



Priory Healthcare – Quality Accounts

2010/11

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Part 1 Statement on Quality from the Board of Directors

Priory Healthcare's objective is to offer safe, effective and welcoming services for people with a variety of mental health and neurological problems, enabling them to maximise their potential and to make as full a recovery as possible. This report sets out the evidence for Priory's commitment to providing safe services that are effective and offer high levels of customer care.

This is the second year in which Priory has published quality accounts following the introduction of this requirement last year. This year we have sought to expand our publication of outcomes data as much as possible as we feel our outcome measurement programmes are second to none in the mental health sector. Throughout 2011/12 we will continue to develop and collect outcomes data and we will continue to publish these results in this fashion.

Key points from this year's accounts are:

- Positive outcomes across all service lines. In particular we have a high rate of completion of outcome measures and we can therefore estimate the chances of a positive outcome with accuracy.
- High levels of compliance with CQC standards and with CQuIN targets as set by the purchasers of our services.
- Low level incidents continue to be reported by sites conscientiously but with a low level of severe incidents, the mark of a risk-vigilant organisation.
- An external service user advisory group reviewed Priory's service user consultation and involvement policies and procedures and were positive about their findings. Work is in hand to further develop this area of our work with the ambition on becoming best in class.
- Our colleague opinion survey continues to show a positive attitude toward working in Priory, with most measures ahead of identical questions put to NHS staff.

Statements of Assurance from the Board

During 2010/11 Priory Healthcare provided NHS mental health services in 24 sites across England and Scotland.

Priory Healthcare has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the services reviewed in 2010/11 represents 100% of the total income generated from the provision of NHS services by Priory Healthcare for 2010/11. In addition, our private services are reviewed for the first time.

During 2010/11 Priory took part in the national confidential enquiry (Suicides and Homicides by People with a Mental Illness). Priory Healthcare also participated in the audit of adult inpatient wards and in the quality networks operated by the Royal

College of Psychiatrists: QNIC – The Quality Network for Inpatient CAMHS units and QNFMHS – The Quality Network for Forensic Mental Health Services.

Reports of the quality networks are regularly reviewed and action plans are set by each unit to improve against the set standards, progress being reviewed by the appropriate service line quality network.

Reports of hospital clinical audits were regularly reviewed by the provider in 2010/11 and action plans progressed and monitored in real time.

A proportion of Priory Healthcare's income in 2010/11 was conditional upon achieving quality improvement and innovation goals agreed between Priory Healthcare and NHS commissioning bodies through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2010/11 and for the following 12 month period are available on request by contacting jacobhollis@priorygroup.com.

Sites which operate as part of Priory Healthcare are fully registered with the Care Quality Commission. During 2010/11 the registration framework was the national minimum standards, under which each site has different specific conditions on registration, such as the age range, and the number of beds. These are available on request. The Care Quality Commission has not taken enforcement action against any Priory Healthcare site during 2010/11.

Priory Healthcare sites are subject to yearly self assessment by the Care Quality Commission and are inspected at their discretion according to their risk adjusted processes. Further details of CQC inspections that have taken place during this year are included later in this quality account. Priory Healthcare has not been requested to participate in any special reviews or investigations by the CQC during the reporting period.

Priory provides services to a large range of NHS commissioning bodies, the greatest volume of which is derived from consortium of three Kent PCTs purchasing Secure and Complex Care services. We have therefore sought review and comment from the Kent consortium in accordance with their legal obligation. Comments are included in the annex.

To the best of my knowledge and belief the information in these accounts is accurate.



PROFESSOR CHRIS THOMPSON MD FRCP FRCPSYCH MRCGP

Chief Medical Officer, Priory Group
on behalf of the board

Part 2 Quality Standards and Processes

Business Overview

Priory Group is an Independent Sector Company providing a wide range of services funded by public bodies, private medical insurance and patients themselves. Priory Group specialises in patients with mental health problems, developmental disorders, and neurological or rehabilitation needs, often with complex specialist needs relating to challenging behaviour and physical illness.

During the period the group's services were divided into three broad sectors: Healthcare, Care Homes and Education. There are close working relationships between the sectors, fostering innovation and efficiency.

These quality accounts relate to both the NHS and private activity of the Healthcare segment of Priory's operations since no distinction is drawn between NHS and private provision in the company's quality structures.

Leadership, Governance and Accountability

Priory Group continues to hold ISO 9001:2000 accreditation for its quality assurance processes.

The Board

During the period the company was purchased by Advent International and the board was restructured. The board includes the Chief Executive (CEO), the Chief Financial Officer (CFO), the Chief Operating Officer (COO), the Chief Medical Officer (CMO), the Chairman and representatives of the lead shareholder. The CMO is the board member with primary responsibility for quality and safety but all board members recognise their responsibility to support and enhance the quality and safety of services in the Group. The agenda for each board meeting contains a section on quality at which the CMO presents the latest group data, together with any areas of risk identified since the previous meeting. The COO, CMO and CFO work closely together under the leadership of the CEO to ensure that investment is aligned with quality as well as commercial requirements.

Site and Operational Management

The Healthcare Division is run by the Managing Director, Mr Trevor Torrington, who is also the nominated individual for the CQC. Regional Managers reporting to the Managing Director support and direct the hospital directors who are the registered managers accountable for all on-site activity including quality. Corporate policy requires the hospital director to convene clinical governance and health and safety committees on a regular basis to review quality and safety on the site. The main agenda items of these committees are set by the Central Quality and Safety Forum (see below) to ensure that critical items are always covered – but with variation allowed for initiative in finding local solutions. To deliver the quality objectives the hospital director works with a hospital senior management team, which usually includes a medical director, a

director of clinical services and a site services manager. The Medical Director is responsible for all medical activity on-site including consultant appraisal and discipline, and for representing the views of the Medical Advisory Committee to the Hospital Director. The Medical Director reports operationally to the hospital director but professionally to the Chief Medical Officer of the company.

