2019/20 Annual Report and Financial Accounts

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Joint statement from our Chair and Chief Executive

Welcome to our Annual Report for 2019/2020. We are extremely proud of what has been achieved by our teams during the last 12 months. Their hard work and commitment underpins the excellent work detailed in this review.

We have retained our overall CQC rating of 'Good' and this is testament to the dedication of our teams. It is very encouraging that our services for people with secure mental health needs and our inpatient services for older people have been rated as 'Outstanding', and we are committed to improving all areas which have not been rated as 'good' or 'outstanding'. We have both been out and about meeting as many frontline and non-clinical teams as possible – and it is always a privilege to meet so many committed people and to witness their skill and compassion first-hand.

We remain a very active partner in the Devon Sustainability and Transformation Partnership (STP) and continue to work jointly with primary care, acute care and social care colleagues to ensure that mental health and learning disability issues remain high on the agenda and are a core component of Devon's health and social care plans for the future.

There is no greater example of the importance of partnerships than in our response to the Covid-19 outbreak. The global pandemic created unprecedented challenges for us all. We have been humbled by the incredible response from our teams across the organisation, who continue to do extraordinary things in order to keep people safe and to provide them with the support that they need.

We would like to take this opportunity to thank all our teams, partners, volunteers, members of the Board and countless other organisations and individuals for their contribution during 2019/20. Everyone has had an important role to play in this year's success. We look forward to the next year knowing it will bring great challenges, but also exciting opportunities, to work differently to benefit the people we support and serve.

Andy Willis and **Melanie Walker**

1. Performance Report

1.1 Chief Executive's Report

Welcome to our Performance Report for 2019/20. 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, their families and carers, and our staff.

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 2019/20. We continued our work to raise awareness and understanding about mental health and learning disability issues and we retained our overall CQC rating of 'Good'.

We have also continued to provide national and local system leadership in the field of mental health and learning disability and continue to work closely with our system 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 remain as the Senior Responsible Officer for this strand of work.

It was another busy year, with overall referrals up by 3.8% from 2018/19 to 73,310. In terms of performance and service delivery improvements, we saw additional investment in some important services and attracted praise and recognition for many of our services and staff. I am pleased to report that 92% of people who completed the Friends and Family Test would be likely or extremely likely to recommend our services.

Among many other developments, we rebranded and launched our Depression and Anxiety service as TALKWORKS and this has been extremely successful. In its ten year history, the service has supported around 130,000 people with common mental health problems and this number is set to increase significantly. In line with the Five Year Forward View for Mental Health and the NHS Long Term Plan, TALKWORKS aims to treat an additional 6,000 people by 2021.

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. We have transferred more than 200 staff to our organisation, who deliver Child and Adolescent Mental Health Services (CAMHS), and the first year of the contract has been successful, in terms of a safe handover of services and the bedding-in of the new arrangements.

Our Dementia Wellbeing Service in Bristol, which recently had its contract extended for two years by the commissioner, is now in its sixth year of operation. It has continued to perform very well and remains a service of which we are very proud. On average in 2019/20, 96% of people had their first appointment booked within ten days of a referral being accepted.

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, is continuing to make good progress. We have increased the number of people receiving their low and medium level secure care within the region from 77% to

85%, and returned around 40 people back to services in the south west from other parts of the country in 2019/20 – a very significant achievement.

Our Single Point of Access (SPA) is now well-established as the 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 and is now managing all routine primary care and TALKWORKS referrals as well as calls from people in crisis who need urgent help and support.

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 the recruitment of more Peer Support Workers (PSWs) in our teams during the last year. I am delighted to report that we now have 30 across our organisation and we plan to recruit many more.

Listening to what people have to say about their experience of our services is an important part of our quality and safety agenda – and this remains an area we prioritise across our entire organisation. We adopt a Quality Improvement approach to all of our work and are always open to learning from other places and from our mistakes. Last year, we established a trust-wide Learning from Experience Group and this is focused on reducing risk, minimising harm and sharing valuable learning. Further detail about our quality and safety performance will be available when our Quality Account is published later this year.

Towards the end of the financial year, with the arrival of coronavirus, the World Health Organisation (WHO) declared a Public Health Emergency of International Concern (PHEIC). On 12 March 2020, the WHO declared that the coronavirus Covid-19 was a pandemic and our organisation, in line with the rest of the NHS, declared a Major Incident.

Our staff responded brilliantly, ensuring people continued to get the support they needed – with most people in the community getting help and staying in touch through the increased use of digital technology. Our inpatient wards similarly rose to the challenge, managing admissions and discharges carefully and adopting all appropriate infection prevention and control measures, including the use of Personal Protective Equipment (PPE). You can see more detail about our arrangements for managing and delivering services during Covid-19 in the Emergency Preparedness, Resilience and Response section of this document. Some of our new ways of working present us with opportunities, and we will be exploring these as we move into the next phase.

Despite the positive developments summarised here, we are still facing some significant challenges. Prominent among these is the difficulty we face in recruiting to key posts, notably in the medical and nursing professions. We are developing a five year workforce plan which will inform the development of new roles, career pathways and apprenticeships – so that we have the right workforce to meet future demand.

Towards the end of the year we made good progress in reducing the number of inappropriate placements for care and treatment outside Devon and are on-line to meet the national target of zero by the end of 2020/21. Our aim is for nobody to be placed outside the county

inappropriately and we are continuously exploring opportunities to increase local capacity so that people do not have to travel long distances for their care. A number of initiatives are helping us to achieve this goal, including our new Psychiatric Intensive Care Unit (PICU) and Mother and Baby Unit (MBU) and the regional project for secure services. In addition, we have secured bed capacity in nearby Somerset and with our Livewell Southwest colleagues in Plymouth. Furthermore, construction of a brand new 16 bed adult ward on the Torbay Hospital site is currently planned to commence in 2021.

We are continuing to see increases in waiting times for some of our services, including our gender service and services for people with autism. We are focusing particular attention on our core services and on reviewing the design and performance of our community mental health teams for adults.

In 2020/21 we will continue prioritise the health and wellbeing of our staff to support them to provide great care. Recruitment and retention also remains a major priority, as does the reduction of waiting lists and our focus on the physical health of people with mental health and learning disability needs. We will also continue to play an active role in the Devon Sustainability and Transformation Partnership as it moves towards becoming an Integrated Care System.

On behalf of the Board, I would like to thank our previous Chair, Julie Dent, who retired in February 2020. Julie gave seven years of unstinting service to our organisation and was the driving force behind many important improvements. I would also like to take this opportunity to welcome our new Chair, Andy Willis, who is also Chair of Dorset Healthcare University NHS Foundation Trust.

I would like to extend my thanks to my colleagues across the organisation for their efforts during the last year. Despite the pressure across the health and social care system – and the arrival of Covid-19 at the end of the year - staff continue to display incredible commitment and dedication. This is something that the Care Quality Commission rightly highlights in all of its inspections.

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 as a leading mental health and learning disability provider.

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
- Children, younger people and families
- 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.

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.

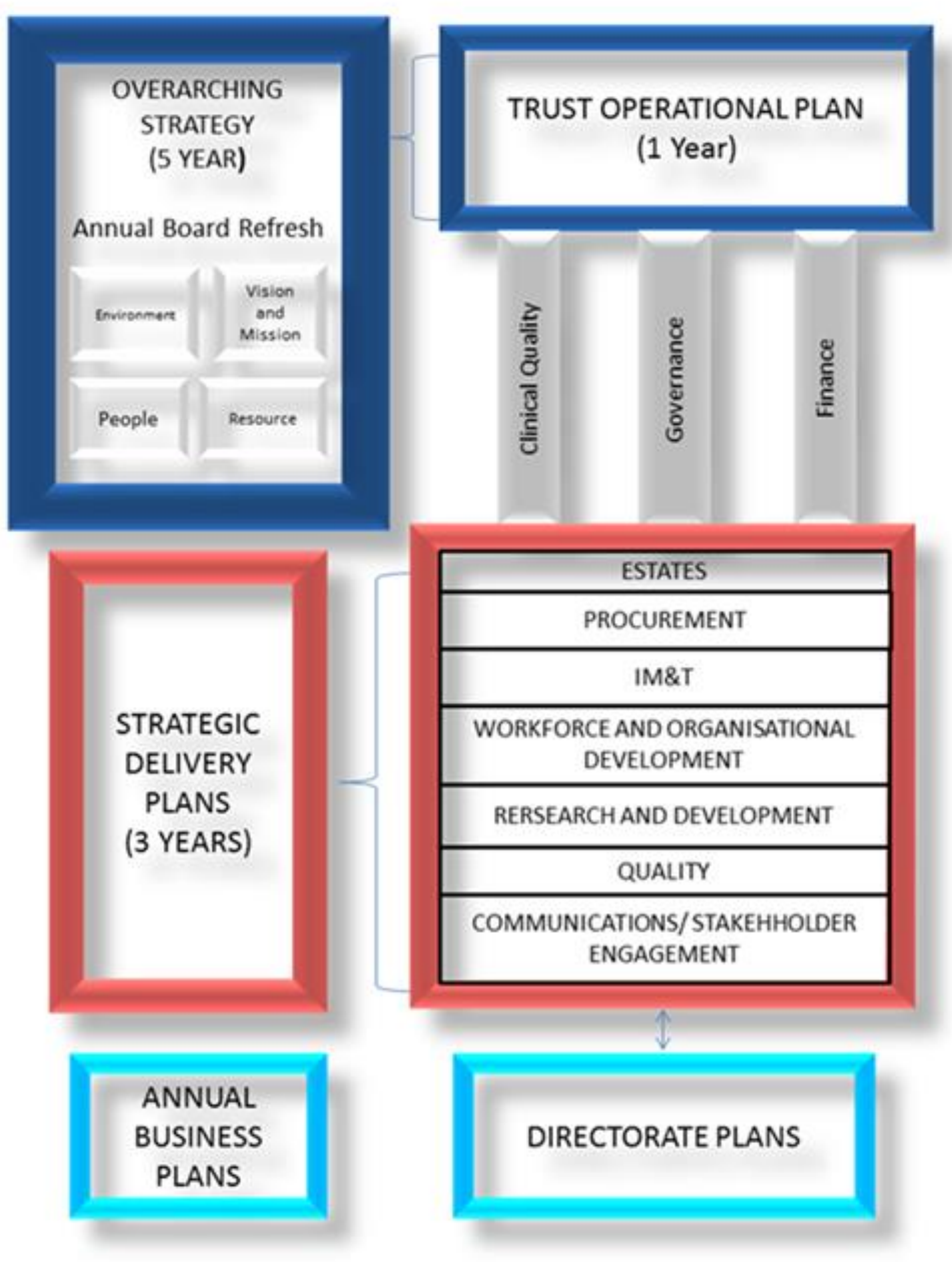
Alongside our five-year 'Overarching Strategy', which is refreshed by the Board annually, we prepare an annual Trust 'Operational Plan'. The latest version of this document was revised in March 2019 and the 2020/21 Operational Plan is currently underway. The key themes of the document are clinical quality, 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 Clinical 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:

- Adult Services
- Older People's Services
- Secure Services
- Specialist Services
- Child & Adolescent Mental Health Service (CAMHS)

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 is set out in the diagram below:



1.3 About Us

Our Staff

As of 31 March 2020, we employ 3,447 staff and our teams include psychiatrists, psychologists, nurses, social workers, physiotherapists, occupational therapists, administration and clerical staff, pharmacists, support workers and a range of staff that work in specialist support functions.

The breakdown of our staff by group as at 31 March 2020 is as follows:

No of Staff (Headcount)			
Staff Group	**Substantive**	**Bank**	**Total Headcount**
Add Prof Scientific and Technic	410	8	418
Additional Clinical Services	703	167	870
Administrative and Clerical	805	96	901
Allied Health Professionals	200	7	207
Estates and Ancillary	98	10	108
Medical and Dental	145	4	149
Nursing and Midwifery Registered	722	53	775
Students	19	0	19
Grand Total	**3102**	**345**	**3447**

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

Headcount	**Staff Category**			
Ethnicity	**Bank**	**Substantive**	**No of Staff**	**% Substantive**
A White – British	258	2615	2873	**84.3%**
B White – Irish	3	27	30	**0.9%**
C White - Any other White background	23	94	117	**3.0%**
C3 White Unspecified		1	1	**0.0%**
CA White English		3	3	**0.1%**
CB White Scottish		2	2	**0.1%**
CD White Cornish		2	2	**0.1%**
CF White Greek		1	1	**0.0%**
CK White Italian		1	1	**0.0%**
CP White Polish		6	6	**0.2%**
CY White Other European	1	9	10	**0.3%**
D Mixed - White & Black Caribbean	1	6	7	**0.2%**
E Mixed - White & Black African	2	1	3	**0.0%**
F Mixed - White & Asian	1	10	11	**0.3%**
G Mixed - Any other mixed background	4	15	19	**0.5%**
GD Mixed - Chinese & White		1	1	**0.0%**

H Asian or Asian British - Indian	7	26	33	**0.8%**
J Asian or Asian British - Pakistani	1	2	3	**0.1%**
K Asian or Asian British - Bangladeshi	2	1	3	**0.0%**
L Asian or Asian British - Any other Asian background	6	13	19	**0.4%**
LH Asian British		1	1	**0.0%**
M Black or Black British - Caribbean	1	4	5	**0.1%**
N Black or Black British - African	4	21	25	**0.7%**
P Black or Black British - Any other Black background		2	2	**0.1%**
PC Black Nigerian		1	1	**0.0%**
PE Black Unspecified		1	1	**0.0%**
R Chinese		1	1	**0.0%**
S Any Other Ethnic Group	1	10	11	**0.3%**
SC Filipino	1	1	2	**0.0%**
SE Other Specified		2	2	**0.1%**
Unspecified	7	2	9	**0.1%**
Z Not Stated	22	220	242	**7.1%**
Grand Total	**345**	**3102**	**3447**	**100.0%**

Risk Management

We have strengthened our existing risk management processes during 2019/20 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 14 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 and all of our Hospital Managers have an annual contract review to discuss performance and plan for future training needs. 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 in 2019-2020, reported to the Quality and Safety Committee, but a review of the Terms of Reference was undertaken and in 2020-2021, this committee has become a sub-committee of the Trust Board.

The Board of Directors approved the 'Annual Mental Health Act Report' in November 2019 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 2020. 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 people using our services, 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 as 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 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 slavery and human trafficking in our business and in our supply chain, we:

 Operate a robust Recruitment policy; carrying out appropriate pre-employment checks on directly employed staff and ensure agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff. This is 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 laws 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 independent Freedom to Speak Up Guardian 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 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.

Guidance and advice on modern slavery and human trafficking is available to staff through our safeguarding policies, procedures and training, and through direct support from our Safeguarding Leads. All of our registered clinicians undertake mandatory training on modern slavery. Our commitment regarding 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 Professions, 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 this year in line with the National Suicide Prevention Strategy for England to ensure all Trust locations where people who use our services are assessed or receive treatment are safe and therapeutic, specifically regarding the management of self-harm and suicide. Spaces where people using services are not continually supervised by staff, for example bedrooms, toilets and waiting rooms, have been reviewed and where possible designed, constructed and furnished to make self-harm or ligature as difficult as possible. Spaces where people using services circulate, for example lounges, dining rooms and corridors have also been reviewed and work has been undertaken to minimise the risk of self-harm.

Specific headline pieces of work include:

- All sites have been inspected by the Health, Safety and Security Team and have scored above 95% on performance, with most sites being above 98%.
- Assurance has been provided to the Health, Safety and Security Committee regarding the excellent health, safety and security performance of sites identified within inspections.
- Assurance following audits has been provided to the Trust Resilience Group and the Health, Safety and Security Committee that Lock Down arrangements are in place within Trust sites. The Lock Down Policy requires that lock down plans are in place for sites and tested annually and arrangements audited by the Health and Safety Manager and assurance is provided to the Health, Safety and Security Committee annually.
- Monitoring systems have been put in place by the Health and Safety Team following any audits or safety inspections. Site managers are required to complete the action plan following the inspection and significant findings are reported to the Health, Safety and Security Committee which meets quarterly.
- Ligature management risk assessments have been completed on all inpatient wards and in community team sites with interview rooms in line with Trust policy by the Health and Safety Team. Assurance has been provided to the Patient Safety Action Group quarterly and to the Quality and Safety Committee.
- 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 and refurbishments, for example the new Torbay Adult Ward and the relocation of teams to Regus House and West Pilton.
- The Health, Safety and Security Team have led and contributed to working groups providing advice and support to ensure the environment is safe and therapeutic for hazards presenting significant risk. For example, lone working and the provision of lone working devices, the use of body worn cameras for clinical staff on wards and the introduction of hydro boil taps with hot water controls for wards thereby reducing the risk of boiling water being used as a weapon.

Infection Prevention and Control

The Infection, Prevention and Control team produce an Annual Infection Prevention and Control (IPC) Programme which is aligned with guidance in the Department of Health Code of Practice for the prevention of infections. Quarterly reports are made to the Trust's Infection Prevention and Control Committee and include:

- A low incidence of healthcare related infections
- Flu vaccine programmes for inpatients in longer stay settings and for all healthcare workers. In 2019/20 63.7% of staff had a flu vaccine.
- Infection control audits – all outpatient and inpatient areas receive an annual audit of environmental and practice standards.
- Building plans and refurbishments to ensure that the Trust is compliant with the standards in 'Infection Control in the Built Environment' as well as ensuring environments are safe and aesthetically pleasing for patients.
- Training for staff on IPC including sepsis detection, management and prevention this year.

The Trust's Infection Prevention and Control Team began preparing for Covid-19 cases in January 2020. Subsequently the team have been working with Trust staff to provide infection prevention and control activities to reduce risks of virus transmission to both patients and staff during the pandemic. Key activities have included:

- Transforming the infection prevention and control guidance from Public Health England (PHE) into briefing sheets, personal protective equipment (PPE) guidance documents, checklists and posters. Throughout the Covid-19 pandemic PHE guidance changed and in response so has the Trust's guidance.
- Providing advice for admission screening, the detection and management of Covid-19 and isolation to reduce risk of outbreak in collaboration with the Clinical Action Group (CAG).
- Producing training materials and updates for staff with easy to understand information on infection control when providing care to patients with suspected or known Covid-19. They also provided online briefings for around 500 participants, producing eLearning materials and training videos on the safe and effective use of PPE.
- Providing guidance on PPE product selection, hand hygiene and decontamination products, and the safe use of these products, escalating any issues with supply to Gold and Silver command. This has not been a significant issue for the Trust, and at all times staff have had access to necessary PPE.
- Setting up a system to support safe use of PPE using locality champions to visit wards and hubs via weekly Skype meetings.
- Providing service specific advice on infection risk reduction for patients and staff and individualised advice for particular patients with suspected or known Covid-19.
- Providing daily support and follow up in the management of suspected or confirmed cases, and for those who have been identified as a contact of a case.
- Working with the RD&E Microbiology Team bringing DPT senior staff into discussion/planning on IPC decisions – e.g. when an outbreak was declared, changes in PHE Guidance and interpretation of this into policies & practice.

Emergency Preparedness, Resilience and Response

The Trust's Emergency Preparedness, Resilience and Response (EPRR) & Business Continuity service focused on EU Exit preparations throughout 2019 while 2020 saw the biggest test of all with the declaration of a global pandemic.

To prepare for the EU Exit on the 31 December 2020 we established an EU Exit Group with leads identified to coordinate eight NHSE work streams:

- Medicines & Vaccines,
- Medical Devices & Clinical Consumables,
- Non-Clinical Consumables / Goods and Services,
- Data Sharing, Workforce, Reciprocal Health Care,
- Research, Blood and Transplants.

A significant part of the work was reviewing and ensuring that all corporate departments had strong business continuity plans in place.

The EU Exit Group submitted daily SITREPs to NHSE and Department of Justice while the Trust's Strategic and Tactical Leads participated in multi-agency meetings and provided briefings to the Executive Director with responsibility for EPRR to update the Trust Executive Committee, Finance and Investment Committee, Executive Risk Management Group and Board. The EU Exit Group formally 'stood down' in October 2019 however the Service Manager – EPRR & Business Continuity continues to maintain a watching brief until the group reconvenes in October 2020 to stand up response activities in accordance with NHSE guidelines.

In August 2019 we completed the NHSE EPRR Annual Assurance Process and received an overall rating of 'substantially compliant'. This gave a level of confidence that the Trust had the necessary plans, resources and multi-agency partnerships to effectively respond to major, critical and business continuity incidents while maintaining services to patients.

With the emergence of Covid-19 at the beginning of 2020, the World Health Organisation declared a Public Health Emergency of International Concern (PHEIC). On the 11 March 2020, the WHO declared a pandemic and the Trust declared a Major Incident.

The Organisation then ensured its Incident Coordination Centre was activated and the Trust mobilised to ensure critical services were maintained during the unprecedented event. The Trust has reviewed and ensured it has strong and robust clinical and managerial leadership within its incident command processes.

The Incident Management Team continues to focus on maintaining patient safety and clinical service priorities with input from the Clinical Advisory Group and Workforce Advisory Group. The Gold Commander establishes daily strategic objectives and the Silver Commander, with the support of the IMT cells: Planning (HR/Workforce), Operations, Logistics, Recovery, Communication & Media coordinates the tactical response.

Operationally, our staff have demonstrated a tremendous willingness and ability to work in new environments using new systems. A redeployment team and Personal Protective Equipment (PPE) function were established to support staff along with a dedicated daily

Covid-19 page on DAISY with helpful guidance. We have seen a significant move to using a range of new systems and digital technologies to allow us to continue to deliver services whilst maintaining the safety of patients and staff. These have included holding online consultations via Attend Anywhere or participating in meetings via Microsoft Teams. This digital experience has been invaluable as it has revealed innovative ways of delivering services.

In all parts of our services, we have seen staff respond and make changes at pace to ensure we implement national guidance with the aim to slow down and contain Covid-19 and maintain services. We have also seen the rapid development of new services during this time such as the First Response Service and the staff wellbeing and psychological support service for all healthcare and police. This service has been very well received and we monitor its roll out.

The recovery and restoration process will review the Trust's response activities and provide recommendations to the Executive Team and Trust Board regarding new operational, logistical and structural processes that have improved and enhanced service delivery. When the major incident is 'stood down,' there will be a hot and cold debrief held for the organisation and lessons identified will be incorporated into a Covid-19 major incident report as well as the Trust's plans, policies and procedures. The recovery process will continue post-incident in order to ensure we harness the opportunities from our learning, evaluate any changes we have made and consider how this might shape the restoration processes.

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 2019/20 there have been a number of referrals and none have progressed to criminal or disciplinary action.

Work has continued to implement and embed the NHS England Conflicts of Interest guidance recommendations. This has included targeting the HealthRoster managers to provide a consistent approach across the organisation and ensure compliance. Declaration of Interest is also included in the new starters' fraud presentation at Corporate Induction.

Bank mandate fraud is an on-going risk to any organisation and the Trust actions fraud prevention advice received to ensure robust controls are in place.

Going Concern

Devon Partnership NHS Trust 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 Trust operates in accordance with its Standing Orders,

Scheme of Delegation and Standing Financial Instructions and we uphold the core values and principles of the NHS Constitution.

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

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

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

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

In preparing the financial statements the Board of Directors has considered the Trust's overall financial position against the requirements of International Account Standard (IAS) 1 which deals with the assessment of Going Concern.

The close of the 2019/20 financial year and the early part of 2020/21 has been impacted by the Covid-19 pandemic. As a consequence there has been a set of nationally led responses that have replaced the normal business processes of agreeing contracts between commissioners and providers for the forthcoming year. These responses have the aim of providing certainty and stability for NHS finances during the period of the pandemic.

