

Draft Quality Account 2012/13

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Chief Executive's Report

Welcome to our third Quality Account. I hope you find it an interesting summary of our ongoing efforts to improve safety, clinical effectiveness and the experience of people using our services.

At Devon Partnership NHS Trust, our benchmark for quality is to provide services that are '*good enough for my family*', by which we mean services that are Safe, Timely, Personalised, Recovery-focused and Sustainable.

During the last year I am pleased to report that we have continued to make progress towards achieving this goal, despite the challenging financial climate, and we remain on course to achieve NHS Foundation Trust status later this year.

Building strong relationships with the new commissioning groups in Devon has been under way for many months now and I believe that we have established a very meaningful dialogue with them. Above all else, we need to work with them to understand their needs and be responsive to them – particularly in an increasingly competitive market place.

The Francis Report, which looked into a host of issues related to the quality of care at Mid Staffordshire NHS Foundation Trust, has provided us all with a very timely reminder of the need to maintain a relentless focus on quality. In particular, it has reaffirmed the absolute necessity of doing the basics well – listening to people, understanding their needs and treating them with respect and dignity. It has also underlined the fact that, while meeting performance targets is undoubtedly important, 'ticking the boxes' will never tell the whole story about how well an organisation is look after its patients.

Interestingly, the 'friends and family' test that has emerged from the Francis Report, which simply asks whether you would recommend a service to a friend or family member, is something that we have been asking people for a few years now through our regular monthly service user survey. It is an invaluable measure of people's experience of our service and, I am pleased to say, an average of more than 80% of people responded positively last year when asked if they would recommend our services to their friends or family. We have included this measure among our key quality indicators for the forthcoming year.

Asking the same 'friends and family' question to the staff who are providing services is equally important and the findings of the latest staff survey tell us that this is an area where we need to improve significantly. With this said, we did perform well in some other important areas of the staff survey.

As well as direct feedback from our staff and people using our services, how we perform against the targets agreed with our commissioners every year is an important measure of our performance. In 2012/13, I am pleased to report that we fully met 16 of our 17 Commissioning for Quality and Innovation (CQUIN) targets and made good headway towards meeting the other.

I would like to take this opportunity to extend a sincere vote of thanks to all of our staff for their efforts over the last year. During what has been a period of unprecedented change and volatility for the NHS, they have remained dedicated and focused on the job-in-hand – the provision of high quality care for people with a wide range of mental health and learning disability needs.

Peter Cubbon
Chief Executive

Priorities for Quality Improvement

The Trust's aim is to provide services that are 'good enough for my family' and the organisation's long-term strategic objectives are designed to support the attainment of this goal. In order for services to be good enough for our own families the Trust believes that they have to be:

Priorities for 2013/14

The Trust has identified its key quality improvement priorities for 2013/14 in the fields of Safety, Clinical Effectiveness and Improving the Experience of People Using Services.

The Trust sought the views of staff and other stakeholders in identifying these priorities. In addition, the indicators reflect the priorities of the newly-created organisations responsible for commissioning mental health services in Devon, which are set out in the Trust's Commissioning for Quality and Innovation (CQUIN) targets.

Performance against the priorities will be reviewed at monthly Quality and Safety Group meetings, which provide assurance to the Trust's Board of Directors. The Trust's capacity and capability to deliver enhanced quality improvement will also be regularly considered by these groups.

1. Safety

National Priority – Reducing Falls

Last year we collected data on pressure ulcers, falls, catheter-acquired urinary tract infections and venous-thromboembolism (VTE) as part of the national NHS Safety Thermometer programme. While clearly important, not all of these areas are of great significance to us as a mental health and learning disability Trust.

This year we will be focusing on just one of the areas – the reduction of harm caused to older people in our care through falls. This will continue to be monitored using the NHS Safety Thermometer. In the first three months of the year we will review the Safety Thermometer information to identify where people are most at risk of falls and why, set targets for reducing the number of falls and initiate a nurse-led programme of falls reduction.

Local Priority – Safe Transfers of Care

Ensuring that people are discharged appropriately from both inpatient and community mental health services, back to primary care services, is recognised as a key factor in their safety. It requires the provision of good information and clear, timely communication between everyone involved in a person's care – including primary care professionals.

During 2013/14, we will be working closely with our new commissioners to review current practice and develop new protocols that support the safe discharge of people from mental health services. We will work with GPs to set out clear standards for the transfer of care, put in place arrangements to measure compliance with those standards and provide training for relevant staff. We will also set targets for compliance and measure whether these have been met.

