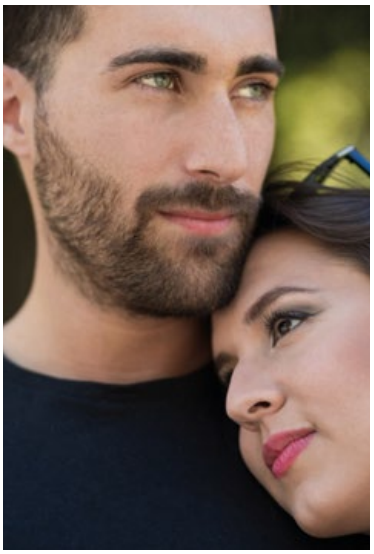
PRIORY
HEALTHCARE

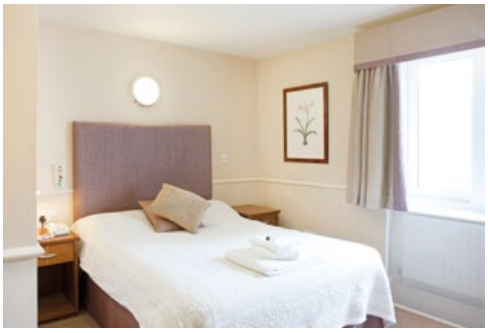
Priory Healthcare

Quality Account 2017-18



A REAL AND LASTING DIFFERENCE FOR EVERYONE WE SUPPORT

Contents



Part 1

Statement from the Priory Healthcare Chief Executive Officer (CEO)

I am delighted to present the Quality Account for 2017/18. This has been a particularly busy and important year for the healthcare division.

This year we have consolidated the integration of Priory Healthcare and Partnerships in Care. We have re-branded as Priory Healthcare and this has been supported by staff as a positive move in our future together. We now have more clinical specialties than before and therefore, more experts in every field.

This year we have focused on safety, quality and people. We have been able to audit against all of the latest standards and progress our safety plan across the division. This includes our estate and physical infrastructure, policies and procedures, training, and audit programmes. We are focused on working on these elements together with our support teams in health and safety, estates, and people development. We have set challenging targets as always, as we do not want to be complacent.

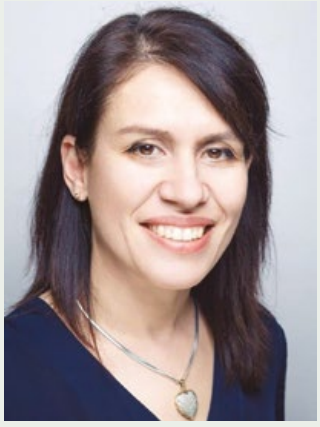
Our quality improvement programme is showing year-on-year improvement on compliance with regulators, and we are delighted to continue to be compliant in over 80% of our sites. We continually look to improve our services where possible and always strive for excellence. We take the possibility of breaches extremely seriously and we work together to ensure they are addressed correctly and efficiently.

Our people matter most, both in terms of the people that we care for and those who we work with. Staff morale is a constant focus, and January saw the launch of the staff wellbeing strategy, with people signing up for local and national initiatives. We continue to bring new ideas to sites in order to encourage, reward and inspire people to work with us, as we know that they provide care to those who are in some of the most challenging times in their lives.

The people that we care for matter the most and we constantly strive to improve the care that we deliver, and partner with people so that they can fulfil their recovery potential and goals, and leave our services at the optimum time to move forward with their lives successfully.

Finally, we work closely with our commissioners, partners and regulators to achieve the best outcomes for the people that we care for, always being transparent and open to improvement and learning where we could have done better. We have a commitment to working closely with everyone involved in the lives of the people that we care for, to deliver what is best for them.

I declare that to the best of my knowledge, the information in this document is accurate.



Dr Sylvia Tang
CEO
Priory Healthcare

June 2018

Quality statement from the Group Medical Director and Group Director of Nursing

As the leading provider of behavioural care in the UK, Priory Healthcare's focus is on delivering outstanding services for the people that we support. NHS England, our commissioners and our regulators share this goal and remain rightly focused on scrutinising the performance of providers and ensuring that patient care remains our top priority. At Priory Healthcare, we welcome this scrutiny and believe that our track record sets us apart as one of the leading providers of mental health services in the UK.

We are delighted to provide a joint statement for the 2017/18 Quality Account. As Sylvia says in her statement, this year has been a busy and important year for the healthcare division with a particular focus on safety, quality and people.

Our commitment to safe and effective services remains our absolute priority, and is borne out by the positive results that we have achieved when inspected by our regulator in England. Between 1st April 2017 and 31st March 2018 there were 34 Care Quality Commission (CQC) inspections of Priory Healthcare sites and at the time of writing, we had ratings for 30 of the sites that were inspected. Of these, one site was rated as 'outstanding' and 21 (72%) were rated as 'good'. The ratings that we have achieved are a reflection of the hard work and commitment of our staff, with everyone contributing in their respective roles to deliver the best possible patient care. Our aim is to further increase our ratings of 'good' and 'outstanding', and to reduce those sites deemed as 'requiring improvement'.

In 2017/18 we had nine priorities for improvement. We are really pleased that we were able to achieve seven of these in full. We did, however, have two objectives that we did not meet:

- We have made progress towards the target of reducing medication errors relating to Mental Health Act (MHA) compliance to <2%. During this year, our pharmacy provider commenced supplying and auditing the former Partnerships in Care sites, as well as maintaining audit of Priory sites. Increasing utilisation of and familiarisation with the online live view dialogue between pharmacists and clinicians, has established a platform to decrease errors going forward. By the final quarter of the year, we compared favourably to similar providers on anonymised benchmarking
- The rehabilitation and recovery clinical network have endorsed the implementation of the outcome measures recommended by the Rehabilitation and Social Psychiatry faculty of the Royal College of Psychiatrists, namely the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) and DIALOG outcome measures. These have been piloted but full implementation is delayed due them not yet being built into the electronic patient record (EPR). We are committed to full implementation as the EPR develops improved functionality

We are reviewing our clinical networks and supporting strategies, following the appointment of additional clinical directors and professional leads. During the course of 2018/19, each network will be refreshing their Clinical Network Operating Framework which will describe their respective clinical models.

We are very pleased to again report a 100% achievement of our national and local Commissioning for Quality and Innovation (CQUIN) targets for 2017/18 as part of the national NHS England contract for specialised commissioned services. These have resulted in significant improvements such as the development of recovery colleges, a focus on reducing restrictive practice, and improving transition of care between Child and Adolescent Mental Health Services (CAMHS) and adult services.

We have done further work on our Physical Healthcare Strategy and this will be launched over the summer of 2018. Our aim is to ensure that our service users are supported to achieve the best possible physical health status and that staff are confident in their knowledge and skills to support service users in achieving their best possible physical health outcomes.