In relation to the Going Concern assessment, there are implications for Trust Profitability, Liquidity and Continuity of Service. These are each considered in turn below:

Profitability

The Trust has recorded a surplus of £2.5m, which was in line with the 2019/20 financial plan and control total after taking into account, permitted adjustments resulting for Covid-19 related costs, the Provider Sustainability Fund (PSF) payment of £1.35m and an additional £1m funding provided in recognition of further activity related to Mental Health providers in March 2020.

Continuity of Service

Draft financial plans for 2020/21 were initially approved by the Trust Board and submitted in early March forecasting a deficit of £1.2m.

Since this submission however the operational planning round for 2020/21 has been deferred with Trusts and CCGs operating in accordance with guidance issued by regulators, NHS England and Improvement in March.

This guidance states that for an initial period covering 1 April – 31 July 2020:

- NHS providers will receive block contract payments from commissioners, and income from non-NHS sources.
- Where this is not sufficient to cover a provider's underlying cost base, additional central top up payments will be made. Further top up payments will be made to cover reasonable costs of responding to the crisis, net of any cost reductions e.g. for consumables not required.

These arrangements provide comfort and certainty for the first four months of the financial year regarding the costs incurred by the Trust in delivering commissioned services.

Upon return to normal operating and trading / financial conditions the Trust anticipates a return to continuing to receive the majority of its patient care income through its main contracts with NHS Devon CCG, Bristol, North Somerset and South Gloucestershire CCG, NHS England (for Specialist, Justice and Commissioning), Torbay and South Devon NHS Foundation Trust and Care UK. Contracts were at an advanced stage for agreement, particularly for NHS Devon CCG at the time plans were advised to be placed on hold.

Additionally, it is anticipated that not only will the local population continue to require the services commissioned from Devon partnership Trust that one of the medium to long-term impacts of COVID-19 will be increased demand for Mental Health services and the Trust is being encouraged to accelerate delivery of the NHS Long Term Plan for Mental Health to support this expected increase.

Liquidity

The Board of Directors has a reasonable expectation that the Trust will have access to adequate resources to continue to deliver the full range of mandatory services for the foreseeable future.

Significant changes were applied to the NHS Provider cash regime, effective from 1 April 2020, including the provision of block contract payments being made monthly in advance. This covers the period 1 April to 31 July 2020. Full reconciliations are being undertaken to ensure that any additional entitled contractual income from NHS organisations will be incorporated once these arrangements come to an end.

The changes in the cash regime alongside the cash reserves currently held by the Trust provide a degree of assurance regarding the liquidity position of the Trust. This in turn provides reassurance over the Trust's ability to continue as a Going Concern.

In further support of this conclusion, and recognising the heighted 'Going Concern' uncertainty generated by Covid-19, NHS England and NHS Improvement issued a joint statement on 27 May 2020 which incorporates the following paragraph, reaffirming 'continuity of service' and government funding:

In March 2020 we announced revised arrangements for NHS contracting and payment to apply for part of the 2020/21 year. In May 2020 we issued revised financial management guidance to CCGs for the corresponding period. We are not yet able to definitively announce the contracting arrangements that will be in place for the rest of 2020/21 and beyond. It remains the case that the Government has issued a mandate to NHS England for the continued provision of services in England in 2020/21 and CCG allocations have been set for the remainder of 2020/21. While these allocations may be subject to minor revision as a result of the COVID-19 financial framework, the guidance has been clarified to inform CCGs that they will be provided with sufficient funding for the year. Providers can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned. While mechanisms for contracting and payment are not definitively in place, it is clear that NHS services will continue to be funded, and government funding is in place for this.

Financing - Conclusion

The Board of Directors is therefore satisfied and considers it appropriate that the accounts for the year ended 31 March 2020 should be prepared on a Going Concern basis.

1.4 Financial Performance

Director of Finance's Report

We have successfully delivered the financial plan for the year despite increasing pressure on resources. Our income for 2019/20 was £206m and, once again, our organisation finished 2019/20 with a pre-impairment surplus. This is shown as £2.5m as in the accounts.

The continued delivery 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, Information Technology and the improving the environment where we provide care – which benefits people using services and staff.

It should be noted that of the £2.5m surplus, £2.4m comes as a result of additional funding from the national sources, which includes the national Provider Sustainability Fund (PSF). This means that the pre-impairment operating surplus was £0.1m once these items have been excluded. The comparable figure in 2019/20 is £1.2m surplus.

2019/20 was a year of new developments and service expansion for our organisation. These developments are highlighted elsewhere in this report and include opening our Psychiatric Intensive Care Unit (PICU), the delivery of Child and Adolescent Mental Health Community Services (CAMHS) and the launch of the First Response Service.

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 been challenging (in line with national staffing challenges).

The Trust again experienced an increase in agency expenditure in 2019/20, driven by an increase in demand for medical agency staff as well as the introduction of new services – for example the full year impact of PICU and Mother and Baby Unit (MBU), and the introduction of the new children's contract for which we provide CAMHS services. The high level of agency expenditure will be a focus for improvement in 2020/21.

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 (expected April 2022).

We undertook a significant capital programme during 2019/20 amounting to £9.3m. This programme was funded via Public Divided Capital and cash generated from operating activities.

The organisation spent over 95.5% of its Capital Resource available ending the year with spend of £8.9m.

Significant capital spend in-year included:

- £1.0m on the provision of a Crisis Care House.
- £0.7m towards the new ward in Torbay.

- £1.6m on estates backlog and health and safety schemes including anti-ligature works.
- £1.0m on Barnstaple satellite location £1.0m.
- Our IT team spent approximately £1.5m on our general replacement programme and security enhancements and patient records.
- The project to develop our own Electronic Patient Record system started in 2018/19 with spend of £0.7m in 2019/20.

Our Financial Sustainability Risk Rating at the end of 2019/20 was two (one is the maximum achievable) and this was in line with our plan.

The organisation also contributed to the system-wide working with other health and social care providers in Devon. We have maintained good working relationships with our local Clinical Commissioning Group, and Specialist Commissioners.

Our contract negotiations for 2020/21 have been constructive and all of our commissioners are committed to the investment in, development of, and improvement in mental health and learning disability services. Our organisation has secured the Mental Health Investment Standard for 2020/21 of 5.63%. Although the operational planning round has been suspended due to the Covid-19 pandemic we are confident this commitment remains and that the national interim financial framework implemented during the pandemic will provide the organisation with sufficient certainty and financial security.

We have a capital plan ambition of £13m for 2020/21 and are currently working with STP partners to ensure that this is able to be accommodated within the STP level capital resource limit.

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.

Phillip Mantay

Director of Finance and Strategy

1.5 Review of 2019/20 Performance

Our organisation performed well during 2019/20 and some of our headline numbers for the year are summarised below:

At A Glance Summary

- We received 73,310 referrals, an increase of 3.8% from last year; TALKWORKS (previously the Depression and Anxiety Service (DAS)) alone received 27,330 referrals, (5.1% increase from last year).

- On average, we made contact with 26,000 people every month – up from 23,000 in 2018/19.

- Physical aggression is down on 9 of our wards.

- 9 wards have reduced their use of seclusion and/or physical restraint.

- Our Dementia Wellbeing Service in Bristol received 1,472 referrals and made 14,188 contacts – and on average 96% of people had their first appointment booked within ten days of a referral being accepted.

- Our average length of stay for older people in hospital is lower than the national average – 67 days for older people (national average 76 days).

- Our staff training rate is 90.7% – significantly higher than the national average of 80%.

- 5.1% 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.

- 85% 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.

- 89% 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, 99.9% received their first treatment within 18 weeks of referral – against the national target of 95%.

- For people needing access to a psychological therapy, 80% 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 95% against a target of 90%.

- 68% 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 77% to 85%, and returned more than 38 people back to services in the south west from other parts of the country.

- 60% of staff would recommend us as a place to receive care and treatment.

- 4,263 users of our services completed The Friends and Family Test – 3,940 (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 October 2019 the Care Quality Commission (CQC) rated our organisation as 'Good' in four of the five domains they assess organisations against: Safe, Effective, Caring, and Well-led. The organisation received a 'Requires Improvement' rating for the 'Responsive' domain in relation to people being placed in inpatient beds outside Devon, people waiting to access adult community mental health services, and people waiting to access community services for people with autism and ADHD.

This continued overall 'Good' rating is a positive recognition of the organisation's continued journey of improvement. Within the same inspection report, our wards for older people with mental health conditions were rated as 'Outstanding' overall, joining Secure Services as our other 'Outstanding' rated service.

Within this inspection, the CQC noted our challenges around staffing, the availability of beds and long waiting times, specifically for adult community services. We continue to work with focus and rigour to make improvements in these area, in partnership with commissioners and other local and national stakeholders in order to address these challenges.

We were initially expecting our next CQC inspection visit in autumn 2020, to include the annual inspection of the Well-led domain as well as visits to many frontline services. However, due to the Covid-19 pandemic, CQC's routine inspections have been impacted. We are therefore awaiting further confirmation on our next inspection timetable.

The Together Approach – What's the latest?

A significant amount of work has been undertaken since we wrote about our Together approach last year. Here is a brief roundup:

Together film
We were pleased to announce the launch our new Together film which features a number of people who have contributed to the Together Approach across our organisation, including members of our staff, people who have their own lived experience and carers and families, as well as colleagues from partner agencies.

Peer Support
We are incredibly proud of the Peer Support Workers (PSW) team which has grown from 7 to around 30 staff in the year. There are now PSWs in post across a large range of services. We are currently recruiting to a number of new Senior Peer Support Worker posts that will ensure the infrastructure and resilience for our PSWs is robust as well as drive developments across the organisation.

Carers and Families Strategy

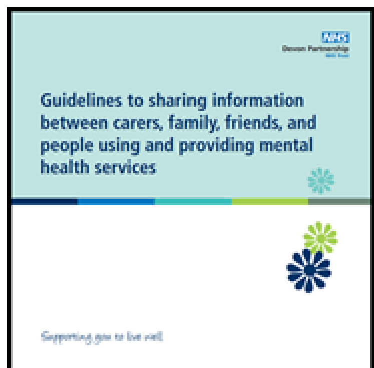
Our Carers and Families Strategy is co-designed by staff and carers and is based around the six standards of the Triangle of Care. It is easy to read and provides information about what needs to be done and by when and how its implementation is measured. We are producing a feedback questionnaire for carers based on the 16 'I' statements contained in the strategy to measure carers' experiences. It will be available electronically and on paper to be sent back in a freepost envelope. We will use the information to measure the implementation of the strategy and to feed back to teams about their progress.

Triangle of Care

The Triangle of Care is a framework to guide staff when working with people accessing our services to include the cared for person, the carer/ family and professionals as equal partners. It has six key standards:

- Identifying the carer at first contact or as soon as possible afterwards
- Making sure that staff are carer aware and trained in engagement strategies
- Ensuring policy and practice protocols are in place regarding confidentiality
- Defined post(s) responsible for carers are in place
- Providing a carer introduction to the service and staff.
- Making a range of carer support available.

We have implemented the Triangle of Care in all our inpatient, crisis and community teams. Our inpatient and crisis teams are currently accredited to level one and we are working towards acquiring level two accreditation in our community teams.


Guidelines to sharing information between carers, family, friends, and people using and providing mental health services

Confidentiality and Carers Guidelines
This year we reviewed our Confidentiality and Carers Guidelines with staff and carers. The new guidelines contain a best practice checklist, some best practice cases and process diagrams for staff to navigate around regarding people not wishing to share information.

Carer awareness training for staff
This year we ran a carer awareness training pilot for staff, delivered by Torbay Carers and Trust staff on our behalf to all the teams in Torbay and over 50% of staff were trained face to face in collaboration with carers. In 2020/21 we will be taking a different approach to training and include a mandatory annual e-learning module, co-produced by carers and staff, with animation created by the patients in Langdon. All the content is based on carer feedback and rooted within the Triangle of Care principles. The Corporate induction sessions that are provided for all new staff also have a living values session which includes carer awareness. This will be delivered alongside face to face training which we intend to do in collaboration with Devon Carers throughout 2020.

Carer information leaflet
We are co-producing an information leaflet for carers which contains information about what to expect from an inpatient unit or community team and provides general advice about our services. We are also developing a comprehensive carer information resource that will be available on our website.

Carer podcast
This year in collaboration with the carers of people who use our services, Devon Carers and Torbay Carers we have also produced a podcast that answers four frequently asked questions from carers. For more information or if you are interested in becoming involved in Together, please contact dpt.Together@nhs.net

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. We have been developing a five year workforce plan which is being continuously being reviewed and revised, and new information is added as plans become clearer. The plan is being used to inform the development of new roles, career pathways and apprenticeships to ensure we have the right workforce to enable us to meet future demand.

Our long-term recruitment strategy is to 'build' a model where we effectively grow our own staff through an apprenticeship route. We have initially focused on a career pathway for nursing and in 2020 we will aim to deliver a new learning disability nursing apprentice programme through the Open University as part of this pathway. This is also being extended to career pathways for other professions such as social work. We are also looking at the introduction of new roles using apprenticeships such as nursing associates and clinical associate psychology role.

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 Recruitment, retention and recognition Action Plan, which is managed through the Workforce Directorate. We also began an improvement project to review our internal recruitment process with a view to streamlining 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 to 38 days.

We continue to develop our recruitment microsite (a dedicated part of our website) to support our resourcing strategy. The Trust has attended numerous recruitment fairs and events and we 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.

Over the last two years, we have also sponsored staff to become qualified Mental Health Nurses and Occupational Therapists through degree and masters programmes delivered by

Plymouth University and Learning Disability Nurses through the University of the West of England. In 2020 we are looking to extend this scheme with a focus on the fast track masters route and a new one year conversion route for exiting nurses to retrain in mental health nursing.

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

Summary of Planned Changes to Workforce 2020/21

Staff in Post Staff Group	Out-turn 31/03/20 (WTE)	Planned Changes 2020/21 (WTE)	Forecast Out-turn 31/03/21 (WTE)
Allied Health Professional	208.73	2.60	211.33
Managerial & Other	450.73	16.50	467.23
Medical and Dental	129.91	1.70	131.61
Nursing	720.56	43.39	763.95
Scientific, Therapeutic and Technical	303.34	42.60	345.94
Support to Clinical	1016.22	72.80	1089.02
Totals	**2829.48**	**179.59**	**3009.07**

The table above focusses on year two of the 5-year workforce plan for the Trust. The 5-year plan is driven by the requirements of the NHS Long Term Plan and STP 5-year plan.

Organisational Development (OD)
The Trust has an OD plan that focusses on activities that support our mission to become a recognised centre of excellence and expertise, which is demonstrated by the actions and behaviours of our staff and puts our culture, values and inclusion at the foundation of everything that we do.

To support this we are undertaking a full cultural diagnostic in 2020 which will include board interviews, focus groups for people using services, staff and carers and the creation of a cultural dashboard.

We continue to support leadership development at all levels and will continue to deliver the Foundations of Management Programme for new and aspiring leaders as well as providing bursaries to support staff undertake national programmes.

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 and is a regular attendee at our staff 'our journey events' to raise awareness of the service, how to raise a concern, and what happens when a concern is raised. In addition, our Guardian has conducted 69 promotion/communication visits across the Trust in 2019/20.

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 2019 and encourage staff to raise concerns in a number of ways which are illustrated below.

125 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 November 2019 and this will continue on a yearly basis. We continue to develop 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.

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 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.

Towards the end of 2019/20 we made good progress in reducing the number of people who inappropriately receive their care and treatment outside the county. 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.

We know that we are around 45-50 adult mental health beds short in Devon when benchmarked against other parts of the country and we are working with our commissioners to increase this capacity. In 2018 we received confirmation of funding for a brand new adult ward in Torbay 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 to transform the commissioning and delivery of secure services. This project, for which we are the accountable provider, went live in April 2017 and is continuing to make good progress. We have increased the number of people receiving their low and medium level secure care within the region from 77% to 85%, and returned around 40 people back to services in the South West from other parts of the country in the last year – a very significant achievement.

IPP Directorate

Our dedicated Individual Patient Placement (IPP) Directorate is focused specifically on people with very complex needs which cannot be met in Devon and are receiving care and treatment in specialist (locked) High Dependency Inpatient Rehabilitation units (locked) placements outside the county. 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, this has now been reduced to under 20. 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 hugely proud of our services for older people and our inpatient services are now rated as 'Outstanding' by the CQC. 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 95% of people have said they 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.

Our Care Homes Education and Support Team is now well embedded in the Torbay area, and 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 2019/20 included:

- Electroconvulsive Therapy Accreditation Service (ECTAS) for our Torbay and Exeter ECT clinics
- Continuous development of 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 has continued to implement a number of Quality Improvement projects in 2019/20.

The Directorate has implemented a robust system of managing waiting lists. This includes a centralised waiting list management function which is now in place to maintain oversight of all people waiting for Adult Community Mental Health Services and to ensure that all people waiting are managed appropriately. This centralised team works alongside the local Community Mental Health Teams (CMHTs) with a clear process to ensure clinical triage of all referrals is carried out by community manager and consultant, any concerns identified via the regular clinical calls are raised with the relevant team for discussion and action. We have also:

- Continued to embed care pathways within the CMHTs and in Urgent care.
- The North Devon pilot for supporting homeless people has been extended for another year and is having a positive impact.
- All inpatient units have psychologists consistently working as part of the multidisciplinary team and the provision of psychology into the Home Treatment Teams is being developed.
- The Directorate is part of the High Intensity Partnership project which is a joint approach between Devon Partnership NHS Trust, Devon and Cornwall Police and the South West Ambulance service working with high intensity users of emergency services. Barnstaple is the site for Devon Partnership NHS Trust with Plymouth being the other Devon site.
- Development of a Single Point of Access service with a central telephone number for all queries and referrals into Devon Partnership Trust.

The Directorate is also continuing to work on a number of transformation programmes which will continue to improve the way we deliver our services. They include:

- We continue to develop a Home Treatment service with a successful bid for Transformation funding. This service will further support the interface with our newly launched First Response Service.

- The Directorate is leading on the development of a new Torbay Inpatient unit. This development will enable our commitment to ensuring people who require inpatient services in the Torbay area have their needs met locally.
- Continued cross-Directorate working to better support people with a diagnosis of personality Disorder – with a particular emphasis on co-designing training with our acute staff alongside people with lived experience of personality disorder.

The Trust also continues its participation in the National programme for Open Dialogue as an additional therapy for people. Devon Partnership Trust is one of several NHS Trusts across England involved in the ODDESSI trial, comparing current NHS mental health care with the 'Open Dialogue' model of care; in particular aiming to find out whether the models of care help to prevent relapse and improve social networks.

There has been considerable investment from the trust to train clinicians in Open Dialogue, and from the community mental health teams in reconfiguring their teams in order to support the study.

The trial has temporarily been placed on hold to recruitment due to the Covid-19 pandemic.

Recruitment for ODDESSI is currently paused pending the development and sign off of remote means to facilitate network meetings and engagement, as well as lifting some of the restrictions associated with the COVID-19 pandemic. Recruitment has been behind the hoped for schedule, but within keeping with others sites who have also had a slower than anticipated recruitment. The anticipate completion of recruitment and follow-up is now expected to be May 2021.

The Trust has embraced the positive experience and response from staff, patients and carers to the intervention and is exploring opportunities, via a DPT Peer Supported Open Dialogue Steering Group, to further develop our wider service offer within a new community framework for mental health services. This has the potential to be supported and recorded by University College London (UCL) based action research.

Child and Adolescent Mental Health Services (CAMHS)

CAMHS came into the new NHS Children & Family Health Devon (CFHD) Alliance organisation in 2019 bringing together the services that were previously run by Virgin Care Ltd in Devon and by Torbay & South Devon Healthcare Trust Torbay.
In keeping with major service transfers of this size and complexity there have been challenges as well as rewards in the first year. The leadership team within CAMHS has worked energetically to maintain service function and morale.

Quality Improvement

The CAMHS Service has been involved in a number of quality improvement initiatives, one involved engaging with the South West regional network looking at the CAMHS access pathway using an appreciative inquiry approach. The second involved peer review of our community Eating Disorders teams.

One of the audits within our audit programme involved our lead Pharmacist and Clinical Director reviewing the prescription of melatonin, with potential for improving the care of children and at the same time reducing the costs to the NHS.

Achievements

CAMHS has for the last few years worked hard to be a service that can attend to the needs of its localities and retain flexible working arrangements that allow for the service to work effectively as a county-wide model. The service's approach, under the steer of the leadership team across the county, has been built upon post-transfer, for example the bringing together of the Torbay and Devon services to a coherent operating model. There were many similarities between the Devon and Torbay models as well as some marked differences. We have worked across areas to bring together teams and recent appointments of service managers has further improved working together.

Work with our participation group continues. They remain active within the service and are frequently engaged with us at recruitment events and staff development workshops and service days (the last service day in March focused the needs of the BAME community). Young people presented using a 'talking heads' approach and their energy and passion was well received.

The service has been awarded further funding for securing phase 2 of the mental health support teams that are already functioning in Exeter and Torbay. The new team will work in North Devon. These teams are working into our schools providing evidence-based early intervention for children and young people. We have also invested heavily in the development of children's wellbeing practitioners providing evidence-based approaches in wider community teams. These exciting developments continue to build on our positive relationship with Exeter University and, in particular, the Children and Young People's Improving Access to Psychological Therapies strands.

The COVID-19 pandemic has of course presented major challenges for the delivery of the service. We have observed creativity at all levels, a working together to keep children in mind and a workforce flexibility that is to be acknowledged. The service created within days an enhanced 24-hour provision with rapid access assessment hubs operating from 09.00–22.00 hours 7 days per week.

The whole service has embraced 'Attend Anywhere', the result being that Devon and Torbay CAMHS is one of the highest users of this approach in the South West. Where this is not deemed so helpful, telephone and in extreme cases, face to face support is in place.

Bristol Dementia Wellbeing Service

Now entering its 6th year, our Dementia Wellbeing Service in Bristol continues to deliver innovative and person-centred support for people living with dementia and their carers.

Some key highlights over the last year include:

- The service was highly commended at the BMJ Awards 2019 in the Care of the Older Person Category.
- It was also runner-up at the RCPsych Awards 2019 for Psychiatric Team of the Year: Older Age Adults.

- The service won two awards at the inaugural Positive Practice in Mental Health Older Person Mental Health & Dementia Awards, held in Bristol. It picked-up the awards for Community/Primary Mental Health Services for Older People and Carer Support.

- At the Trust's 2019 Celebrating Achievement Awards the service was thrilled that their carer representatives, Ray Raine and Karen Sargent won the Together Award. Paul Knocker, the Service Manager was a joint recipient of the Board Award and a number of colleagues received recognition for lifetime achievement for their longstanding service to the NHS with over 400 years' service between them!

In terms of its performance targets, the service continues to meet or exceed targets including no waiting list with an average of 96% of accepted referrals having their first appointment booked within ten working days and over 97% of those within the community receiving a contact from the service at least once every six months.

By the end of March 2020, the service had received 362 Friends & Family returns with over 98% likely or extremely likely to recommend the service. The service has received no complaints this year.

Alongside the celebration of its successes, the service continues to innovate and develop, launching its Enhanced Support Function, supporting colleagues to provide proactive intensive interventions in the community, working closely with acute trusts to support people during a hospital stay, including supporting a safe and timely discharge with ongoing intervention to reduce re-admission.

The service also relaunched its Wellbeing Plan template, developed in consultation with people living with dementia, carers and staff. The service's unique approach to reducing stigma by providing dementia education in Primary and Secondary schools across Bristol continues to grow, with Dementia Friends sessions now reaching over 10,000 pupils alongside a powerful project where people living with dementia were matched with schools, resulting in positive changes in perceptions and enhanced wellbeing.