2. Clinical Effectiveness

Local Priority – Psychological Therapies

For the last couple of years, the Trust has been developing and expanding its Depression and Anxiety Service, as part of the national *Improving Access to Psychological Therapies* programme.

During 2013/14 the Trust will be focusing, in particular, on reducing the length of time that people (with higher levels of need) have to wait for their psychological therapy treatment, following their assessment. The target is a maximum wait of 18 weeks and performance will be monitored and measured using the Trust's electronic care record system.

Local Priority – Waiting Times

2013/14 is the second year of a two year target to reduce the length of time that people have to wait for an assessment following a referral - for both routine and urgent cases.

Our target is for 90% of people to receive an initial assessment within ten days for routine referrals and within five days for urgent referrals. This will continue to be delivered through the referral management programme and data will be collected using the Trust's electronic care record system.

3. Improving the Experience of People Using Services

National and Local Priority – Listening to People

Capturing the views of people who use our services and our staff, and acting on their feedback where appropriate, has always been important. The Francis Report, which looked into the quality of care at Mid Staffordshire NHS Foundation Trust, has given additional weight to the importance of listening to these two groups of people as a key factor in assessing quality. In particular, asking the staff who provide the service and the people who have used the service if they would recommend it to a friend or family member (the 'friends and family' test) is now recognised as a very simple but extremely informative indicator of quality and safety.

In 2013/14, the Trust will take this agenda forward in two ways. Firstly, we will develop new and better methods for capturing people's feedback. Moving on from our current monthly service user survey and regular staff surveys to embrace new technology, social media and the latest engagement techniques to listen and respond to people's views and concerns. By October 2013, the Trust will have new mechanisms in place, which will include a simple, timely system for conducting the 'friends and family' test among staff and users of services.

Second, the Trust will place a renewed emphasis on the development of a culture that places a high value on compassion and listening. This will include the introduction of the *Listening into Action* programme across the Trust during 2013 (see page x for details). This programme will support frontline staff to make local improvements and overcome barriers to providing care which delivers the vision set out by the Chief Nursing Officer of the NHS. This vision sets out the '6Cs' of good quality, which are Care, Compassion, Competence, Communication, Courage and Commitment.

Local Priority – Recovery

The Trust is committed to putting personal recovery at the heart of everything it says and does (see page x for further details about the recovery agenda). Its target for the year is to develop meaningful outcomes and targets related to recovery in areas including recovery education; direct payments, personal health budgets and employment; recovery-focused risk and safety planning and recovery training for staff.

Commissioning for Quality and Innovation (CQUIN)

Each year, all NHS organisations agree a number of CQUIN targets with their local commissioners. These targets are based around priority areas for improvement, quality and innovation and a proportion of income (1.5%) is secured by organisations for meeting these targets. In 2012/13, the Trust fully met all but one of its CQUIN targets. It partially met the other target, which related to the provision of clear information around medication. A full list of the Trust's CQUIN targets for 2013/14 is included on page 22 of this document.

Statements of Assurance from the Board of Directors

The Trust provides services for adults, older people, those with alcohol and substance misuse issues, people with a learning disability and people who require secure services. These services are provided at a range of locations throughout Devon including people's own homes, within their local community and on psychiatric hospital wards. The Trust has reviewed all of the data available to it on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2012/13 represents [figure to follow] of the total income generated from the provision of NHS services by the Trust for 2012/13.

A proportion of the Trust's income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body with which it entered into a contract, agreement or arrangement for the provision of NHS services. This was done through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Of the 18 CQUIN targets agreed with the Trust for 2012/13, 17 were met completely and one was partially met. New CQUIN measures have been set for 2013/14 – see page 22 for details.

The Trust's Information Governance Assessment Report overall score for 2012/13 was 75% and was rated 'green'.

Other key targets set by Monitor (the Foundation Trust regulator) that were met by the Trust during 2012/13 included:

- KPI 010 Follow up within seven days of discharge
- KPI 272 People on the Care Programme Approach (CPA) having formal review within 12 months
- KPI 252 Minimising delayed transfers of care
- KPI 029 Admissions to inpatient services with access to Crisis and Home Treatment services
- KPI 265 Number of Early Intervention cases
- KPI 269 Completeness of Mental Health Minimum Dataset – Identifiers
- KPI 282 Completeness of Mental Health Minimum Dataset – Outcomes
- KPI 177 Access to Healthcare for People with a Learning Disability
- KPI 120 Risk rating for governance
- KPI 165 Overall weighted rating for finance
- KPI 129 Number of members.