The following tables map service lines onto provided hospitals for the period 2010/11. Acute hospitals provide one or more of four types of service, adult mental health, addictions, adolescent inpatient units and eating disorder inpatient units. Some hospitals also provide slow stream inpatient rehabilitation. Most acute hospitals also provide daycare and outpatient therapy services to reduce the need for admission and to reduce the length of stay by providing high intensity aftercare following discharge. Consultant outpatient clinics also operate out of the acute hospitals and at satellite sites.

Acute Hospitals

Hospital	Adult mental health inc therapy services	Adolescent tier 4 and high dependency	Addiction Treatment programme	Eating disorder	Other specialties
Roehampton	x	x	x	x	
North London	x	x	x		
Chelmsford	x	x	x	x	
Southampton	x	x	x	x	
Brighton and Hove	x		x	x	
Bristol	x	x	x	x	Rehabilitation
Woking	x		x		
Nottingham			x		
Glasgow	x		x	x	
Altrincham	x	x	x	x	
Preston	x		x	x	
Hayes Grove	x	x	x	x	Adult Asperger's Syndrome
Woodbourne	x	x	x	x	
Ticehurst	x	x	x		Rehabilitation
Highbank				x	Neurological rehabilitation

During the period, the Priory Group acquired Affinity Healthcare, an independent provider of mental health services based at two hospitals; Middleton St George and Cheadle Royal. Services at Cheadle include Eating Disorders, Adolescent tier 4 services and PICU services. Middleton St George provides Secure and Rehabilitation services. For the purposes of these accounts the Affinity hospitals are excluded as the process of integration into Priory Group's systems continued throughout the period.

Secure and Complex Care sites operate a range of long stay services at various levels of security. The Grange sites (Sturt, Hemel, Heathfield, Bristol, Potters Bar, St Neots, and Coombe House) care for patients with various diagnoses but all with physical, mental health and security needs and often with marked challenging behaviour.

Secure and Complex Care

Hospital	Medium Secure	Low Secure	Womens services	Personality Disorder	Step-down and complex care
Thornford Park	X	X	X		
Chadwick Lodge and Eaglestone View	X	X	X	X	
Farmfield	X	X		X	
Sturt House					X
Hemel					X
Heathfield					X
Potters Bar					X
Coombe House			X		X
St Neots					X

The Quality and Safety Team

The CMO is in overall strategic control of the quality and safety system which is designed to ensure that sites, and the service lines within them, can be held accountable for their quality using data that is valid and reliable.

Ms Sally Carmody, the director of quality and safety, reports to the CMO and is responsible for the effective operation of the central Quality and Safety team. The team has three functions:

- a) Compliance Management; A team of compliance managers visit each site at least twice a year to carry out a full audit against the minimum standards of the CQC, health and safety and environmental health regulations. They review evidence and report on every standard. They are also available for advice to hospital directors. They revisit as necessary to ensure the required improvements have been carried out.
- b) Policy and Regulation; A central group that ensures that all Priory policies are reviewed regularly, remain current and that they are compatible with national guidance.
- c) Clinical Risk Management; A group that investigates complaints that have not been resolved at hospital level, and undertakes reviews of serious untoward incidents, liaising as necessary with the company insurers and legal advisers.

Consultation Processes

The quality and safety team has a company-wide consultation meeting every three months – the Quality and Safety Forum – which is chaired by the CMO, and attended by the central team, regional managers and takes reports from specialist directors including HR, Learning and Development, Estates and IT. This forum reports to the board. The forum has sub-committees, called service line networks, one for each service – ie addictions, eating disorders, adolescents, general psychiatry and therapy, Grange, Secure and step down. Two medical directors committees, one for acute and one for secure, also report to the forum.

The culture of quality is strong within Priory. Accountability is a strong theme and a proportion of bonus for senior managers is awarded only after achievement of agreed quality objectives.

Part 3 Five Quality Priorities

Priorities for Improvement

The DH guidance requires at least three priorities to be identified for improvement. We have chosen five broad areas on which to report as described below. These are the same as 2009/10 and all areas show maintenance or improvement in quality.

1. To provide services that comply with **regulatory standards** as set by the CQC, Health and Safety Executive, Environmental Health, Data Protection, professional regulators and all other regulators impacting on our work.
2. To provide **clinically effective services** ensuring the best possible opportunity for recovery and to evidence our success rates using recognised outcome measures, appropriate to each service line. Where outcome measures are used, Priory makes it a priority to ensure that data is as complete as possible as this is an essential part of our confidence in the information provided by these measures.
3. To provide **safe services**. The evidence presented derives from our incident reporting system. We aim to have a high rate of incident reporting while maintaining a low rate of serious incidents using NHS Mental Health Trusts as a benchmark.
4. To provide welcoming services, giving choice, dignity and high levels of **customer service** to our patients. As measured and reported through a programme of patient satisfaction surveys.
5. To be a good employer so that **staff** members are trained, educated and motivated to provide the best available service. Employee satisfaction is measured through our annual colleague opinion survey, with key points benchmarked against equivalent NHS mental health staff satisfaction data.

Levels of achievement of mandatory training assignments are reported to demonstrate commitment to maintaining levels of fitness to practice for all grades of staff.