Secure Services

2019/20 was a challenging year for our Secure Services, which included a 'whole service enquiry' at the Dewnans, our Medium Secure Unit. The new leadership team has embraced this opportunity to engage with staff and ensure they are central to our new development plan - alongside the voice of patients and carers. There has been a focus on developing an inclusive and compassionate leadership style that has continued to provide an excellent standard of care, thanks to collaborative working with our staff, patients and carers and the dedication and commitment shown by each of these groups.

One of our goals for 2020/21 is to have meaningful outcome measures through the whole pathway to ensure our services are driven by the people who use them and we deliver the right treatment, at the right time, in the most effective way. The NHS Long Term Plan has provided a roadmap for moving forward and the directorate is supporting key developments in treating people in the community and in prison. The directorate is a key part of the South West Provider Collaborative and, as the lead provider, continuously innovates and utilises new technology with initiatives such as a directorate operational management system, which has been widely acclaimed, and is the basis for the new regional bed management system. 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.

In the light of staff shortages, especially doctors and nurses, the directorate has concentrated on improving the nursing provision at Langdon Hospital with the introduction of a Department of Nursing. This is an innovative initiative concentrating on training, development, recruitment, retention and the health and wellbeing of all our staff. We have recruited a dedicated Health and Wellbeing Lead to ensure all nurses, training and qualified, get the best experience from the workplace. The initiative is being led by our Nurse Consultant, Sarah Burford, who has many years of practical nursing and management experience. The ambition for the nursing hub over the coming months is to provide assurance around the developments of the nursing workforce and the delivery and quality care. We will also be implementing a more systematic approach to data capture with a nursing performance dashboard that will assist us with monitoring progress in key areas.

The trial of community forensic services has also been very successful and is now a funded service being offered in Devon and will continue to expand in the coming months. The service supports 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. Many 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. One of the key aims was to develop the whole criminal justice pathway from point of arrest to successful community living and, in 2019, the directorate took on the Liaison and Diversion Service which has enabled a seamless care pathway to be provided for people in the criminal justice system.

There have been further developments with Pathfinder (Community Personality Disorder Service) and Intellectual Disability Community Forensic Team and business cases are being submitted for their development and expansion.

The Prison Mental Health Service has also been working towards higher national standards set by the Royal College of Psychiatrists Quality Network for Prison Mental Health. These standards are peer reviewed by other prison mental health professionals, who have recognised a year-on-year improvement in all the Devon prison mental health teams since 2018. The services will also be working towards a new specification in the coming year, allowing specialist resources to be available for working with people who have a diagnosis of attention deficit disorder and dementia. The service will also be investing in 'engager' roles for those vulnerable people who may not readily access mental health support.

The Prison Mental Health Service is also engaged with research in the field, in order to inform practice and develop different ways of working more effectively in a challenging environment. This has included projects focusing on managing the higher risk of suicide in prison, the burnout of prison officers and the efficacy of psychosocial group interventions in a prison environment.

Consistently, the Prison Mental Health Service receives positive feedback from service users; reflecting how well the service engages with a group of people who are typically disadvantaged and disenfranchised in society. The directorate has been successful in securing a significant expansion to the prison mental health teams and the commissioning of a new offender personality disorder service at Channings Wood prison.

Our patient engagement team goes from strength to strength and has been acknowledged nationally, especially the Discovery Centre which provides a wide range of development opportunities. Initiatives have included charity events, community projects, animal engagement, education for staff, expansion of the workshops, the development of patient-

supporting AA/CA/DAA meetings and running the on-site café. All these initiatives have taken place with the support of patients, staff and outside agencies supporting our work.

Our patient council is an important part our service's success. Some of their initiatives have included, improvements to the sports barn, patient involvement in staff inductions and Langdon business meetings, inclusion in a range of focus groups such as leave and valuing temporary and agency staffing. We also ensure that there is patient and carer membership of our governance meetings and have developed our peer support across all of our service lines.

Collaboration is at the heart of all we do and this was evidenced in our success in winning the Duchess of Cambridge's 'Back to Nature Garden' at the 2019 Chelsea Flower Show. The Garden from the show was re-imagined inside our medium secure unit and is an inspirational space for patients and staff with future plans to build a legacy garden for family visits in the future.

A patient representative has initiated a patient reporting system which is now running as a pilot on Warren medium secure ward with support from the Patient Advice and Liaison Service (PALS), and another has received a Trust Inspiration Award for the recycling project he instigated with support from the team.

The directorate is committed to ensuring we continue to provide high standard, quality care to the population and anyone suffering from mental illness in the justice system from the beginning of their journey to the end.

Learning Disability Services

National drivers continue to influence service development and services for people with learning disabilities are being reviewed to ensure delivery of the key objectives of the NHS Long Term Plan. The service delivered a presentation to the Trust Executive team, outlining the current challenges and the potential resolutions to these. This presentation was shared at two whole day events attended by all staff working within learning disability services, stimulating discussion and reflections regarding what works well, what needs to improve and how service design and delivery could be the catalyst for change. The feedback from these events is helping to prepare future events engaging with people using services, carers and their families regarding service design. Exploration of integration with social care across the Devon service footprint is also being progressed.

The service continues to participate in national data collection for the NHS benchmarking standards for learning disability services and uses the results of these to target improvements to service quality, safety and the experience of people using them. We also continue to work closely with NHS England and Improvement and also actively participate in the work of the Transforming Care Partnership.

There are ongoing challenges in relation to having sufficient workforce within the learning disability service and clinical career structures and new roles have been a key focus of work over the past twelve months. Two learning disability practitioners have been successfully appointed to the Trainee Multidisciplinary Approved Clinician Programme due to commence in July 2020. The Senior Management Team has been strengthened with the addition of a Professional Lead for Learning Disability Nursing. Practice education has supported the service to explore alternate routes to the Registered Nurse in Learning Disability (RNLD) qualification. An Open University RNLD programme has been established commencing in September 2020 and DPT has secured seven places on this course. The Trust is additionally funding the South West Coordinator for this programme. Investment in apprenticeships within other disciplines including physiotherapy and occupational therapy are being progressed.

Clinically, there has been focus within therapies on the postural management support offered by Physiotherapy and on sensory integration therapy to support the reduction of challenging behaviour. There is continued focus on the least restrictive practice and 'Stop Overmedicating People with Learning Disabilities' (STOMP) agenda. We continue to have a valued presence through our Acute Liaison and Primary Care Liaison Nurses in District General Hospitals playing active roles in development of their 'Treat Me Well' action plans and have supported their engagement events with people using services. GPs have been supported to ensure delivery of annual health checks and the numbers of adults who have engaged with these is above average compared to national engagement rates. Epilepsy Nurses continue to support neurologists on all hospital sites providing the learning disability expertise into treatment plans.

2019/20 has had both notable challenges and recognised successes within our inpatient service. The inpatient unit (ASU) was placed in whole service safeguarding during the year. This gave the opportunity to review practices, find new ways to engage with staff and to enhance the ward management structure. The leadership approach has been one of inclusivity and the whole team has worked hard to develop the service proactively with patients and their families. For 2020/21 the focus is on enhancing the multidisciplinary team working and strengthening the patient and family voice. There have been developments in service connectivity, with both in-reach and outreach models being developed between inpatient and community learning disability services. The ASU has completed successful transitions for complex patients into the community and has received positive feedback regarding the supportive nature of these.

The inpatient unit has also been accredited through the Quality Network for inpatient services.

Staff from across services have worked closely with Clinical Leads and Devon Carers to deliver on the objectives of the Together Strategy. Latterly a Facebook page specifically for carers of people with learning disabilities has been established.

TALKWORKS

2019/20 has been a significant year for the service. The Depression and Anxiety Service (DAS) officially launched its new name of TALKWORKS to the public at the beginning of Mental Health Awareness week in May 2019. The service decided to change its name to reach out to people experiencing mild/moderate difficulties. The new name and marketing content is designed to be approachable, accessible and in everyday language for people experiencing common mental health difficulties such as depression and anxiety.

Following the launch of TALKWORKS the service saw its highest ever rates of referrals in June and July 2019 and has received approximately 40,000 phone calls to date. The TALKWORKS brand has become established and well recognised all over Devon.

The Talking Health team continues to make progress and is now integrated in several care pathways in the RD&E such as; gastroenterology, dermatology, cardiology and is beginning to move into pathways in Torbay in partnership with the Health Psychology department. The team is working on developing a Long Term Conditions workshop with an aim to deliver into individual medical specialities/departments across Devon.

TALKWORKS has also been focusing on a quality improvement plan aiming to improve access and quality of treatment for people who identify as lesbian, gay, bisexual or transgender, those who are questioning their sexuality or identify as intersex (LGBTQI+) as people who identify as LBGTQI+ are more likely to experience mental health problems and also face barriers accessing health care services.

As part of the quality improvement plan the service attended a number of pride and diversity events across Devon. While there, we asked people from the LGBTQI+ community to complete a short survey to find out more about potential ways in which we can improve our service. We built on this by then holding a small focus group with people who have used TALKWORKS to find out about their experience of using the service, and explore areas for improvement in more detail. The service has now made changes as a result of the feedback from the LGBTQI+ community and people who use our service. TALKWORKS has developed LGBTQI+ specific material which we will continue to develop and improve. Our work so far has really highlighted the importance of LGBTQI+ specific training for all staff.

In September the service celebrated turning ten years old. Approximately 130,000 people have accessed the service over the last ten years and this number is set to expand further over the next ten in line with the Five Year Forward View for Mental Health and the NHS Long Term Plan. TALKWORKS aims to treat an additional 6,000 people experiencing a common mental health problem by 2021 with a focus on people with a long-term health condition, medically unexplained symptoms, older people, perinatal woman, people from the

black, Asian and minority ethic (BAME) communities and those from other disadvantaged and minority groups. TALKWORKS continues to apply NICE guidance with fidelity to the Improved Access to Psychological Therapies (IAPT) model to continue delivering high recovery outcomes for people.

New Ward in Torbay

In December 2018, we were delighted to learn that our bid for capital funding to build a brand new ward on the Torbay Hospital site had been successful. This announcement was a major step in the right direction in terms of increasing much-needed inpatient capacity in south Devon. Construction of the £11m, 16-bed ward is currently scheduled to start in 2020, with the new unit becoming operational in 2022. It 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.

An artist's impression of the new ward

Other Key Developments in 2019/20

Staff Engagement

Meaningful engagement with staff remains one of our organisation's overriding priorities. As well as a range of ad hoc and planned events and visits to engage with staff during the year, *Our Journey* is an important annual opportunity for us to listen to our staff, their ideas and their concerns. The latest round of *Our Journey* staff engagement roadshows took place in October 2019 with staff attending eleven events across the county, including Bristol. There was an 11% increase in attendance from 2018. The key theme of the event was Pause and Review. 81% of the staff who responded rated the events as excellent or good, with no staff rating them as poor.

Our Charity

The Trust's associated charity enhances the great care our services provide for people needing support with mental health or learning disability needs. The charity is here to find ways to try and meet the wishes of patients, carers and employees of the Trust.

Some of the wishes that have been granted in 2019/20 include:

- Providing instruments to support Music Therapy at Franklyn Hospital in Exeter, which provides inpatient care for older people with mental health conditions such as dementia. Carrie Clarke, Occupational Therapist said, "The sessions have greatly benefited patients in terms of improved mood, self-expression, motivation and social interaction, and have become a regular, well attended part of therapeutic provision at Franklyn. Support from Charitable Funds enables us to improve and make a real difference to the experience of patients in our care".
- A sensory gym at Secure Services, Langdon Hospital, Dawlish. This provides a low level stimuli area, which supports our harder to engage patients and includes activities like stretching groups, injury rehab, Tai chi and yoga.
- The annual cost of venue hire to pilot a new recovery library and drop-in hub in Honiton. As well as creative activities a drop-in hub offers information about mental health services, available courses on offer and access to a mobile library of books for mental health and wellbeing. Caroline Nicholson, Devon Recovery Learning Community Manager said, "This was made possible with the support of the Trust's charity and the generous donations from individuals".
- The purchasing of new drills for New Leaf in Exminster to support the vocational learning and help train adults living with mental health conditions working towards paid employment.
- An appeal for Art Therapists at The Briars in Exeter for the donation of guitars for people who use their service when receiving therapy. Guitars are used therapeutically to write songs and express how a person is feeling, in a more direct way than words alone could achieve. The service was overwhelmed by the generosity of people at the Trust and the community.

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.

Donations have enabled the charity to invest in research, environments, equipment and services so we can go above and beyond what the NHS is able to fund, exceeding expectation every day.

In 2019/20 people have done some incredible things to raise money which have included cakes sales, bike rides, marathons, swimming and skydives.

Natalie Duncan, Senior Psychological Wellbeing Practitioner at TALKWORKS who took on a 15,000ft skydive said, "I did this challenge to highlight that anxiety and depression are

complexly normal, I am definitely going to be feeling panicky! But I know the steps to help manage and overcome those fears and emotions. TALKWORKS can teach you those steps too, so you can use them in your own life”.

Following the coronavirus lockdown measures, the Charity has seen an overwhelming response from the community with regards to fundraising, donations and gifts. The Charity also became a member of NHS Charities Together and will benefit directly from the nationwide appeal, in addition to launching its first public fundraising appeal. These funds will be used to support both staff and patients in the forthcoming year.

2020/21 will be another exciting year in the growth of our charity, which will include:

- The launch of the new charity identity.
- Introducing more ways in which donors can engage and support.
- Granting more wishes to provide enhancements to the Trusts services.

The continued success we have seen internally in the last year demonstrates 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 to promote learning opportunities for people to become informed about their mental health, find meaning and purpose, develop skills and be challenged in innovative ways to help them manage their personal recovery and wellbeing.

Tutors delivering courses for the DRLC work to an ethos of co-production and co-delivery to ensure that the voice of people with lived experience is complemented by that of mental health practitioners. This means that they can bring their skills and experience as clinicians, support workers, or other relevant mental health roles of work in the community.

The DRLC is very grateful to the motivation and commitment of several clinical teams that have recently come on board to offer recovery learning courses with us. In 2019-2020, the Medicines Optimisation Team committed to run over half a dozen courses across the county to help inform patients and carers about the use of anti-depressants and anti-psychotic medications. Peer support workers in North Devon also stepped up to co-tutor several courses through our Wild Things! programme, and newly appointed specialty registrar, Dr. Alexander Hartley developed a raft of new courses around personality disorder and psychosis.

We welcomed several new outside partners including Trident House in Tavistock, Hakeford Woods Forest School outside Barnstaple, Tennis for Free a national charity promoting the use of tennis courts in public parks for wellbeing, Dartmouth Bellringers, Surf South West and many others besides. Our partners bring a wealth of knowledge, skills and information about local communities and their on-the-ground initiatives working in partnership with the DRLC help to create a service that is better linked up and relevant to addressing the mental health issues that burden our local communities.

Each year the DRLC increases the number of people taking advantage of the courses that it offers. We had 500 new registrants have registered on our website in 2019/2020, in addition to many more enrolling on our courses over the phone, by email or by post during the course of the year.

We continue to offer excellent value for money as the partnerships we create contribute nearly half the cost it takes to deliver our courses. The DRLC feels that through partnership working we can embed the values and principles of recovery into our community. By raising awareness around mental health within the organisations we partner with, we can help them recognise the benefits of including new audiences to promote the work they do. For example the excellent partnership work we undertook with Butterfly Conservation over three years which opened new doors for their charity to promote their work by engaging with mental health https://butterfly-conservation.org/our-work/conservation-projects/england/all-the-moor-butterflies

Most recently, the DRLC has been developing its online platform to reach those in our communities who are most isolated and remote and for whom travel is a barrier to accessing recovery learning. Our new DRLC Online tab on our website at http://www.devonrlc.co.uk includes a range of courses from Learning to Play Music and Songwriting with Guitar, and Managing Anxiety to Developing Assertiveness Skills and Self-Esteem, and Guided Mindfulness Practice for Relaxation. The dropdown menu offers wellbeing links and resources that draw on the strengths and creativity of our local tutors and communities; we also have some 'fun stuff' where tutors have uploaded some light-hearted and friendly puzzles and games to help sustain their connections with their local community and with their students.

Finally, we are also developing partnerships with our recovery college neighbours in Somerset and with Compass Recovery College in Reading to look at more effective ways we can share learning opportunities that are relevant and accessible to our students especially during the current difficulties we are facing during the Covid-19 crisis.

Global adversity has offered us a moment to reflect and think how we can adapt to different times and circumstances to deliver our recovery learning service. The DRLC is embracing the challenge by exploring a range of new digital technologies in partnership with the University of Exeter, videoconferencing to reduce travel and reach more remote communities, creating online tutorials, recordings and podcasts. We are hopeful that the opportunities adversity brings will help implement positive change for the mental health and wellbeing of our communities and that of our planet.

MINDFUL EMPLOYER

Since it was founded in 2004, MINDFUL EMPLOYER, as part of our Workways service, has been offering guidance 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.

During 2019/20 the MINDFUL EMPLOYER service has been undergoing a comprehensive review of its internal processes to ensure that we are providing the best service possible to employers. This has included a review of our communications with employers, in addition to

our information governance and admin processes. As a result of new and improved procedures, MINDFUL EMPLOYER has seen a sharp rise in the number of employers renewing their signature to the 'Charter for Employers Positive about Mental Health', alongside a rise in employers renewing the advice line service MEPlus.

We are pleased to say that MINDFUL EMPLOYER was awarded 'Best Workforce Welfare Initiative' at the Social Care Awards in January 2019, and that MINDFUL EMPLOYER Lead, Mark Poole, recently took part in the first Mental Health Questions Time event for Devon employers as a member on the expert panel.

With our new three-year plan and marketing strategy in place, we enter the new year with a clearer vision for the future of MINDFUL EMPLOYER, and with a focus on establishing MINDFUL EMPLOYER as a leader in workplace mental health services.

Safeguarding

In 2019/20 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 development of bespoke safeguarding training at Level 4 for perinatal, secure and learning disability clinicians.
- Commissioning training on safeguarding supervision.
- The production of an internal bi-monthly safeguarding bulletin.
- Development of new leaflets and posters for our patients.
- Ensuring the safeguarding data captured through the Risk Management System (RMS) to enable patterns and trends to be explored and shared. This information has been of value both within the organisation and externally.

The volume of safeguarding incidents reported by clinicians has continued to increase, doubling in 2019-2020 to over 3,000 incidents. 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. We are leading an average of 80 open safeguarding adult enquiries across the organisation on any given day and have successfully reduced the number of enquiries open for more than 90 days from over 40 to less than ten during the financial year. Where an enquiry is open for more than 90 days there is a clear rationale for example the patient remains too unwell to participate in the enquiry or there is a parallel police enquiry which must be completed. In all enquires there is a robust safety plan which ensures patient safety.

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. 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 Partnership Boards for both children and adults in Torbay and Devon and the Devon Children and Families Partnership. The Directorate Manager for Safeguarding & Public Protection is the Vice-Chair of the Devon Safeguarding Adults Board.

Equality, Diversity and Inclusion (EDI)

One of our Trust's strategic aims 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 continued to develop over 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 has included 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 have also commenced reporting against the NHS England Workforce Disability Equality Standard in its first year.

In 2019, we continued focused work on implementation of the Sexual Orientation Monitoring Standard for people using services, raising the importance of declaring sexual orientation in a number of ways. However, our most notable and exciting initiative in relation to sexual orientation was the implementation of the Rainbow Badges. To date over 800 staff have made a personal pledge and received their badge. Feedback has already been received that this has supported people using services and staff to feel safe to disclose information regarding their sexual orientation because of the positive message that the badge sends.

Staff across all services have worked to enhance service accessibility, ensuring that we meet people's individual needs in compliance with both the Equality Act and the Accessible Information Standard. Our use of translation and interpretation services has increased significantly in the last 12 months, demonstrating the increase in our contact with these minority groups.

In 2019, our annual equality monitoring and action report summarising our progress against our objectives was further enhanced and directed by the Trust's Equality, Diversity and Inclusion Steering Group was produced in an improved, accessible format and approved by Trust Board in March 2020 for publication.

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

- Further enhancing our supported internships for people who are Deaf currently studying at Exeter Deaf Academy and people with learning disabilities who are currently studying at Petroc College. This programme assists people in developing workplace skills and experience. We continue to work closely to increase the number and variety of placements we deliver across a wide range of our services.
- 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 Reasonable Adjustments policies for both staff and users of services, with enhanced support offers for staff and managers to recognise the importance of reasonable adjustments to support job satisfaction and positive staff morale.
- Being an active member of the Devon Equality Cooperative.
- Continuing to work with the Royal Devon & Exeter NHS Foundation Trust in partnership to deliver a Schwartz Round programme, supporting staff reflection, emotional wellbeing and resilience.
- Completing 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 was undertaken at six of our key sites, and capital improvements are now being undertaken in line with the recommendations made. This includes the significant improvement of accessibility to our main Headquarters site – Wonford House, in Exeter.
- Appointing a substantive Lead Chaplain for the organisation, completing a baseline review of the organisation's needs in terms of spiritual care and chaplaincy against the NHS Chaplaincy Guidelines (2015) and implementing a workplan to address many of the current service gaps.
- Implementing Equality Champions at team and service level – we now have over 60 Equality Champions in place.
- Continuing to run our staff networks; the BAME Network, the LGBTI+ Network, Menopause Matters Network, Disability, Impairment and Long-Term Health Conditions Network.
- Established two new staff networks; Staff with Specific Learning Differences and for staff who are pregnant and new parents.

Our plans for the future within the EDI programme include:

- Improved recording and monitoring of reasonable adjustments in place for staff with additional needs.
- Work in partnership with the Workforce and Organisational Development Teams to enhance our focus on staff health and wellbeing, to include support for staff experiencing mental health conditions.

- Wider implementation of the supported internships programmes in partnership with Petroc College and Exeter Deaf Academy, to include a workstream with regards to onward employment opportunities.
- The continued enhancement of the organisation-wide spiritual care and chaplaincy service.
- Lead the regional development of an Equality, Diversity and Inclusion learning and development package, co-produced with people using services, relatives, carers and stakeholder organisations from across the local community.
- Targeted engagement campaigns with minority communities, led by the Devon Equality Cooperative.
- Working towards achieving Disability Confident Leader – level 3 status.
- Conduct an audit of the experiences of black, Asian and minority ethnic (BAME) people accessing our services across the Trust. This audit will be led by Clinical Psychology.

Following our selection as a 2019/20 NHS Employers Diversity and Inclusion Partners, we are thrilled to have continued on the programme for a second year. Through participation in the Partners' programme, we continue to 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.

Information, Technology and the Digital Agenda

We continue towards the vision of a fully digital organisation with the previous IT and safer information strategic delivery plan being reviewed to reframe the digital strategy to match the current technology and the outcomes needed to achieve the NHS Long Term Plan. The digital strategy is driven by five aims:

- Reducing burden, increasing time to care.
- Design-in safety, quality and data protection.
- Facilitating appropriate clinical access system-wide.
- Increase productivity.
- Providing 'citizens' and users of services, with digital services to inform before contact, engage with them, and enable them to self-manage and self-care.

To achieve these aims a digital strategic framework has been created to deliver and manage the activities and products required, and the framework is arranged in nine areas of work:

- Service planning and architecture – ensuring that the technology environment is robust, well supported and maintained, and able to adapt to changing needs.
- Funding and financial management – sources of funding, effective spending and prioritisation based on realisable benefit is a cornerstone of digital transformation programmes.
- Aligning digital services – the Trust exists within a Health and Care system that is attempting significant transformation using technology, we must align our efforts to gain maximum impact internally, and greatest benefit across our system.
- Digital people – ensuring that we make sure support is available for all staff to use technology to best support them and those receiving care.
- Infrastructure and operations – the practical work to continually monitor, maintain, and update the infrastructure supporting the Trust.

