<b>25,309</b>	<b>25,309</b>

Carrying Value of Financial Liabilities as at 31 March 2018 under IAS 39	Re-stated Other financial liabilities £000	Re-stated Total book value £000
Loans from Department of Health and Social Care	10,586	10,586
Trade and other payables excluding non-financial liabilities	16,021	16,021
Provisions under contract	213	213
<b>Total at 31 March 2018</b>	<b>26,820</b>	<b>26,820</b>

#### Note 28.3 Fair Values of Financial Assets and Liabilities

Carrying value is a reasonable approximation of fair value.

Note 28.4 Maturity of Financial Liabilities		
	31 March 2019 £000	Re-stated 31 March 2018 £000
In one year or less	18,227	17,986
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	5,330	7,082
<b>Total</b>	<b>25,309</b>	<b>26,820</b>

A provision relating to staff unused leave carried forward was included in error in the 2018 position. The comparative figures have been restated to remove this amount. This accrual is accounted for in line with IAS19 Employee benefits and as such, is outside the scope of the financial instruments disclosures.

#### Note 29.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £13k and trade payables correspondingly reduced.

The Trust has not re-assessed its allowances for credit losses under the expected loss model and has continues to provide for all non-NHS debtors which are over 90 days overdue. The Trust has considered its level of debt write off during the last two years and considers its own approach to be more prudent but still compliant, with no material impact on the accounts.

## Note 29.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

Application of IFRS15 has required the Trust to account for some of its research contracts, where the research itself is subcontracted out, on a net basis. The impact of this in the current year is a reduction in research and development income and the associated expenditure by £699k. This has no overall net impact on the SOCI. Although there is no requirement to make this adjustment retrospectively, had this been done, the impact for 2017/18 would have been a similar reduction in both income and expenditure of £485k.

<b>Note 30 Losses and Special Payments</b>				
	<b>2018/19</b>		<b>2017/18</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	1	13	11	2
<b>Total losses</b>	<b>1</b>	<b>13</b>	<b>11</b>	<b>2</b>
<b>Special payments</b>				
Compensation under court order or legally binding arbitration award	8	55	4	24
Ex-gratia payments	17	5	17	5
<b>Total special payments</b>	<b>25</b>	<b>60</b>	<b>21</b>	<b>29</b>
<b>Total losses and special payments</b>	<b>26</b>	<b>73</b>	<b>32</b>	<b>31</b>
Compensation payments received		9		3
The Trust received compensations payments from NHS Resolution of £9k (2017/18 £3k) resulting in a net cost for losses and special payments in 2018/19 of £64k (2017/18 £28k)				
<b>Details of cases individually over £300k</b>	The Trust had no single case exceeding £300k during 2017/18 (2016/17 - none)			

### Note 31 Related Parties

During the year, other in relation to payment of staff salaries, none of the Department of Health Ministers, Trust Board Members, 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 North Somerset and South Gloucestershire 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 University Hospitals Plymouth NHS Trust

**NHS England** - South West (South), South West (North) 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				
	2018/19		2017/18	
	Income £000s	Expenditure £000s	Income £000s	Expenditure £000s
Elysium Healthcare	0	709	0	1,188
Cygnat Health Care Ltd	0	10,731	4	7,845
Livewell SouthWest <sup>1</sup>	160	1,208	36	722
<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 £127k (2017/18 - £68k) for invoices the Trust paid on the Charity's behalf and services provided.

#### Note 32 Events after the Reporting Date

The Trust, as part of the Devon Children and Families Alliance, commenced a new healthcare contract to provide children's services in Devon.

As part of this Alliance the Trust will be responsible for the provision of mental health services. The service commenced on 1 April 2019 with the transfer of 220 staff from Torbay and South Devon NHS Foundation Trust and Virgin Care Limited in accordance with the Transfer of Undertakings (Protection of Employment) Regulations.