Priority 1 – Compliance with CQC Regulation and Standards

On October 1st 2010 the requirements of the Health and Social Care Act 2008 came into force for independent sector providers. Sites are therefore now working to new standards as set out in the CQC Essential Standards of Quality and Safety. During the period of 2010/11 only two Priory sites were inspected by the CQC, the chart below details the results of these inspections and the number of actions identified.

Where a requirement was indicated, progress on the action plans to achieve the standards is tracked internally to ensure rapid resolution of the issue. This is followed up with a site visit by the internal compliance managers to ensure that the reported actions have been carried out. Management is therefore confident that the requirements identified by CQC have been resolved at the time of this report.

CQC Inspections occurring during 2010/11

Priory Site	Date of Inspection	Number of Improvement Actions	Number of Compliance Actions	Number of Enforcement Actions
Highbank Centre	03/02/2011	0	0	0
North London	21/10/2010	2	7	0

In addition to the CQC visits our internal Compliance Managers carry out unannounced compliance visits every six months, independently of site and operational management. In contrast to the CQC inspections these review all 16 of the applicable CQC Outcomes against an audit template comprised of 116 points. The number of actions identified at each site is shown below for the last two visits.

Actions Identified at Internal Inspections 2010/11

Priory Site	Previous Inspection	Most Recent Inspection
Altrincham	5	4
Brighton & Hove	4	8
Bristol	15	13
Canterbury	4	0
Chadwick	3	7
Chelmsford	7	10
Coombe House	New Site	17
Farmfield	6	10
Glasgow	10	3
Hayes Grove	6	14
Heathfield	2	2
Hemel	5	7
Highbank	4	3
North London	11	10
Nottingham	3	3
Potters Bar	3	19
Preston	2	8
Roehampton	7	25
Southampton	4	6
St Neots	6	9
Sturt	6	13
Thornford Park	5	16
Ticehurst	19	13
Woking	7	5
Woodbourne	5	17

60% of sites increased their number of actions at their most recent inspection; this is largely due to the change in standards midway through the year as sites continued to implement new systems to accommodate them. **On average sites were 92% compliant** at their most recent inspection, and they continue to work towards achieving 100% using agreed action plans and continual support from central operational and quality teams.

Priority 2 – Effective Services with Positive Outcomes

Each of the services within Priory has a Routine Outcome Measurement (ROM) programme which is appropriate to the service. The information provided by Priory's outcome measurement systems can assist clinicians and patients in care planning whilst helping services to assess their own effectiveness and benchmarking between units.

Results of outcome measurement for the 2010/11 year in each of our service lines are presented in the following sections. The key outcomes for each service and the measurement tool used are as follows:

- **Acute General Psychiatry**
 - Improvements in Mental Health Symptoms (HoNOS).
- **Addictions**
 - Improvements in Mental Health Symptoms (HoNOS).
 - Continued Abstinence After Discharge (PARQ).
- **Eating Disorders**
 - Appropriate Management of Weight (BMI).
 - Improving Attitudes to Diet, Shape and Weight Concerns (EDE-Q).
 - Improvement in Mental Health Symptoms (HoNOS).
- **Child and Adolescent Mental Health Services**
 - Improvements in Mental Health Symptoms (HoNOSCA).
 - Improvements in Assessments of Functioning (CGAS).
- **Secure Services**
 - Improvements in Mental Health Symptoms (HoNOS).
 - Improvements in Security Needs (HoNOS-Secure).
 - Managing and Reducing the Risk of Violence (HCR-20).
 - Creating a Good Therapeutic Atmosphere (EssenCES).
- **Grange Services**
 - Improvements in Mental Health Symptoms (HoNOS).
 - Achievement of Specific Goals (PGCOMS).

Results from primary measures for each service are included in the following sections. In some cases measures from the above lists were still acquiring sufficient data for analysis in the year of 2010/11 and will be published in quality accounts for 2011/12. Priory's outcome measurement programmes are constantly being developed to ensure they provide the best information to assist our clinicians and patients in their decision making.

A – Acute General Psychiatry

The primary outcome measure used in Priory Acute Inpatient services is the Health of the Nation Outcomes Scale (HoNOS). This is a structured assessment performed by a trained registered mental health nurse at admission and discharge. The measure is based on rating the severity of the difficulties of the patient against 12 common problem/symptom areas using a 0-4 scoring system. The sum of these 12 items creates a total HoNOS score between 0 and 48, which represents an estimation of the severity of the presenting problems at admission and discharge.

HoNOS was completed at admission and discharge for around 95% of Priory Acute Inpatients, thus providing a nearly complete sample with which to analyse the effectiveness of the service. The following analysis is based on the largest homogenous sample of acute general psychiatry patients, those diagnosed with depression which comprised a sample of 1,134 episodes. The average length of stay amongst this sample was 27 days, for the purposes of analysis episodes with a length of stay of seven days or less are excluded as these are unlikely to constitute completed episodes of treatment in most cases, leaving 884 episodes in the below analysis.

