

Quality Account



2011 / 2012

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Chief Executive's Statement

Welcome to our third Quality Account, which provides an accurate summary of our continuing work to improve safety, clinical effectiveness and the experience of people using our services.

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

In March 2011, following an extensive planned review of our services, the Care Quality Commission (CQC) confirmed that we had emerged from the review with 'a clean bill of health'. This provided an excellent start to 2011/12 and one which we built upon steadily during the course of the year.

We have had two further reviews by the CQC since then. In November 2011, the Trust became one of the first mental health providers in the country to undergo a review of its community mental health services. The review included a month of visits and interviews with staff and people who use services, as well as the close examination of a selection of clinical records. We received the results at the start of 2012 and were delighted to hear that the CQC found all of the services it inspected to be compliant.

The CQC also visited some of our services for people with a learning disability during 2011. While there were some positive findings, the reports into two of our services did identify some concerns. The Trust took immediate action to address these and a follow-up visit by the CQC later in 2012 confirmed that these services are now compliant with all relevant standards.

During the year, we opened four completely refurbished wards for older people with mental health needs, at a total cost of almost £5m. These developments were an important part of our drive to improve services for older people. The new wards, which are in Barnstaple, Exeter and Torbay, are now providing safe, high quality care in a modern environment for some of the most vulnerable people in our care. They represent a huge leap forward in terms of the quality of service that people will experience.

In 2012/13, we have identified a number of priority areas on which we will place a particular emphasis. These include reducing waiting times for people referred to our services from primary care; providing better information for people about their medication and ensuring regular medication reviews; and minimising the number of delayed transfers of care.



"...an excellent start to 2011/12 and one which we built upon steadily during the course of the year."

Iain Tulley
Chief Executive

Priorities for Quality Improvement

The Trust has expressed its aim 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:

"...services good enough for my family"

SAFE	Minimum risk of harm to people and best possible quality of care
TIMELY	Based on early intervention, available when people need them, without unnecessary waiting
PERSONALISED	Tailored to meet the needs of individuals, and planned with them
RECOVERY-FOCUSED	Emphasising hope, opportunity and the ability to exercise control over treatment and life choices
SUSTAINABLE	Making best use of our human and financial resources, building our reputation, establishing consistency and reducing our carbon footprint

Priorities for 2012/13

The Trust has identified its key quality improvement priorities for 2012/13 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 that have been selected reflect the priorities expressed by the Trust's commissioners and are aligned to the Trust's Commissioning for Quality and Innovation (CQUIN) priorities.

Performance against the priorities will be reviewed at monthly Quality and Safety meetings and considered by 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

To collect data on the level of harm caused by pressure ulcers, falls, catheter-acquired urinary tract infections and venous-thromboembolism (VTE).

2. Clinical Effectiveness

To reduce the waiting times for people to be assessed when they have been referred to our Trust from primary care services.

3. Improving the Experience of People Using Services

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.

National Priorities

- To minimise the number of delayed transfers of care.
- To minimise the number of hospital admissions by ensuring access to crisis resolution and home treatment services.
- To record the percentage of patient safety incidents resulting in severe harm or death.

Local Priority

- To ensure that people are followed-up within 48 hours of their discharge from hospital.

The Trust has identified its key quality improvement priorities for 2012/13 in the fields of Safety, Clinical Effectiveness and Improving the Experience of People Using Services

Statements of Assurance from the Board of Directors

During 2011/12 the Trust provided or sub-contracted four NHS services. The Trust has reviewed all the data available to it on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2011/12 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for 2011/12.

During 2011/12, six national clinical audits and one national confidential enquiry covered NHS services that Devon Partnership NHS Trust provides.

During that period the Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries in which the Trust participated, and for which data collection was completed during 2011/12, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of two national clinical audits and 47 local clinical audits were reviewed in 2011/12 and the Trust will take action to improve the quality of

healthcare where appropriate. Action plans will be created and implemented within the relevant Directorate and progress will be monitored by the Trust's Clinical Effectiveness Group.

The number of patients receiving NHS services provided or sub-contracted by the Trust during 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was 298.

A proportion of the Trust's income in 2011/12 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services. This was done through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2011/12 and for the following 12 month period are available on the Trust's website at www.devonpartnership.nhs.uk

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 2011/12.