Note 33 Better Payment Practice Code				
	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	24,806	88,228	22,121	67,980
Total non-NHS trade invoices paid within target	23,362	84,727	21,343	66,557
Percentage of non-NHS trade invoices paid within target	94.2%	96.0%	96.5%	97.9%
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	549	7,880	543	10,603
Total NHS trade invoices paid within target	530	7,743	527	10,486
Percentage of NHS trade invoices paid within target	96.5%	98.3%	97.1%	98.9%

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 34 External Financing		
	2018/19 £000	2017/18 £000
Cash flow financing	1,387	(291)
<b>External financing requirements</b>	<b>1,387</b>	<b>(291)</b>
External financing limit (EFL)	13,349	6,619
<b>Under spend against EFL</b>	<b>11,962</b>	<b>6,910</b>

Note 35 Capital Resource Limit (CRL)		
	2018/19 £000	2017/18 £000
Gross capital expenditure	16,263	9,145
Less: Disposals	0	(21)
<b>Charge against Capital Resource Limit</b>	<b>16,263</b>	<b>9,124</b>
Capital Resource Limit	16,344	11,621
<b>Under spend against CRL</b>	<b>81</b>	<b>2,497</b>

Note 36 Breakeven Duty Financial Performance		
	2018/19 £000	2017/18 £000
Adjusted financial performance surplus (control total basis)	7,405	3,844
Breakeven duty financial performance surplus	7,405	3,844

Note 37 Breakeven Duty Rolling Assessment											
	1997/98 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	2018/19 £000
Breakeven duty in-year financial performance		209	616	789	3,529	3,392	1,287	2,052	4,664	3,844	7,405
Breakeven duty cumulative position	3,179	3,388	4,004	4,793	8,322	11,714	13,001	15,053	19,717	23,561	30,966
Operating income		113,533	129,463	140,003	140,888	131,775	132,205	139,976	148,534	153,948	168,850
Cumulative breakeven position as a percentage of operating income		3.0%	3.1%	3.4%	5.9%	8.9%	9.8%	10.8%	13.3%	15.3%	18.3%

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 2018/19 the breakeven cumulative position of 18.3% (2017/18: 15.3%) exceeds 0.5% (2017/18:0.5%) operating income in year. The Trust expects this to reduce in future years due to increasing financial cost pressures and the impact of non-recurring income sources such as Provider Sustainability funds.

## 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 2019 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 has in place a Board Assurance Framework (BAF) and a Corporate Risk Register (CRR). The BAF includes the Trusts' six strategic aims and their associated principles risks. The BAF is also aligned to the CRR which captures all the operational risks with a current score of 15 or more. At the end of March 2019 the CRR included 19 risks. All risks are reviewed on a monthly basis and detail controls, assurances, gaps in controls or assurances and actions being progressed to manage the risk. All risks have an accountable Executive Director identified.

Each risk is also allocated to a Board Assurance 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 CRR are also aligned to the Trust's objectives and priorities.

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 risk management process is led by the Executive team 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.

### **The Risk and Control Framework**

The Board committee structure is detailed on p53 of the annual report and 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 assurance 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.

The Trust Board of Directors recognises that effective governance and risk management is fundamental to continuing to achieve its strategic and operational objectives, maintain the quality of its services, and progress towards being rated as an 'Outstanding' organisation by 2021. The Trust has taken a proactive approach in improving its risk management framework over the past year through enhancing its governance structure and holistically enhancing its risk management arrangements and its BAF.



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, designed to meet the organisation's objectives, and controls are generally being applied consistently. Weaknesses in the design and/or inconsistent application of controls which put the achievement of particular objectives at risk are appropriately managed.

The Trust took the opportunity through its Internal Audit Plan to focus resource on areas where Internal Audit could add the most value to the Trust in its drive to provide the best services to its patients:

Audit	Assurance Rating
Payroll (Third Party Assurance Report)	Significant
High Level Financial Controls including financial reporting	Significant
Raising Concerns	Satisfactory
Security and Safety of Construction Sites	Satisfactory
Ligature Points	Satisfactory
Clinical Audit (17/18)	Satisfactory
Urgent Care Pathways (17/18)	Satisfactory
Duty of Candour (Draft)	Satisfactory
Data Quality (17/18): Sickness Absence Reporting Restraint Reporting	Satisfactory Limited
Delayed Transfers of Care (17/18) Discharge Planning	Satisfactory Limited
Gender Services Action Plan	Limited
Medicines Management in the Community	Limited
Closed Internal Audit Actions	Limited
NICE Guidance (17/18)	Limited
HealthRoster (Draft)	Limited
Time Owing (Draft)	Limited

The Trust has responded positively to internal audits findings and has/or is in the process of taking appropriate action to mitigate the risks identified.