For 2018/19, we have another ambitious calendar of quality objectives, with the intention of making a real and meaningful difference to patient safety, experience and improving our effectiveness across our network of mental health hospitals and clinics.

Dr Rick Driscoll
Group Medical Director

Jane Stone
Group Director of Nursing

June 2018

Who we are and our history

PRIORY GROUP OF COMPANIES

Priory is the leading independent provider of behavioural care in the UK. With the largest network of mental healthcare hospitals and clinics in the UK, we support over 9,500 people each year across 93 healthcare sites (based on Resident Funder report).

1 **1763**
Cheadle Royal Hospital founded (later acquired by The Priory Group)

2 **1792**
Ticehurst House Hospital founded (later acquired by The Priory Group)

3 **1872**
Priory Roehampton converted into a hospital

4 **1993**
The Priory Group opens new specialist **Education Services**

5 **2009**
The Priory Group launches its **Older People's** division, now called Amore Care

6 **2011**
Priory implements 'Care Notes' system enabling fully electronic patient records.

7 **2011**
The Priory Group acquired by Advent International

8 **2011**
Craegmoor, the leading provider of specialist community **Adult Care** in the UK, joins The Priory Group

9 **2012**
Priory **Healthcare** develops national service lines including: Acute Mental Health, Addictions and Eating Disorders.

Priory invests in expanded quality assurance functions

10 **2013**
Recovery First, a joint venture between Priory Healthcare and Greater Manchester West Mental Health NHS Foundation Trust, opens to provide an innovative approach to treating people with severe mental illnesses in Widnes

11 **2014**
Priory Healthcare opens the first Wellbeing Centre in the City of London

12 **2014**
Castlecare, one of the UK's leading providers of **Children's Services** in the UK becomes part of Priory Group

13 **2015**
All Priory adult eating disorder services across nine hospitals achieve a Quality Network for Eating Disorders (QED) accreditation, placing them at the forefront of eating disorder service delivery in the UK.

14 **2016**
Priory Group acquired by US behavioural care provider, Acadia Healthcare

15 **2016**
Priory Group merges with Partnerships in Care, creating the country's largest provider of behavioural care

16 **TODAY**
Priory Group operates more than 450 sites across three divisions of Healthcare and Partnerships in Care, Education and Children's Services and Adult Care

Our purpose and behaviours

At Priory, our purpose is to make a real and lasting difference to everyone we support.

The behaviours that we aspire to are:

Putting people first. We put the needs of our service users above all else

Being supportive. We support our colleagues, our service users and their families when they need us most

Acting with integrity. We are honest, transparent and decent. We treat each other with respect

Striving for excellence. For over 140 years, we have been trusted by our service users with their care. We take this trust seriously and constantly strive to improve the services that we provide

Being positive. We see the best in our service users and each other, and we strive to get things done. We never give up and we learn from our mistakes

Part 2
Priorities for improvement

Summary of progress against 2017/18 Quality Performance Indicators (QPIs)

The Quality Account published in 2017 identified nine priorities to improve the quality of our services across the three domains of patient safety, clinical effectiveness, and patient experience. The information below provides a summary of our performance against these objectives in the last 12 months:

QPI number	Domain	Priority objective	Target	Outcome	Achievement
		Healthcare division			
1	**Clinical effectiveness**	For all patients to have their physical health care needs assessed and a plan put in place to address areas of physical health need	90.0%	a) 91.64% b) 94.17%	**Achieved** **Achieved**
2	**Clinical effectiveness**	Monitor completion of risk assessment documentation	90.0%	a) 91.26% b) 98.32%	**Achieved** **Achieved**
3	**Patient safety**	To reduce medication errors relating to MHA compliance	2% (Max)	2.8%	**Not achieved**
		Rehabilitation and recovery			
4	**Patient experience**	To ensure that patients contribute to their care planning and are instrumental in identifying their own goals and interventions	80%	81%	**Achieved**
5	**Clinical effectiveness**	For each mental health rehabilitation site to adopt the same Patient Rated Outcome Measure (PROM) and Clinician Reported Outcome Measure (CROM) to ensure that a consistent approach to outcome measurement is in place for all patients	75%		**Not achieved**
		Eating disorders			
6	**Patient experience**	For patients to engage in the various types of psychological therapies that are available at their hospital	80%	88.32%	**Achieved**
		Forensic			
7	**Patient experience**	To ensure that patients co-produce their care plans and are instrumental in identifying their own goals and interventions	80%	92.65%	**Achieved**
		Acute			
8	**Patient safety**	To monitor the impact of de-brief completion following actual absconsions	10% reduction in repeat absconsions	10.32% reduction	**Achieved**
		Child and adolescents			
9	**Patient safety**	To monitor the impact of self-harm training	5% reduction in the number of self-harm incidents	8.05% reduction	**Achieved**

Detailed review of performance against 2017/18 QPIs

QPI 1

Service line: Healthcare division
Domain: Clinical effectiveness
Category: Physical health

Objective:
For all patients to have their physical health care needs assessed and a plan put in place to address areas of physical health need

Target:
a) At least 90% of all new admissions to have a physical health care assessment as part of the admission process and by the end of quarter 4

b) At least 90% of those with an identified physical health care need to have a care plan put in place to address this need

Measurement source:
Clinical health records (Care Notes) (Patient refusals to be excluded from the data. Patients with a length of stay of only zero or one day to be excluded from the sample)

Reference:
a) NHS Nationally Prescribed Mental Health Services CQUIN

b) Schizophrenia Commission Report – 'The Abandoned Illness' 2012

c) Regulation 9: Person Centred Care

Achieved:
Across the year, **91.64%** of all new admissions received an assessment of their physical health needs and **94.17%** had a care plan in place to address identified needs

QPI 2

Service line: Healthcare division
Domain: Clinical effectiveness
Category: Risk assessments

Objective:
Monitor completion of risk assessment documentation

Target:
a) At least 90% of patients to have a risk assessment document completed as per the timescales in the various service specifications

b) At least 90% of those with a risk assessment completed to have the risk formulation also completed

Measurement source:
Clinical health records (Care Notes)

Reference:
a) Quality of Risk Assessment Prior to Suicide and Homicide: A Pilot Study, June 2013

b) Clinical Risk Assessment and Management, NHS Mental Health & Learning Disability Trust

c) Rethinking Risk to Others in Mental Health Services, The Royal College of Psychiatrists

Achieved:
Across the year, **91.26%** of patients had a risk assessment completed. Of these, **98.32%** had a risk formulation completed

QPI 3

Service line: Healthcare division
Domain: Patient safety
Category: Medication errors

Objective:
To reduce medication errors relating to MHA compliance

Target:
To reduce medication errors around medication compliance to below 2% by the end of the reporting year