Case Study	No of cases
POMH - Topic 6: <i>Assessment of side effects of depot antipsychotics</i>	<i>28 cases: no set number of returns expected</i>
POMH Topic 7: <i>Monitoring of patients prescribed lithium,</i>	<i>45 cases: no set number of returns expected</i>
POMH Topic 10: <i>Use of antipsychotic medication in CAMHS</i>	<i>62 cases: no set number of returns expected</i>
POMH - Topics 1f and 3f combine: <i>Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards</i>	<i>107 cases: no set number of returns expected</i>
POMH Topic 12a: <i>Prescribing for people with a personality disorder</i>	<i>10 cases and data still being collected: no set number of returns expected</i>
Schizophrenia (NAS)	17 cases, (17%)
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	returns completed directly by clinicians upon request from the University of Manchester so number of cases not recorded centrally.

The Trust has participated in reviews and investigations by the CQC during 2011/12 and further information about these is available on page x of this document.

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

The Trust submitted records during 2011/12 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data that included the patient's valid NHS number was 92% for admitted patient care.

The percentage of records in the published data that included the patient's valid General Medical Practice Code was 95% for admitted patient care.

The Trust's Information Governance Assessment Report overall score for 2011/12 was 74% and it was graded 'green'.

The Trust was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

Review of Quality Performance in 2011/12

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

Safety

The Trust has invested significantly in medicines management over the last couple of years and is committed to doing everything possible to improve quality and reduce errors and mistakes in the administration of medicines.

The goal for 2011/12 was for 95% of people to have their medicines checked within 72 hours of admission to hospital. This was monitored through audits of people's medicines charts.

How did we do?

To follow

Maintaining good communication when people are transferred from one place or service to another is a key factor in delivering safe care.

The goal for 2011/12 was to follow-up 95% of adults within 48 hours of their discharge from hospital. This was recorded on the RiO electronic care records system.

How did we do?

To follow

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 2011/12 was to increase the percentage of recovery standards that are being met across the Trust. This was measured through the refreshed Clinical Record Self- Monitoring tool

How did we do?

To follow

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 2011/12 was to increase the percentage of people who rate the service as good or excellent and would recommend it to a family member. This was measured through the monthly survey which now goes out to 1,000 people who use the Trust's services.

How did we do?

To follow

Compliance with National Priorities

The Trust complied with the national performance indicators specified for all mental health trusts during 2011/12:

Detail to follow

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. Much of the material produced by the Trust, and people associated with it, is endorsed by the Royal College of Psychiatrists and, at the Refocus on Recovery conference in London in March 2012, a number of delegates from Devon spoke and actively participated.

The Trust has been selected as one of just six pilot sites across the country to participate in an initiative to put recovery at the heart of mental health services. The Supporting Recovery project 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.

During 2011/12, the Trust participated in a pilot to promote the health and personal wellbeing of staff through the Five ways to wellbeing initiative. The health promotion messages within this campaign are particularly attractive because they guide people to value doing things that are simple, available and free. The Devon project was an immediate success and a range of resources has now been created for individuals and teams to help them consider the potential benefits.

The Trust has continued to work with Recovery Devon on a range of initiatives and, working with mental health charity Rethink, is supporting Recovery Devon to become an independent organisation. The Trust is also continuing to work alongside the Devon Recovery Research and Innovations Group (D-RRIG), which has been meeting since June 2010 and already generated a range of successful projects. It was established as a broad, inclusive group of professionals, managers and people with personal experience who share an interest in promoting recovery through research and innovation.

Safety

Patient safety programme

Over the last 12 months, improving the safety and quality of our services has remained a priority. Devon Partnership NHS Trust has worked not only with teams internally, but also with local partners organisations. As part of this, we have introduced the Suicide Prevention Toolkit on our hospital wards and worked with both hospital and community teams on risk management, decision making, productivity and delivery.

A monthly Safety Briefing is produced highlighting learning from local investigations into serious incidents and promoting 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 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 best 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.

For more information about the Supporting Recovery project, visit www.nhsconfed.org/Networks/MentalHealth/OurWork/Pages/NMHDUImplementingRecovery.aspx

Medicines management

The Trust has continued to strengthen its focus in this area. It has set out a five year vision and strategy and has achieved compliance with CQC Outcome 9, which relates to the management of medicines.