- Digital transformation of practice – some technologies available have the potential to radically change clinical practice so need to be managed carefully.
- Paper free at the point of care – we continue to strive towards a paper free organisation, and to gain the benefits that come with highly interoperable data.
- Data for insights, outcomes, oversight and research – the data we hold is a valuable asset in terms of the understanding how we are performing, where improvements can be made, but also moving towards the use of data to inform and support practice as it happens.
- Public trust and security – we seek to handle people's data in a way that reflects their wishes, and protects their information. We are iteratively improving the Trust's cyber security posture, in response to emerging and growing threats.

Notable successes during 2019/20:

- We were the first NHS Trust in the South West Peninsular to complete the rollout of Windows 10 and employ Advanced Threat Detection to help keep our information safe. This involved upgrading and replacing a number of computers, and now our staff enjoy greatly improved personal computing experiences.
- We strengthened and extended key partnerships. With the Royal Devon and Exeter IT department as our IT managed service provider, and with OneAdvanced who provide Carenotes, enabling new functionality and updates to support interoperability, and SilverCloud Health, based on the favourable outcomes from the use of their digital therapeutic platform, we've agreed to extended use in other pathways across the Trust.
- We continue to contribute anonymised data to the UKCRIS research community, and have provided double pseudonymised data in support of the One Devon Dataset, a county wide public health and risk stratification project.
- The Havana Physical Health module has been deployed to pilot sites with favourable use being reported.
- Completed the rollout of Skype for Business providing a unified communications solution.

As the Covid-19 pandemic response began in March, our digital departments were able to rapidly bring forward a number of projects and capabilities. Enabling remote working and a socially distanced care delivery methods including video consultation, digital self-care programmes, and equipment and connectivity to clinical systems to maintain the high quality of care we provide. 2020/21 is already looking like an exciting year for digital.

Procurement

The Trust was formally notified of its achievement of Level 1 accreditation of the NHS Procurement & Commercial Standards on 18 July 2019 the Trust was the first Mental Health Trust in the South of England to achieve this standard. Neil Hulme, the Trust's Procurement lead was subsequently invited by the NHS England South West Head of Procurement to support an assessment of a Community NHS Foundation Trust in March for their application to become accredited at Level 1 of the National Procurement Standards.

Research and Development

The Research and Development team manages and facilitates research and 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, the University of Oxford and other academic partners, we recruited 1,016 patients to dementia studies (the highest recruiter in the South West), and 695 patients to ageing research (the highest recruiter in the country). Across our other studies we recruited a further 665 people. We ended the year ranked as the 5th highest performing mental health provider for 2019/20 with a total of 2,376 participants.

We continue to collaborate with UK Clinical Record Interactive Search (CRIS) projects, using anonymous patient data, and are contributing to a range of projects including those focused on early onset dementia and Lewy Body Dementia. We remain committed to delivering research opportunities to people across Devon and Bristol. We continue with strong collaborative links with acute services in Exeter, Torbay and Bristol to increase dementia and mental health research in Devon.

Through 2019/20 we have focused attention on building capacity to deliver research in both CAMHS services, and among social workers and social care professionals. 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. In 2019/20 we have appointed our first peer support research worker, who is managing patient involvement in research, as well as patient experience in research projects.

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

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 use a variety of digital channels to share positive work taking place, 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:

		2019/20	2018/19
Facebook		DPT has 2,976 likes	DPT has 947 likes
Instagram		DPT has 1,322 followers	DPT has 133 followers
LinkedIn		DPT has 1,886 followers	DPT has 866 followers

Twitter		@DPT_NHS has 5,563 followers @DPT_Jobs has 1,035 followers @DPT_TALKWORKS has 2,029 followers	@DPT_NHS has 3,363 followers @DPT_Jobs has 636 followers @DPT_DAS has 1,628 followers
YouTube		DPTNHS has 315 subscribers	DPTNHS has 111 subscribers

We also have a presence on Pinterest and Vimeo and continue to keep up with emerging social media platforms to engage with a wider audience.

We recently launched a closed Facebook group for staff which already has more than 400 members. This is proving popular to share knowledge, ideas and information between teams and individuals.

Our dedicated jobs microsite www.jobs.dpt.nhs.uk continues to be a great place to share our vacancies and showcase individual stories from staff about why they enjoy working with us and living in Devon. We have recently run a successful digital campaign to recruit nurses in North Devon, featuring films from two staff nurses which were promoted across a variety of social media channels which led to increased engagement, with more than 3,000 views of the job advert as well as a number of actual appointments.

Our TALKWORKS service re-launched last year with a new website. We worked closely with people who use our services to create a design that was user friendly and easy to navigate. It is a responsive site which works well on a variety of devices and has 'Browsealoud' installed to make it easily readable.

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, 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.

The Board of Directors approved a Sustainable Development Management Plan (SDMP) in March 2019 and this sets out a three year plan to enable the Trust to reduce its carbon emissions. The Plan is available on the Trust's website: https://www.dpt.nhs.uk/about/corporate-information/sustainable-development/our-sustainable-development-objectives.

The SDMP is based on a self-assessment the Trust undertook of its performance across a wide range of areas, including travel, energy usage, procurement and waste recycling. The SDMP is also linked to the United Nations sustainability goals.

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

We are already clearly contributing towards:

The Trust's Sustainable Development steering group is responsible for overseeing implementation of the SDMP. In 2019/20 the steering group has supported a wide range of initiatives. These include the establishment of a green working party at Langdon Hospital in Dawlish. The working party includes both patient and staff representatives and has focused on improving recycling, composting and enhancing the use of the natural environment to support people's mental health and wellbeing. A similar approach is being taken in other inpatient services, notably at Beech Ward on the Torbay Hospital site. The steering group has also enrolled the Trust with the National Union of Students' 'Students for Good' scheme and is keen to encourage joint working with local universities and colleges.

Priority areas for attention in 2020/21 include reducing business mileage and energy costs and making better use of mobile technology. The Trust will be developing a Green Travel strategy to support staff and patients to use alternative, more sustainable methods of transport.

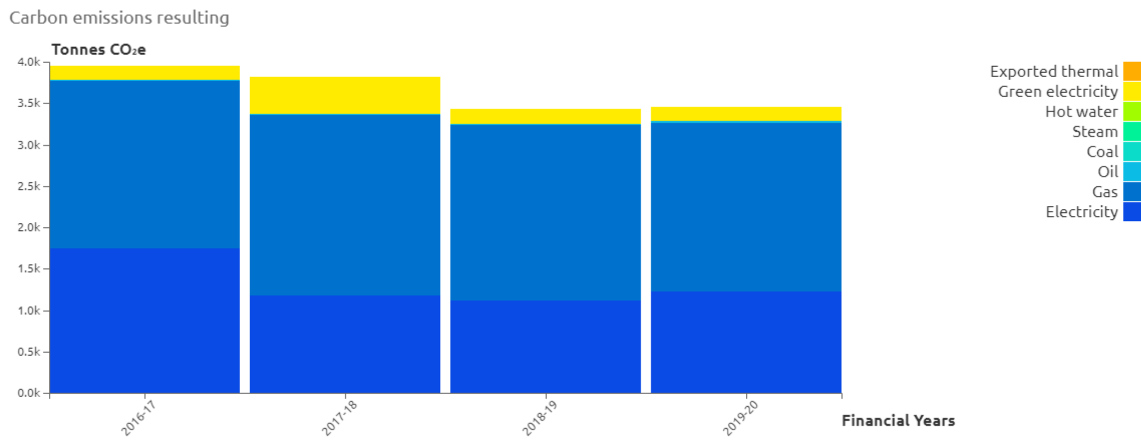
During the past year:

- Our total energy usage has increased by 3.5% in 2019-20 and spend increased by 15.5% from £810,970 to 936,580. The increase in price is in line with the increase in the prices of gas, electricity and oil on the wholesale market rising. The Trust uses Crown Commercial Services to negotiate its energy purchasing to maximise energy buying

power. Some of the current year information is based on estimates where we occupy and provide services from a neighbouring NHS organisation.

Energy Used kwh	2016/17	2017/18	2018/19	2019/20
Electricity Consumed	3,376,681	2,638,878	3,173,593	3,866,216
Gas Consumed	9,702,687	10,274,958	10,088,633	9,832,562
Oil Consumed	40,799	32,660	46,221	56,056
Green Electricity	326,499	1,021,719	503,602	548,819
Total	**13,446,666**	**13,968,215**	**13,812,049**	**14,303,653**

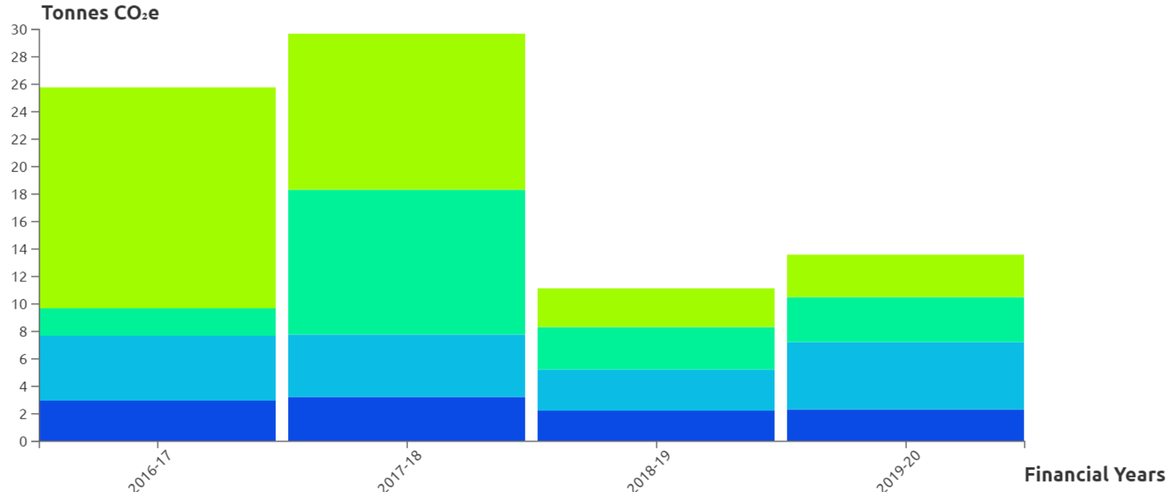
The impact of this on our carbon emissions is demonstrated below.



- Our grey fleet business travel mileage by road was 2,045,445 miles, compared to 1,400,384 in 2018/2019. This excludes hire car data which we have yet to receive in time for this report submission. This is an overall increase of 46%; this is in part due to increase in range of community services provided by the Trust, including the provision of CAMHS from April 2019 onwards as the majority of mileage is associated with the provision of community care services.

- The Trust should see a reduction going in to 20/21 due to Covid-19 responses, where home working, video and telephone conferencing have become the new way of working for many staff members. The total number of staff employed by the Trust has also increased by 780, totalling 3,102 which will have had an impact on these results. This increase is largely due to the Trust taking on responsibility for providing child and adolescent mental health services in 2019/20.

- We recycled 108 tonnes of waste which represents 30% of the total waste we produce. There has been a slight increase in the volume of landfill waste from 2.75 tCO_2e in 2018/19 to 3.09 tCO_2e in 2019/20. The carbon emissions resulting from our waste has dropped dramatically since 2016/17 and is reflected below.



- Our water consumption has seen an increase of 4,101m^3 between 2018/19 and 2019/20 - a total increase of 10% which is the same increase as 18/19. This has also led to an increase in CO_2 from 36tCO_2e in 2018/19 to 39 tCO_2e in 2019/20. Again an increase in water volume was expected due to the growth of the Trust and workforce.

Water		2016/17	2017/18	2018/19	2019/20
Mains Water	m^3	36,784	35,523	39,118	43,219
	tCO_2e	34	32	36	39

- The Trust has signed up to a Plastics Pledge, where we aim to reduce the amount of plastic waste used in the NHS. We aim to cut the use of plastic cutlery, plastic straws and stirrers and by April 2021 no longer be purchasing single use plastic cutlery, plates or single use cups made of expanded polystyrene or oxo-degradable plastics. We also intend to reduce single-use plastic food containers and other plastic cups for beverages. There is a planned data collection on this during 2020/21.

- A Green Travel Plan is in progress and looking to be implemented in 2020. With the population in Devon increasing along with our work force we are looking at various ways to reduce the environmental impact of our activities.

- 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.

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

Review of the year

Summary of 2019/20 performance from Devon Clinical Care Group (CCG) and Devon Sustainability and Transformation Partnership (STP)

All NHS providers in Devon have been asked to include this summary as part of their annual reports for 2019/20.

Working with partners and providers

We work closely with local organisations to offer more integrated care, closer to home. Hospital doctors, nurses and care professionals, along with GPs and managers work together to develop innovative ways of improving patient care and treatment. We also work closely with our local councils and public health teams to establish a clear understanding of local demography.

Devon CCG is an integral part of the Devon Sustainability and Transformation Partnership (STP), and from 1 April 2020 will establish with its partners an Integrated Care System for Devon, known as Together for Devon.

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

The STP mission was 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

The STP has taken a more focused approach on fewer priorities for 2019/20, to deliver high impact transformational changes and make best use of system resources. It has also made detailed preparations for the Integrated Care System.

Long Term Plan – Together for Devon

The STP has drawn up a draft Long Term Plan, following the parameters set out in the NHS Long Term Plan and tailored to meet the needs of Devon.
This will be the blueprint for Devon as it becomes an Integrated Care System (ICS) from 1 April 2020. The ICS programme, known as Together for Devon, has Philippa Slinger as its lead chief executive.

The Long Term Plan is intended to meet the growing challenges of providing healthcare and social care when demand is dramatically increasing. By 2030 there will be 37 percent more people aged over 75. This is good news, but we need to act now to ensure we can meet their needs within the funding we have available.

Eight out of ten of our hospital beds are used for emergencies. With the ageing population, the number of beds available for routine, planned treatment and surgery would reduce to zero. We

already know too many planned operations are being postponed at times when all the hospital beds are needed for urgent care, that people are waiting too long for diagnostic tests and that there are too many having to go outside Devon for the services they need.

After extensive engagement with the population, we worked with our partners to draw up the Long Term Plan to tackle these issues. Publication of these plans nationally has been inevitably delayed by the coronavirus pandemic. However, the following themes, while still in draft form therefore, have been agreed in principle. **In light of the coronavirus pandemic, the plan will be subject to change.**

Our vision is: "Equal chances for everyone in Devon to lead long, happy and healthy lives".

Together we will:

- Work with communities to identify priorities and tackle the root causes of problems such as domestic abuse, homelessness and mental ill health
- Provide a dedicated centre for planned operations and treatments in Devon, to reduce the number of cancellations
- Coordinate care among GPs, community teams, hospitals and mental health services so that people get properly joined-up care
- Create a dedicated, major diagnostic centre in Devon to reduce waits
- Invest in computer systems and technology that can be used by all doctors and nurses, regardless of location or which organisation they work for
- Reorganise our care so that fewer people need to travel outside Devon
- Work to tackle the physical health inequalities experienced by people with mental illness, learning disabilities and/or autism
- Enhance our prevention programmes to support people to stay well, with an early focus on diabetes and hypertension
- Establish clinical networks across the peninsula so that, together, hospitals can provide the services needed – starting with cardiac services, pathology, stroke and neurology
- Improve access to psychological therapies, and put comprehensive support in place for young people up to the age of 25
- Actively promote careers in health and social care, to attract the workforce we need and to reduce our reliance on expensive agency staff
- Transform our maternity and perinatal care to give women more choices and more joined-up care
- Reduce the length of time people stay in hospital, particularly stays of over 14 days and those where there is no clinical need for people to be in hospital

Together for Devon sets out a New Deal for Devon, where services are built around the individual, who with support also takes some responsibility for improving their own health and wellbeing.

Crisis response for mental health

People in Plymouth experiencing a mental health crisis benefitted from a new joint initiative between the health service and local police, aimed at reducing the number of people detained under the Mental Health Act or unnecessarily admitted to A&E.

South Western Ambulance Service (SWASFT), Livewell Southwest and Devon and Cornwall Police joined forces to launch a Mental Health Joint Response Unit – the first in the South West – to support people of all ages in crisis at times when demand for emergency mental services is at its peak.

Paramedics, police officers and mental health professionals work together across the city to improve outcomes for people experiencing a crisis by offering the extra service when the system is at its busiest – on Wednesday, Thursday and Friday evenings between 5pm and 1am.

Staff also work closely with other mental health providers throughout the city including the Crisis Café and Headspace.

Collaboration between the RD&E and North Devon District Hospital
With the support of NHS regulators, Northern Devon Healthcare NHS Trust and the Royal Devon and Exeter NHS Foundation Trust have continued to work together informally on securing the long-term sustainability of acute services for their local populations.

Boards of the two organisations agreed in December 2019 to explore working together on a more formal basis, on the premise that any new arrangement must be beneficial to people in both communities.

Northern Devon in particular has faced challenges in continuing to provide acute services, including 24-hour A&E and some specialist services. However, both organisations feel they would benefit from working together to recruit and retain the workforce needed, to improve performance against some key targets to do with access to health services, and to transform ways of delivering services with the use of technology.

The two hospital trusts have agreed that a Collaborative Agreement, signed in June 2018, should be extended beyond June 2020 so that the necessary processes can be completed, including negotiations with NHS regulators.

The RD&E hospital has supported the delivery of acute services in Northern Devon for a number of years through clinical networking arrangements. Given this, the Board at Northern Devon reached the view that the RD&E would be the most appropriate partner with which to explore a formal arrangement to ensure the long-term sustainability of its services.

The two hospitals already share a chief executive and chair, in addition to a number of other executive positions, and have been aligning their policies.

Joint approach on suicide

A partnership approach by organisations in a Devon seaside town has drastically cut the number of suicides at a clifftop spot by planting hedges, erecting signs and training the community how to handle people in crisis.

The town, which is not being identified for safety reasons, suffered four suicides and ten attempted suicides at the cliffs above its beach in 2014 — but after an action plan was put in place the following year there were none. The approach is now being replicated at similar areas across the southwest.
Dr Peter Aitken, who leads on the suicide prevention at Devon Partnership NHS Trust worked closely with a wide range of agencies and community groups including the RNLI, HM Coastguard, National Trust, Maritime and Coastguard Agency, landowners, SWAST, Devon and Cornwall Police, Samaritans, the local town council, and local people.

Parking stresses eased

Health and care staff in Devon can now park on yellow lines when visiting patients at home, thanks to a new council and NHS parking permit.

In a joint initiative, the scheme was developed by colleagues from Devon County Council, NHS Devon CCG and other providers.

It enables permit holders to park on roads with single and double yellow lines for up to an hour if nearby alternative parking isn't available – reducing stress for staff and maximising the time they can spend with patients and clients.

Help for people with crisis behaviour

Livewell Southwest Community Interest Company joined forces with the police to help people in the Plymouth community who have frequent and intensive episodes of crisis behaviour to lead safer, healthier lives. The Serenity Integrated Mentoring pilot project identifies people with behavioural issues who are the most familiar faces at A&E or Place of Safety and works with them to help manage and change their behaviour and keep them out of the criminal justice system.

Help with timely discharge from hospital

Livewell Southwest's Discharge to Assess service has been commissioned to offer a seven-day service – up from five days - enabling more people to leave hospital in a timely way and get back home. The service is the main discharge route out of University Hospitals Plymouth and Livewell's inpatient wards at the Local Care Centre. In addition, the acute care at home team and the out of hours district nursing service have joined together, offering care to people in their own homes 24 hours a day.

Digital strategy

Our plans for integrated care are dependent on digital technology. The STP digital strategy underpins the CCG and wider community endeavour to transform care in Devon, allowing health and social care professional's access to information, and giving patients the opportunity to participate in their health and care.

During the year, partners in the STP have begun implementing the agreed Digital Blueprint for Devon, which envisages a fully integrated and interoperable clinical digital system. This will make vital information available across primary, secondary, community and social care as well as in hospices and care homes.

In 2019/20 we finished upgrading all CCG computers to Windows 10 to ensure they are safe and secure and continue to benefit from security upgrades released by Microsoft. We have also upgraded to Office 365 to bring many new digital tools and services to CCG staff to allow them to work in different ways, collaborate more easily within the CCG and with external partners and to enhance our video conferencing facilities. We have helped our staff adopt these technologies through running a joint programme with Devon County Council.

With funding under the national Health System Led Investment in Provider Digitisation amounting to £8.8million over three years, Devon is pursuing this goal. Work is under way on a single electronic

patient record (EPR) system for Devon hospices, system wide access to primary care information, and system-wide integration of the EPRs in Devon, as well as paperless working across the Torbay health and care community.

Performance Report Declaration

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Melanie Walker
Chief Executive

16 June 2020

2. Accountability Report

2.1 Corporate Governance Report

Directors' Report

Information Provided in the Directors' Report - Declaration

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.

Trust Board

Devon Partnership NHS 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 operating and ensures 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. 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. The current skills portfolio of the Non-Executive Directors 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 55 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 members of the Board are required to comply with the Fit & Proper Persons Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5.

Meet the Board

Devon Partnership NHS Trust Board is governed by a Board which provides strategic leadership to the organisation. Our 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 our Associate Non-Executive Director and two non-voting Directors.

More information about the Trust's Board of Directors can be found on our website – www.dpt.nhs.uk/about/who-we-are/our-board-of-directors

Appointments to the Board

The skill mix and experience of the Board is kept under constant review and is taken into account when new Directors are appointed. During 2019/20, several appointments were made. Chris Burford was appointed in November 2019 as Executive Director of Nursing and Professions, after a period as the interim Director of Nursing and Professions, replacing Paul Keedwell. Phill Mantay was also appointed in November 2019 as Director of Finance & Strategy after a period as the interim Director of Finance & Strategy, replacing Sarah Brampton as Director of Finance. Laura Hobbs was appointed in February 2020 in a new non-voting Director post, as Director of Corporate Affairs.

Andy Willis joined the Trust as the Trust Chair in March 2020, replacing Julie Dent. In March 2020, the term of service for Mary Moore, current Non-Executive Chair of the Audit Committee, was extended for a further six months, taking effect on 1 April 2020.

Non-Executive Directors:

Non-Executive Director	Date of Appointment	Current Term of Office Effective From	Term*	Changes in 2019/20
Julie Dent (Chair)	1 March 2013	1 March 2017	Third	Retired March 2020
Andy Willis (Chair)	1 March 2020	1 March 2020	First	None
Martin Beaman	1 July 2019	1 July 2019	First	None
David Gebbie	1 December 2016	1 December 2018	Second	None
Gerald Marshall	1 March 2017	1 December 2018	Second	None
Mary Moore	1 April 2014	1 April 2018	Third	None
Ian Turner	1 July 2018	1 July 2018	First	None

Associate Non-Executive Directors:

Associate Non-Executive Director	Date of Appointment	Current Term of Office Effective From	Term*	Changes in 2019/20
Robin Aitken	9 July 2018	9 July 2018	First	

Executive Directors:

Executive Director	Title	Changes in 2019/20
Melanie Walker	Chief Executive	None
Chris Burford	Director of Nursing and Professions	Appointed November 2019 following period as interim Director of Nursing and Professions
Phillip Mantay	Director of Finance and Strategy	Appointed to substantive post 5 November 2019
Paul Keedwell	Director of Nursing and Practice	Retired 30 April 2019
Sue Smith	Chief Operating Officer and Director of Workforce	Substantive appointment March 2019
Dr David Somerfield	Medical Director	None

Non-Voting Directors:

Non-Voting Director	Title	Changes in 2019/20
Dr Peter Aitken	Director of Research and Development	None
Laura Hobbs	Director of Corporate Affairs	Appointed 1 February 2020 into new non-voting Director post

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 has an on-going Board Development programme that covers the role of the Board in setting and delivering the strategy, influencing the culture, systems and processes within the Trust and the Board's 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 also 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 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'. During the Covid-19 pandemic, online platforms have been used where face-to-face interactions have not been possible, to maintain participation in the wider system and with our stakeholders.