Measurement source:
Prescriptions involving administration errors via Ashton Audits

Reference:
a) NHS England Safety Priority

b) Reducing Interruptions Reduces Medication Errors

c) Regulation 12: Safe Care and Treatment

Not achieved:
Our year end position was 2.8%

QPI 4

Service line: Rehabilitation and recovery
Domain: Patient experience
Category: Patient involvement in care planning

Objective:
To ensure that patients contribute to their care planning and are instrumental in identifying their own goals and interventions

Target:
80% of all care plans to show clear evidence of the patient's views of their current care needs

Measurement source:
Each site to audit a sample of care plans in September 2017 and again in February 2018

Reference:
a) Regulatory Wales Mental Health Measure Care and Treatment Planning

b) Mental Health Strategy for Scotland 2012-2015

c) Regulation 9: Person-Centred Care

d) Regulation 10: Dignity and Respect

Achieved:
The combined audit results demonstrated an achievement of **81%** for patient involvement in care planning

QPI 5

Service line: Rehabilitation and recovery
Domain: Clinical effectiveness
Category: To implement a uniform outcome measure

Objective:
For each mental health rehabilitation site to adopt the same PROM and CROM to ensure that a consistent approach to outcome measurement is in place for all patients

Target:
75% of patients to have both CANSAS and DIALOG outcome measures completed by 31st March 2018

Measurement source:
Clinical health records (Care Notes)

Reference:
a) The NHS Outcomes Framework 2011/12
b) Department of Health (DoH) – No Health Without Mental Health (2011)

Not achieved:
These have been piloted but full implementation is delayed due to them not yet being built into the EPR

QPI 6

Service line: Eating disorders
Domain: Patient experience
Category: To increase patient participation in psychological therapies

Objective:
For patients to engage in the various types of psychological therapies that are available at their hospital

Target:
80% of patients to be involved in at least one type of psychological therapy each month

Measurement source:
Monthly audit of participation

Reference:
a) Eating Disorders, Recognition and Treatment – National Institute for Health and Care Excellence (NICE) guidelines, May 2017

Achieved:
88.32% of patients participated in psychological therapies during the year

QPI 7

Service line: Forensic
Domain: Patient experience
Category: Patient involvement in care planning

Objective:
To ensure that patients co-produce their care plans and are instrumental in identifying their own goals and interventions

Target:
80% of all care plans to show clear evidence of the patient's views of their current care needs

Measurement source:
Each site to audit a random sample of My Shared Pathway (MSP) care plans in September 2017 and again in February 2018

Reference:
a) Regulatory Wales Mental Health Measure Care and Treatment Planning

b) Regulation 9: Person-Centred Care

c) Regulation 12: Safe Care and Treatment

Achieved:
The combined audit results demonstrated an achievement of **92.65%** for patient involvement in care planning

QPI 8

Service line: Acute and addiction
Domain: Patient safety
Category: Actual absconsions

Objective:
To monitor the impact of de-brief completion following actual absconsions

Target:
Absconsion pack (including a de-brief form) to be developed and rolled out during the first half of the year. 10% reduction in the number of repeat actual absconsions following the absconsion pack being delivered to a patient against baseline figure from 2016/17

Measurement source:
Incident reporting system (e-compliance and IRIS) and site audits

Reference:
a) Absconding: Reducing Failure to Return in Adult Mental Health Wards, BMJ Quality Improvement Programme 2016

b) NHS Wales, Management and Prevention of missing persons 2016

Achieved:
Across the year, there was a **10.32%** reduction in the number of repeat absconsions

QPI 9

Service line: CAMHS
Domain: Patient safety
Category: Self-harm

Objective:
To monitor the impact of the self-harm training

Target:
Self-harm training to be completed by June 2017. 5% reduction in the number of self-harm incidents resulting in restraint, against baseline figure from 2016/17

Measurement source:
Incident reporting system (e-compliance and IRIS)

Reference:
a) NICE guidelines 133: Self-Harm: Longer Term Management 2011

Achieved:
Across the year, there was an **8.05%** reduction

Priorities for improvement 2018/19

Following consideration by the healthcare executive team and clinical governance committee, the healthcare division will continue to focus on the following priorities for improvement for a further year. This will help to consolidate these improvements in practice in what will be year two following the merger with Partnerships in Care. The priorities are again categorised under the domains of patient safety, clinical effectiveness, and patient experience. The measurement sources and targets used in 2017/18 will apply for 2018/19.

Patient safety		Clinical network
Priority 1	To reduce medication errors relating to MHA compliance **Target:** To reduce medication errors around medication compliance to below 2% by the end of the reporting year **Measurement source:** Prescriptions involving administration errors via Ashton Audits	Divisional
Priority 2	To monitor the impact of de-brief completion following actual absconsions **Target:** Maintain reduced level of repeat actual absconsions achieved in 2017/18 i.e. 10% lower than 2016/17 **Measurement source:** Incident reporting system(s) and site audits	Acute
Priority 3	To monitor the impact of the self-harm training **Target:** Maintain reduced level of self-harm incidents resulting in restraint achieved in 2017/18 i.e. 5% lower than 2016/17 **Measurement source:** Incident reporting system(s)	Child and adolescent mental health (CAMHS)

Clinical effectiveness		Clinical network
Priority 4	For patients to have their physical health care needs assessed and a plan put in place to address areas of physical health need **Target:** a) At least 90% of all new admissions to have a physical health care assessment as part of the admission process and by the end of quarter 4 b) At least 90% of those with an identified physical health care need to have a care plan put in place to address this need **Measurement source:** Clinical health records (Care Notes). (Patient refusals to be excluded from the data. Patients with a length of stay of only zero or one day to be excluded from the sample)	Divisional
Priority 5	Monitor completion of risk assessment documentation **Target:** a) At least 90% of patients to have a risk assessment document completed as per the timescales in the various service specifications b) At least 90% of those with a risk assessment completed to have the risk formulation also completed **Measurement source:** Clinical health records (Care Notes)	Divisional