During 2011/12, the Trust reviewed its needs in respect of Medicines Management services and agreed to increase the team's capacity so that it can broaden access to, and ensure the provision of, a high quality, consistent level of support across the whole organisation.

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. It actively participates in the Quality and Safety Improvement Programme (QSIP) and has made encouraging headway in the field of medicines reconciliation (making sure that people's medication is reviewed promptly when they are in hospital). This is particularly important as it is one of the Trust's CQUIN targets (see page?).

The team has made good progress in working with healthcare colleagues within the county's three prisons to improve the quality of medicines management and is also striving to embed recovery-oriented practice and principles in the prescribing of medicines right across the Trust. As part of this work, in December 2011, it commenced a project with the Patients' Association to conduct a survey of people who

use the Trust's services to gain a better understanding of their information needs in relation to medication and their use of medication. When completed, the survey's findings will help shape the future of medicines management within the Trust.

Among the priorities for the next year is a further increase in the team's capacity and developments and improvements with electronic prescribing and other automated pharmacy services.

Electronic patient records

The Trust has gradually been introducing a new electronic record system, called RiO, over the last couple of years and the system is now operational across the majority of the Trust's services. This has been a major project and has involved the training of over 2000 staff, as well as a significant investment in new technology in front line services throughout Devon.

The RiO system, which is widely used by mental health Trusts across the South of England and London, replaces paper records and the existing electronic recording system. It means that the Trust now has an integrated patient record that can follow a person seamlessly from hospital to community, with different healthcare professionals able to share a single, secure care plan that they can all update in real time. People who use services benefit from improved quality of care and safer services as healthcare professionals involved in delivering care can share information immediately and on a 24 hours basis. This means better coordinated, safer and more informed care for people using the service.

Executive walkaround programme

Members of the executive 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 walkaround visits are about supporting and listening to teams and understanding their needs and concerns.

The Trust increased the Medicine Management team's capacity so that it can broaden access to, and ensure the provision of, a high quality, consistent level of support across the whole organisation.

Clinical Effectiveness

Care Quality Commission (CQC) compliance

In March 2011, following an extensive planned review of the Trust's services, Ian Biggs, Regional Director of the CQC in the South West, said: "This has been a very thorough review of the services provided for people with mental illness in Devon. Devon Partnership NHS Trust provides a vital service to a large population – and overall the trust has emerged with a clean bill of health."

Since then, the Trust has participated in two further reviews by the CQC. In November 2011, the Trust became one of the first mental health providers in the country to undergo a review of its community mental health services. The review included a month of visits and interviews with staff and people who use services, as well as the close examination of a selection of clinical records. The Trust received the results of this review at the start of 2012 and was delighted to hear that the CQC found all of the services it inspected to be compliant.

As part of the national review of services for people with a learning disability, prompted by issues raised at the Winterbourne View home near Bristol, the CQC also visited

some of the Trust's services for people with a learning disability during 2011. While there were some positive findings, the reports into Owen House at Langdon Hospital in Dawlish and Knightshayes and the Additional Support Unit on the Whipton Hospital site in Exeter did identify a number of concerns. The Trust took immediate action to address these concerns and is confident that these sites are now compliant with CQC standards.

Improving standards of practice

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 now 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 Coordination Group. 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.

It is encouraging that completion rates for the CSRM tool continue to show improvement, up to around 76% towards the end of 2011/12. The returns also show the following:

- Increased compliance with the 12 elements of care planning and clinical record keeping which make up the CSRM
- Particular improvement in the proportion of clinical records in which the person's desired outcomes are identified
- The Trust's target of 80% of the right clinical information being in the right place at the right time has been met

It is encouraging that completion rates for the CSRM tool continue to show improvement, up to around 76% towards the end of 2011/12.

...Infection prevention and control team available 24 hours a day, seven days a week.

- Improvement in the content and degree to which clinical records meet all of the Trust's practice standards – although the 80% target has not yet been met.

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.

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 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 MRSA bacteraemia and also *Clostridium difficile*, which provides an additional alert to the Board of any developing patterns or concerns. There were no cases of MRSA bacteraemia or *Clostridium difficile* during 2011/12.