The Trust was rated as 'Performing' (the highest rating) throughout 2012/13 for the Department of Health Performance Framework.

During 2012/13, five national clinical audits and one national confidential inquiry covered NHS services that Devon Partnership NHS Trust provides. During that period the Trust participated in all of the national clinical audits and all of the national confidential inquiries in which it was eligible to participate.

The national clinical audits and national confidential inquiries in which the Trust participated, and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each audit or inquiry as a percentage of the number of registered cases required by the terms of that audit or inquiry.

The number of people receiving NHS services provided or sub-contracted by the Trust during 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 672.

Participation in clinical audits and national inquiries

Prescribing Observatory for Mental Health (POMH) Topic 12: Prescribing for people with a personality disorder	11 cases: no set number of returns expected
POMH Topic 2: Screening for metabolic side effects of antipsychotic drugs	48 cases: no set number of returns expected
POMH Topic 11: Prescribing of antipsychotic drugs for people with dementia	48 cases: no set number of returns expected
POMH Topic 13 : Prescribing for Attention Deficit Hyperactivity Disorder (ADHD)	Data still being collected - no set number of returns expected
National Audit of Psychological Therapies	Data collected – results yet to be published

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'Registered with no conditions'. The CQC has not taken enforcement action against Devon Partnership NHS Trust during 2012/13.

The Trust has participated in reviews and investigations by the CQC during 2012/13 and further information about these is available on page 14 of this document.

The Trust has taken a number of important steps to improve data quality. These are set out in detail on page 16 of this document.

The Trust was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.

Review of Quality Performance in 2012/13

Last year, the Trust set out three priority areas as indicators of quality improvement. These were:

Safety

The goal for 2012/13 was to collect data on the level of harm caused by pressure ulcers, falls, catheter-acquired urinary tract infections and venous-thromboembolism (VTE).

How did we do?

The Trust met this target, collecting and submitting data on time for each month of the year for all of its inpatient units and community teams supporting older people.

Clinical Effectiveness

The Trust has set-out a clear set of standards that relate to the care and recovery of people using its services.

The goal for 2012/13 was to reduce the waiting times for people to be assessed when they have been referred to our Trust from primary care services. Our target was for 90% of people to receive an initial assessment within ten days for routine referrals and within five days for urgent referrals.

How did we do?

This was the first year of a two year target. The Trust was on course to achieve the target throughout last year and will continue to make further headway during 2013/14.

Improving the Experience of People Using Services

What people say about the service they receive is one of the most important indicators of quality and whether or not the Trust is getting the basics right.

The goal for 2012/13 was to increase the number of people who report that they have been given information about the purpose and possible side effects of their medication and to increase the number of people who have their medication reviewed at least once every six months.

How did we do?

This target was partially met. Although 100% of the people asked reported that the purpose of their medication had been explained (against a target of 90%), only 60% of people felt that they had been given clear information about their medication (against a target of 80%) and 80% felt that the side effects had been clearly explained (against a target of 90%). Of the people prescribed Clozapine (a common antipsychotic drug), 95% had the prescription reviewed at least once every six months.

Compliance with National Priorities

The Trust complied with the national performance indicators specified for all mental health trusts during 2012/13:

- 2% of people experienced a delayed transfer of care (against a target of 7.5%)
- 100% of people had access to crisis resolution and home treatment services, a key factor in helping to reduce hospital admissions (against a target of 95%)
- The percentage of patient safety incidents during the year which resulted in severe harm or death was (figure to follow).

Performance against CQUIN Targets

The Trust met all but one of its Commissioning for Quality and Innovation (CQUIN) targets that were agreed with commissioners for 2012/13:

Target	Description (target in brackets)	Performance
Venous-thromboembolism (VTE)	People admitted to inpatient wards will have a VTE and bleeding risk assessment carried out on admission (90%)	97.04%
Safety Thermometer	A completed set of thermometer data will be uploaded onto the NHS information site for each service, each month	100%
Payment by Results (PbR)	<ul style="list-style-type: none"> • Number of open cases clustered (95%) • Number of clustered cases reviewed in timescales (95%) • Number of open cases clustered without data errors (95%) 	<ul style="list-style-type: none"> • 95.38% • 95.72% • 98.71%
Patient experience	% of people prescribed medicines in outpatient clinics who report: <ul style="list-style-type: none"> • Their views being taken into account (75%) • Purpose of medication being explained (90%) • Possible side effects being explained (90%) • Clear information given (80%) 	<ul style="list-style-type: none"> • 77% • 100% • 80% • 60%
Patient experience:	People prescribed Clozapine will have a review at least once every six months (95%)	95%
Dementia screening	People over the age of 75 who are admitted to an inpatient ward will be asked a dementia screening question (90%)	100%
Dementia assessment	People over the age of 75 who are admitted to an inpatient ward and identified as being at risk of having dementia will receive a risk assessment within 72 hours of admission (90%)	100%
Dementia referral	People over the age of 75 admitted to an inpatient ward who are identified as being at risk of having dementia will be	100%