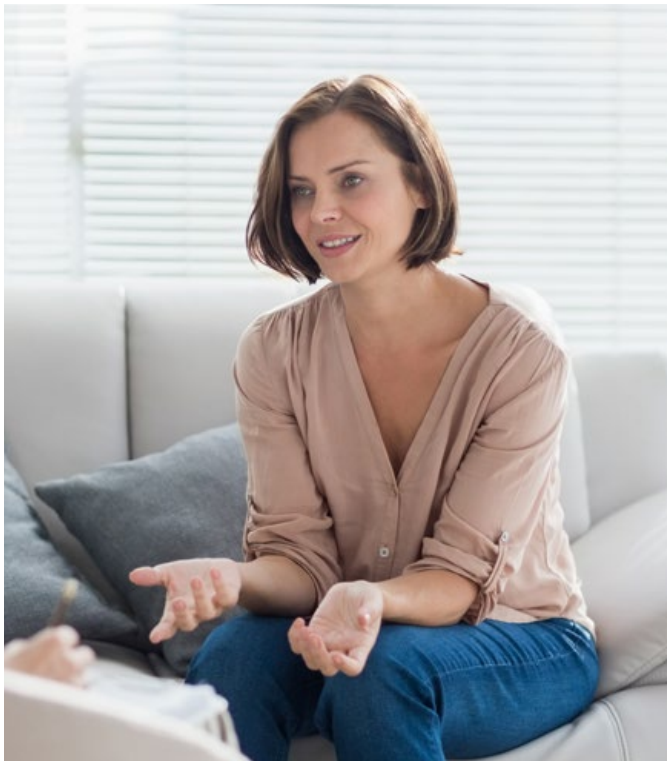
Patient experience		Clinical network
Priority 6	To ensure that patients contribute to their care planning and are instrumental in identifying their own goals and interventions **Target:** 80% of all care plans to show clear evidence of the patient's views of their current care needs **Measurement source:** Each site to audit a sample of care plans in September 2018 and again in February 2019	Rehabilitation and recovery, and forensic
Priority 7	For patients to engage in the various types of psychological therapies that are available at their hospital **Target:** 80% of patients to be involved in at least one type of psychological therapy each month **Measurement source:** Monthly audit of participation	Eating disorders

How these priorities will be delivered in 2018/19

Each of the priorities will have a delivery plan and will be monitored by each clinical network and at the divisional clinical governance committee. Each priority will have an implementation lead assigned. This will ensure accountability for oversight throughout the year.

Our statements of assurance

To assure the public that we are performing to required standards, providing high quality care, measuring clinical effectiveness and are involved in initiatives to improve quality, we offer the following statements.



Internal assurance statement

I have been engaged by the Priory Healthcare senior management team to undertake an internal assurance audit in respect of the company's Quality Account for the year ended 31st March 2018 (the 'Quality Account').

The company has voluntarily applied certain principles of the guidance provided by NHS Improvement (NHSI) to NHS Foundation Trusts in its guidance Detailed Requirements for Quality Reports 2017/18, published in January 2018 ('the NHSI guidance'). These principles have been selected based on those deemed most applicable to the company.

I have conducted this internal assurance audit to include:

- **Reviewing the content of the Quality Account having regard to the requirements of the NHSI guidance that are relevant to the company**
- **Reviewing the Quality Account for consistency against the NHSI guidance**
- **Checking the reported performance statistics back to the underlying data, including undertaking sample spot checks**
- **Making enquiries of relevant management**
- **Reviewing reports submitted to NHS commissioners during the year**

Based on the results of my review, nothing has come to my attention that causes me to believe that the Quality Account does not:

- **Present a balanced picture of the company's performance over the period covered**
- **Contain reliable and accurate performance information**
- **Reflect the application of proper internal controls over the collection and reporting of the measures of performance**

Mark Wilson
Group Commercial Director
Chartered Accountant

Participation in clinical audits

During 2017/18 there were a number of national clinical audits and confidential inquiries which covered relevant health services that Priory Healthcare provides.

Priory Healthcare participated, where applicable, in the National Confidential Inquiry into Suicide and Homicide (NCISH) by People with Mental Illness. The number of cases submitted to this is not monitored due to them being submitted directly by consultants. Following a review of the 2017 report, hereafter referred to as the '2017 report', Priory Healthcare has taken the following actions to improve the quality of healthcare provided:

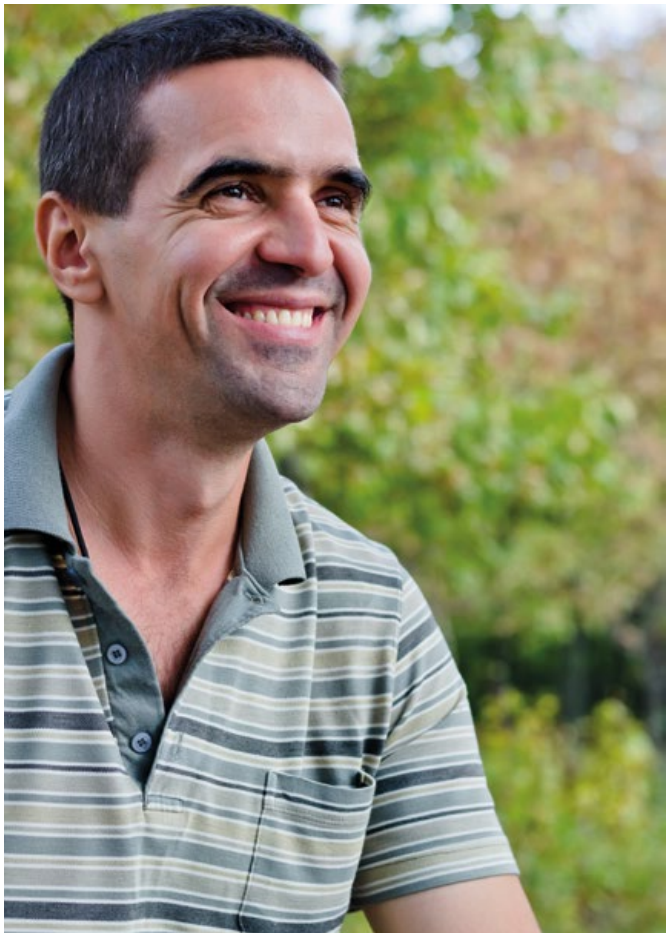
- **We incorporate into policy and training any relevant best practice and research findings as a means of improving patient safety**
- **Our admission, transfer and discharge policies have been reviewed with reference to the 2017 report**
- **The report was discussed at a specially convened workshop with medical directors to look at our processes for reviewing outpatient deaths and learning lessons**

Six local clinical audits were reviewed by Priory Healthcare in 2017/18 and we intend to take the following actions to improve the quality of healthcare provided:

- **Reviewing the local procedures for logging safeguarding alerts and reconciling these with CQC statutory notifications**
- **We have reviewed and strengthened our approach and structures in relation to the MHA**
- **We are taking steps to improve our incident management system**

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Priory Healthcare in 2017/18, that were recruited during that period to participate in research approved by a research ethics committee, was **107.**



Goals agreed with commissioners – use of the CQUIN payment framework

A proportion of the Priory Healthcare income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Priory Healthcare and any person or body that they entered into a contract agreement or arrangement with, for the provision of relevant health services, through the CQUIN payment.