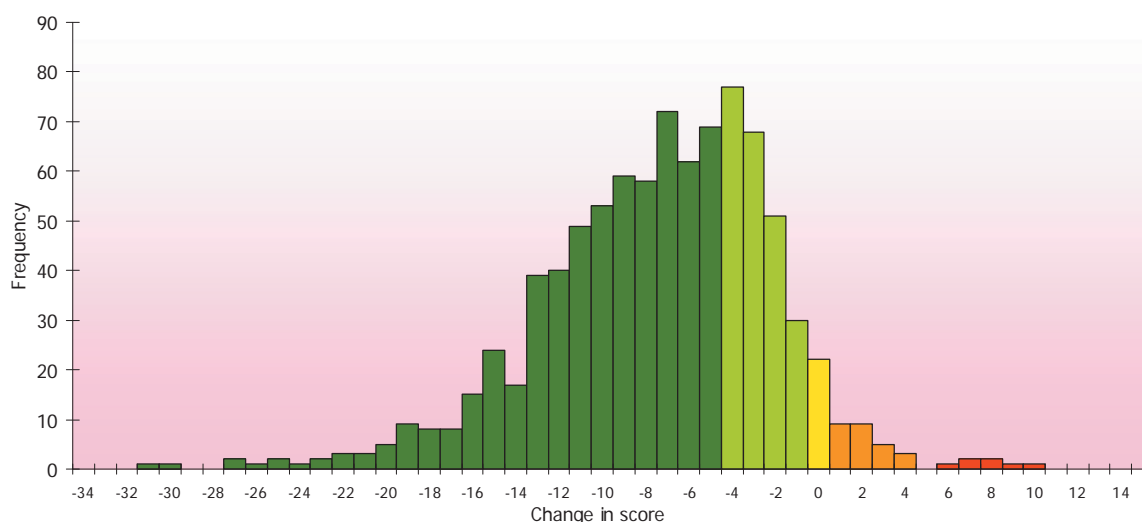
The vast majority of patients in a Priory depression programme improved their total HoNOS score during the course of the episode. In cases where the episode was longer than seven days over 93% of patients showed improvements in symptoms as measured by HoNOS.

HoNOS Statistics in Depression Patients with LoS >7 (N=884)

	Admission	Discharge
Mean Total Score	12.99	5.54
Standard Deviation	5.46	4.27
Mean Number of Severe Items	2.39	0.47
Standard Deviation	1.62	0.98
Episodes With Improved Total Score		
	93.78%	
Episodes With Reduced Severe Problems		
	82.20%	

The below histogram shows all episodes categorised by the degree of change in total HoNOS score. The majority of episodes improved their HoNOS score significantly (shown in dark green), while very few episodes showed worse HoNOS scores on discharge (shown in orange and red).

Histogram of change in HoNOS Total Score During Episode



B – Addictions

Priory's Addiction Treatment Programmes (ATP) are structured as 28-day intensive treatment episodes heavily focussed on group therapy and peer support. After discharge from an ATP, patients are further supported by a 12 month aftercare programme of weekly sessions. The primary measure of success for an ATP programme is the Priory Addiction Recovery Questionnaire (PARQ), this is a brief set of questions administered at three monthly intervals throughout the 12 month aftercare period. PARQ is designed to establish the proportion of discharged patients who maintain abstinence, or improvement from their addiction for 12 months following discharge. As there is 12 months between discharge and a final result for this measure results are presented one year in arrears, so the first set of results will be published in the quality accounts for 2011/12.

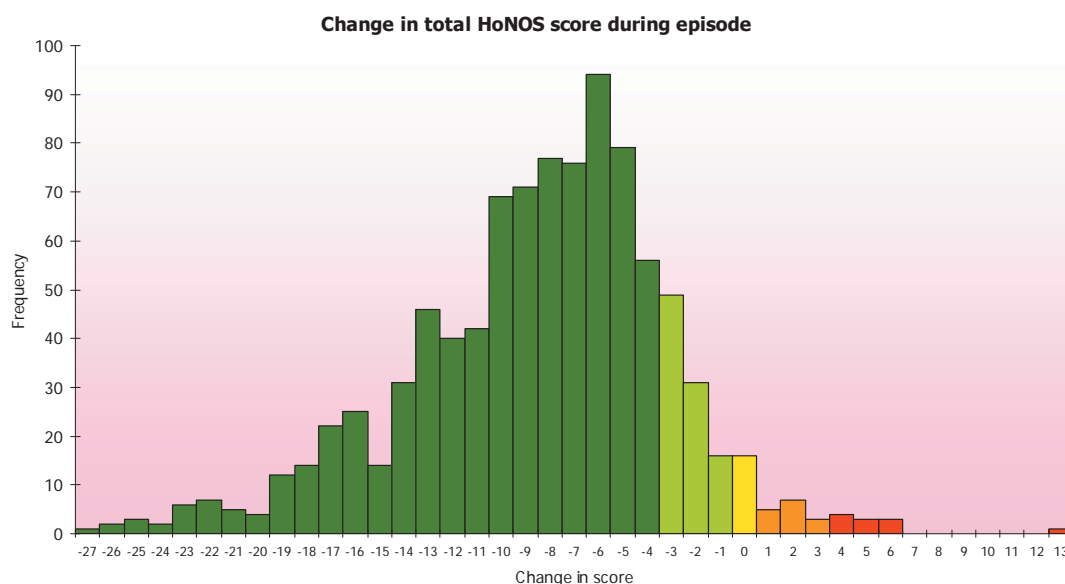
In addition to addressing the issue of the patients' addiction, programmes also focus on the psychological aspects that may lie at the root of the problem. As many addiction patients also present with symptoms of depression, anxiety, or stress the services also administer HoNOS assessments at admission and discharge. The results of HoNOS ratings for addiction patient episodes with a length of stay of more than seven days in 2010/11 are presented here.

Around 90% of patients improved their HoNOS score during the inpatient episode and this increases to 95.5% where the length of stay was greater than one week. Patients

HoNOS Statistics in Addiction Patients with LoS >7 (N=936)

	Admission	Discharge
Mean Total Score	12.76	4.31
Standard Deviation	5.33	3.83
Mean Number of Severe Items	2.27	0.35
Standard Deviation	1.47	0.75
Outcomes		
Episodes With Improved Total Score	95.51%	
Episodes With Reduced Severe Problems	90.06%	

with a length of stay between 26 and 30 days (indicating they followed the standard 28-day programmes) had a 98% chance of improving their total HoNOS score and a 94% of reducing their number of severe HoNOS items.