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 national specifications for cleanliness and the Care Quality Commission has confirmed that the Trust is compliant with its standards (outcome 8) and that appropriate arrangements are in place for the prevention and control of healthcare associated infections, with the exception of Exeter Prison – where some concerns still remain.

The Trust has continued to do a great deal of work at the prison, in partnership with Her Majesty's Prison Service, NHS South West and the Health Protection Agency, to make improvements and a huge amount of progress has already been made. Many of the challenges relate to the physical environment at the prison and the fabric of the building. The major refurbishment programme will be completed in the first half of 2012 and this will mean that the primary care area will be compliant with all environmental

standards under outcome 8. Action plans are also in place at Channing's Wood and Dartmoor prisons to address issues in relation to cleaning and cleanliness audits take place regularly at all three prisons.

The latest data shows that xx% of staff are up-to-date with their online compulsory training in infection prevention and control. Face-to-face essential training is also provided for relevant staff groups. The Trust is keen to assess infection prevention and control standards, and raise overall awareness about the issue, in relation to home visits and community services and this work will commence in the spring of 2012.

Clinical audit

The Clinical Audit Programme for 2012/13 was developed in conjunction with NHS Devon and staff from the Trust's four Clinical Directorates. It is led by a Co-Medical Director. The programme integrates quality improvement and mainstream clinical audit work.

This reflects the wider organisational shift towards an increased emphasis on service improvement, safety and the quality of people's experience of 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:

- Medicines management
- Implementation of 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 2011/12, the number of people recruited to research projects approved by a research ethics committee was 298. The Trust is currently recruiting to 28 projects of which 17 are supported within the National Institute of Health Research portfolio.

The Trust collaborates with the Peninsula Medical School, has recently become 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 comprises senior staff and is led by the Director of Operations. The group advises on the Trust's approach to improving the quality of information. It is especially effective as it brings together all relevant departments and staff who contribute to, or manage, key data flows.

The Trust has also set-up a data infrastructure quality assurance project. This is being led by the Performance Information Team and has been established to review the data transformation and reporting associated with the Trust's new electronic records system (RiO) and identify and resolve errors.

Devon Partnership NHS Trust is committed to increasing its participation in research and contributing to better health outcomes for the people using its services

Work is also being undertaken to ensure compliance with the national Information Governance Toolkit and 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 also conducted 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 various 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 amongst the top priorities for people. The main reasons for raising concerns or making a complaint continue to be insufficient information about the services available and how to access them, or the quality of service which falls short of people's expectations.

As a result, 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.