Further details of the agreed national goals for 2017/18 and for the following 12 month period are available electronically at: **www.england.nhs.uk/nhs-standard-contract/cquin/cquin/17-19/**

Statements from the CQC

The relevant operating subsidiary companies within Priory Healthcare are required to register with the CQC and their current registration statuses are 'fully registered'. No Priory Healthcare facility has any conditions on registration placed on it. The CQC has issued warning notices to six facilities during 2017/18. Priory Healthcare has not participated in any special reviews or investigations by the CQC during the reporting period. There were also no enforcement actions from the Scottish or Welsh regulators.

Data quality

Priory Healthcare did not submit records during 2017/18 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

Information Governance Toolkit

The Information Governance Toolkit is a performance assessment tool, produced by the DoH, and is a set of standards that the organisations providing NHS care must complete and submit annually by 31st March each year. The toolkit enables organisations to measure their compliance with a range of information handling requirements, thus ensuring that confidentiality and security of personal information is managed safely and effectively.

Priory Healthcare's Information Governance Assessment Report's overall score for 2017/18 was 82% and we were rated **'green'.**

Clinical coding

Priory Healthcare was not subject to the Audit Commission's Payment by Results clinical coding audit during 2017/18.

Part 3
Additional information on quality performance

Patient satisfaction and experience

As a leading provider of mental health services, we recognise the value of learning from patient satisfaction and experience. Information from patient satisfaction surveys is important to understand what patients think about their recent care and treatment, and improve the quality of the services provided by Priory Healthcare.

Overall satisfaction with the quality of care by service (of patients who participated)

Acute and addictions	
2016/2017	2017/2018
98%	**94%**

Rehabilitation and recovery	
2016/2017	2017/2018
85%	**87%**

Child and adolescent mental health	
2016/2017	2017/2018
88%	**86%**

Eating disorders	
2016/2017	2017/2018
92%	**93%**

Forensic	
2016/2017	2017/2018
95%	**90%**

Highlights from the patient satisfaction survey

Acute mental health

95%	I feel that the staff are caring and supportive and communicate well with me
94%	I am listened to and understood by staff
94%	The clinical staff have the right skills to support me

Child and Adolescent Mental Health

89%	I feel that the staff are caring and supportive and communicate well with me
86%	I am listened to and understood by staff
85%	I feel safe on this ward

Child and adolescent eating disorders

88%	I feel the staff are caring and supportive and communicate well with me
84%	I am listened to and understood by staff
88%	I feel safe on this ward

Rehabilitation and recovery

71%	I feel that the staff are caring and supportive and communicate well with me
69%	I feel safe on this ward
69%	I am listened to and understood by staff

Eating disorders

94%	If a friend or family member needed similar care or treatment, I would recommend this service
93%	I feel that the staff are caring and supportive and communicate well with me
92%	The clinical staff have the right skills to support me

Clinical effectiveness case study

This case study outlines the steps that have been taken at Priory Hospital Cheadle Royal to develop appropriate screening and physical health checking tools, in order to assess and manage patients' physical health needs, alongside their mental health challenges.

Background

Whilst Priory's patients are entitled to access NHS primary care, including access to GP services, the level and frequency of this can vary between hospital sites, which has previously led to some inconsistencies in meeting patients' physical needs during their stay at Priory. These needs include:

- **Physical health screening – when patients are hospitalised for a long period of time within a Priory facility, this can result in them missing out on physical health screening for conditions such as diabetes, cancer, cardiovascular disease and abdominal aortic aneurysm (AAA).**
- **Vaccinations – patients may also miss out on routine vaccinations during their inpatient stay, including flu vaccines, and specific age-related vaccines.**
- **Wound care – some patients may also require ongoing care for wounds including chronic wounds (such as ulcers), and trauma wounds (such as lacerations and skin tears), which may be the result of self-harm.**

These issues therefore highlight an opportunity for Priory to further develop and implement a battery of health screening tools for inpatients.

The case of Patient 'A'*

The case of Patient 'A' provides a working example of a situation where Priory was required to manage complex physical health needs, alongside a serious mental health condition. Patient 'A' was admitted to Cheadle's eating disorder unit in February 2018, with a diagnosis of anorexia nervosa (AN). 'A' was severely underweight and her body mass index (BMI) was significantly below the healthy range. 'A' had also been diagnosed with Type 1 diabetes at a young age.

Physical health considerations in 'A' – a number of physical health considerations were identified by the team at Cheadle. AN is associated with a range of physical problems, including fragile bones, nutritional deficiencies, fatigue, a weakened immune system, and fertility problems. In addition, having diabetes alongside AN can make the physical effects of this eating disorder even more dangerous, due to the impact that it has on blood sugar levels.

Physical diagnoses in 'A' – upon admission to Cheadle, it became apparent that 'A' was also struggling with some physical health conditions, in addition to her diabetes and AN. These were:

- **Diabulimia – diabulimia is characterised by patients deliberately missing insulin injections for their diabetes, in order to lose weight. Diabulimia is associated with a variety of long-term problems, and is an extremely dangerous way to lose weight. Assessments concluded that 'A' had developed diabulimia alongside her AN**
- **Charcot foot – 'A' had been diagnosed with Charcot foot immediately prior to admission to Cheadle. This is a serious condition that can occur in individuals who struggle with neuropathy (a loss of sensation in various parts of the body), as a result of diabetes. Charcot foot is associated with visible deformation of the foot, as well as pressure ulcers; 'A' presented with both, which could have resulted in infection and amputation**

Management of 'A' at Cheadle – 'A' was empowered to overcome her diabulimia and resume a normal routine of insulin intake. This element of 'A''s illness was addressed as part of her comprehensive eating disorder treatment, which was based on the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) guidelines. 'A' also received dedicated treatment from a wound-care specialist for her foot deformity and ulcers. The specialist was also able to train physical healthcare assistants on the ward in the management of 'A''s wounds.

Outcomes for 'A' – 'A' is extremely pleased with the care that she has received on the ward in relation to her diabulimia and ongoing foot care. She now requires minimal supervision and has the skills and knowledge to self-care.

Physical health initiative, summary of work to date

Following the successful management of 'A', coupled with the fact that Cheadle offers multiple service streams that are comprised of many different types/ ages of patients, Cheadle was identified as an optimum location for the work on physical health screening and management to commence.