C – Eating Disorders

Priory provides specialist inpatient treatment for a variety of eating disorders including Anorexia Nervosa and Bulimia Nervosa. The programmes are focussed on both the immediate issues presented by the eating disorder, such as the patient's weight, as well as addressing any associated psychological difficulties faced by the patient. This is reflected in Priory's outcome measurement programme for eating disorders, which focuses on measuring patient's weight and their psychological symptoms through HoNOS, as well as their attitudes to food, shape and weight through the Eating Disorder Examination Questionnaire (EDE-Q).

The HoNOS results included here are based on ED episodes with a length of stay longer than seven days where HoNOS scores are present on admission and discharge. The Body Mass Index (BMI) change results are based

on an 18 month sample of all Anorexia patients, whereby the primary objective of the episode will usually always be to increase the patient's BMI.

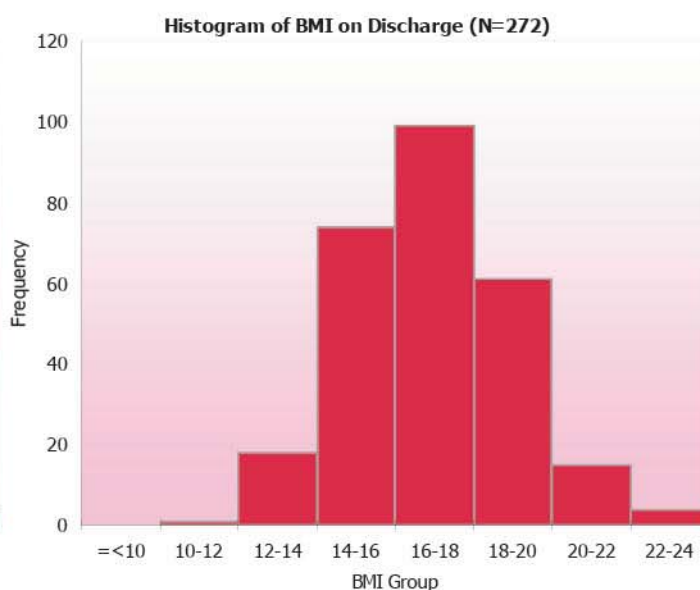
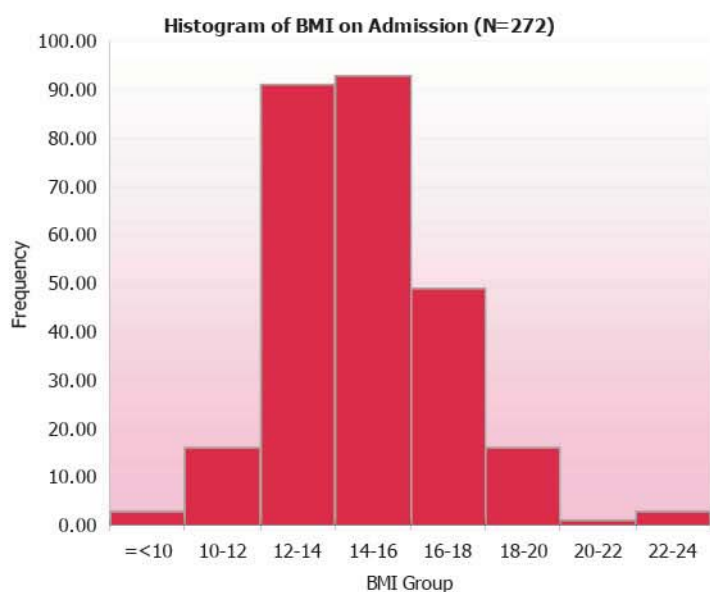
The majority of anorexia patients were admitted with a BMI between 12 and 16, this represents that they were severely underweight. On discharge, only 19 patients left with a BMI of less than 14 and the majority were discharged with a BMI between 16 and 20. The lower band of a *healthy* weight for an adult is BMI 18.5.

HoNOS Statistics in ED Patients with LoS >7 (N=118)

	Admission	Discharge
Mean Total Score	13.54	8.80
Standard Deviation	6.80	6.36
Mean Number of Severe Items	2.32	1.11
Standard Deviation	1.92	1.61
Outcomes		
Episodes With Improved Total Score	72%	
Episodes With Reduced Severe Problems	56%	

Anorexia BMI Results – 18 Month Sample with LoS > 7 (N=272)

Mean BMI on Admission	14.64
Mean BMI on Discharge	16.91
Episodes Completed Without Early Discharge	84.92%
Mean Change in BMI	2.27
Episodes Gaining Weight	92.64%



D – Child and Adolescent Mental Health Services (CAMHS)

Patient outcomes in Priory CAMHS services are primarily measured using the Health of the Nation Outcomes Scale for Children and Adolescents (HoNOSCA) as rated by a registered mental health nurse trained in the use of HoNOSCA. The measure is based on rating the severity of the difficulties of the young person against 13 common problem areas using a 0-4 scoring system. The sum of these 13 items creates a total HoNOSCA score between 0 and 52 which represents an estimation of the severity of the presenting problems at admission; the same assessment is then repeated upon discharge. By comparing the admission and discharge total score we can show the degree to which these problems decreased over the course of an episode.

Changes in HoNOSCA can also be analysed by comparing the number of severe items (those scoring three or four out of four) that a patient has on admission and discharge, thus showing the impact of the inpatient admission on the most serious problems faced by the patient. As the objective of most inpatient admissions will be to address the most serious and pressing concerns of the patient and their carers, this should be considered the more important measure.