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 2019/20 *(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, in particular during 2019/20 in response to the Covid-19 pandemic. The sub-committees of the Board are currently reviewing their respective Terms of Reference as part of the annual sub-Committee effectiveness reviews, however this activity has been delayed due to the Covid-19 pandemic and the suspension of all sub-Committees with the exception of Audit Committee and Remuneration Committee. The Audit Committee effectiveness review was completed in March 2020. 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 October 2019, 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 Older People's Inpatient Services were

rated as 'Outstanding' overall, joining Secure Services with the outstanding rating they received in May 2018.

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 meetings are arranged to include a service user or staff story or an opportunity to visit a service to meet people using services and staff.

The summary of Board member attendance at the meetings that took place during 2019/20 is summarised below.

Tables of attendance – Key

P – Partial Attendance

M - Member of Committee

NM = Non-Member of Committee; in attendance

NB - Where the total number of meetings expected is not the full number for a member, this is due to terms of office/time in post that commence part way through the calendar year.

TRUST BOARD

			2019 / 20 Meetings		
	Member	Role	Attended	Required to attend	Comments
Non-Executive Directors	Julie Dent	Non-Executive Director (M)	4	4	Left March 2020
	Andy Willis	Non-Executive Director (M)	2	2	Commenced March 2020
	Martin Beaman	Non-Executive Director (M)	4	4	Commenced 1 July 2019
	David Gebbie	Non-Executive Director (M)	4	6	
	Gerald Marshall	Non-Executive Director (M)	5	6	
	Mary Moore	Non-Executive Director (M)	5	6	
	Ian Turner	Non-Executive Director (M)	4	6	
Executive Directors	Melanie Walker	Chief Executive Officer (M)	6	6	
	Phillip Mantay	Director of Finance & Strategy (M)	6	6	
	Chris Burford	Director of Nursing & Professions (M)	6	6	
	Susan Smith	Chief Operating Officer & Director of Workforce (M)	6	6	
	David Somerfield	Medical Director (M)	5	6	

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	Andy Willis	• Director, Legal Skills Development	Financial Professional	Declaration
		• Chairman, Dorset Healthcare University NHS Foundation Trust	Financial Professional	Declaration
		• Chairman, Alliance Homes	Financial Professional	Declaration
		• Leadership Associate, The King's Fund	Financial Professional	Declaration
		• NHS Leadership Academy	Financial Professional	Declaration
		• Bristol University (independent member Audit Committee)	Non-Financial Professional	Declaration
		• Governance Consultant, Centaura Consulting	Financial Professional	Declaration
		• Spouse is employee of DAC Beachcroft Ltd	Indirect	Declaration
Chief Executive	Melanie Walker, MBE	• 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
Associate Non-Executive Director	Robin Aitken	• Part-time consultant to The Philanthropy Company Limited	Financial interest	Declaration
		• Part-time CFO and shareholder in Agate Systems Limited	Financial interest	Declaration
		• 100% owner and director of Bellevue Partners Limited	Financial interest	Declaration
		• Director of Africa Express Limited	Financial interest	Declaration

Designation	Name	Declaration	Type of Interest	Mitigations
Non-Executive Director	David Gebbie	• Equity Partner, Stephens Scown, Exeter (effective 1 June 2020)	Financial	Declaration
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
Non-Executive Director	Mary Moore	• Trustee – SeeAbility	Non-Financial Personal	Declaration
		• Director – Mary Moore Limited Consultancy	Financial	Declaration
		• Voluntary driver and telephone support worker for Mid Devon Mobility, Tiverton	Non-Financial Personal	Declaration
		• Volunteer at Uplowman Parish Support Hub	Non-Financial Personal	Declaration
Non-Executive Director	Ian Turner	• HFMA – Deputy Chief Executive / Financial Director	Financial	Declaration
		• Trustee - Brunelcare	Non-Financial Personal	Declaration
		• Trustee – HSCA	Non-Financial Personal	Declaration
		• Trustee – RICE	Non-Financial Personal	Declaration
Non-Executive Director	Dr Martin Beaman	• Specialist Advisor to CQC, Governance Lead	Financial Professional	Declaration to CQC – no involvement with any DPT visits
		• Professor in Medical Education, Exeter University	Financial Professional	Declaration
Executive Director of Nursing & Professions	Chris Burford	• Spouse employed by Devon Partnership Trust	Indirect	Declaration
		• Specialist Professional Advisor to the CQC	Financial Professional	Declaration
Director	Laura Hobbs	• Trustee for Age UK Exeter	Non-Financial Professional	Declaration

Designation	Name	Declaration	Type of Interest	Mitigations
of Corporate Affairs		• Spouse is Executive Support Manager at Royal Devon and Exeter NHS FT	Indirect	Declaration
Medical Director	Dr David Somerfield	• Consultancy work - Kingsgate.	Financial Professional	Declaration (fee paid to DPT)
		• Spouse is Sister at Torbay and South Devon NHS FT	Indirect	Declaration
Chief Operating Officer & Director of Workforce	Sue Smith	• Spouse and son employed by Devon Partnership Trust	Indirect	Declaration
Executive Director of Finance	Phill Mantay	• No interests declared	-	-
Director of Research & Development	Dr Peter Aitken	• Trustee for Anthony Nolan	Non-Financial Professional	Declaration
		• Member of the Council, National Association of Primary Care	Non-Financial Professional	Declaration
		• Medical Examiner – Royal National Lifeboat Institution (RNLI), Exmouth	Non-Financial Professional	Declaration
		• Chair of RNLI Medical Committee	Non-Financial Professional	Declaration
		• Elected member of RNLI council	Non-Financial Professional	Declaration
		• Nominated RCPsych Representative	Non-Financial Professional	Declaration
		• Joint Royal Colleges Ambulance Liaison Committee	Non-Financial Professional	Declaration
		• Trustee for The Lions Barber Collective	Non-Financial Professional	Declaration
		• Clinical Lead (Suicide Prevention) for the South West Suicide Prevention and Shelf-Harm Network	Financial Professional	Declaration Salary will go into a separate R&D account which will be directed towards grants & expenses related to suicide prevention work.

Board Committees

The Board has established sub-Committees to help it scrutinise its work in quality, safety and clinical performance, finance and investment, workforce and Mental Health Act. 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. Each of the Committees in turn report to each Board meeting on how they are fulfilling these responsibilities, and report a review of effectiveness, to include compliance with its terms of reference annually to the Board.

Audit Committee (statutory)

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. The Audit Committee oversees the effectiveness of the Trust's Freedom to Speak Up arrangements while the Quality and Safety Committee maintains oversight of themes and issues raised through the Freedom to Speak Up Guardian. Annually, the Trust Board receives the Freedom to Speak Up Guardian's 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 & Strategy and the Director of Corporate Affairs. The Trust's external audit providers for 2019/20 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.

AUDIT COMMITTEE

	Member	Role	2019/20 Meetings		Comments
			Attended	Required to attend	
Non-Executive Directors	Julie Dent	Non-Executive Director (NM)			Left March 2020
Non-Executive Directors	Andy Willis	Non-Executive Director (NM)			Commenced March 2020
Non-Executive Directors	Martin Beaman	Non-Executive Director (M)	5	5	
Non-Executive Directors	David Gebbie	Non-Executive Director (M)	3	5	
Non-Executive Directors	Gerald Marshall	Non-Executive Director (M)	3	5	
Non-Executive Directors	Mary Moore	Non-Executive Director (M)	5	5	
Non-Executive Directors	Ian Turner	Non-Executive Director (M)	4	5	
Executive Directors	Melanie Walker	Chief Executive Officer (NM)	1	0	
Executive Directors	Phillip Mantay	Director of Finance & Strategy (NM)	4	5	
Executive Directors	Chris Burford	Director of Nursing & Professions (NM)	2	0	
Executive Directors	Susan Smith	Chief Operating Officer & Director of Workforce (NM)	3P	0	
Executive Directors	David Somerfield	Medical Director (NM)	2P	0	

Quality and Safety Committee

This Committee monitors the Trust's clinical governance and clinical effectiveness. It is responsible for ensuring that the Trust monitors quality, safety, experience and outcomes for people using services. A key role of the Committee is to ensure the Trust learns from when things go wrong and that best practice is embedded across services.

QUALITY AND SAFETY COMMITTEE					
	Member	Role	2019/20 Meetings		Comments
			Attended	Required to attend	
Non-Executive Directors	Julie Dent	Non-Executive Director (NM)	2	0	Left March 2020
	Andy Willis	Non-Executive Director (NM)			Commenced March 2020
	Martin Beaman	Non-Executive Director (M)	5	5	
	David Gebbie	Non-Executive Director (M)			
	Gerald Marshall	Non-Executive Director (M)	6	6	
	Mary Moore	Non-Executive Director (M)	5	6	
	Ian Turner	Non-Executive Director (NM)	1	0	
Executive Directors	Melanie Walker	Chief Executive Officer (NM)	1	0	
	Phillip Mantay	Director of Finance & Strategy (NM)	6	6	
	Chris Burford	Director of Nursing & Professions (M)	6	6	
	Susan Smith	Chief Operating Officer & Director of Workforce (M)	5	6	
	David Somerfield	Medical Director (M)	6	6	

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.

FINANCE AND INVESTMENT COMMITTEE					
	Member	Role	2019/20 Meetings		Comments
			Attended	Required to attend	
Non-Executive Directors	Julie Dent	Non-Executive Director (NM)			Left March 2020
	Andy Willis	Non-Executive Director (NM)			Commenced March 2020
	Martin Beaman	Non-Executive Director (NM)			
	David Gebbie	Non-Executive Director (M)	5	9	
	Gerald Marshall	Non-Executive Director (NM)			
	Mary Moore	Non-Executive Director (NM)	4	0	
	Ian Turner	Non-Executive Director (M)	9	9	

	Member	Role	2019/20 Meetings		Comments
			Attended	Required to attend	
Executive Directors	Melanie Walker	Chief Executive Officer (NM)	1	0	
	Phillip Mantay	Director of Finance & Strategy (M)	8P	9	
	Chris Burford	Director of Nursing & Professions (NM)	1	0	
	Susan Smith	Chief Operating Officer & Director of Workforce (M)	6	9	
	David Somerfield	Medical Director (NM)	6P	9	

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.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT ASSURANCE COMMITTEE					
	Member	Role	2019/20 Meetings		Comments
			Attended	Required to attend	
Non-Executive Directors	Julie Dent	Non-Executive Director (NM)			
	Andy Willis	Non-Executive Director (NM)			
	Martin Beaman	Non-Executive Director (NM)	2	0	
	David Gebbie	Non-Executive Director (NM)			
	Gerald Marshall	Non-Executive Director (M)	6	6	
	Mary Moore	Non-Executive Director (M)	6	6	
	Ian Turner	Non-Executive Director (NM)			
Executive Directors	Melanie Walker	Chief Executive Officer (NM)			
	Phillip Mantay	Director of Finance & Strategy (NM)			
	Chris Burford	Director of Nursing & Professions (M)	3	6	
	Susan Smith	Chief Operating Officer & Director of Workforce (M)	6	6	
	David Somerfield	Medical Director (M)	3	6	

Remuneration and Terms of Service Committee (Statutory)

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.

REMUNERATION AND TERMS OF SERVICE COMMITTEE					
	Member	Role	2019/20 Meetings		Comments
			Attended	Required to attend	
Non-Executive Directors	Julie Dent	Non-Executive Director (M)	4	4	Left March 2020
	Andy Willis	Non-Executive Director (M)	0	0	Commenced March 2020
	Martin Beaman	Non-Executive Director (M)	4	4	
	David Gebbie	Non-Executive Director (M)	3	4	
	Gerald Marshall	Non-Executive Director (M)	4	4	
	Mary Moore	Non-Executive Director (M)	4	4	
	Ian Turner	Non-Executive Director (M)	4	4	
Executive Directors	Melanie Walker	Chief Executive Officer (NM)	3	0	
	Phillip Mantay	Director of Finance & Strategy (NM)			
	Chris Burford	Director of Nursing & Professions (NM)			
	Susan Smith	Chief Operating Officer & Director of Workforce (NM)			
	David Somerfield	Medical Director (NM)			

Mental Health Act Scrutiny 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 and is attended by one other Non-Executive Director.

MENTAL HEALTH ACT SCRUTINY COMMITTEE					
	Member	Role	2019/20 Meetings		Comments
			Attended	Required to attend	
NEDs	Martin Beaman	Non-Executive Director (M)	4	4	
	Gerald Marshall	Non-Executive Director (M)	4	4	

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 Finance & Strategy. 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.

CHARITABLE FUNDS COMMITTEE					
	Member	Role	2019/20 Meetings		Comments
			Attended	Required to attend	
Non-Executive Directors	Julie Dent	Non-Executive Director (NM)			
	Andy Willis	Non-Executive Director (M)	1	1	Commenced March 2020
	Martin Beaman	Non-Executive Director (NM)			
	David Gebbie	Non-Executive Director (M)	3	2	
	Gerald Marshall	Non-Executive Director (NM)			
	Mary Moore	Non-Executive Director (NM)			
	Ian Turner	Non-Executive Director (M)	1	0	
Executive Directors	Melanie Walker	Chief Executive Officer (NM)			
	Phillip Mantay	Director of Finance & Strategy (M)	2	2	
	Chris Burford	Director of Nursing & Professions (NM)			
	Susan Smith	Chief Operating Officer & Director of Workforce (M)	2	2	
	David Somerfield	Medical Director (NM)			

As described on page 16, in response to the Covid-19 pandemic and the National guidance issued by NHS England & NHS Improvement, in March 2020, the Trust's governance structures were dynamically reviewed and enhanced to be able to respond to the impacts of the pandemic. Trust Board meeting frequency was increased from bi-monthly to monthly to maintain more routine oversight on all key aspects of quality, safety, workforce and operational delivery, while the Quality and Safety Committee, Workforce and Organisational Development Assurance Committee and Finance and Investment Committee were all suspended to enable staff to divert to delivering the incident response. However, the Audit Committee, Remuneration Committee and the Mental Health Act Scrutiny Committee remained operational. The changes to the

committee arrangements, the number of committee meetings that took place during 2020/21 and the attendance of members at these meetings will be reflected in the 2020/21 Annual Report.

Statement of the Chief Executive's Responsibilities as Accountable Officer of Devon Partnership NHS Trust

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, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

16 June 2020

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, other items of comprehensive income 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 and
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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	**Phillip Mantay**
Chief Executive	Director of Finance and Strategy
16 June 2020	16 June 2020

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 2019/20.

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) 2019/20 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	2019-20						2018-19					
		(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	(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	(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[1]	Former Chair	20-25	1,200	0	0	0	20-25	20-25	500	0	0	0	20-25
A Willis[1]	Chair	0-5	0	0	0	0	0-5	0	0	0	0	0	0
H M Moore	Non-Executive Director	5-10	500	0	0	0	10-15	5-10	100	0	0	0	5-10
D Gebbie	Non-Executive Director	5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
G Marshall	Non-Executive Director	5-10	1,600	0	0	0	10-15	5-10	400	0	0	0	5-10
I Turner[2]	Non-Executive Director	5-10	900	0	0	0	10-15	0-5	0	0	0	0	0-5
M Beaman[1]	Non-Executive Director	5-10	0	0	0	0	5-10	0	0	0	0	0	0
E Childs[2]	Former Non-Executive Director	0	0	0	0	0	0	0-5	100	0	0	0	0-5
M Walker[3]	Chief Executive	165-170	0	0	0	2.5-5	165-170	165-170	0	0	0	67.5-70	230-235
D Somerfield[2,4]	Medical Director	145-150	100	0	35-40	85-87.5	270-275	150-155	300	0	35-40	70-72.5	255-260
S Smith[1]	Chief Operating Officer	140-145	100	0	0	392.5-395	530-535	55-60	0	0	0	90-92.5	145-150
P Mantay[1]	Director of Finance	130-135	100	0	0	127.5-130	255-260	0-5	0	0	0	0-2.5	0-5
C Burford[1]	Director of Nursing & Professions	110-115	100	0	0	307.5-310	420-425	0	0	0	0	0	0
H Smith[2]	Former Medical Director	0	0	0	0	0	0	55-60	100	0	15-20	35-37.5	105-110
S Brampton[2]	Former Director of Finance	0	0	0	0	0	0	130-135	100	0	0	62.5-65	195-200
P Keedwell[1]	Former Director of Nursing & Practice	5-10	0	0	0	0	5-10	115-120	300	0	0	0	115-120
		£000s						£000s					
Mid-point of Band of Highest Paid Director's Total Remuneration excluding pension								187.5					
Median Total Workforce Remuneration Excluding Pension								31.9					
Ratio								5.9					

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

All taxable expense payments relate to travel and subsistence. From the 6 April 2019, HMRC withdrew the PAYE Special Arrangement (PSA) for Part-Time Office Holders, including Non-Executive Directors, causing costs incurred between home and the usual place where duties are performed, to be treated as a non-business expense and taxable at source. This has led to an increase in taxable expense payments to these members during the y ear.

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

[1] 2019/20 Changes to Directors roles

S Smith	*Appointed Chief Operating Officer and Director of Workforce 18 April 2019*
P Mantay	*Resigned Interim Director of Finance and appointed Director of Finance on 5 November 2019*
C Burford	*Appointed Interim Director of Nursing and Professions 18 April 2019, and permanent from 5 November*
P Keedwell	*Resigned Director of Nursing 17 April 2019*
J Dent	*Resigned as Chair 29 February 2020*
A Willis	*Appointed Chair 1 March 2020*
M Beaman	*Appointed 1 July 2019*

[1] 2018/19 Changes to Directors roles

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

[3] M Walker's pension related benefits have been adjusted based on retrospective pay increases.

[4] 0.2 WTE (1 day a week) relates to D Somerfield's non-director medical role.

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 2020 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of	Cash Equivalent Transfer Value at 1 April 2019	Real Increase/ (Decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2020
		£000	£000	£000	£000	£000	£000	£000
M Walker	Chief Executive	0-2.5	0.00	60-65	150-155	1,233	42	1,305
D Somerfield	Medical Director	2.5-5	12.5-15	70-75	210-215	1,419	142	1,595
S Smith	Interim Chief Operating Officer	17.5-20	45-47.5	55-60	160-165	769	354	1,160
P Mantay	Director of Finance	5-7.5	12.5-15	30-35	65-70	361	83	471
C Burford	Director of Nursing & Practice	12.5-15	42.5-45	55-60	175-180	965	363	1,351

There were nil employer contributions to Director's Stakeholder Pensions (2018/19, 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.

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 2019/20 was £187.5k (2018/19, £187.5k). This was 5.9 times (2018/19, 6.3 times) the median remuneration of the workforce, which was £31,924 (2018/19, £29,608). In 2019/20, one agency locum received remuneration in excess of the highest paid director (2018/19, three). Annualised remuneration ranged from £10,000 to £291,200 (2018/19 £6,125 to £248,560).

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 2019/20 (2018/19, nil).

Employee Benefits

This information has been subject to Audit

Gross Expenditure 2019/20	Permanent £000s	Other* £000s	Total £000s	2018/19 Total £000s
Salary and wages	93,015	8,810	**101,825**	82,511
Social Security costs	8,888	417	**9,305**	7,584
Apprenticeship Levy	481		**481**	392
Employer pension contributions	17,575	509	**18,084**	10,298
Other pension costs	37		**37**	20
Temporary staff		5,722	**5,722**	4,951
Total employee benefits	119,996	15,548	**135,454**	105,756
Of which costs capitalised as part of assets	760	-	**760**	439

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

Staff Numbers

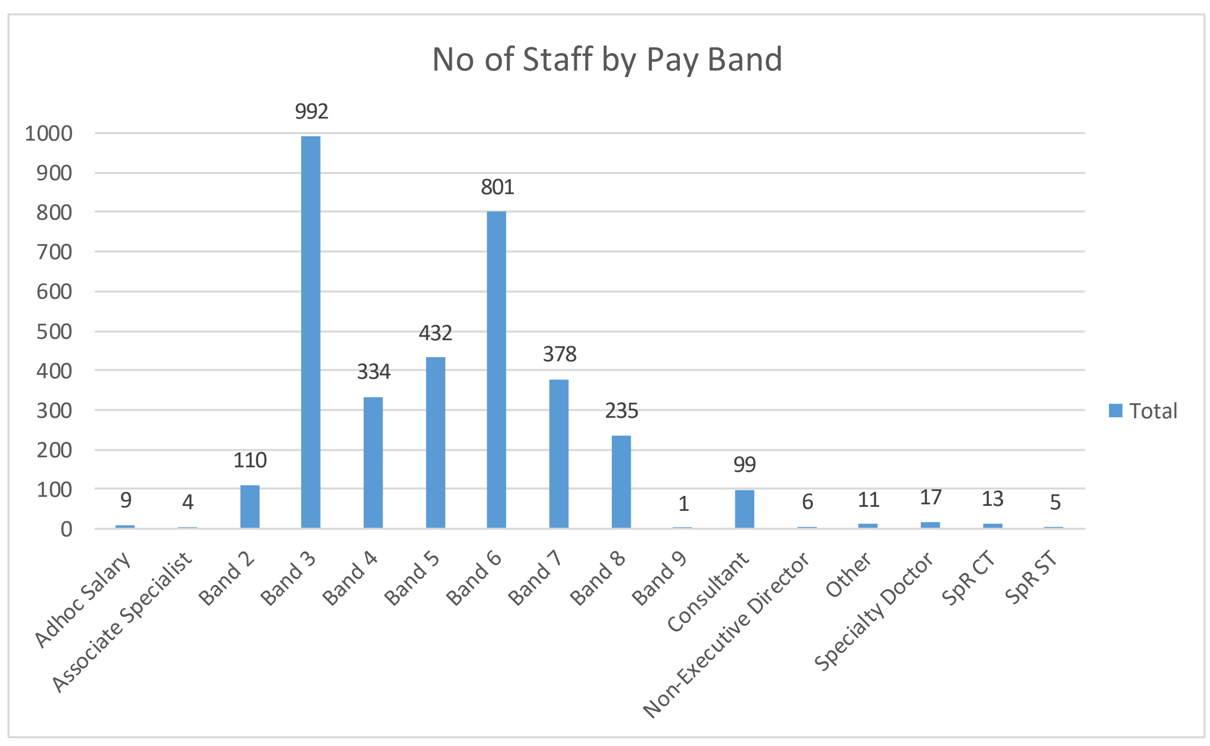
The table below sets out our staff composition by occupation group as at 31 March 2020:

This information has been subject to Audit

Staff Group	Substantive	Bank	Total Headcount
Admin & Clerical	805	96	901
Allied Health Professionals	200	7	207
Clinical Support	703	167	870
Estates & Ancillary	98	10	108
Medical	145	4	149
Qualified Nursing	722	53	775
Scientific, Therapeutic & Technical	410	8	418
Nursing students	19	0	19
Total*	**3,102**	**345**	**3,447**

** Figure for the total number of staff is taken as at 31 March 2020*

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	2019/20 Total	2018/19 Total
Medical and dental	128	12	140	120
Administration and estates	434	58	492	438
Healthcare and other support staff	912	113	1,024	883
Nursing, midwifery and health visiting staff	703	68	772	683
Scientific, therapeutic and technical staff	504	4	508	387
Other				
Total*	**2,682**	**255**	**2,938**	**2,511**
Number of employees (WTE) engaged on capital projects	19		19	18

** 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 2,938 from 2,511 staff in 2018/19.

Sickness Absence

The latest information regarding Trust absence data can be found on NHS Digital publication series using the following link https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

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, impairment or long-term health condition 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 2020/21 the Trust is working towards achieving Level 3 – Disability Confident Leader, supported by a peer assessor, a local organisation that is already a 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 to support them to undertake their role as effectively as possible.