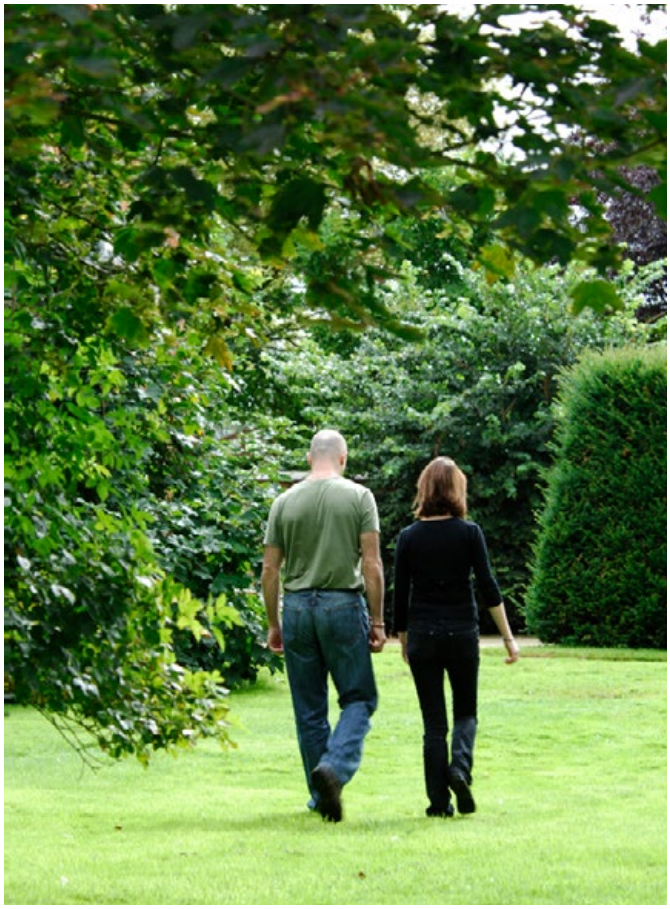
The work that has been completed to date by Cheadle's practice development nurse includes:

- **Screening tools for AAA, bowel cancer and Type 1 and Type 2 diabetes developed according to NICE guidelines**
- **Review of the new screening measures by Cheadle's governance team and Priory's overall quality team**
- **Screening tools written into patients' care plans, as appropriate**

Implementation and next steps

- **Screening tools for remaining physical health conditions, as well as vaccination and wound care processes to be developed according to NICE guidelines**
- **New screening tools and vaccination/wound care processes to be reviewed by governance and quality teams, and written into care plans as appropriate**
- **Once approved, Cheadle's screening tools and vaccination/wound care processes will be shared across Priory Group**
- **Following roll-out, regular health checks using these tools will be scheduled for any patient who is admitted to a Priory health or social care environment for a period of over 12 months**

*Full, informed consent was given by Patient 'A' for this case to be reported



Outcome measures – continuous quality improvement

We believe in tailoring quality and outcomes measures so that they are relevant to individuals and clinicians, and are clinically relevant, so that they are seen to add value for clinicians as a routine part of their clinical practice and continuous quality improvement. In 2017/18, we have continued to face increased challenges with regards to the patients that have been referred to us with higher levels of acuity in many of our services.

Clinical outcomes within the acute mental health, addictions and eating disorder services use the nationally recognised Health of the Nation Outcome Scales (HoNOS). These scales comprise 12 items measuring behaviour, impairment, symptoms and social functioning. We assess individual patients upon admission and again at discharge to measure their progress whilst in our care.

For young people in our CAMHS, we use the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA).

All of the HoNOS outcomes quoted, that relate to improvements in overall mental wellbeing, refer to patient outcomes at the point of discharge. Across the healthcare division, additional outcome tools may also be used, according to the nature of each service.

Acute mental health

2016/2017		2017/2018
84%	Showed improvement in their overall mental wellbeing	**88%**

Child and adolescent mental health

2016/2017		2017/2018
70%	Showed improvement in their overall mental wellbeing	**75%**

Addictions

2016/2017		2017/2018
87%	Showed improvement in their overall mental wellbeing	**93%**
82%	Were still abstinent 12 months past discharge	**97%**

Rehabilitation and recovery

2016/2017		2017/2018
92%	Wholly or partially achieved their goals	**84%**

Eating disorders

2016/2017		2017/2018
89%	Showed improvement in attitude to diet, shape and weight	**89%**
96%	Gained weight	**94%**
78%	Showed improvement in their overall mental wellbeing	**88%**

The CQUIN framework

All services contracted utilising the national NHS England contract, may be subject to a CQUIN scheme. For our contracts in 2017/18, this was principally for specialised commissioned services i.e. forensic, adult eating disorders and CAMHS inpatient care. We contracted with NHS England Midlands and East (East of England) regional specialised commissioning team as the contract host for all of these services.

The areas of care that were incentivised through the scheme are detailed below:

Service areas	CQUIN	Target
Learning disability and forensic	Recovery college	Set up of three recovery colleges
Child and adolescent and forensic	Reducing length of stay (LOS)	Reduced LOS targets
Forensic and learning disability	Reducing restrictive practice	Reduction in restrictive practice
Forensic, eating disorders and Child and adolescent	Discharge and resettlement	Improved experience and access to placements closer to home
Child and adolescent	Transition of care	Improved transition to adult care services
Adult eating disorders	Physical health	New guidelines with linked training
Child and adolescent	Therapeutic approach	New training modules

100% achievement for all targets at year end.

Learning from incidents and complaints

We are a learning organisation and we aim to ensure that we use all available opportunities to identify and embed improvements as a means of providing the safest possible care for our patients.

We continue to undertake a rapid response review after any serious incident, to ensure that prompt improvements are made. We continue to closely monitor the recommendations from the action plans arising from incident and complaint investigations, to ensure that the identified improvements are achieved in a full and timely way.

Our safety focused actions this year have included continuing to deliver face-to-face safety training, enhancing our intranet pages as a resource for staff, and putting in place a monthly safety initiative ('Safety 1st') which focuses on particular aspects of safety and encourages the best and safest practice amongst our staff. The Safety 1st initiative has been particularly well received. We have also introduced a series of training webinars focused on quality and safety.

During 2017/18 we have continued to deliver the programme of face-to-face complaints-handling training for managers, with the emphasis now being focused upon delivering training to a much wider audience using webinar technology. Training continues to be very well received, resulting in significant improvements to the timeliness and quality of complaint investigations and responses, with the hope being that future webinar training delivery will enable us to capture a much larger organisational audience with obvious benefits.

Significant improvements have been made in response to the lessons learnt from our complaint investigations. These include ensuring that accurate information is provided to patients about their prescribed medication, information is given at the point of referral about the nature and content of therapy groups, and ensuring that patient information regarding Priory services is clear and accurate.

Complaints at stage 2 and 3

2017/18	**27**	Stage 2 cases	**7***	Stage 3 cases
2016/17	**27**	Stage 2 cases	**6**	Stage 3 cases
2015/16	**27**	Stage 2 cases	**3**	Stage 3 cases

*Includes historic Ty Catrin complaint investigated by LGO Wales but not notified centrally until LGO decision (not upheld) was shared in July 2017

Commentary on 2017/18 complaints

During 2017/18 we saw no change in the numbers of complaints at stage three, compared with 2016/17, with the rate of complaints per 1,000 bed days having reduced slightly when compared to last year, and relatively on par with that for 2015/16.