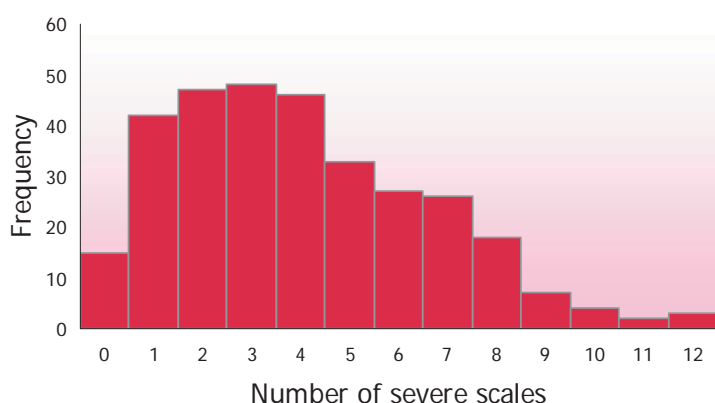
During 2010/11 Priory implemented a new system for the collection of HoNOSCA data; by embedding the collection of routine outcome data into the patient's electronic care record collection rates for HoNOSCA were increased to around 90%, compared with roughly 25% in the previous year. The statistics included here are based on all episodes during 2010/11 with a length of stay longer than seven days and fully completed HoNOSCA data.

HoNOSCA Statistics - N=318

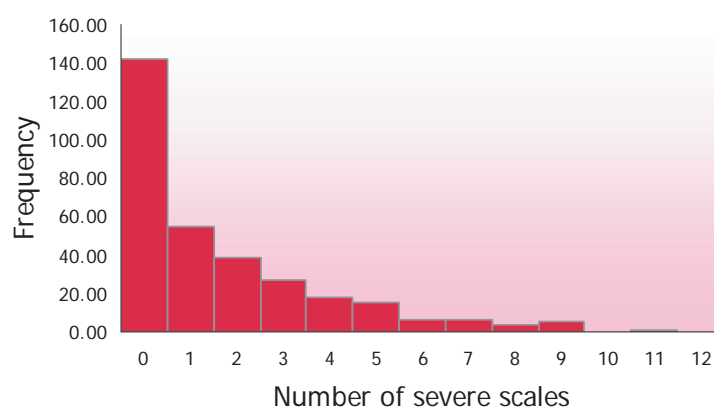
	Admission	Discharge
Mean Total Score	20.60	12.19
Standard Deviation	9.29	8.85
Mean Number of Severe Items	4.02	1.66
Standard Deviation	2.59	2.20
<hr/>		
Episodes With Improved Total Score	78.93%	
Episodes With Reduced Severe Problems	76.42%	

The below histograms show the majority of patients enter a Priory CAMHS service with one or more severe HoNOSCA scales, while 44% are discharged with 0.

Number of Severe Scales on Admission



Number of Severe Scales on Discharge



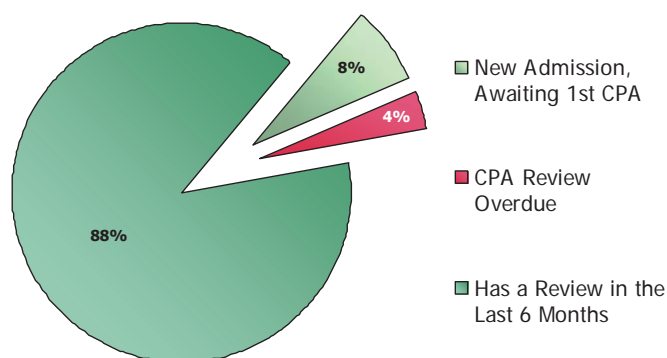
E – Secure Services

In secure services patients are generally expected to remain in hospital for a greater length of time than those in our other inpatient facilities, with lengths of stay often ranging between one and five years. Because of this, the measurement of patient outcomes over the course of one year takes a different focus. Patient's psychological symptoms are still measured using HoNOS, with an additional scale measuring their need for security (HoNOS-Secure). However in many cases HoNOS scores may remain stable for long periods of time despite progress that the patient may be making in other areas. HoNOS and HoNOS secure will be subject to a review in the Quality Accounts 2011/12. When assessing the quality of secure services it is important to also consider a variety of other factors. Some examples of these are included here.

Care Programme Approach

The Care Programme Approach (CPA) is a system of delivering care for patients with mental health problems through structured planning and regular reviews. The care of all patients in Priory secure services are managed through the CPA system, and will have review meetings on a six-monthly basis. These review meetings are a fundamental part of their progress towards discharge, either to a lower level of security or to the community. It is therefore a high priority for services to ensure that patient's CPA review meetings are facilitated in a timely fashion. The pie chart showing CPA review compliance shows that the vast majority of current secure patients at the end of Q4 2010/11 had received a CPA review in the previous six months. Of those that had not most were new admissions who would not usually have a CPA review until three months after their admission. In total nine out of the 249 patients were overdue to have a new CPA review meeting, where this happens it is usually due to factors beyond our control and is rectified as soon as possible.