- Adjustments can be made for all staff with disabilities to have access to training and development in a range of ways.

- 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 and this programme is being enhanced and developed during 2020/21.

- A Disability, Impairment and Long Term Health 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.

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.

In 2019/20, the Trust completed its first return of the new Workforce Disability Equality Scheme (WDES) and reported the results and the associated action plan to the Board. The WDES is a national standard relating to workforce disability in the health service, to ensure that employees that identify as having a disability have equal access to career opportunities and receive fair treatment in the workplace.

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 9 employees (2018/19 – 15) who were relevant union officials during 2019/20 with a FTE 7.7(2018/19 13.26). The percentage of their time spent on facility work was as follows:

Percentage of Time	Number of Employees
0%	
1 – 50%	7
51 – 99%	
100%	2

Percentage of the Pay Bill Spent on Facilities Time

Total Cost of Facilities Time	£97,721
Total Pay Bill	£135,454,000
% of Pay Bill Spent on Facilities Time	0.07%

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	3.67%

Agency Staff

The Trust saw an increase in agency spend of £1.6m from £4.1m in 2018/19 to £5.7m in 2019/20; £1.6m above our allocated ceiling of £4.1m. Part of the reason for the increase in agency spend relates to the Trust taking over the provision of Children and Adolescent Mental Health Services from 1 April 2020 with spend for this directorate was just under £0.6m.

The largest spend for agency staff are in the Adult and Secure directorate. Medical agency contributes to thirty per cent of Trust agency spend (2018/19 – 30%).

Agency expenditure continues to be regularly monitored via Safer Staffing Assurance group and is reported on a wider basis through monthly Directorate Governance Boards with any overspends requiring the Directorate to clarify mitigating actions.

Expenditure on Consultancy

The Trust didn't incur any consultancy spend during the year ended 31 March 2020 (2018-19, £186,000).

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 July 2019	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
Chris Burford	Director of Nursing and Professions	5 November 2019	Substantive	3 months	As per AfC redundancy Schedule 16	n/a
Phill Mantay	Director of Strategy and Business Development and Interim Director of Finance until 4 November 2019 Director of Finance and Strategy from 5 November 2019	5 November 2019	Substantive	3 months	As per AfC redundancy Schedule 16	n/a

Sue Smith[1]	Interim Chief Operating Officer until 18 April 2019 Chief Operating Officer and Director of Workforce from 18 April 2019	18 April 2019	Substantive	3 months	As per AfC redundancy Schedule 16	n/a

[1] 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 2019/20 (none 2018/19)

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

For all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last longer than six months:	Number
Number of existing engagements as of 31 March 2020, of which the number that have existed:	4
for less than one year at the time of reporting	2
for between one and two years at the time of reporting	2
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

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020:	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the	13

financial year. This figure includes both off-payroll and on-payroll engagements	

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, *of which*:	2
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	2
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	0
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 2019. Data for 2020 will be published next year, in accordance with national legislation.

The key highlights from the 2019 data are as follows:

- As at 31 March 2019, the gender split within the Trust's overall workforce is 72% female and 28% male. Nationally, roughly 77% of the total NHS workforce is female and 23% male.
- The Trust's analysis of 2019 mean hourly pay rate shows that there is a 15.67% difference between average hourly pay for males and females, which is a slightly larger gap than in 2018 (13.1%) and almost identical to our 2017 position of 15.4%*.
- For the majority of Trust roles the mean gender pay gap is considerably less than 15.67%. In most pay bands, we are confident from the findings from further analyses, that the average hourly pay rate for male 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.

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

Report on the audit of the financial statements

Opinion

In our opinion, Devon Partnership NHS Trust's ("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 2020 and of the Trust's income and expenditure and cash flows for the year then ended; and
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20.

We have audited the financial statements, included within the Annual Report and Financial Accounts (the "Annual Report"), which comprise: the Statement of Financial Position as at 31 March 2020; the Statement of Comprehensive Income for the year then ended; the Adjusted financial performance (control total basis) for the year then ended; the Statement of Cash Flows for the year then ended; the Statement of Changes in Equity for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

Basis for opinion

We conducted our audit in accordance with the 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 where:

- 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 2019/20 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 2020 is consistent with the financial statements and has been prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20.

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 2019/20.

Responsibilities for the financial statements and the audit

Responsibilities of the directors for the financial statements

As explained more fully in the Accountability Report, the directors are responsible for the preparation of the financial statements in accordance with the Department of Health and Social Care

Group Accounting Manual 2019/20, 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. 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 our on risk assessment, we undertook such work as we considered necessary.

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 2020.

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

19 June 2020

Statement of Comprehensive Income for the Year Ended 31 March 2020

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	195,539	157,976
Other operating income	4	10,545	10,874
Operating expenses	7,9	(202,763)	(158,267)
Operating surplus from continuing operations		**3,321**	**10,583**
Finance income	12	163	122
Finance expenses	13	(99)	(126)
PDC dividends payable		(2,907)	(2,686)
Net finance costs		**(2,843)**	**(2,690)**
Other gains / (losses)	14	8	-
Surplus for the year		**486**	**7,893**
Other comprehensive income / (expense)			
Will not be reclassified to income and expenditure:			
Impairments	8	(4,148)	(380)
Revaluations	8,17	1,744	6,930
Other reserve movements		4	-
Total comprehensive income for the period		**(1,914)**	**14,443**
Adjusted financial performance (control total basis)			
Surplus for the period		**486**	**7,893**
Remove net impairments not scoring to the Departmental expenditure limit		2,044	(499)
Remove I&E impact of capital grants and donations		**2**	**11**
Adjusted financial performance surplus		**2,532**	**7,405**

Statement of Financial Position as at 31 March 2020

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	15	1,689	1,138
Property, plant and equipment	16	110,824	112,445
Receivables	19	90	-
Total non-current assets		**112,603**	**113,583**
Current assets			
Inventories	18	86	68
Trade and other receivables	19	8,733	7,756
Non-current assets held for sale / assets in disposal groups	20	423	1,023
Cash and cash equivalents	21	24,526	20,583
Total current assets		**33,768**	**29,430**
Current liabilities			
Trade and other payables	22	(25,196)	(20,897)
Borrowings	24	(1,768)	(1,763)
Provisions	25	(527)	(313)
Total current liabilities		**(27,491)**	**(22,973)**
Total assets less current liabilities		**118,880**	**120,040**
Non-current liabilities			
Borrowings	24	(5,324)	(7,082)
Provisions	25	(2,941)	(1,431)
Total non-current liabilities		**(8,265)**	**(8,513)**
Total assets employed		**110,615**	**111,527**
Financed by			
Public dividend capital		47,568	46,567
Revaluation reserve		26,600	29,180
Income and expenditure reserve		36,447	35,780
Total taxpayers' equity		**110,615**	**111,527**

The notes on pages 98 to 145 form part of these accounts.

The financial statements were approved by the Board on 16 June 2020 and signed on its behalf by the Chief Executive:

....

Melanie Walker
Chief Executive
16 June 2020

Statement of Changes in Equity for the Year Ended 31 March 2020

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2019 - brought forward	**46,567**	**29,180**	**35,780**	**111,527**
Surplus for the year	-	-	486	**486**
Impairments	-	(4,148)	-	**(4,148)**
Revaluations	-	1,744	-	**1,744**
Transfer to retained earnings on disposal of assets	-	(176)	176	**-**
Public dividend capital received	1,002	-	-	**1,002**
Other reserve movements	(1)	-	5	**4**
Taxpayers' equity at 31 March 2020	**47,568**	**26,600**	**36,447**	**110,615**

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
Taxpayers' equity at 1 April 2018 - brought forward	**41,807**	**22,630**	**27,887**	**92,324**
Surplus for the year	-	-	7,893	**7,893**
Impairments	-	(380)	-	**(380)**
Revaluations	-	6,930	-	**6,930**
Public dividend capital received	4,760	-	-	**4,760**
Taxpayers' equity at 31 March 2019	**46,567**	**29,180**	**35,780**	**111,527**

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 2020, the

Trust received PDC allocations of £820k in relation to the provision of a Crisis House and place of safety and £182k for the Health Service Led Investment (HSLI) in provider digitisation of healthcare records.

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. There was a further transfer of £176k between the revaluation reserve and income and expenditure reserve relating to two properties sold in year. 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 35.

Statement of Cash Flows for the year ended 31 March 2020

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus		3,321	10,583
Non-cash income and expense:			
Depreciation and amortisation	7.1	5,522	5,017
Net impairments	8	2,044	(499)
(Increase) / decrease in receivables and other assets		(1,041)	1,306
(Increase) in inventories		(18)	(11)
Increase in payables and other liabilities		5,469	1,255
Increase / (decrease) in provisions		1,720	271
Net cash generated from operating activities		**17,017**	**17,922**
Cash flows from investing activities			
Interest received		163	122
Purchase of intangible assets		(967)	(521)
Purchase of property, plant, equipment		(9,042)	(16,143)
Sales of PPE		624	-

	Note	2019/20 £000	2018/19 £000
Net cash used in investing activities		**(9,222)**	**(16,542)**
Cash flows from financing activities			
Public dividend capital received		1,002	4,760
Movement on loans from the Department of Health and Social Care		(1,752)	(1,752)
Other interest paid		(96)	(127)
PDC dividend (paid)		(3,006)	(2,640)
Net cash generated from / (used in) financing activities		**(3,852)**	**241**
Increase in cash and cash equivalents		**3,943**	**1,621**
Cash and cash equivalents at 1 April - brought forward		**20,583**	**18,962**
Cash and cash equivalents at 31 March	21.1	**24,526**	**20,583**

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 2019/20 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

IAS1 requires management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. In the context of non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared

on a going concern basis unless there are plans for, or no realistic alternative other than the dissolution of the Trust without the transfer of its services to another entity within the public sector.

In view of the above, the directors' review of the financial plan for 2020/21, current operating performance and contract negotiations for the year ahead support the preparation of the financial statements on a going concern basis. As directed by the 2019/20 Department of Health and Social Care Group Accounting Manual the Directors have prepared the financial statements on a going concern basis as they consider the services currently provided by the Trust will continue to be provided in the foreseeable future.

In March 2020, in response to the COVID-19 pandemic, the Trust incurred additional revenue costs of £89k, lost income of £29k and incurred capital costs of £53k. All additional revenue and loss of income in 2019/20 have been funded by the Department of Health and Social Care who have made a commitment to fund all incremental COVID related costs in 2020/21.

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 £21k (2019: £31k), it had expenditure of £94k (2019: £135k) of which £32k (2019: £73k) was spent on patient comforts, £6k on staff training and welfare, £49k (2019: £46k) towards fundraising costs and salaries of staff involved in charitable fund projects. A further £7k (2019: £16k) was spent on governance costs which includes the Trust's administration fee and £1k audit fees (2019: £1k).

Note 1.4.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).

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. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

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.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.5 Other forms of income

Grants and donations

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. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

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.

Secondary commissioning

The Trust acts as an agent on behalf of NHS England in relation to South West Regional Secure Services commissioning a budget of £73m (2019: £71m). 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. For the year ended 31 March 2020 the Trust received income of £4m from NHS England (2019: £688k). The in-year increase relates to clinical savings made during the year.

- 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. During the year, the consortium made clinical savings of £4m which enabled it to pay management costs of £896k (2019: £575k) repay the prior deficit to other gain and risk share partners of £644k, achieve a non-recurrent investment of £1.9m (2019: £889k) deficit and retain a surplus within the Trust to cover deficits made in previous years of £583k (2019: £355k deficit).

- The Trust also commissions services on behalf of NHS Devon Clinical Commissioning Group for Individual Patient Placements.to the value of £16m (2019: £16m) and on behalf of Devon County Council and Torbay Council for secondary Care Placements for people who are in contact with secondary mental health care services of £19m (2019: £18m)

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 1.6 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 Costs

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 scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to the 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 1.7 Expenditure on Other Goods and Services

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

Note 1.8 Property, Plant and Equipment

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.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase to the carrying amount of the asset when it is probably that additional future economic benefits or service potential deriving 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 capitalise 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 services potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

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, borrowing costs where capitalised in accordance with IAS 23. 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.

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.

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.

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.

Useful Economic Lives of Property, Plant and Equipment

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

	Minimum life Years	Maximum life Years
Buildings, excluding dwellings	1	75
Dwellings	17	45
Plant & machinery	5	15
Transport equipment	7	7
Information technology	3	5

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 1.9 Intangible Assets

Note 1.9.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset 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 where it meets the requirements set out in IAS 38.

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.

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.

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

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

Note 1.10 Inventories

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

Note 1.11 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Note 1.12 Financial Instruments and Financial Liabilities

Recognition

Financial assets and financial liabilities 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.

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.

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 1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.13.1 The Trust as lessee

Operating Leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of Land and Buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.13.2 The Trust as lessor

Operating Leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation as a result of a past event for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020:

Injury Benefit provisions are discounted using HM Treasury's pension discount rate of minus 0.50% (2018-19: positive 0.29%) 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.

The Trust has also put in place a property dilapidations provision in accordance with IAS 37. Future years have been discounted at the rate of 1.27%.

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 but is not recognised in the Trust's accounts.

Non-Clinical Risk Pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

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 1.16 Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that, being issued under statutory authority rather than contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from the Trust. PDC is recorded at the value received.

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; and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts. The PDC dividend calculation is based upon the Trust's group accounts and excludes consolidated charitable funds.

Note 1.17 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Corporation Tax

The Trust has determined that it is has no corporation tax liability due to the fact that its activities do not generate annual profits.

Note 1.19 Foreign Exchange

The functional and presentational currency of the Trust is sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Note 1.20 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.21 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

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 1.22.Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been adopted early in 2019/20.

Note 1.23 Standards, Amendments and Interpretations in Issue but not yet Effective or Adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the re-measurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental

borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

HM Treasury revised the implementation date for IFRS 16 in the public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2021 and beyond, a quantification of the expected impact of applying the standard in 21/22 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Note 1.24 Critical judgements in applying accounting policies

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

Note 1.25 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:

- The Trust's buildings and land assets are subject to a quinquennial revaluations 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.

- Further disclosure is provided at note 17 however, the valuer has advised a material valuation uncertainty in the valuation report for 2019/20 on the basis of uncertainties caused by COVID. Consequently less certainty and a higher degree of caution should be attached to the valuation than would normally be the case. The 'material valuation uncertainty' is used to be transparent that in current extraordinary circumstances, less certainty can be attached to the valuation than would otherwise be the case.

- Assets 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.

- 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 minus 0.5% in real terms. This information is shown at note 25.1.

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	2019/20 £000	2018/19 £000
Expenditure		
Provider Services		
Adult	46,365	39,862
Older People's Mental Health	20,031	16,985
Headquarters	41,208	34,317
Secure	18,629	15,465
Specialist Services	37,182	31,931
Children's Services	13,059	-
Sub-total	**176,474**	**138,560**
Secondary Commissioning		
Individual Patient Placements	14,723	14,146
Regional Secure Services	4,000	1,043
Total expenditure	**195,197**	**153,749**

Reconciliation to Trust surplus	£000	£000
Trust income	**206,084**	**168,850**
Directorate expenditure (above)	(195,197)	(153,748)
Depreciation (including donated)	(5,106)	(4,601)
Amortisation	(416)	(416)
Reversal of impairment	(2,044)	499
Trust expenditure	**(202,763)**	**(158,267)**
Operating surplus from continuing operations	3,321	10,583
Finance costs	(2,843)	(2,690)
Other gains / (losses)	8	0
Surplus for the year	**486**	**7,893**

Segmental expenditure reflects operating expenses as disclosed at note 7.1 minus depreciation (including donated), amortisation, and impairments of £7,566k (2018-19 - £4,518k). 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

Note 3.1 Income From Patient Care Activities (By Nature)	2019/20 £000	2018/19 £000
Mental health services		
Cost and volume contract income	27,108	28,482
Block contract income	136,835	106,783
Clinical partnerships providing mandatory services (including s75 agreements)	6,354	5,686
Clinical income for the secondary commissioning of mandatory services	18,949	14,773
Other clinical income from mandatory services	727	844
All services		
Agenda for Change pay award central funding		1,408
Additional pension contribution central funding	5,477	
Other clinical income	89	
Total income from activities	**195,539**	**157,976**

Note 3.2 Income From Patient Care Activities (By Source) £000		
Income from Patient Care Activities Received from:	**2019/20**	**2018/19**
NHS England	37,545	26,739
Clinical commissioning groups	137,700	122,118
Department of Health and Social Care		1,408
Other NHS providers	14,247	2,774
Local authorities	3,383	2,867
Non NHS: other	2,664	2,070
Total income from activities	**195,539**	**157,976**

Note 4 Other Operating Income 2019/20	Contract £000	Non contract £000	Total £000s
Research and development (contract)[1]	1,564	-	1,564
Education and training (excluding notional apprenticeship levy income)	3,838	225	4,063
Provider sustainability fund (PSF)	1,357	-	1,357
Income in respect of staff costs where accounted on gross basis	1,556	-	1,556
Charitable and other contributions to expenditure	-	12	
Rental revenue from operating leases	-	3	
Other income	1,990		
Total other operating income	**10,305**	**240**	**10,545**
Related to continuing operations			10,545

Note 4 Other Operating Income 2018/19	Contract £000	Non contract £000	Total £000s
Research and development (contract)[1]	852	-	852
Education and training (excluding notional apprenticeship levy income)	2,462	164	2,626
Provider sustainability fund (PSF)	4,671	-	4,671

Income in respect of staff costs where accounted on gross basis	1,013	-	1,013
Charitable and other contributions to expenditure	-	12	12
Rental revenue from operating leases	-	183	183
Other income	**1,517**		**1,517**
Total other operating income	**10,515**	**359**	**10,874**
Related to continuing operations			10,874

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. The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure.

Note 6 Fees and charges

The Trust does not receive income from service users towards the services it provides them

Note 7.1 Operating Expenses	**2019/20** **£000**	**2018/19** **£000**
Purchase of healthcare from NHS and DHSC bodies	1,549	1,209
Purchase of healthcare from non-NHS and non-DHSC bodies	27,235	23,300
Purchase of social care	15	-
Staff and executive directors costs	134,741	103,345
Remuneration of non-executive directors	72	55
Supplies and services - clinical (excluding drugs costs)	2,371	1,341
Supplies and services - general	1,696	1,516
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,743	1,605
Consultancy costs	-	186
Premises	6,062	6,139
Transport (including patient travel)	2,937	2,703

Note 7.1 Operating Expenses	2019/20 £000	2018/19 £000
Premises	6,062	6,139
Transport (including patient travel)	2,937	2,703
Depreciation on property, plant and equipment	5,106	4,601
Amortisation on intangible assets	416	416
Net impairments	2,044	(499)
Movement in credit loss allowance: contract receivables / contract assets	(1)	(41)
Movement in credit loss allowance: all other receivables and investments	29	(25)
Change in provisions discount rate	134	(24)
Audit services- statutory audit	45	37
other auditors' remuneration (external auditor only)	18	20
Internal audit costs	158	151
Clinical negligence	619	577
Legal fees	216	64
Insurance[1]	1,098	640
Research and development	770	219
Education and training	1,246	1,256
Rentals under operating leases	3,839	1,306
Redundancy[2]	(47)	(28)
Car parking & security	45	75
Hospitality	40	62
Losses, ex gratia and special payments	8	-
Other services, e.g. external payroll	950	837
Other[3]	4,475	2,087
Total	**202,763**	**158,267**

1 This cost is inclusive of the creation of a new injury benefit provision for £844k (2018/19 £390k)

2 Redundancy costs relate to an overall net decrease in the restructuring provision.

3 Other costs during the year ended 31 March 2020 comprise Regional Secure service development £1.9m, professional fees £890k (2018/19 £538k), subscriptions and licences £694k (2018/19 £567k) and miscellaneous items totalling £1,059k (2018/19 £981k)

Note 7.2 Other Auditors' Remuneration	**2019/20 £000**	**2018/19 £000**
Other auditors' remuneration paid to the external auditor:		
Audit-related assurance services	18	20
Total	**18**	**20**
[1] 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 (2018/19: £1m).

Note 8 Impairment of Assets	**2019/20 £000**	**2018/19 £000**
Net impairments charged to operating surplus resulting from:		
Changes in market price	(2,044)	(499)
Impairments charged to the revaluation reserve	4,148	380
Total net impairments	**6,192**	**(119)**

Impairments are a result of a professional valuation of the Trust's estate as carried out in 2019/20 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 (SOCI). 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 2020, an impairment of £2,044k was recognised (total impairments of £2,085k less reversals of £41k) has been applied to the SOCI. (2019: a net credit of £499k),

In addition, there has been a decrease to the revaluation reserve relating to the valuation of land totalling £399k (2019: an increase of £764k) and a net decrease to the revaluation reserve relating to buildings of £2,005k (2019: £5,786k). This is shown in the table below:

Revaluation impact on revaluation reserve	**Land £000**	**Buildings £000**	**Total £000**
Revaluation increase	1150	594	**1,744**
(Impairment) / reversal	(1,549)	(2,599)	**(4,148)**
Net increase to revaluation reserve	**(399)**	**(2,005)**	**(2,404)**

Revaluation impact on I&E reserve	Land £000	Buildings £000	Total £000
Impairment reversals (previously charged to SOCI)	-	41	**41**
(Impairment)	(221)	(1,864)	**(2,085)**
Net decrease to income and expenditure reserve	**(221)**	**(1,823)**	**(2,044)**

Note 9 Employee Benefits	2019/20 £000	2018/19 £000
Salaries and wages	101,825	82,511
Social security costs	9,305	7,584
Apprenticeship levy	481	392
Employer's contributions to NHS pensions	18,084	10,298
Pension cost - other	37	20
Temporary staff (including agency)	5,722	4,951
Total staff costs	**135,454**	**98,048**
Of which:		
Costs capitalised as part of assets	760	439

Note 9.1 Retirements Due to Ill-Health

During 2019/20 there were 2 early retirements from the Trust agreed on the grounds of ill-health (5 in the year ended 31 March 2019). The estimated additional pension liability of these ill-health retirements is £83k (£162k in 2018/19).

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. 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 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 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 2019/20 were £86k (2018/19 £42k).

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 is for 2 years.

Operating Lease Revenue	2019/20 £000	2018/19 £000
Minimum lease receipts	3	183
Total	**3**	**183**
Future Minimum Lease Receipts Due	**31 March 2020 £000**	**31 March 2019 £000**
- not later than one year;	3	1
- later than one year and not later than five years;	-	1
Total	**3**	**2**

The majority of Trust lease income in 2018/19 relates to one of its properties, Matford, to Virgin Care Limited for £182k per annum in its delivery of healthcare services. This revenue ceased with the aforementioned healthcare service moving to the Devon Children Family Alliance (of which the Trust is a key partner).

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.

Operating Lease Expense	2019/20 £000	2018/19 £000
Minimum lease payments	3,839	1,306
Total	**3,839**	**1,306**

Future Minimum Lease Payments Due:	31 March 2020 £000	31 March 2019 £000
- not later than one year;	2,414	1,162
- later than one year and not later than five years;	6,896	2,670
- later than five years.	3,150	539
Total	**12,460**	**4,371**

Operating lease expenditure has increased during 2019/20 due to the re-categorisation of leases incorporated within Service Level Agreements and the introduction of Children's services.

Note 12 Finance Income

Finance income represents interest received on assets and investments in the period.