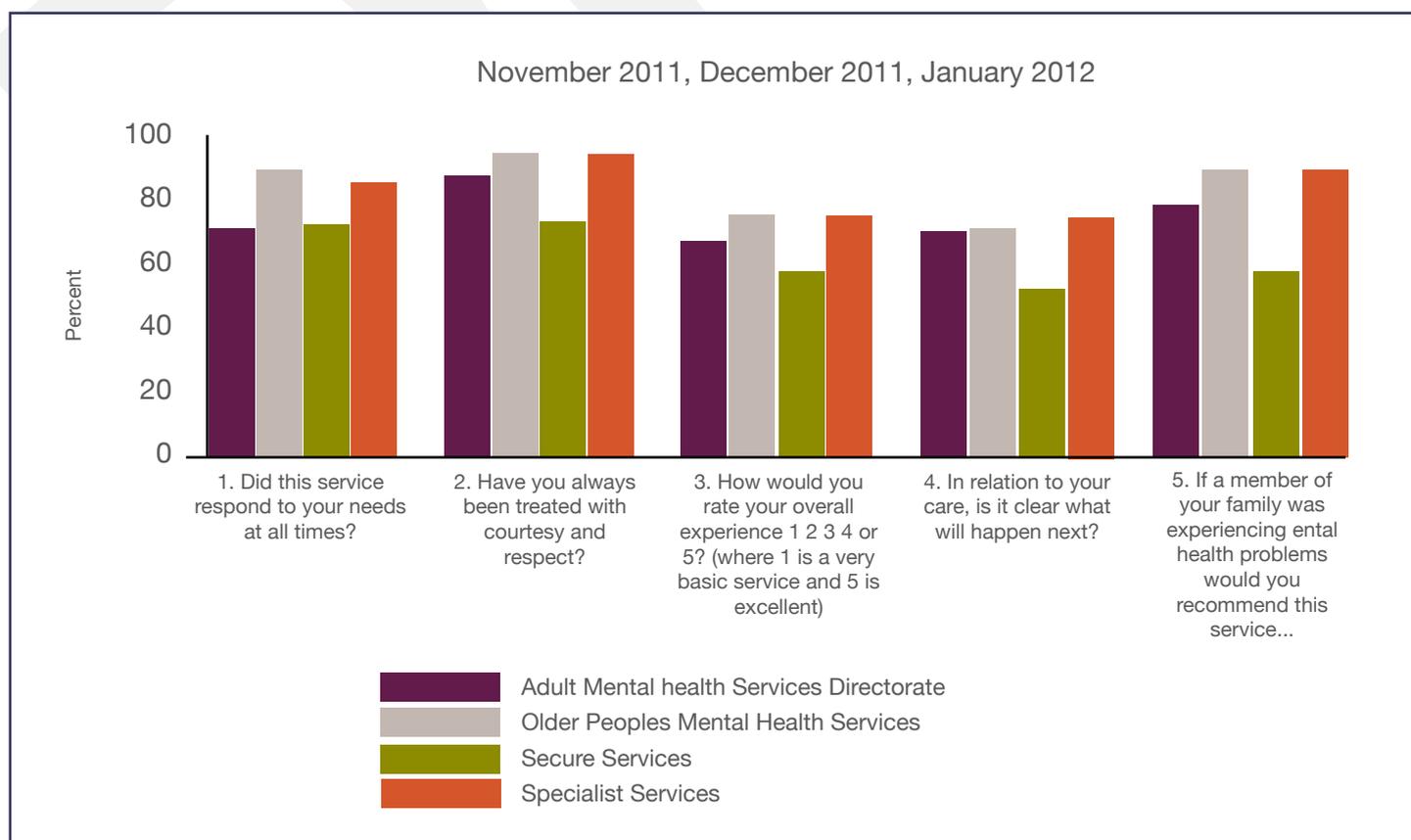
These activities provide an important source of feedback to the Trust. Much of this activity is captured through the Patient Experience Team, based within the PALS office, which provides advice and support, handles enquiries, complaints and supports involvement. Reports of feedback captured by the Patient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

received, arising themes and action taken.

Monthly survey

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

The response rate to the survey for November 2011 to January 2012 was 23.3% - around 700 responses. The graph below shows some key data about



...the principle forum for engagement with people is the Network Action Groups held regularly across the county.

overall satisfaction levels with each of the Trust's directorates:

Overall, the results from the monthly survey are extremely encouraging:

- More than 90% of people report that they are treated with dignity and respect
- Almost 90% of people confirm that they would recommend the service to a relative
- Around 70% of people rate the service as good or excellent.

Areas where the survey has identified the need for further improvement are:

- Having support available to meet personal goals
- Knowing who is responsible for care and who to contact if concerned
- Having the possible side-effects of medication explained (the Trust has begun a joint project with the Patients' Association to gain a better understanding of the barriers to effective communication about medication)
- Knowing what is happening next with someone's care
- Support with physical health conditions and the provision of practical support.

Acting on feedback

In its recent review, the CQC found evidence that improvements had been made in response to feedback at a team and service-wide level. Examples of recent service improvements resulting from feedback include:

- **Depression and anxiety service** - staff instructed to routinely give written information to people about how they can raise concerns
- **Addiction services** - better management of the 'smoking garden', improved medicines management and additional essential training for staff
- **Recovery and independent living** - change of policy in relation to supporting people with their funding applications (direct payments) and improved arrangements for sharing information with people who use services
- **Crisis resolution and home treatment** - people are now routinely given a copy of their assessments
- **Haldon eating disorder service** - review of nutrition options and changes to the way food is provided
- The introduction of a 'customer care' training package, called Mixed Messages, for all staff.

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.

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 Foundation Trust membership
- Seek feedback about the quality of services and proposed service developments or changes
- 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.