Priory Secure Services CPA Review Compliance at Q4 2010/11



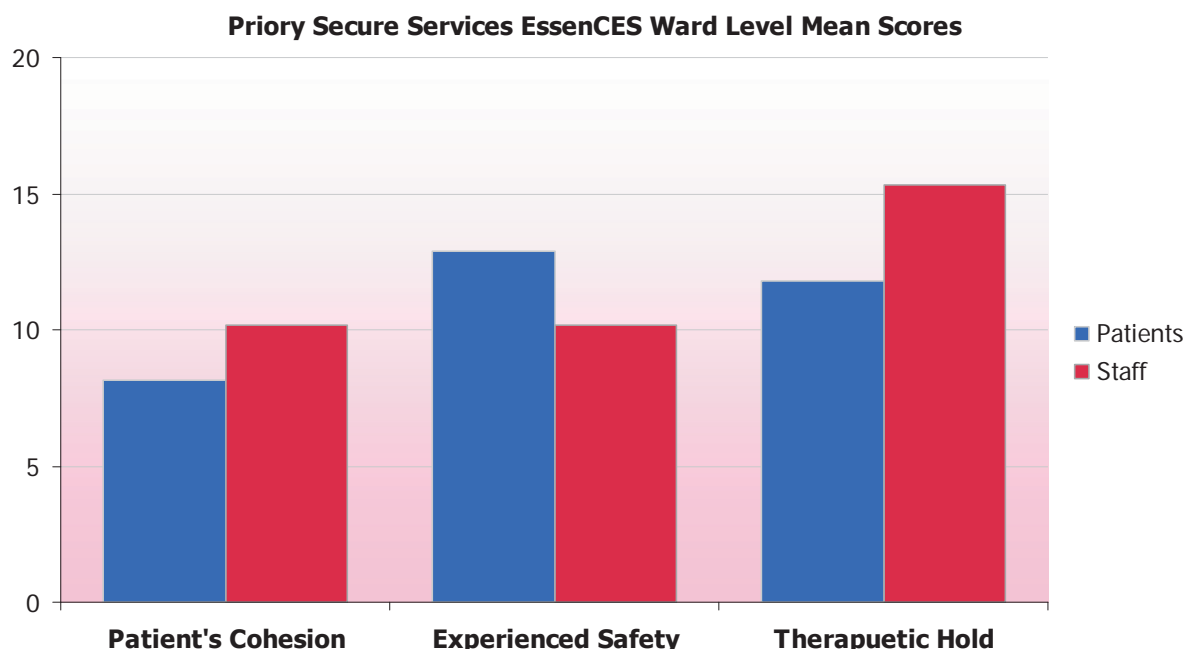
Essen Climate Evaluation Scale

The Essen Climate Evaluation Scale (EssenCES) is a short survey administered to patients and staff on forensic psychiatry wards. It is designed to measure the therapeutic environment of the ward in three domains:

- Experienced Safety: The degree to which patients and staff feel safe (versus the threat of violence).
- Therapeutic Hold: The degree to which patients feel the staff care about them.
- Patient's Cohesion: The degree to which patients feel supported by each other.

The EssenCES assumes that these three factors are important in maintaining an environment that is conducive to the desired effect of the service, namely rehabilitating patients to the point where their need for security is reduced. It should therefore be

the aim of any forensic service to create an environment where patients feel safe and supported by both their peers and the professionals caring for them and this can be measured using EssenCES. As part of Priory's agreed CQUIN targets EssenCES results are monitored on an annual basis and scores are used to identify potential areas for improvement. The graph below shows the mean ward-level scores in each of the three EssenCES subscales as rated by patients and staff in the most recent EssenCES assessment which was measured in February 2011.



The primary action identified through this Essen measurement was for sites to focus on improving patient's cohesion. Several initiatives are therefore being implemented throughout 2011/12, these include:

- Tabling the subject of patient's cohesion at patient council meetings.
- Creating 'buddy systems' to encourage peer support.
- 'Patient listening schemes' to be introduced, whereby service users can volunteer to be trained as 'listeners' and other service users can access one-to-one time with the trained listeners on request.
- More ward-level activities such as cooking sessions, DVD nights etc.
- Creation of service-user empowerment groups to further discuss the idea of peer-support and formulate new initiatives.

The results of these schemes will be measured through further EssenCES surveys towards the end of 2011/12 and we hope to report improvements in all three categories.

F – Grange Services

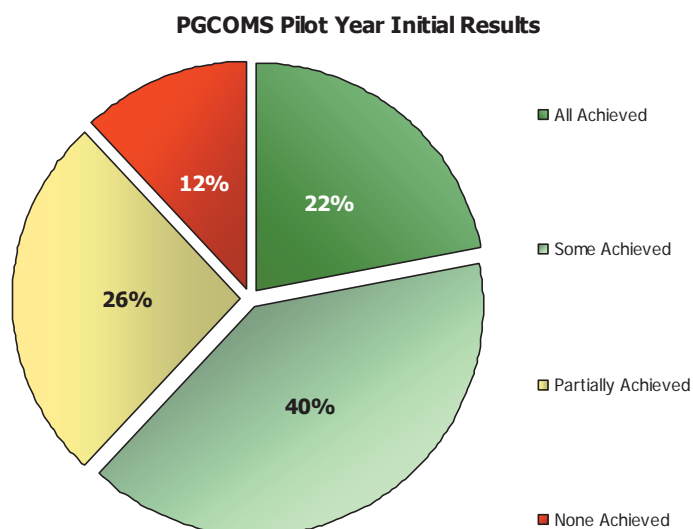
Priory Grange Services offer a diverse range of rehabilitation and complex care services for a variety of different patient groups. Some granges act as a 'step-down' from a secure environment allowing patients to continue their progress towards recovery as their security requirements diminish beyond the need for the levels of physical security offered in a low secure hospital. Other Granges offer complex care services for patients with enduring mental and physical illness, restricted mobility and challenging behaviour. Because of the nature of the problems faced by many patients in grange services and the diverse nature of the patient group the value of many traditional outcome measurement systems in these services is limited.