	referred for specialist assessment (90%)	
Dementia: end of life care planning	Qualified staff working in older people's community teams will be trained in the use of Advance Directives to support people to plan for their end of life care (90%)	93.8%
Psychological therapies: long-term conditions	Put in place systems to collect and analyse data about the number of people using depression and anxiety services who have a long-term physical health problem	Target met
Improving response times	Reduce the waiting time for routine referrals to ten working days over two years (90%)	All project milestones and trajectories met
	Reduce the waiting time for urgent referrals to five working days over two years (90%)	
Secure services	Introduce a recovery and outcomes based approach to the care pathway, demonstrating recovery orientated practice in identifying, planning and achieving joint goals and outcomes with users of secure services	Requirements met
	Introduce and monitor key milestones to make the care pathway more efficient and reduce lengths of stay in hospital	
	Implement, review and feedback	
Clinical Quality Network	Work collaboratively with the Royal College of Psychiatrists to establish a Clinical Quality Network	Requirements met
Care Programme Approach (CPA) standards	Introduce and monitor the Service User Defined CPA Standards	Requirements met
Clinical quality dashboards	Implement the routine use of a clinical dashboard for specialised services	Requirements met

Developments and Improvements

Focusing on Recovery

Recovery is about people building a meaningful life, as defined by themselves, whether or not there are ongoing problems related to their mental health. The recovery movement represents a shift away from focusing on illness and symptoms towards a focus on health, strengths and wellness. Focusing on personal recovery has been proven to have a profound impact on the quality of care and support that people experience.

The Trust remains active at both a local and national level to embed the notion of personal recovery and recovery practice at the heart of mental healthcare, and has just completed a two-year participation in the project *Implementing Recovery: Organisational Change* (ImROC) as one of six pilot sites. ImROC sets out ten key indicators for organisations to support the recovery of people using mental health services. It is the result of a partnership between the Centre for Mental Health, the NHS Confederation and the National Mental Health Development Unit and is a national initiative.

As part of the ImROC programme, during 2012/3 the Trust held a series of *Exploring Recovery* events attended by Trust staff, people using mental health services, and partners from the private, statutory and voluntary sectors. Drawing on the contributions from these events, the Trust drew up its Recovery Strategy, which was endorsed by the Board in January 2013. Priorities for action include the provision of recovery education, a recovery-focused approach to risk and safety planning, increased personalisation of services, help for gaining and retaining employment and the development of recovery training for staff.

Implementation of the strategy has already begun, particularly in the area of recovery education. The Discovery Centre at Langdon hospital provides a suite of recovery courses and the Recovery Learning Community has also been created in partnership with MIND in Exeter and East Devon, and Exeter College. The Recovery Strategy is supported by the work of the Devon Recovery Research and Innovations Group (D-RRIG), a supportive peer group of professionals, managers and people with personal experience who share an interest in promoting recovery through research and innovation.

The Trust has continued to work with Recovery Devon on a range of initiatives, including most recently the appointment of a Peer Reporter to collect and disseminate personal stories of recovery. Working with mental health charity Rethink, the Trust has supported Recovery Devon to become an independent community interest company.

Safety

Patient Safety programme

Over the last year the Trust has continued to develop its Quality Improvement and Patient Safety programme. This has involved ongoing work with partner organisations and internal teams to improve our service and systems. We are also enhancing the capability of staff, in terms of their technical and non-technical skills, to improve risk management, decision making, leadership, productivity and service delivery.

A monthly Safety Briefing is produced which highlights the learning from local investigations into serious incidents and promotes best practice based on nationally-recognised evidence. The Trust has also played a leading role in the NHS South Quality and Safety Programme, with the Co-Medical Director acting as the clinical lead for the programme and several staff involved in its delivery. The key workstreams for this programme include:

- Safe and reliable care (including falls prevention) – adopting local, national and international evidence-based practice
- Prevention of suicide – improving communication after discharge from hospital
- Provision of service user and family-centred care
- Medicines management – improving safety around the prescription and administration of medicines.

Medicines management

The Trust continued to strengthen its performance in this field during 2012/13. It has a five year vision and strategy and is compliant with CQC Outcome 9, which relates to the management of medicines.