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 2018/19, Internal Audit also undertook a compliance review on the Data Security and Protection Toolkit (DSPT) 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 DSPT. Where evidence was not yet available, the Trust has a plan to complete these within six months as agreed by NHS Digital.

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 satisfactory assurance in relation to sickness absence reporting and limited assurance in relation to restraint reporting. External Audit has reviewed Early Intervention in Psychosis (EIP) data as part of its review of the Trust's Quality Account indicators and Out of Area beds.

## Principal Risks

Throughout the year, the Trust dynamically assessed and delivered assurance on a number of risks which were also represented on its Board Assurance Framework (BAF) and Corporate Risk Register (CRR) which includes all risks with a Current Score of 15 or more. The two biggest risks the Trust face are detailed below:

### *Recruitment*

The Trust has identified recruitment as one of its biggest risks. Key challenges nationally and not just for the Trust is the recruitment of Consultant Psychiatrists and Registered Nurses in both Mental Health and Learning Disabilities. Another contributory factor is the geographic location of Trust services. An inability to recruit to some posts can adversely affect the safety and quality of the services provided including the ability of the Trust to meet its targets around access, waiting times and care pathways. The Trust has carried out much work in understanding the recruitment challenges it faces and has developed a number of targeted recruitment initiatives for specific staff groups and specialities. The Trust continues to support recruitment fairs and has extended these activities to non-nursing roles as part of the recruitment strategy. The Trust has assured itself around its recruitment activities by presenting two 'Deep-Dive' presentations at the Workforce and Organisational Development Assurance Committee (WODAC) and the Executive Risk Management Group.

### *Access, Waiting Times & Care Pathways*

The Trust has identified the way people access its services, associated waiting lists and how it manages its care pathways as one of its biggest risks it faces. Insufficient capacity has led to waiting list to access our services, high occupancy levels and out of area placements. In response to this on-going risk the Trust has spent much time in reviewing and validating its waiting list information to ensure it is correct across all of its services. New services have also been developed such as the Psychiatric Intensive Care Unit, Mother and Baby Unit and Crisis Cafes. The Trust ensures that there is a high level of scrutiny on how the Trusts care pathways are managed and daily reviews of potential admissions and discharges. The Trust also works in partnership with local commissioners to identify and expand even more capacity within the care system.

### *Board Assurance Framework (BAF)*

At the end of March 2019 the Trust had the following risks with a current score of 15 or more.

Risk ID	Directorate	RiskTitle	Current Risk Rate Score
New	Human Resources (Trust-wide)	Recruitment (Trust-wide)	20
CAF 20	Operations	Access, Waiting Times & Care Pathways	20
137	Pharmacy	Medication errors across the Trust	20
SU37	Finance - Trustwide	Underlying Long Term Trust Financial Sustainability	16
2113	Secure Services	Improvement in Care - Langdon Hospital	16
2187	Adult MH	The Cedars Refurbishment (Include Seclusion Ensuite Facilities)	16
2218	Secure Services	Avon House does not meet standards for Low Secure Unit	16
2235	Nursing & Practice	CQC Compliance	16
2438	Nursing & Practice	Delays in completing serious incident investigations	16
1757	Emergency Planning & Business Continuity (Operations)	Pandemic Flu	16
CAF 25	Medical Directorate	Physical health Checks	16
2544	IT&M	RDE IT Managed Service	15
1451	Pharmacy	Competency of all staff to safely prescribe, administer and use medicines.	15
1992	Secure Services	Heightened risk of suicide in the 3 Devon prisons	15
2219	Pharmacy	Range of emergency drugs required across services	15
2222	Pharmacy	New national procurement regulations; Falsified Medicines Directive FMD	15
2268	Nursing & Practice	The Trust is not currently managing reasonable adjustments	15
2436	Nursing & Practice	Delays in the management review incidents reported on RMS	15
CAF 28	Pharmacy	Oxygen Supplies and storage across the Trust	15

### Workforce Strategies and Planning

The workforce planning process is fully aligned with the both the Business and Financial Planning processes. Longer and medium term plans are produced by the directorate teams, supported by a Workforce Business Partner. These are then coalesced into a Strategic

Workforce Plan for both NHSI as part of the annual planning process and Health Education England for the Five Year Forward View Expansion plans as part of the STP planning process. The plans are then signed off by Board through the Workforce and Organisational Development Assurance Committee and are then subject to on-going monitoring through this Board.