As part of becoming an NHS Foundation Trust, the organisation will review its arrangements for involving and engaging people, including the Trust's 7,000 members, to provide reassurance that systems and processes for listening to people and capturing feedback are robust and appropriate.

Services for older people

The Trust has worked very hard over the last couple of years to develop and improve its services for older people. Towards the end of 2011, following an investment of almost £5 million, the Trust

re-opened four of its inpatient wards for older people in Torbay, Exeter and Barnstaple. These fully refurbished wards bear little resemblance to their predecessors and provide far safer, more therapeutic environments in which to deliver high quality care. They also meet the national guidelines around privacy, dignity and single-sex accommodation.

As well as investing in inpatient care, the Trust is continuing with its plans to shift the emphasis of care and support towards more and better community services for older people. The development of Early Diagnosis and Intervention services is well under way and staffing levels have been increased in some areas to ensure that community teams can work with the expected increase in demand for services. This will enable

greater access to services by the ever-increasing number of older people with mental health needs, while ensuring that hospital beds are available for the very small number of people with the most severe and challenging needs.

Single-sex accommodation

In line with best practice and national guidance, mixed-sex accommodation has been eliminated in all of the Trust's inpatient services. Every person using these services has the right to receive high quality care that is safe, effective and respectful of their privacy and dignity. Devon Partnership NHS 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.

Case Study

Belvedere Ward at Franklyn Hospital

At the start of 2012, the King's Fund visited Belvedere Ward at Franklyn Hospital in Exeter and heaped praise on the work that has been completed there with the help of a £50,000 grant from the Enhancing the Healing Environment programme.

Belvedere ward supports people with dementia type illnesses and representatives from the King's Fund were particularly impressed by the way in which people using the service, carers, staff, schools, community groups and the Devon Wildlife Trust were involved in producing artwork and other pieces around the ward that prompt sensory stimulation.

The refurbished ward engages people through all the senses, through the creation of 'sensory trails' both inside and outside. Colour, lighting and artwork are all designed to both stimulate and calm, encouraging personal and social interaction and enabling people who use the service to explore ways of supporting their own wellbeing.



The Board of Directors closely monitors the delivery of same-sex accommodation and the Trust will seek feedback from people who use services through its questionnaires, programme of independent ward visiting and comments made through the Patient Experience Team.

From April 2011, all NHS Trusts are required to display a declaration of compliance on their website. The declaration for our Trust is set out below and can also be found at www.devonpartnership.nhs.uk

Declaration of compliance

Devon Partnership NHS Trust is pleased to confirm that it is compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice. We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same-sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen when clinically necessary such as where people need the highest level of one to one nursing support and observation for short periods of time (for

example in a high dependency or 'extra care' area in an acute inpatient ward).

If our care should fall short of the required standard, we will report it. We will also set up an audit mechanism to make sure that we do not misclassify any of our reports.

We will publish the results of that audit as part of our 'quality of care and patient experience' report in September 2012.

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 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. For its 2011/12 CQUIN scheme, our Trust has agreed a list of indicators which includes targets related to reducing the waiting time for people referred by GPs and other primary care services; increasing the number of people who are informed about the purpose and possible side effects of their medication and improving the quality of end-of-life care for people with dementia. The priority areas for quality improvement selected by the Trust for 2012/13 reflect some of these indicators.

Statement of Directors' Responsibilities

In respect of the 2011/12 Quality Accounts

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 2011/12.

By order of the Board

Date

Mark Taylor, *Chairman*

Date

Iain Tulley, *Chief Executive*

Supporting Statements

Prior to publication, the Trust complied with the requirement to share its Quality Account for 2011/12 with:

- NHS Devon (the main commissioning Primary Care Trust)
- Devon County Council's Health and Adults' Services Scrutiny Committee
- Devon and Torbay LINKs.

The Trust ensured that NHS Devon met its legal obligation to review and comment on the publication, and that the Devon County Council's Scrutiny Committee and Devon and Torbay LINKs 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 NHS Devon

To follow

Commentary by Devon County Council's Health and Adults' Services Scrutiny Committee

To follow

Commentary by Devon LINK

To follow

Commentary by Torbay LINK

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.

Devon County Council Health Overview and Scrutiny Committee

NHS Devon

Devon LINK

Torbay LINK

If you need a copy of this leaflet in a different language or format,
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