The Medicines Management Team works very closely with its Link Practitioners, ward teams and community teams across the Trust, as well as with pharmacy partners, based in the county's acute hospitals and primary care settings.

During the year, the team worked hard to build relationships with the county's new commissioning organisations and completed a successful programme of recruitment. It also undertook a detailed analysis of training needs across the organisation, in relation to medicines management.

The team launched a Helpline for people with queries and concerns about medication and has ensured that an increasing amount of information is available online. It also completed the testing of an e-prescribing pilot on RiO – the Trust's electronic care records system.

The team actively participates in the Quality and Safety Improvement Programme (QSIP) and has continued to improve the Trust's performance around medicines reconciliation (making sure that people's medication requirements are regularly checked and updated). It has conducted specific pieces of work around the reduction of 'missed doses' and the review of people being prescribed Clozapine – a common antipsychotic drug.

Among the priorities for 2013/14 is a medicines management training programme in response to the findings of the needs analysis conducted last year. The team also expects to launch an outcomes framework for medicines management and a quality dashboard – both of which will help frontline teams to monitor and improve their performance.

Board Walkaround programme

Members of the Trust's Executive Team, including Non-executive Directors, visit services right across the organisation to discuss quality and safety on a regular basis. The aims of the programme are:

- To help resolve difficult issues
- To provide senior leaders with a better understanding of safety concerns
- To provide a forum for discussion about quality and safety issues
- To develop face-to-face communication with frontline teams
- To promote a safer environment.

The visits are about supporting and listening to teams and understanding their needs and concerns – important themes that have been highlighted again recently in the Francis enquiry into the quality of care at Mid Staffordshire NHS Foundation Trust.

Clinical Effectiveness

Care Quality Commission (CQC) compliance

The Trust continued to have routine inspections of its services by the CQC during 2012/13, but it currently has no unmet or outstanding compliance issues.

During the year, we participated in the CQC's national *Dignity and Nutrition Inspection Programme (DANI)*. This found that, while most older people in hospitals and care homes were having their needs met, a good number needed to make improvements. Devon Partnership NHS Trust was found to be fully compliant.

The inpatient services at Torbay Hospital were inspected as part of the routine inspection programme. One issue in relation to a person's admission to the hospital under the *Mental Health Act* was identified and rectified.

Improving standards of practice

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

The Trust has worked with clinicians, managers and people who use services to set standards of practice for the assessment, planning, delivery, coordination and review of care. Compliance with these practice standards is monitored through the review of a monthly sample of clinical records which is taken by each clinical team leader or ward manager. The Clinical Record Self-Monitoring (CRSM) tool has been developed for this purpose and has three key functions:

- To provide assurance through the team dashboard that the standards of practice are being met
- For clinical team leaders to use in their supervision and appraisals with staff
- To measure the impact of the Care Quality Development Programme, a Trust-wide initiative to underpin the work that is being done to drive-up quality.

Performance in relation to the CRSM tool is regularly monitored by the Trust's Board of Directors through a quality performance dashboard. The Trust's Quality Improvement Plan sets targets for improved CRSM performance and compliance with standards. Effective monitoring is dependent on a high rate of return of the monthly samples sent to clinical team leaders.

In 2012/13, the completion rate for the CRSM tool was 83%. The returns also show:

- Increased compliance with the 12 elements of care planning and clinical record keeping which make up the CRSM - consistently exceeding the Trust target of 80%
- Particular improvement in the proportion of clinical records where there is a care plan for all identified needs - 91% for the final quarter of the year
- The Trust's target of 80% of the right clinical information being in the right place at the right time has been met - over 89% in the final quarter of the year.

Quality improvement framework

The Trust has developed a quality improvement framework based on the measurement of compliance with standards and the evaluation of services by people who use them. These measures are combined with other quality and performance information to allow monitoring at the individual team level through the quality performance 'dashboard'. The dashboard enables teams to see performance data quickly and easily to assess how they are doing against the key indicators and standards. It also enables the Trust to identify those teams that require additional support to maintain standards, allows comparisons between teams and directorates and informs the Trust's Quality Improvement Plan, which is monitored fortnightly at the Quality Improvement Coordinating Group.

Royal College of Psychiatrists (RCP)

The Trust is actively involved in supporting national quality improvement programmes run by the RCP. During 2012/13, these included programmes related to electroconvulsive therapy (ECT), psychiatric liaison, low and medium secure forensic services and adult inpatient wards.