Complaints during 2017/17	Complaints per 1,000 bed days
2017/18	**1.35**
2016/17	**1.62**
2015/16	**1.30**

Improving safety for our patients

During the year, we have continued to encourage our staff to understand the benefits of reporting near misses, incidents and serious incidents as a means of identifying themes and trends and to facilitate improvements to be made. In parallel, we have continued to review the incident reporting system to enable staff to report promptly and extract meaningful and systematic data. Priory Healthcare compares well with similar providers in terms of incident reporting rates. We continue to work towards a culture of transparency and candour and always ensure that an acknowledgement, apology and explanation are given to those affected by incidents.

Incidents	2015/16	2016/17	2017/18
Total number of incidents reported (per 1,000 bed days)	36.5	42	41.04
Serious incidents relating to the death of a patient	0.2%	0.06%	0.05%
Incidents resulting in the permanent harm of a patient	0.05%	0.025%	0%

During the year, we launched a monthly Safety 1st initiative. This involves raising awareness of a key service user safety issue on the first day of each month. Subjects have included the importance of good documentation, service user observation and engagement, and fire safety. The Safety 1st initiative has been warmly received and has led to further improvements in practice.

Safety bulletins continue to be promptly circulated in response to new and emerging risks. Our compliance team check for evidence that these are discussed at team meetings and result in changes to practice.

We have become more efficient at promptly sharing the immediate lessons learnt which arise from the initial investigation into certain incidents.

A programme of webinars for all service user facing staff has been introduced and again, these focus on key safety issues and have included ligature point audits, infection control and safe hospital discharge.

We continue to embrace the duty of candour and have incorporated this into all relevant training modules and exception reports where necessary.

We have developed robust systems in response to the threat of radicalisation of our patients and we are confident that, when we become aware of such cases, these are subject to the required interventions and are reported to relevant stakeholders.

Staff opinion

Priory Group surveys 1/11th of its sites every month of the year (December being the missing month). The survey is completely confidential and allows colleagues to provide free text comments and suggestions for the company to consider.

All Priory Healthcare sites have now been surveyed twice with this new method, and the March 2018 division engagement score is 70%, with the year-to-date engagement score sitting at 71% – this is 2% higher than at the same point in 2017.

Results in 2017/18 (comparison to 2016/17):	
96%	96% understand how the work that they do helps their team to achieve its aims (up by 2%) and 80% know how their team are doing against those aims
90%	90% care about the future of their service (down by 1%)
81%	81% stated that they believe that health and safety is something that Priory Group takes seriously (down by 1%)
74%	74% stated that their manager communicates clearly what is expected of them (down by 1%)
72%	72% stated that they have received the training and development that they need to do their job well (down by 1%)
69%	69% would recommend the service that they work for to a friend or relative who needed similar care or treatment (down by 4%)
70%	70% are proud to say they that work at Priory Group **(up/down by xxx%)**
78%	78% say that working at Priory Group makes them want to do the best job that they can **(up/down by xxx%)**
75%	75% say that their colleagues are dependable and they do what they say they will do **(up/down by xxx%)**

We carry out listening groups in the month after the results to communicate the results, to the team and get further feedback. An action plan is created and then worked on. Site leaders continue to ensure that they communicate to colleagues using 'You Said, We Did', to demonstrate actions taken. They are also holding breakfast and lunch meetings, and producing newsletters and briefings to update their teams.

During 2017, with the integration of Partnerships in Care, we created Priory healthcare division-wide values to complement the Priory Group behaviours. We heard the views of over 650 employees in the division and came up with five values for the Priory Healthcare division:

1. We put safety first
2. We put people at the centre of everything we do
3. We take pride in what we do and celebrate success
4. We value our people
5. Your voice matters

We have launched 'Division Star Awards' in 2018, with each one being linked to our division values, and we are recognising colleagues that are going above and beyond in each area. We continue to hold the 'Pride Awards' and in 2017, we had eight winners across the division.

Investing in staff, education and training

It continues to be clear that colleagues still want further career development at Priory. In 2018 we are launching career pathways and we have invested heavily in the development of this. The first roles to go live will be colleagues working in healthcare assistant roles and we will continue to roll this out throughout 2018. The pathways will include new learning and development opportunities to support every individual to take steps along their own career pathway.

Career pathways also allows further engagement with apprenticeships to allow colleagues to utilise this resource as well as our 'Grow Our Own Nurses' programme which continues to be successful and popular. We will be providing front line leader, management and further leadership training to provide additional support to anyone who finds themselves in a supervisory or management role.

We continue to invest in continuing professional development (CPD) and hold monthly panels to approve all requests for CPD; in this period, we have approved more than in any year previously, seeing an increase of 55% from the 2016/2017 period.

The teams continue to focus on retention as a key part of our workforce strategy; this includes getting employee opinions on what they would like to see happening at their site, in conjunction with our 'Your Say' forum. Examples of what has been taking place are bake off challenges for charity, on- site car wash, Easter eggs, relaxation days including treatments and sessions for everyone, summer BBQs open to the local community and healthy breakfasts.

Finally we have developed a wellbeing strategy for 2018 and we are working with Care First, our Employee Assistance Programme provider, who have a revolutionary application that helps individuals to understand their mental wellbeing by carrying out a series of exercises, including breathing and meditation. It highlights areas where the individual needs to focus to improve their mental wellbeing but also offers interventions should this be required.

Every site has a wellbeing budget which is being used to great effect to provide yoga, massages, fitness classes or blood tests. Hospitals are also providing nutrition advice for colleagues and encouraging competition through sports events.

Regulatory compliance

Regulatory inspections

The healthcare division operates across England, Scotland and Wales, and is therefore required to work under the standards set out by regulators within each respective area. **43** of our healthcare sites were inspected by regulators between **1st April 2017 and 31st March 2018.**

These are broken down by regulators as follows:

CQC – 34

Health Improvement Scotland (HIS) – 1

Health Inspectorate Wales (HIW) – 3

Care Inspectorate Wales (CIW) – 5

Internal corporate assurance and quality monitoring to ensure good regulatory outcomes and high standards of care

All Priory Group sites are robustly monitored by the arm's length corporate assurance team. The aim is to assist our services in striving towards and achieving regulatory ratings of 'good' or better, and to ensure continual quality improvement. In the reporting period, every healthcare division site had a full internal benchmark inspection against the relevant outcomes and standards for all relevant regulators. In 2017/18 we have built on this by ensuring that a programme of rigorous internal inspection and monitoring across the Group, takes place at sites on an ongoing basis.