Short-term staffing is managed centrally through the Safer Staffing Team. The Trust uses HealthRoster for inpatient units and there are currently plans to roll this out to all staff over the next 24 months. Safer Staffing Reports are presented to the Directorates, through their Governance Boards, and to the Board through the Quality & Safety Committee.

In response to *'Developing Workforce Safeguards'* the Trust is developing a Workforce Planning Policy which will set out the assumptions and processes for workforce planning and, in particular, how new roles will be introduced into the Trust. All new roles will be ratified through the Professions Group, who will ensure that a full quality impact assessment has been carried out. New roles will not be presented for banding or recruitment until this sign off has taken place.

### 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 Executive Committee; 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 the year the resources have been agreed to provide

temporary additional capacity to complete the majority of the overdue serious incidents reviews. By the end of March the total number of overdue cases had been significantly reduced. 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 2018/19 priorities for the Quality Account, the Trust also sought early engagement with its key stakeholders on the selection of quality priorities for 2019/20 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.

The Board approved CQC Compliance Self-Assessment tool 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.

The audit reflected variability in quality and completeness so, to improve the completion of self-assessments at team level against CQC standards and to enable real time reporting and oversight from teams to directorates and onward to Trust Board, the self-assessment tool

has now been developed into an in-house online system called CQC Self Assess. The system was piloted in March 2019 and is now being rolled out across the organisation.

### 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 2018/19 and did not identify any principal risks to compliance.

### Register of Interest

The Trust has taken a risk based approach in response to publishing an up to date register of interests for decision-making staff as required by the *"Managing Conflicts of Interest in the NHS' guidance"*. The Trust Board routinely makes declarations of interest at every Board meeting and these are recorded in formal meeting minutes and published in our Annual Report and Accounts. A manual process is in place for those staff most likely to have a conflict of interest e.g. estates, IM&T and procurement teams. The Trust has recently procured new software to replace this manual process and this software will be rolled out Trust wide in the current calendar year to support process improvements including wider appropriate public declaration.

### 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:

- An Information Governance Steering Group
- A trained Caldicott Guardian, a trained Senior Information Risk Owner (SIRO), and a trained Data Protection Officer
- A risk management and incident reporting process
- Risks managed through the Information Management & Technology 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

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.



Six significant lapses of data security occurred during 2018-19. These required reporting to the Information Commissioner's Office (ICO) and the details are set out in the Quality Report.

The Information Governance Toolkit was replaced from this year by the Data Security and Protection toolkit. The Trust has monitored compliance with the toolkit requirements and the implementation of the Data Protection Act 2018, and has been independently reviewed by Internal Audit. The Trust has not met all standards contained in the updated toolkit, and has agreed and resourced an improvement plan, which been submitted to and approved by NHS Digital. It is anticipated that all mandatory standards will be fully met by 30/09/19.

The Trust voluntarily agreed to participate in an ICO audit of compliance with the Data Protection Act 1998 and its readiness for the General Data Protection Regulation (GDPR) in May 2018. This identified a small number of improvements, which the Trust is continuing to monitor and progress.

### **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 (QEIAs) 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. During 2018/19 the Trust has undertaken a range of Access Audits in six of our main facilities. The findings from these audits will be considered in onward capital planning and estates improvement arrangements.

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 as part of its overall equality monitoring annual report, the Trust also publishes workforce and patient equality information.

The Trust commenced annual reporting of its Gender Pay Gap, mandated nationally for any employers with over 250 employees in April 2017. Our 2018 analysis of the mean hourly pay rate shows that there is a 13.1% difference between average hourly pay for males and females, which is a positive improvement of 2.3% on the 2017 report which showed a 15.4% difference. This figure 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 continues to implement improvements to comply with the Accessible Information Standard and is shortly commencing the first year's reporting of the Workforce Disability Equality Standard (WDES).

Equality and Diversity is actively discussed on the management agenda and has formed a

significant part of the management development programme and Senior Staff Forums in 2018/19.

### **Carbon Reduction Delivery Plans**

The trust has undertaken risk assessments and has a sustainable development management plan in place (approved by the Board of Directors in March 19) which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

### **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 2018/19 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 2018/19, 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



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**Melanie Walker**  
Chief Executive

23 May 2019