Infection Prevention and Control

The Trust has developed a proactive approach to infection prevention and control. Each year it develops an annual work programme which is approved by the Board of Directors. The Trust has a dedicated Infection Prevention and Control team, which is available 24 hours a day, seven days a week. The Infection Control Committee has representation from all directorates and professions, meets quarterly and reports to the Quality and Safety Committee via the Safety and Risk Committee.

The Board of Directors receives monthly statistics against Staphylococcal and E. Coli bacteraemias and also Clostridium difficile reportable cases, which provides an additional alert to the Board of any developing patterns or concerns. There were no cases of Staphylococcal and E. Coli bacteraemia during 2012/13 and one case of Clostridium difficile (toxin positive) was reported.

The Trust has identified a Non-executive Director as a champion for infection control and also has a number of Link Practitioners within frontline teams who help promote best practice in infection prevention and control.

The Trust continues to perform well in terms of meeting the infection control and cleanliness standards. Inpatient units and community teams regularly assess performance and plan any required actions using an individualised provider compliance assessment for Care Quality Commission standards (outcome 8).

Staff regularly undertake online compulsory training in infection prevention and control. Face-to-face training is also provided for relevant staff groups and for Link Practitioners. The Trust has many systems in place to assess, plan and mitigate against infection control risks. Good standards are demonstrated in practice in many key areas, including hand hygiene. Significant developments during 2012/13 included specialist input to the new Dewnans Centre at Langdon Hospital, ensuring that the new building was fully compliant with all infection control standards and supporting good infection control practice.

Clinical Audit

The Clinical Audit Programme for 2013/14 was developed in conjunction with NHS Devon, Plymouth and Torbay (now NEW Devon Clinical Commissioning Group) and staff from the Trust's four clinical directorates. It is led by a Co-Medical Director and the Deputy Director of Nursing. The programme integrates quality improvement and mainstream clinical audit work, which includes supporting policy implementation and learning from serious incidents.

This approach reflects the wider organisational shift towards an increased emphasis on service improvement, safety and the quality of people's experience of our services. The work programme is based on the Trust's priorities for quality improvement and clinical audit activity and reflects both national and local priorities in the field of mental health.

The Trust's current priority areas for clinical audit cover both national and local priorities and include:

- Practice standards implementation, in particular risk assessment, risk management and the Care Programme Approach
- Implementation of National Institute of Clinical Excellence (NICE) guidance.

Research and Innovation

Devon Partnership NHS Trust is committed to increasing its participation in research and contributing to better health outcomes for the people using its services. In 2012/13, the number of people recruited to research projects approved by a research ethics committee was 672. The Trust is currently recruiting to 20 projects all of which are supported within the National Institute of Health Research portfolio.

The Trust collaborates with the University of Exeter Medical School, the University of Plymouth Peninsula Medical School, is part of the Quintiles Peninsula Prime Site, and co-hosts its Mental Health Research Group. It has close links with the West Hub of the UK Mental Health Research Network and the South West Dementia and Neurodegenerative Diseases Network.

Improving data quality

In 2011, the Trust established an Enabling Quality Improvement (EQI) Group which included clinicians and other staff. It is led by the Director of Operations. Last year, the Trust reviewed the role and function of the group to ensure that it was achieving its full potential. Renamed the Informatics and Data Quality Group, it meets monthly and has robust systems and process in place to ensure that issues and priorities are identified early and actioned promptly.

In April 2013, an internal audit on data quality rated the Trust as 'green' for all three data quality functions - Design of Controls, Operation of Controls and Overall Assurance Opinion. This was an improvement from the 'amber' rating achieved in 2011/12.

The Trust has continued to use its Orbit system to promote data quality. Orbit generates automatic performance reports that users can view daily on their desktop computers. This enables a range of important activities to be undertaken including, for example, to check whether people leaving hospital have been given a 'discharge diagnosis'

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

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

Work is also being undertaken to ensure compliance with the national Information Governance Toolkit to assure the quality of the data being submitted by the Trust. Systems and processes have been established to check for data completeness and the consistency of activity levels, across time and similar types of service, on a monthly basis.

The Trust has continued a good deal of work in preparing for the introduction of Payment by Results (PbR). There has been a strong focus on ensuring the completeness and accuracy of data in relation to assigning people who use services to different 'care clusters'. Each of these clusters describes a type of need or condition and the type of support that is required to meet it.

Improving the experience of people using services

Listening and talking

A strategy and workplan are in place to ensure that the Trust talks and listens to people who use its services, their families and the wider community.