Note 12 Finance Income	2019/20 £000	2018/19 £000
Interest on bank accounts	163	122
Total	**163**	**122**

Note 13.1 Finance Expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

Note 13.1 Finance Expenditure	2019/20 £000	2018/19 £000
Interest expense:		
Loans from the Department of Health and Social Care	95	125
Unwinding of discount on provisions	4	1
Total finance costs	**99**	**126**

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 (2018/19 – nil).

Note 14 Other Gains / (Losses)	2019/20 £000	2018/19 £000
Losses on disposal of assets	8	-
Total losses on disposal of assets	**8**	**-**

Note 15.1 Intangible Assets – 2019/20					
	Software licences £000	Internally generated information technology £000	Websites £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2019 – brought forward	**1,153**	**518**	**29**	**446**	**2,146**
Additions	-	-	-	967	**967**
Reclassifications	585	31		(616)	**-**
Disposals / derecognition	(153)	-	-	-	**(153)**
Valuation / gross cost at 31 March 2020	**1,585**	**549**	**29**	**797**	**2,960**
Amortisation at 1 April 2019 – brought forward	**587**	**411**	**10**	**-**	**1,008**
Provided during the year	290	116	10	-	**416**
Disposals / de-recognition	(153)	-	-	-	**(153)**
Amortisation at 31 March 2020	**724**	**527**	**20**	**-**	**1,271**
Net book value at 31 March 2020	**861**	**22**	**9**	**797**	**1,689**
Net book value at 1 April 2019	**566**	**107**	**19**	**446**	**1,138**

Note 15.1 Intangible Assets – 2018/19					
	Software licences £000	Internally generated information technology £000	Websites £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2018 – brought forward	**1,655**	**930**	**-**	**176**	**2,761**
Additions	-	-	-	521	**521**
Reclassifications	177	40	29	(251)	**(5)**
Disposals / derecognition	(679)	(452)	-	-	**(1,131)**
Valuation / gross cost at 31 March 2019	**1,153**	**518**	**29**	**446**	**2,146**
Amortisation at 1 April 2018 – brought forward	**1,025**	**698**	**-**	**-**	**1,723**
Provided during the year	241	165	10	-	**416**
Disposals / de-recognition	(679)	(452)	-	-	**(1,131)**
Amortisation at 31 March 2019	**587**	**411**	**10**	**-**	**1,008**
Net book value at 31 March 2019	**566**	**107**	**19**	**446**	**1,138**
Net book value at 1 April 2018	**630**	**232**	**-**	**176**	**1,038**

Note 16.1 Property, Plant and Equipment – 2019/20									
	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	IT £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2019 - brought forward	**17,450**	**82,503**	**455**	**11,397**	**1,567**	**20**	**7,198**	**2,111**	**122,701**
Additions	-	-	-	7,945	-	-	-	-	**7,945**
Impairments	(1,770)	(2,599)	-	-	-	-	-	-	**(4,369)**
Revaluations	1,150	(3,350)	(609)	-	-	-	-	-	**2,809**
Reclassifications	100	10,319	281	(12,142)	107	-	1,269	66	**-**
Transfers to assets held for sale			-	-	(46)	-	(548)	(67)	**(661)**
Valuation / gross cost at 31 March 2020	**16,930**	**86,873**	**127**	**7,200**	**1,628**	**20**	**7,919**	**2,110**	**122,807**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**3,457**	**-**	**-**	**1,129**	**14**	**4,277**	**1,379**	**10,256**
Provided during the year	-	3,528	12	-	143	3	1,224	196	**5,106**
Impairments	-	1,864	-	-	-	-	-	-	**1,864**
Reversals of impairments	-	(41)	-	-	-	-	-	-	**(41)**
Revaluations	-	(4,541)	(12)	-	(42)	-	(548)	(54)	**(649)**
Accumulated depreciation at 31 March 2020	**-**	**4,262**	**-**	**-**	**1,230**	**17**	**4,953**	**1,521**	**11,983**
Net book value at 31 March 2020	**16,960**	**82,611**	**127**	**7,200**	**398**	**3**	**2,966**	**589**	**110,824**
Net book value at 31 March 2019	*17,450*	*79,046*	*455*	*11,397*	*438*	*6*	*2,921*	*732*	*112,445*

Note 16.2 Property, Plant and Equipment – 2018/19									
	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	IT £000	Furniture & fittings £000	Total £000
Valuation at 1 April 2018	**16,851**	**69,183**	**458**	**8,907**	**1,980**	**243**	**6,322**	**2,217**	**106,161**
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 / de-recognition	-	(1,695)	-	-	(495)	(223)	(945)	(161)	**(3,519)**
Valuation at 31 March	**17,450**	**82,503**	**455**	**11,397**	**1,567**	**20**	**7,919**	**2,111**	**122,701**
Accumulated depreciation at 1 April 2018 - brought forward	**-**	**4,441**	**-**	**-**	**1,469**	**234**	**3,829**	**1,338**	**11,311**
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)**
Accumulated depreciation at 31 March	**-**	**3,457**	**-**	**-**	**1,129**	**14**	**4,277**	**1,379**	**10,256**
Net book value at 31 March 2019	**17,450**	**79,046**	**455**	**11,397**	**438**	**6**	**2,921**	**732**	**112,445**
Net book value at 31 March 2018	*16,851*	*64,742*	*458*	*8,907*	*511*	*9*	*2,493*	*879*	*94,850*

Note 16.3 Property, Plant and Equipment Financing – 2019/20									
	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
Net book value at 31 March 2020									
Owned - purchased	16,930	82,328	127	7,200	398	2	2,966	588	**110,539**
Owned - donated	-	283	-	-	-	1	-	1	**285**
NBV total at 31 March 2020	**16,930**	**82,611**	**127**	**7,200**	**398**	**3**	**2,966**	**589**	**110,824**

Note 16.4 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
Net book value (NBV) at 31 March 2019:									
Owned - purchased	17,450	78,773	455	11,397	436	6	2,291	730	**112,168**
Owned - donated	-	273	-	-	2	-	-	2	**277**
NBV total at 31 March 2018	**17,450**	**79,046**	**455**	**11,397**	**438**	**6**	**2,921**	**732**	**112,445**

Note 17 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 2019/20 using the valuation date of 31 March 2020.

In response to market uncertainty caused by COVID-19, the District Valuer confirmed they have monitored RICs guidance and concluded there has been no diminution in requirement for these assets or reduction in service potential. For specialised assets whilst there may be volatility in the BCIS indices this would not impact the value at 31 March 2020. For non-specialised assets, their professional judgement is that any impact at 31 March 2020 falls within acceptable valuation tolerances.

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 2020, £4,100k (2019: £4,060k) related to land valued at Open Market Value and £100k (2019: £555k) related to buildings valued at Open Market Value. Of the land valued at Open Market Value £3,700k (2019: £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).

In addition to the valuation carried out above, the Trust purchased an additional building on 26 March 2020. This has been recorded at cost.

Asset lives are considered during the year with no changes with the exception of asset lives relating to buildings. The Trust held 1,889 of fully depreciated assets (2018/19 1,036) with a gross book value of £3,653k (2018/19 £1,803k).

There were no assets under finance leases or hire purchase contracts at the Statement of Financial Position.

Note 18 Inventories		
	31 March 2020 £000	31 March 2019 £000
Drugs	27	24
Consumables	42	31
Energy	17	13
Total inventories	**86**	**68**

Inventories recognised in expenses for the year were £1,758k (2018/19: £1,618k). Write down of inventories recognised as expenses in the year were £0k (2018/19 £0k)

Note 19.1 Trade and Other Receivables		
	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables*	7,556	6,573
Allowances for impaired contract receivables	(60)	(63)
Allowance for other impaired receivables	(60)	(31)
Prepayments	890	652
PDC dividend receivable	26	-
VAT receivable	147	390
Other receivables	234	235
Total current trade and other receivables	**8,733**	**7,765**
Non-current		
Other receivables	90	
Total non-current receivables	**90**	**-**
Of which receivables from NHS and DHSC group bodies:		
Current	6,242	5,970
Non-current	90	-

Note 19.2 Allowance for credit losses – 2019/20	**Contract receivables** **£000**	**All other receivables** **£000**
Allowance as at 1 April 2019 – brought forward	**63**	**31**
New allowances arising	24	43
Reversals of allowances	(25)	(14)
Utilisation of allowances (write offs)	(2)	-
At 31 March	**60**	**60**
Total allowances (contract and other receivables) at 31 March 2020		**120**
Other receivables relate to staff pay advances (£37k) and separately a receivable for a supplier (£23k) who went into administration during the year, which are no considered contract receivables in line with IFRS 15.		

Note 19.2 Allowance for credit losses – 2018/19	**Contract receivables** **£000**	**All other receivables** **£000**
		163
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)	-
At 31 March	**63**	**31**
Total allowances (contract and other receivables) at 31 March 2019		**94**
Other receivables relate to staff pay advances (£37k) and separately a receivable for a supplier (£23k) who went into administration during the year, which are no considered contract receivables in line with IFRS 15.		

Note 19.3 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		
	2019/20 £000	2018/19 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**1,023**	**423**
Assets classified as available for sale in the year	12	600
Assets sold in year	(612)	
NBV of non-current assets for sale and assets in disposal groups at 31 March	**423**	**1,023**

Two properties were marked as held for sale at 31 March 2019 with a value of £600k which were sold on 16 July 2019. The Trust continue to show surplus land located at Langdon as held for sale. It exchanged contracts in September 2019 for a portion of this land with completion expected within 12 months of the Statement of Financial Position 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 21.1 Cash and Cash Equivalents		
	2019/20 £000	2018/19 £000
At 1 April	**20,583**	**18,962**
Net change in year	3,943	1,621
At 31 March	**24,526**	**20,583**
Broken down into:		
Cash at commercial banks and in hand	33	43
Cash with the Government Banking Service	24,493	20,540
Total cash and cash equivalents as in SoFP	**24,526**	**20,583**
Total cash and cash equivalents as in SoCF	**24,526**	**20,583**

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 2020 £000	31 March 2019 £000
Bank balances	397	515
Total third party assets	**397**	**515**

Third party assets comprise cash held on behalf of other NHS organisations in respect of the South West Finance Management Training Scheme £262k (2019 - £284k) and money held on behalf of patients £135k (2019 - £231k).

Note 22.1 Trade and Other Payables		
	31 March 2020 **£000**	**31 March 2019** **£000**
Current		
Trade payables	2,489	2,407
Capital payables	2,045	3,142
Accruals	15,167	11,055
Receipts in advance (including payments on account)	560	237
Social security costs	1,507	1,207
Other taxes payable	1,146	961
PDC dividend payable	-	73
Other payables	2,282	1,815
Total current trade and other payables	**25,196**	**20,897**
Of which payables owed to NHS and DHSC group bodies:		
Current	4,810	4,095

Note 23 Other liabilities

The Trust does not have any sums held under other liabilities (2018/19 none)

Note 24.1 Borrowings	31 March 2020	31 March 2019
	£000	£000
Current		
Loans from the Department of Health and Social Care	1,768	1,763
Total current borrowings	**1,768**	**1,763**
Non-current		
Loans from the Department of Health and Social Care	5,324	7,082
Total non-current borrowings	**5,324**	**7,082**

Note 24.2 Reconciliation of liabilities arising from financing activities	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2019	**8,845**	**8,845**
Financing cash flows – payments and receipts of principal	(1,752)	**(1,752)**
Financing cash flows – payments of interest	(96)	**(96)**
Non-cash movements:		
Application of effective interest rate	95	**95**
Total current borrowings	**7,092**	**7,092**

Note 24.3 Reconciliation of liabilities arising from financing activities – 2018/19	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2018	**10,586**	**10,586**
Financing cash flows – payments and receipts of principal	(1,752)	**(1,752)**
Financing cash flows – payments of interest	(127)	**(127)**
Non-cash movements:		
Impact of implementing IFRS 9 on 1 April 2018	13	**13**
Application of effective interest rate	125	**125**
Total current borrowings	**8,845**	**8,845**

Note 25.1 Provisions					
	Pensions – injury benefits* £000	**Legal claims £000**	**Restructuring £000**	**Other £000**	**Total £000**
At 1 April 2019	**1,505**	**51**	**184**	**4**	**1,744**
Change in the discount rate	134	-	-	**-**	**134**
Arising during the year	916	16	13	843	**1,788**
Utilised during the year	(130)	-	-	-	**(130)**
Reversed unused	-	(13)	(55)	(4)	**(72)**
Unwinding of discount	4	-	-	-	**4**
At 31 March 2020	**2,429**	**54**	**142**	**843**	**3,468**
Expected timing of cash flows:					
- not later than one year;	242	54	142	179	**617**
- later than one year and not later than five years;	**424-**	-	-	411	**835**
- later than five years;	**1,763**	-	-	253	**2,016**
Total	**2,429**	**54**	**142**	**843**	**3,468**
The other category includes provisions for property dilapidations of £753k in accordance with IAS 37 and a provision for clinicians pension tax of £90k					

Note 25.2 Clinical Negligence Liabilities

At 31 March 2020, £1,246k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Devon Partnership NHS Trust (31 March 2019: £2,836k).

Note 26 Contingent Assets and Liabilities		
	31 March 2020 **£000**	**31 March 2019** **£000**
Value of contingent liabilities		
NHS Resolution legal claims	(28)	(18)
Gross value of contingent liabilities	**(439)**	**(18)**
Net value of contingent liabilities	**(439)**	**(18)**
Net value of contingent assets	**-**	**3,131**

The contingent liabilities shown above relate to those advised by NHS Resolution in relation to legal claims of £28k. A further contingent liability of £411k has been recognised further to Flowers and others v East of England Ambulance Trust 2019 EWCA Civ947. The case relates to employees being able to have non-guaranteed and voluntary overtime taken into account for the calculation of holiday pay. Whilst the Trust recognised that an appeal to decision will be heard, it has quantified this sum by analysing employee pay over the last six years.

In 2017/18 and 2018/19 the Trust recognised a contingent asset pending the outcome to an appeal made to HMRC for the zero-rating (for VAT purposes) relating to the build of Dewnan's Centre which opened in April 2013. After consideration by the Trust's Finance and Investment Committee, and Board, the application was agreed to be withdrawn by the Trust in November 2019.

Note 27 Contractual Capital Commitments		
	31 March 2020 **£000**	**31 March 2019** **£000**
Property, plant and equipment	1,269	401
Total	**1,269**	**401**

Capital commitments of £1,269k at 31 March 2020 is inclusive of £649k Russell Clinic refurbishment, £200k for West Pilton, £254k for Meadowview, £138k for Franklyn and other schemes of £28k. The comparable figure for 2019 included the remaining build cost for Mother and Baby Unit £134k, Cedars Seclusion and Place of Safety £203k, £40k Elizabeth House and other schemes of £24k which were all completed in 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 28.3 Carrying Values of financial assets and liabilities

Carrying value of financial assets at 31 March 2020 under IFRS 9	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non-financial assets	7,651	7,651
Cash and cash equivalents at bank and in hand	24,526	24,526
Total at 31 March 2020	**32,177**	**32,177**

Carrying value of financial assets at 31 March 2019 under IAS39	Loans and receivables £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
Total at 31 March 2019	**27,234**	**27,234**

Carrying Value of Financial Liabilities as at 31 March 2020 under IFRS 9	Total book value £000
Loans from Department of Health and Social Care	7,092
Trade and other payables excluding non-financial liabilities	19,846
Provisions under contract	142
Total at 31 March 2020	**26,515**

Carrying Value of Financial Liabilities as at 31 March 2019 under IAS 39	Total book value £000
Loans from Department of Health and Social Care	8,845
Trade and other payables excluding non-financial liabilities	16,280
Provisions under contract	184
Total at 31 March 2019	**25,309**

Note 28.4 Maturity of Financial Liabilities		
	31 March 2020 £000	31 March 2019 £000
In one year or less	21,191	18,227
In more than one year but not more than two years	1,624	1,752
In more than two years but not more than five years	3,700	5,330
Total	**26,515**	**25,309**

Note 28.5 Fair Values of Financial Assets and Liabilities

Carrying value is a reasonable approximation of fair value.

Note 29 Losses and Special Payment8				
	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	11	2	1	13
Bad debts and claims abandoned	**15**	**-**	**-**	**-**
Total losses	**26**	**3**	**1**	**13**
Special payments				
Compensation under court order or legally binding arbitration award		-	8	55
Ex-gratia payments	17	5	17	5
Total special payments	**17**	**5**	**25**	**60**
Total losses and special payments	**43**	**8**	**26**	**73**
Compensation payments received				9

Details of cases individually over £300k	The Trust had no single case exceeding £300k during 2019/20 (2018/19 - none)

Note 30 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 *

Financial information regarding the Regional Secure Partnership is shown under note 1.5.

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 - Devon CCG and Bristol North Somerset and South Gloucestershire CCG

NHS Foundation Trusts - Royal Devon & Exeter NHS Foundation Trust, Torbay & South Devon NHS Foundation Trust and Cornwall Partnership 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				
	2019/20		2018/19	
	Income £000s	Receivable £000s	Income £000s	Receivable £000s
Livewell SouthWest[1]	1,085	-	160	-

Transactions with Non-NHS Providers				
	2019/20		2018/19	
	Expenditure £000s	Payable £000s	Expenditure £000s	Payable £000s
Elysium Healthcare	692	-	709	2
Cygnet Health Care Ltd	10,239	97	10,731	145
Livewell SouthWest[1]	1,249	-	1,208	19

NHS Charitable Funds
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 £99k (2017/18 - £127k) for invoices the Trust paid on the Charity's behalf and services provided.

Note 31 Better Payment Practice Code				
	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	27,910	93,754	24,806	88,228
Total non-NHS trade invoices paid within target	27,339	92,379	23,362	84,727
Percentage of non-NHS trade invoices paid within target	98.0%	98.5%	94.2%	96.0%
NHS Payables				
Total NHS trade invoices paid in the year	663	11,819	549	7,880

Total NHS trade invoices paid within target	646	11,780	530	7,743
Percentage of NHS trade invoices paid within target	97.4%	99.7%	96.5%	98.3%

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 32 External Financing Limit		
	2019/20 £000	2018/19 £000
Cash flow financing	(4,693)	1,387
External financing requirements	**(4,693)**	**1,387**
External financing limit (EFL)	6,880	13,349
Under spend against EFL	**11,573**	**11,962**

Note 33 Capital Resource Limit (CRL)		
	2019/20 £000	2018/19 £000
Gross capital expenditure	8,912	16,263
Less: Disposals	(612)	0
Charge against Capital Resource Limit	**8,300**	**16,263**
Capital Resource Limit (CRL)	9,549	16,344
Under spend against CRL	1,249	81

Note 34 Breakeven Duty Financial Performance		
	2019/20 £000	2018/19 £000
Adjusted financial performance surplus (control total basis)	2,532	7,405
Breakeven duty financial performance surplus	2,532	7,405

Note 35 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	2019/20 £000
Breakeven duty in-year financial performance		209	616	789	3,529	3,392	1,287	2,052	4,664	3,844	7,405	2,532
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	33,498
Operating income		113,533	129,463	140,003	140,888	131,775	132,205	139,976	148,534	153,948	168,850	206,084
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%	16.3%

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 2019/20 the breakeven cumulative position of 16.3% (2018/19: 18.3%) exceeds 0.5% (2018/19:0.5%) 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*.

The 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 2020 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 Trust Board has a role to ensure that robust systems of internal control and management are in place. The Trust's 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 a Board Assurance Framework (BAF) and a Corporate Risk Register (CRR) in place. The BAF includes the Trust's six strategic aims and their associated principle risks. The BAF is aligned to the CRR, which captures all operational risks with a current score of 15 or more. At the end of March 2020, the CRR included 28 risks. All risks are reviewed on a monthly basis and controls, assurances, gaps in controls or assurances and actions being progressed to manage the risk are detailed. All principle 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 Trust Board of Directors is responsible for ensuring that effective governance and risk management is fundamental to continuing to achieve its strategic and operational objectives, maintaining the quality of its services, and progressing towards being rated as an 'Outstanding' organisation by the Care Quality Commission. The Trust has taken a proactive approach in improving its risk management and control framework over the past year through enhancing its governance structure and risk management arrangements, specifically strengthening the Board Assurance Framework and the underlying Corporate Risk Register. In 2019/20, the Trust appointed a new Chair and is now considering and agreeing its level of risk appetite. The purpose of a Risk Appetite Statement is to articulate what risks the Board is willing or unwilling to take in order to achieve the Trust's strategic objectives.

All risks are reviewed on at minimum a monthly basis, and controls, assurances, gaps in controls or assurances and actions being progressed to manage the risk are detailed. At the time of publishing the Annual Governance Statement, the principle risks that the Trust currently faces, as described on the BAF are detailed below:

Principle Risk ID	Principle Risk	Risk Rating (31 March 2020)
PR1.1	Risk that the Trust is not able provide high quality care and treatment to its agreed standards.	20
PR1.2	Risk relating to the uncertainty and the related impact of the Covid-19 pandemic which may impact negatively on the Trust's ability to deliver high quality, effective services that meet the needs of our population and on the Trust's financial and sustainable position.	20
PR2.1	Risk of the inability to demonstrate proper arrangements for securing economy, efficiency and effectiveness in the Trust's use of resources	20
PR2.2	Risk of the uncertainty and related impact of EU Exit may impact negatively on the Trust's financial and sustainable position.	15
PR3.1	Risk that the Trust does not involve people who use our services in the planning, design and delivery of services and we may not adequately reflect the needs of our population.	12
PR4.1	Risk that the Trust does not effectively champion recovery, inclusion and wellbeing.	9
PR5.1	Risk that the Trust does not develop a reputation for excellence and as a consequence will not provide the best care and treatment and /or maximise opportunities for recruitment and retention	16
PR6.1	Failure to attract staff will impact on our ability to deliver high quality safe care in a sustainable manner	20
PR6.2	Failure to retain staff will impact on our ability to deliver high quality safe care in a sustainable manner	12

Underpinning and aligned to the BAF, the CRR includes all risks from across the organisation with a current score of 15 or more. The risks on the CRR are escalated up from team / service level, or added specifically as a corporate risk. A summary of the full CRR is provided below.

The top 5 most significant clinical risks as at the end of March are described on the following

pages.