Internal corporate assurance activity is prioritised based on a robust process of QPI reviews, intelligence monitoring and risk profiling. The specialist inspection teams comprise health and safety and regulatory compliance experts, and experienced financial auditors. During this period, specialist inspections took place across Priory Healthcare as follows:

- **182 internal regulatory compliance inspection visits**
- **43 fire risk assessments**
- **148 health and safety internal audits**
- **50 financial audits**

The CQC

In 2017/18, the CQC continued the implementation of the changes to their inspection processes and tools for healthcare monitoring. Services received more in-depth inspections, measuring compliance by asking the following five questions or key lines of enquiry at each site inspected:

- **Is the service safe?**
- **Is the service effective?**
- **Is the service caring?**
- **Is the service responsive to people's needs?**
- **Is the service well led?**

During this period, the CQC inspected **34** of our healthcare sites with two reports yet to be published. One site was rated as 'outstanding', **21** sites were rated as 'good', **eight** were rated as 'requires improvement', and **two** had no rating. No services were rated as 'inadequate'. Where an overall judgement of 'requires improvement' exists, the site has been working to comprehensive individual improvement plans with close monitoring from the operational and central teams.

Site	Overall rating	Safe	Effective	Caring	Responsive	Well led	Inspection date
Avesbury House	G	RI	G	G	G	G	22/04/2017
The Cloisters	G	G	G	G	G	G	25/04/2017
Woodland View	G	G	G	G	G	G	25/04/2017
Mildmay Oaks	RI	G	RI	G	G	RI	03/05/2017
Bristol	G	G	G	G	G	G	04/05/2017
Kent House	G	G	O	G	G	G	04/05/2017
Burton Park	RI	RI	G	G	RI	G	30/05/2017
The Dene	G	G	G	G	G	G	07/06/2017
Calverton Hill	G	G	G	G	G	G	12/06/2017
Ticehurst House	RI	RI	RI	G	G	G	13/06/2017
Woodbourne	G	RI	O	G	G	G	20/06/2017
Dewsbury	G	G	G	O	G	G	12/07/2017
Mill Garth	G	G	G	G	G	G	12/07/2017
Cheadle Royal	G	RI	G	G	G	G	15/08/2017
Knightsbridge House	G	G	G	O	G	G	05/09/2017
Abbey House	G	RI	G	G	G	G	12/09/2017
Devon House[1]	RI	IN	RI	G	RI	RI	12/09/2017
255 Lichfield Road	G	G	G	G	G	G	25/09/2017
Station Road	G	G	G	G	G	G	02/10/2017
The Vines	RI	RI	G	G	RI	RI	06/11/2017
Beverley House	G	G	G	O	G	G	07/11/2017
Roehampton	RI	RI	G	G	RI	G	09/11/2017
Preston	G	RI	G	G	G	G	21/11/2017
Kneesworth House	G	RI	G	G	G	G	27/11/2017
Priory Hospital East Midlands	G	G	G	G	G	G	20/12/2017
Stockton Hall	NR						03/12/2017
Suttons Manor	G	RI	G	G	G	G	09/01/2018
Chelmsford	RI	RI	RI	G	RI	RI	23/01/2018
Ellingham Hospital	NR						23/01/2018
Market Weighton	O	G	G	O	O	O	06/02/2018
Park Villa	G	G	G	G	G	G	07/02/2018
Oaktree Manor	RI	RI	RI	G	G	G	13/02/2018

Key: IN = Inadequate RI = Requires Improvement G = Good O = Outstanding NR = No Rating Given

[1]Service was previously in the adult care division. Transferred to the healthcare division in April 2017

Awaiting reports:
Richmond House (inspected 07/02/2018)
Albion House (inspected 27/02/2018)

HIS

During the reporting period between **1st April 2017 and 31st March 2018,** Priory Hospital Glasgow was inspected. All five quality themes were rated as being either 'good' or 'very good'.

100% of standards inspected are currently judged to have been met.

HIW[2]

Three Priory hospitals were inspected by HIW between **1st April 2017 and 31st March 2018**. **Two** had some requirements against the regulations. Action plans were immediately implemented and regular liaison with the regulator regarding progress took place. **One** service (Aberdare) has since closed and is being assessed for a new provision.

CIW

During this period, CIW inspected **Five** Welsh Priory social care sites. **Two** services met all standards, **two** had some action required and **one** report has not been published yet. Action plans were immediately implemented and regular liaison with the regulator regarding progress took place.

Sites with regulatory compliance/warning notices

Warning notices	Comments
Bristol	Lifted in April 2017
Heathfield	Lifted in April 2017
Annesley House (Priory Hospital East Midlands)	Received in May 2017 – lifted in July 2017
Roehampton	Received in September 2017 – lifted in November 2017
Devon House	Lifted in April 2017
Ellingham	Lifted in April 2017
Imposed full site embargo	
Devon House	Received in April 2017 – lifted in December 2017
The Dene	Received in October 2017 – lifted in October 2017

[2] During 2018 all hospitals have been inspected by HIW and all are rated as compliant. All services regulated by CIW apart from Mount Eveswell have also been inspected during 2018 and rated as compliant

Part 4
Appendices

Statement of assurance from our lead commissioner

As lead on the contracts for specialised mental health services from Priory Healthcare for the two contracts with Priory Healthcare Limited and Partnerships in Care Limited, NHS England can confirm that the organisation has a good understanding of the reporting requirements as set out in the 2018/19 contract. This includes a collaborative approach to identifying areas for ongoing improvement, in support of continually improving quality and safety of services for service users. The organisation responds in a timely manner to address any concerns or improvements, including those identified by the service users themselves, their carers, the CQC or the commissioner.

Whilst recruitment remains a challenge, the organisation has demonstrated that they continue to respond to this challenge by actively recruiting and training staff as a continuous cycle.

Priory Healthcare has shown that they understand the value of and have implemented CQUIN schemes in order to improve the service user and carer experience. Commissioner and case manager meetings with service users are supported by the organisation and these enable NHS England to receive first hand feedback from service users about their experience whilst in hospital.

Yvonne Srinivasan
Supplier Manager Regional Specialised Commissioning NHS England – Midlands and East (East of England)

16th May 2018

Accountability statement

Directors of organisations providing hospital services have an obligation under the 2009 Health Act, National Health Service (Quality Accounts) Regulations 2010, and the National Health Service (Quality Accounts) Amendment Regulation (2011), to prepare a Quality Account for each financial year. This report has been prepared based on the guidance issued by the DoH setting out these legal requirements.

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

By order of the operating board

June 2018

Trevor Torrington
Chief Executive
The Priory Group

Priory Healthcare,
80 Hammersmith Road,
London,
W14 8UD

www.priorygroup.com

PRIORY
HEALTHCARE

A REAL AND LASTING DIFFERENCE FOR EVERYONE WE SUPPORT