In recent years, feedback from all sources has revealed that the attitude of staff and the need for good communication are very important to people. During 2012/13, the Trust received 325 compliments about its staff and care – with our eating disorders service and services for adults in east and mid Devon attracting the most compliments. The main reasons for making a complaint related to medication, treatment and access to services – with more than 500 of the 731 complaints being received from people in prison being supported by mental health services.

As a result of ongoing feedback, programmes have been introduced where people who have personal experience of services are involved in staff learning and development activities. This includes revised and improved monthly corporate staff induction sessions and specific team-based workshops to improve staff understanding of how people, or their families, feel about using the Trust's services.

These activities provide an important source of feedback to the Trust. Much of this activity is captured through the Patient Experience Team, based within the PALS office, which provides advice and support, handles enquiries, complaints and supports involvement. Reports of feedback captured by the Patient Experience Team are provided on a quarterly basis to the Quality and Safety Committee and annually to the Trust Board.

Monthly survey

Over recent years the Trust has worked with people who use services to identify the key qualities which underpin a good experience and positive outcomes. This has informed the development of a monthly questionnaire which is used routinely to measure the extent to which people consider they have experienced these qualities and their level of satisfaction with the service provided each month and the results are reported in team dashboards. This questionnaire is sent to a sample of 1,000 people.

The response rate to the survey for 2012/13 was 20.7%, with almost 2,500 people completing and returning a questionnaire. Overall, the results from last year's monthly survey remain extremely encouraging and key findings include:

The service has met my needs at all times	82.8%
I have been treated with courtesy and respect at all times	92.5%
I have been fully involved in all decisions about my care	82.6%
I have been supported to set my own goals	72.9%
I have been given information and support to maintain my wellbeing	78.5%
I would recommend this service to a member of my family	84.55%

Areas where the survey has identified the need for further improvement include help with practical issues such as employment and accommodation; support with physical health needs; information about the possible side-effects of medication and support in maintaining a number of important life issues – such as employment, faith and parenting.

During 2013/14 In 2013/14, the Trust will be focusing on listening to people and acting on what they tell us as a priority. We will develop new and better methods for capturing people's feedback, moving on from the monthly survey to embrace new technology, social media and the latest engagement techniques to listen and respond to people's views and concerns.

By October 2013, the Trust will have new mechanisms in place, which will include a simple, timely system for conducting the 'friends and family' test among staff and users of services. This was one of the key learning points to emerge from the Francis enquiry into standards of care at Mid Staffordshire NHS Foundation Trust and involves asking staff and people using services if they would recommend them to a friend or family member.

Engaging with people to develop services

NHS organisations have a statutory duty to involve people (directly or through representatives) in the planning of healthcare services, in the development and consideration of proposals for changes in the way those services are provided and in decisions affecting the operation of those services.

Outcome 16 of the CQC's performance assessment framework requires evidence that people who use services, and their relatives, are involved in the review and monitoring of service provision.

NAG meetings

At Devon Partnership NHS Trust, the principle forum for engagement with people is the Network Action Groups (NAGs) that are held regularly across the county. The objectives of NAGs are to:

- Provide information about national, local and Trust developments
- Encourage feedback about the quality of services
- Encourage feedback about proposed service development or change
- Offer partner organisations an opportunity to promote their services and engage in discussions about a range of issues
- Provide the opportunity for people to meet with senior staff and other representatives from the Trust.

NAGs are one of our key channels for communicating with people who are interested in mental health. We share information about our services and activities with those on the local distribution lists (between 70 – 150 people per network area) and invite them to regular meetings. During 2012/13, meetings were held in locations including Exeter, Okehampton, Honiton, Barnstaple, Bideford, Torbay, Ivybridge and Paignton. Reports from the meetings are available on the Trust's website, in the '*Getting involved*' section.

Staff views on standards of care

The views of staff about the organisations in which they work are a very valuable indicator of quality – this is one of the issues raised by the Francis Report into events at Mid Staffordshire NHS Foundation Trust. Each year, the annual NHS staff survey asks staff whether they would recommend their organisation to a friend or family member. In the latest survey, 43% of our staff said that they would recommend the organisation – this was against a national average, among mental health and learning disability Trusts, of 60%. The Trust is taking action to increase this figure significantly, particularly through greater staff engagement, and this activity will be galvanised by the introduction of the *Listening into Action* initiative during 2013.

It is important to note that our Trust fared well in some areas of staff feedback when compared to other similar Trusts across the country. These included the level of support experienced from immediate managers (a score of 3.88 out of five against an average of 3.77); the percentage of staff feeling pressure to attend work when feeling unwell (19% against an average of 22%) and staff having confidence to raise concerns - with 99% of them knowing how to report malpractice (against 95% nationally) and 76% saying they would feel safe in raising their concerns (against 72% nationally).