Risk ID	Directorate	Risk Title	Current Risk Rate Score
137	Headquarters	Medicines without harm: Medication errors across the Trust Over-arching risk (CAF60, CAF61)	20
CAF0000020	Adult MH	Trust wide waiting times [changed following ERMG March from Access and Waiting Times for Community MH Teams (Previously Insufficient Inpatient Capacity and Flow)] Over-arching risk (Includes 2698,CAF 26,1222,2095,2226,2335, 2890,2895, CAF23,2878)	20
CAF0000024	Headquarters	Adequate Levels of Staffing (Trust wide) Over-arching risk (Includes CAF 45, 2640, 1092, 1871, 639, CAF 49, CAF 55)	20
CAF0000033	Headquarters	Underlying Long Term Trust Financial Sustainability of Trust and Devon STP(SU37)	20
CAF0000041	Adult MH	Recruitment and Retention of Consultant Psychiatrist Roles Across Adult Directorate Planned and Unplanned Services.	20
CAF0000054	Headquarters	Bed Availability Over-arching risk (Includes 2612 and 2300)	20
652	Specialist Services	TALKWORKS - Achievement of performance targets	16
1311	Older Peoples MH	Delays in older people with MH issues being assessed for and receiving appropriate social care assessment and support (Dom care/ care home)	16
1757	Headquarters	Pandemic Flu	16
2115	Adult MH	Dual Diagnosis and NICE Compliance	16
2218	Secure Services	Avon House does not meet standards for Low Secure Unit	16
2438	Headquarters	Delays in completing serious incident investigations	16
2446	Headquarters	Unauthorised Deprivation of Liberty not assessed	16
2839	Specialist Services	Lack of estate capacity to implement IAPT expansion (Talkworks)	16
CAF0000025	Headquarters	Physical Health Checks	16
CAF0000032	Headquarters	CAMHS services lack of Service Level Agreement (SLA)	16
CAF0000038	Headquarters	Completion of mortality reviews	16
CAF0000056	Headquarters	Use of Agency Staff, the impact it potentially has on Trust risk rating and subsequent reputational impact it may have on the Trust	16
CAF0000058	Headquarters	Data Quality, Data Processing, and Information Provision	16
CAF0000059	Headquarters	Personalised Health Budgets	16
CAF0000062	Headquarters	Critical Lack of clinical psychology in CAMHS workforce	16
2222	Headquarters	New national procurement regulations; Falsified Medicines Directive FMD	15
2235	Headquarters	Risk of insufficient or unsustained response to actions that CQC have identified in previous inspection/s	15
2268	Headquarters	The Trust is not currently managing reasonable adjustments	15
2533	Headquarters	Cyber Security – Infrastructure	15
CAF0000042	Headquarters	General Cyber Security Risk	15
CAF0000043	Headquarters	Cyber Security - Key Information Asset Risks	15

Risk ID	Directorate	Risk Title	Current Risk Rate Score
CAF0000044	Headquarters	Cyber Security - Internal development and solution hosting	15

Top organisational corporate risks as at 31 March 2020

Medicines without Harm
The Trust identified significant gaps in assurances on medicines safety and governance across the Trust and this was added to the corporate risk register with a risk score of 20. Evidence showed that medication errors with the potential to cause serious harm were increasing with many repeat/ recurrent incidents, the potential outcome from this is serious harm to the patient or increased length of stay. A quality improvement plan, driver diagram and change package was agreed and work commenced to implement changes needed across all levels of the organisation to mitigate this risk and strengthen assurances around the safe use of medicines within the Trust.

Improved governance structures have been put in place to ensure learning is shared more effectively from medicines incidents and that consistent standards are in place across all areas. New medicines safety KPIs are now in place and form a core part of new routine reports to directorate governance boards and the Trust executive committee. New medicines optimisation training packages have been implemented and there is now extended input from the medicines optimisation team into community teams. Evidence of changes to practice are being monitored to ensure that these changes are embedded fully across the Trust.

Trust-wide waiting times
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, high bed occupancy levels and out of area placements have led to waiting lists to access our services. In response to this on-going risk, the Trust has focused on reviewing and validating all waiting list information to ensure it is correct across all of its services and that all people waiting to access services are being managed safely while they are waiting. The Trust also works in partnership with local commissioners to identify and expand capacity within the health and care system to improve flow through and onward from our services.

Adequate levels of staffing
The Trust has identified *Adequate Levels of Staffing* as one of its most significant risks as the organisation continues to experience challenges in recruiting staff across a range of professions due to a shortage of occupations nationally. Employer branding is an extremely important aspect of candidate attraction. The Trust is continually reviewing its microsite and social media activity across a variety of platforms and attendance at local and national fairs to increase our visible "brand". The Trust has carried out much work in understanding the recruitment challenges it faces and has developed a number of new roles and 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 'Deep-Dive' presentations at the Workforce and Organisational Development Assurance Committee (WODAC) and the Trust Executive Committee (TEC). A Resourcing

and Marketing group has also been introduced to support the identification of any roles becoming challenging to attract candidates into. The group is also tasked with developing targeting campaigns to increase our attraction rates.

Key elements of maintaining adequate levels of staffing are retaining staff and appropriately managing and supporting staff sickness absence and reviewing workforce productivity. Plans are being developed for the new financial year to focus on this as well as our Trust temporary workforce usage (Bank and Agency Staff). The Trust now also has a two year workforce plan and this is being expanded and refined as part of the five year long term plan work. The Trust are also starting at a local level to develop service recruitment plans and improve our understanding of workforce risks to enable us to understand and mitigate them more effectively in the future.

Underlying Long Term Trust Financial Sustainability of the Trust and Devon STP

The Trust has identified *the Underlying Long Term Financial Sustainability of the Trust and the Devon STP* as one of its most significant risks. The development of medium and long term planning at a Trust and STP level, the successfully negotiation of funding from Commissioners to support the NHS Long Term plan and the robust monitoring of financial and operational performance put the Trust in a good position to manage this risk. Key elements of this risk relate to management and reduction in private beds and agency staff both areas are subject to rigorous ongoing controls and monitoring these areas. Proposed actions to mitigate these risks are aligned to the Trust's Quality Priorities.

Recruitment and Retention of Consultant Psychiatrist Roles across Adult Directorate Planned and Unplanned Services.

Medical staffing is a key risk for the organisation, with particular hotspots in general Adult psychiatry currently. The situation is exacerbated by a combination of recruitment and retention difficulties; recruitment of psychiatrists is a national issue.

The Trust has a range of mitigation plans currently in place, which include weekly, cross directorate, business continuity meetings around medical staffing to ensure that there is mitigation for all immediate gaps and to ensure that staffing across all directorates and professions is considered when re-deploying resource; an annual proactive UK recruitment activities for the last two years and a programme of international recruitment of MRC Psych qualified Doctors

There are low numbers of trainees entering psychiatry core and specialty training programmes. The South West peninsula has historically had the lowest number of medical students electing to go into psychiatric training. The Trust has worked with both local medical schools to increase the amount of exposure that their students have to psychiatric practice.

Bed availability

The Trust continues to ensure all patients who need an inpatient bed have been screened to ensure all alternatives have been considered before admission. Significant work is being undertake to reduce admissions where clinically appropriate, improve flow and reduce delays. We continue to very closely monitor any use of out of areas beds with senior clinical and managerial sign off in and out of hours for any such requests. Where patients are

placed out of area we continue to offer agreed contact, support to families and ensure the care is appropriate and safe.

During 2018/29, the Trust developed a transformational plan around unplanned care. Work has now been undertaken to implement the Trust's First Response Service.

We are continuing to work very proactively with all wards around lengths of stay and there are daily Executive-led reviews of potential admissions and discharges, ensuring proactive discharge planning. The Directorate Manager for Social Care is leading work on supporting blocks to community discharges and we are working closely with commissioners where this is an issue. Work to implement a 5 bedded crisis house is approaching completion.

The Trust continue to report numbers of Inappropriate Out of Area Placements (IOOAPs). In February 2020 DPT engaged in our initial feedback session with the Getting It Right First Time (GIRFT) team and further engagement in this programme is planned.

New services have also been developed such as the Psychiatric Intensive Care Unit, Mother and Baby Unit and Crisis Cafes, reducing the need for people to access similar specialist services in other areas of the country.

Risk Management Process

The 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 management 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 all 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. Annually, Trust Board and a cohort of senior clinical leaders undertake a self-assessment and development review against the CQC's Well-Led Framework in compliance with NHS Improvement guidance, and this is a further source of information both to identify and mitigate risks and to determine how the outcomes of mitigating actions will be monitored.

The Board committee structure is detailed on p67 of the annual report. The Trust has enhanced its quality governance arrangements to ensure risk is identified, evaluated and controlled throughout several levels of the organisation. Each Board Committee has terms of reference which it reviews annually and these are formally re-adopted by the Board throughout the year. The Trust has a comprehensive Scheme of Delegation in place which details items reserved by the Board, those delegated to Committees and those delegated to individuals.

Each principle risk as identified on the Board Assurance Framework is 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 Audit Committee oversees and monitors the performance of the risk management system. The Chairs of each of the Board Committees are members of the Audit Committee, ensuring all Committees of Trust Board are aligned and that there are no gaps in assurance.

In March 2019, the Covid-19 pandemic was announced as a Level 4 National Major Incident. Due to the effectiveness of the Trust's governance structures and clear lines of leadership and accountability, in response to National guidance issued by NHS England & NHS Improvement, the Trust's governance structures were dynamically reviewed and enhanced to be able to respond to the impacts of the pandemic. On 2 March, the Trust implemented its Incident Control Centre in compliance with our Incident Response Plan (IRP) and all services across the organisation reviewed, enhanced and implemented their Business Continuity Plans in light of the extended nature of the major incident. Review of the plans was needed due to the protracted nature of the major incident, as the length of time for a major incident does not generally extend over a period of months.

The Trust Board meeting frequency was increased from bi-monthly to monthly to maintain more routine oversight on all key aspects of quality, safety, workforce and operational delivery, while the Quality and Safety Committee, Workforce and Organisational Development Assurance Committee and Finance and Investment Committee were all suspended to enable staff to divert to delivering the incident response. However, the Audit Committee, Remuneration Committee and the Mental Health Act Scrutiny Committee remained operational.

Organisational decision making control has been maintained successfully since the major incident commenced, utilising both the Incident Command structures and the organisation's evolved governance structures across operational and support services. The Clinical and Workforce Advisory Groups meet daily providing specialist advice and recommendations directly to the Silver Command for enacting. Silver Command escalates any issues if significant risk or concern to Gold Command for the highest level of consideration and authorisation. The Incident Management Team involving a range of operational leads and the Silver Commander, meets daily to discuss immediate operational issues and receive key updates in relation to staffing, safety, PPE access and issues for escalation. Following the commencement of the major incident and the suspension of the Board Committees, the Trust also established the Quality, Safety, Workforce and Risk Management Group, combining the critical functions of the Trust Executive Committee and Executive Risk Management Group, to ensure that corporate and operational reporting still continues. The outputs of this meeting are summarised in Executive Assurance reports monthly, that are presented to Trust Board.

Audit
External Auditors (PwC) and Internal Auditors (ASW Assurance) 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 Audit Committee considers the Board Assurance Framework and the Corporate Risk Register when setting Internal Audit's annual work plan. 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.

During the year the Trust identified no significant control weaknesses through its Internal Audit programme. 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 Audit and Assurance 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:

The summary of the audits and their associated assurance ratings for 2019/20 is as follows (as at 15 May 2020):

Audit	Assurance Rating
Supervision (18/19)	Limited
Appraisals (18/19)	Limited
Temporary Workers - Bank Workers (Draft)	Limited
Pseudonymisation (within DSPT)	Limited
Cyber Security Action Plan (Draft)	Limited
Quality of Clinical Records (Draft) • Quality of Clinical Records • System to Access Clinical Records	Limited Satisfactory
Data Quality (18/19): • KPI 499 (CPA 12 mo review) - data recording and reporting • KPI 487 (CMHT Wait Times) - Limited (data recording) Satisfactory (data reporting) • KPI 490 (Outlier Bed Days) -data recording/ data reporting	Limited Limited/ Satisfactory Satisfactory
Cost Improvement Plans (CIP) (18/19)	Satisfactory
Contract Monitoring	Satisfactory
Fit and Proper Person (18/19)	Satisfactory
Bridge Business Support System (18/19)	Satisfactory
Gender Services Action Plan	Satisfactory
NICE Guidance Follow-up	Satisfactory
Service Level Agreements Follow-up (Draft)	Satisfactory
Risk Management and Assurance Framework	Satisfactory
Financial Systems	Significant
Payroll (Third Party Assurance Report)	Significant
Recruitment Data Analysis (Draft)	n/a
Governance – Committees (18/19)	n/a
Data Security and Protection Toolkit (DSPT) (Draft)	n/a
Additional Support Unit – ASU (Draft) (17/18)	n/a

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 during the year.

In response to the impacts of Covid-19, the organisation involved the Internal Audit team in its plans to develop and enhance its governance structures for the duration of the pandemic and has ensured that internal audit findings remain a core part of our quality, safety and risk considerations. The Head of Internal Audit's opinion has not been affected by the impacts of Covid-19. However, the Internal Audit workplan for 2020/21 has been affected, and the audits planned for the initial quarter are being reordered due to social distancing rules, where auditors would need to be visiting clinical services in order to complete their assessments.

SAE3000 Third Party Assurance report in respect of IT General Controls in respect of the Electronic Staff Record (ESR)

In common with all NHS bodies, the Trust utilises the Electronic Staff Record (ESR) for its HR and payroll functions. This third party assurance report covers the IT general controls operated by IBM UK in relation to the ESR. Additionally there are certain controls related to the NHS General Ledger Interface, which are the responsibility of the NHS Systems Integration Team.

The 2019/20 Independent Service Auditor's report provided by PWC, dated 15 May 2020, provides reasonable assurance in respect of the IT general controls in relation to the national Electronic Staff Record and the NHS General Ledger Interface.

The audit work conducted by PWC covered the following six areas:

- Change Management
- Logical Security
- Performance and Capacity Planning
- Physical Security and Environmental Controls
- Computer Operations
- Payslip Distribution

The key messages in the overall audit opinion of the Report of the Independent Service Auditor are as follows:

- The accompanying description in the report **fairly presents** the provision of IT activities and systems for the ESR Service, as designed and implemented throughout the period from 1 April 2019 to 31 March 2020;

- The controls described in the report **were suitably designed to provide reasonable assurance that the related control objectives would be achieved** if the described controls operated effectively throughout the period from 1 April 2019 to 31 March 2020 and customers applied the complementary customer controls contemplated in the design of NHS ESR Programme;

- The controls tested, which were those necessary to provide reasonable assurance that the related control objectives were achieved, **operated effectively** throughout the period from 1 April 2019 to 31 March 2020.

No exceptions were noted during testing.

Data Security and Protection Toolkit (DSPT)

The Trust has continued to monitor compliance with the Data Security and Protection Toolkit (DSPT) requirements and Internal Audit has undertaken a further compliance review in February 2020. The Trust is expecting to submit the 2019/2020 toolkit with an action plan reflecting funded and planned activities, and the Trust has gained agreement from NHS Digital to resubmit as “standards met” in July 2020.

Compliance with NHS Foundation Trust Condition 4 (FT Governance)

No principal risks to compliance with the NHS foundation Trust licence condition 4 (FT governance) were identified for this financial year and we anticipate continued compliance in 2020/21.

The Trust has a robust governance and assurance framework to ensure good corporate governance in compliance with a range of national guidance, including the Code of Governance and CQC’s Well Led Framework and continues to respond to all relevant guidance issued through the actions of the Chief Executive and Executive Team. The CEO’s report to the Board highlights any guidance issued by regulators as it is received and enacted.

The Trust has an effective board and committee structure in place and Committees of the Board are annually reviewed for their effectiveness. We have effective systems in place for the collection, analysis and reporting of information, which provides ongoing assurance on our compliance with the licence, to include quality governance, compliance with regulatory requirements, clinical audit, quality improvement, internal audit, counter fraud, risk management, external audit, information governance and performance.

The Board has a work programme, which includes all matters the Board is required to consider by statutory, regulatory and other forms of guidance. It also has a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust’s operations, and deliver focused strategic leadership through its decisions and actions.

Reporting lines and lines of accountability are clear and communicated across the organisation. We are able to assure ourselves of the validity of our Corporate Governance Statement through the systems of oversight and scrutiny described in this Annual Governance Statement and the wider report.

Quality Governance Arrangements

The Trust has a stated ambition to become a recognised centre of excellence for mental health and learning disability services by 2021. The strategic objectives to support this ambition include ensuring that our services are shaped by the voices of people who use them; and 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 from a person using services or carer or the perspective of a member of staff delivering services. 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 routine 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 full in advance by the Trust's Executive Committee and the key operational standards and targets within it reviewed by the Directorates at their monthly Directorate Governance Boards.

On behalf of the Board, the Quality and Safety Committee seeks assurance on quality improvement, clinical audit and 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. In November 2019, sixteen senior staff were trained in the Root Cause Analysis methodology and have subsequently been allocated incidents to investigate. By March 2020, this had notably reduced the number of overdue incidents. The Trust has not experienced any Never Events during the year.

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 October 2019, the CQC rated our organisation as 'Good' overall; we received a 'Good' rating in four of the five domains they assess organisations against; Safe, Effective, Caring and Well-led, with a 'Requires Improvement' in the Responsive domain. This continued overall 'Good' rating is a positive recognition of the Trust's continued journey of improvement. As a result of the same inspection, our wards for older people were rated as 'Outstanding' overall, joining our Secure Services who were rated as Outstanding in 2018.

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 enable robust oversight of self-assessment completion, ensuring that all teams complete a self-assessment at least once per year and to enable real time reporting and oversight from teams to directorates and onward to Trust Board, the self-assessment tool was developed into an in-house online system called CQC Self Assess. The system was piloted in March 2019, implemented across the organisation's 'core services' (as defined by CQC)

during 2019 and wider implementation to the remainder of clinical and corporate Trust services continues throughout 2020. An Internal Audit is also being planned to test the robustness of the system and the effectiveness of the self-assessments.

The Trust Board undertakes Well-Led Development Reviews, in compliance with the NHS Improvement publication *'Developmental Reviews of Leadership and Governance using the well-led framework: guidance for NHS Trusts and NHS Foundation Trusts – June 2017'.* The Trust Board, in partnership with a range of other key clinical and corporate services staff, undertakes a review against the framework annually as part of its CQC Well-Led inspection preparation activities, however, external facilitation of these reviews is arranged every three years, in alignment with the guidance.

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 2019/20 and did not identify any principal risks to compliance.

Conflicts of Interest

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.

The Trust has published ***on its website*** an up-to-date register of interests, ***including gifts and hospitality,*** for decision-making staff ***(as defined by the Trust with reference to the "Managing Conflicts of Interest in the NHS' guidance)*** within the past twelve months as required by the guidance.

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 and senior decision-making staff. The Trust is currently exploring electronic solutions to replace this manual process, which will be rolled out Trust wide in the current calendar year to support process improvements including wider appropriate public declaration.

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, Diversity and Inclusion

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust works to a number of statutory and national measures to ensure it complies with equality legislation; most specifically we produce an Equality, Diversity and Inclusion Annual report to satisfy the requirements of the Public Sector Equality Duty (PSED) within the Equality Act 2010. To demonstrate our compliance and progress, we report against the Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap annually to Trust Board and as part of our overall equality monitoring, the Trust also publishes workforce and patient equality information and progress against the goals and outcomes held within the Equality Delivery System v2 (EDS).

The Trust also continues to implement improvements to comply with the Accessible Information Standard (AIS) and the Sexual Orientation Monitoring Standard (SOMS). A key focus of our organisation is to ensure that we proactively and responsively meet the needs of the people using our services and to do this, we must ensure that we understand what these needs might be.

Equality, Diversity and Inclusion is actively discussed on the management agenda, has an Executive and a Non-Executive Lead and continues to be a core element part of the Trust's strategy.

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 in place to ensure resources are used economically, efficiently and effectively. This includes clear and effective management and supervision arrangements for staff, use of the HealthRoster system, management of bank and agency staff through a central Safer Staffing Team and the regular presentation of performance information against key quality, workforce and financial metrics 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.

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, including reporting to the Digital Strategy Board, and Finance and Investment Committee
- Risks managed through the Digital Strategy Risk register
- Staff data protection and confidentiality policies
- Staff training via an e-learning module with nationally assured content, 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 serious incidents relating to information governance, data loss, confidentiality and 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.

One lapse of data security occurred during 2019-20 requiring reporting to the Information Commissioner's Office (ICO); and two complaints were received via the ICO, details of each are set out in the Quality Report.

The Data Security and Protection toolkit was submitted in 2018-19 with an agreed improvement plan, subsequently successfully completed as per submitted plan in September and reported and accepted by NHS Digital in October 2019. The Trust has continued to monitor compliance with the toolkit requirements and the implementation of the Data Protection Act 2018, and has been independently reviewed by Internal Audit in February 2020. The Trust is expecting to submit the 2019/2020 toolkit with a short action plan reflecting planned activities, and the Trust has gained agreement to resubmit as "standards met" in July 2020.

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 Professions 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.

The production of Quality Accounts is determined by legislation. A Statutory Instrument went through Parliament on 28 April 2020 in response to the Covid-19 pandemic which relaxed the requirement for Quality Accounts to be produced by 30 June for 2019/20 ***only***. This means that, while primary legislation still requires providers of NHS services to prepare a Quality Account, the amended regulations mean there is no fixed deadline by which providers must publish their 2019/20 Quality Account. Consequently NHS England and NHS Improvement recommended that a revised deadline is appropriate in light of pressures caused by Covid-19. In addition to the extended deadline, NHS providers were for 2019/20 no longer expected to obtain assurance from their external auditor on their quality account / quality report for 2019/20. NHS foundation trusts were not required to include a quality report in their annual report for 2019/20.

Therefore, at the time of production of the Annual Report, Accounts and Annual Governance Statement, the Quality Account for 2019/20 was still underway, with a national submission deadline date of 15 December 2020.

As part of the process of compiling the content of the Quality Account, the Trust continues to engage with its key stakeholders around the selection of quality indicators each year. In addition to this the Trust also seeks the views of commissioners and local authority stakeholders about how well the Trust has performed against the 2019/20 Quality priorities which are 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.

The Trust uses the same systems and processes to collate, validate, analyse and report on data for the annual Quality Report as it does for other clinical quality and performance information. These processes also ensure the quality and accuracy of the data is monitored and any risks are managed. The data is subject to regular review and challenge at team, directorate and Trust levels. The Audit Committee undertakes a review of the data assurance underpinning the Quality Report and through this process and other review of data, the Board of Directors are assured that the Quality Report represents a balanced view.

The Trust uses Internal Audit to review the data and has over the past four years, undertaken regular deep dive reviews of a selection of key performance indicators (KPIs) as selected by the Trust. Data quality has remained on the audit plan annually.

The Trust during 2019/20 has received limited / satisfactory assurance in relation to adult community waiting list data, satisfactory assurance in relation to sickness absence reporting and limited assurance in relation to restraint reporting. The Trust is responding to the findings of these audits to ensure improvements are made.

In line with the NHS '*Developing Workforce Safeguards*' best practice guidance document, the Trust continues to improve its workforce reporting by interrogating and triangulating the workforce data in greater detail to identify and manage workforce risks more effectively.

The Workforce Planning process is also continuously improving as the Trust has identified Adequate Levels of Staffing as one of its most significant risks. We struggle to attract nationally in specific roles, such as Staff nurses in Secure Services, the Haldon Unit, Adult Inpatients in North Devon and Torbay, Mental Health Practitioners in Community Mental Health Teams and Band 3 support workers in Community Teams and Consultant Psychiatrists.

To help fill our workforce gaps in the medium to long term we are working on a number of initiatives and the Trust is planning to increase the number of its apprentices and has also introduced a number of new roles to address the gaps. These include advanced roles to address current shortages in the medical workforce to more junior roles to address the gap in nursing. They are Multidisciplinary Approved Clinicians, Advanced Clinical Practitioners, Physician Associated, Clinical Associate Psychologists, Nursing Associates and Assistant Practitioners.

The routes that are available to gain a professional registration are also rapidly increasing with new options every year and this allows the Trust to consider different options other than the traditional (and quicker) training routes provided through the university social work, nursing, occupational therapy, psychological wellbeing practitioner.

We are also exploring fast-track graduate schemes into pre-registration nursing which reduces the pathway from first day as a support worker to qualified nurse from 5.5 to 2.5 years for anyone with an existing degree. All new roles will be ratified through the Professions Group, who will ensure that a full quality impact assessment has been carried out.

Key elements of maintaining adequate levels of staffing are also retaining staff and appropriately managing and supporting staff sickness absence and reviewing workforce productivity. Plans are being developed for the new financial year to focus on this as well as our Trust temporary workforce usage (Bank and Agency Staff).

Work to improve morale and engagement will be also be driven forward following the Trusts' recent staff survey results and this will help our "informal brand" and ability to attract in roles with high vacancy rates nationally.The Trust assures itself through the Workforce and Organisational Development Assurance Committee (WODAC) which is a subcommittee of the Board.

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 the quality report within 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. The Board 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 arrangements. 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 2019/20 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 2019/20, 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

16 June 2020