Single-sex accommodation

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

During 2012/13, the Trust remained compliant with the requirement for same-sex accommodation and there were no breaches.

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

All NHS Trusts are required to display a declaration of compliance on their website. The declaration for our Trust is set out opposite and can also be found on our website at www.devonpartnership.nhs.uk

Mental Health Act

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

The Trust has 15 Hospital Managers, who ensure that the Act is applied appropriately and fairly, and that hearings, appeals, reviews and other activities are conducted in accordance with the relevant legislation.

To ensure that Hospital Managers understand their role and remain up-to-date, regular development sessions are facilitated.

Additional training is provided for those who Chair Mental Health Act hearings, appeals and reviews. The Mental Health Act Administration Team works with a wide range of clinicians from across the Trust, providing advice, training and policy review. It also works closely with teams and directorates in response to Mental Health Act related visits, reviews and recommendations made by the Care Quality Commission to improve the Trust's compliance with the legislation.

Commissioning for Quality and Innovation (CQUIN)

The CQUIN payment framework is a national initiative that makes a proportion of income (1.5%) available to those Trusts providing services if they meet certain quality and innovation targets agreed with their local commissioning organisations.

In 2012/13, the Trust met all but one of its CQUIN targets and partially met the remaining one. For 2013/14, we have agreed a list of indicators with our commissioners which includes a continuing target to reduce the waiting time for people referred by primary care services. Other targets relate to such issues as access to psychological therapies, delayed transfers of care and better arrangements around people's discharge from hospital and re-access mental health services when they need them. The priority areas for quality improvement selected by the Trust for 2013/14 reflect some of these indicators and a full list is set out below.

CQUIN Targets for 2013/14

The following targets have been agreed with the Trust's commissioners for 2013/14. This is not an exhaustive list of the Trust's priorities for service development and quality improvement for the year, but represents those areas that have been specifically identified and agreed under the CQUIN programme:

To collect data for the Safety Thermometer programme
(a national project aimed at reducing harm in the NHS)

To reduce falls among older people in our care
(part of the Safety Thermometer programme)

To reduce waiting times between referral and assessment for routine cases

To reduce waiting times between referral and assessment for urgent cases

To reduce waiting times between assessment and treatment for more severe cases requiring psychological therapy support

To improve communication with GPs when people are discharged from specialist mental health services to primary care

To improve and simplify arrangements for people discharged from mental health services to re-access services when they need to do so

To provide good, timely information for primary care professionals when people are discharged from hospital

To minimise unnecessary expenditure on expensive drugs.

Statement of Directors' Responsibilities in respect of the 2012/13 Quality Account

The Directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

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

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

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account for 2012/13.

By order of the Board of Directors

Julie Dent
Chairman

Peter Cubbon
Chief Executive

Date

Date

Supporting Statements

Prior to publication, the Trust complied with the requirement to share its Quality Account 2012/13 with its key stakeholders. Some of these stakeholders have changed recently, following the implementation of the *Health and Social Care Act 2012*, which came into effect on 1 April 2013. In particular:

- Primary Care Trusts have been replaced with Clinical Commissioning Groups (CCGs), which now have responsibility for commissioning a wide range of local health services, including mental health services. The lead commissioner for our Trust is North, East and West (NEW) Devon CCG. The Trust will also work closely with South Devon and Torbay CCG, which covers the rest of the county (except Plymouth).
- Local Involvement Networks, more commonly known as LINKs, have been replaced by Healthwatch organisations, the responsibility for which rests with local authorities. Our Trust will be working closely with both Healthwatch Devon and Healthwatch Torbay.

The Trust ensured that NEW Devon CCG met its legal obligation to review and comment on the publication, and that the Devon County Council's Scrutiny Committee and Healthwatch Devon and Healthwatch Torbay were offered the opportunity to comment on it. A range of other stakeholders were also given the opportunity to contribute to the report.

Commentary by Devon County Council's Health and Adults' Services Scrutiny Committee (to follow)

Statement from Torbay Council's Health Scrutiny Board (to follow)

Commentary by NEW Devon CCG (to follow)

Commentary by Healthwatch Devon (to follow)

Commentary by Healthwatch Torbay (to follow)

Any other feedback received on the Quality Account (to follow)

Engagement in Producing the Quality Account

The Trust sought ideas and suggestions for inclusion in the Quality Account from its key stakeholder groups, including staff, members and the people using services.