Priory has therefore developed a bespoke outcome measurement system designed to measure progress against individualised patient goals. These goals are set with input from the patient, the clinical team and representatives of the patient (such as their relatives and their NHS care co-ordinator). This system is called the Priory Grange Consensus Outcome Measurement System (PGCOMS) and was in a pilot phase during 2010/11. It has since been further developed and now acts as part of the CPA review process for all grange patients.

The progress against each of the patient's goals is assessed and recorded in a structured manner, allowing the group to assess the effectiveness of our services using the following categories:

- Patients fully achieving all their personal goals
- Patients fully achieving some of their personal goals
- Patient partially achieving some or all of their personal goals
- Patients not achieving any of their goals

Where this system flags up a lack of progress against identified goals this allows the staff and the patient to review *why* they think this is and take appropriate action in the period following the review. In some cases goals might be reassessed and adjusted from review to review, and in other cases an objective might roll on to the next meeting. Results from reviews of goals recorded so far during the pilot phase are included in the pie chart to the right.



88% of patients in this sample at least partially achieved some or all of the goals of the placement over a six month period. The majority of those patients had one or more of their goals judged as fully achieved.

Priority 3 – Providing Safe Services

To use incident rates to assess the safety of services it is necessary to have a robust means of reporting and acting on incidents, categorised according to their seriousness. This report begins with the results of the Priory incident reporting system for the period 1st of April 2010 to 31st of March 2011.

Some avoidable incidents have been targeted for elimination or significant reduction by public health authorities and these have received special attention in this report.

Thorough and vigilant reporting of incidents continued to be a high priority, during 2011/12 Priory will begin to roll out a new bespoke incident reporting system with a view to streamlining the process of reporting, reviewing and investigating incidents as they occur.

A – Incident Rates

Incident reporting is encouraged in Priory and the comparative volumes of incidents for each hospital and each service line are regularly fed back to clinical teams. Trends are also analysed across the company and reviewed at specialist networks. Incidents are rated on a 1-8 scale according to the degree of harm that occurred; incidents are then subdivided into Low, Medium and High severity to aid teams in highlighting potential safety issues. All high level incidents are subject to a serious incident review carried out either by the hospital director, or where considered necessary by the central quality team.

The total number of incidents reported in the period was 15.94 per 1,000 occupied bed days. For comparison all NHS Mental Health Trusts returning data to the National Patient Safety Agency showed an average incident rate of 12.00 per 1,000 occupied bed days with a range of 0 to 65. Priory's results are therefore in the middle of the range and shows that we continue to report incidents reliably across our services, demonstrating a culture of transparency in which potential risks are identified early and can be dealt with. However, it is important to note that the NHS Trust data is not strictly comparable because the services and the incident definitions are different.

The next section details only the more serious incidents of a type targeted by the NHS for elimination or marked reduction in incidence. During 2010/11 there were no incidents in Priory Healthcare services that would be classed as 'Never Events' as defined by the NPSA.

B – Serious Incidents

Deaths - No inpatients died as a result of suicide. One inpatient within the Grange services died from choking and one other patient died in a general hospital two days following a choking incident. Both were severely physically ill. All other deaths of inpatients were expected and occurred due to natural causes but they were nevertheless subject to review. No inpatients committed a homicide during this period.

Non-Fatal Serious Incidents - During 2010/11 there were 200 incidents categorised at the highest level of severity; 182 of these involved 140 patients. 14 of these incidents involved a patient assaulting staff members. This represents less than 3% of the individuals who were inpatients during the year.

Across all hospitals there were 1,197 episodes of control and restraint involving a recognised hold technique. Of these episodes 46 resulted in reported incidents of medium or high severity, 38 of these related to patient injuries. The injuries were always sustained as part of the incident occasioning the control and restraint, rather than being a result of the hold.

Age Inappropriate Admissions - No patient under 18 was admitted to an adult general psychiatry ward in Priory during the period. Priory operates a large number of inpatient adolescent beds registered up to the age of 18 and a bed in these units is always available.

Abscensions - Many Priory acute beds are occupied by voluntary adult patients and the concept of absconion is not relevant to this group. This report is therefore restricted to those that involve a minor (adolescent under 18) or a detained patient. An absconding incident is reported at level 8 even if no harm occurred to the patient or the public. Within Priory CAMHS services the definition of an absconion covers a patient leaving the grounds of the hospital without leave to do so. In some cases units have used their discretion and report instances of patients leaving the confines of the CAMHS unit but not the hospital perimeter. As a result of this vigilant reporting, the figures for absconsions amongst adolescents may appear high but no incident of absconding was associated with harm occurring to the patient a member of staff or the public.

In total there were 76 absconsions which fell into three categories:

- Adolescents – 45 incidents of absconding (including eight detained adolescents).
- Adults – 15 detained at an acute site and seven detained at a Grange (controlled access facilities).
- Secure – 9 detained patients. There were no incidents of a patient on transfer from prison absconding from inside the security perimeter of the hospital (this is important as it is an event that should never occur according to the NSPA).

Gender Appropriate Accommodation - Priory hospitals have no mixed sex accommodation and therefore all accommodation is gender appropriate. All patients have their own bedroom (with en-suite facilities where appropriate) which they can use for quiet time during the day. There are also day rooms and outdoor areas which can be used for socialising in single or mixed sex groups. All adult patients sign an agreement on admission to respect others personal space and confidentiality and this is enforced by ward managers and nurses.

C – Medication Management Audit

Prescribing is a potentially high risk activity and Priory has therefore undertaken a review of medication management using independent specialist mental health pharmacists who visit each ward weekly and review medication charts, providing an audit of prescription card errors. These are reported to hospital directors, the clinical governance committees, the central medical directors committee and the quality and safety team.

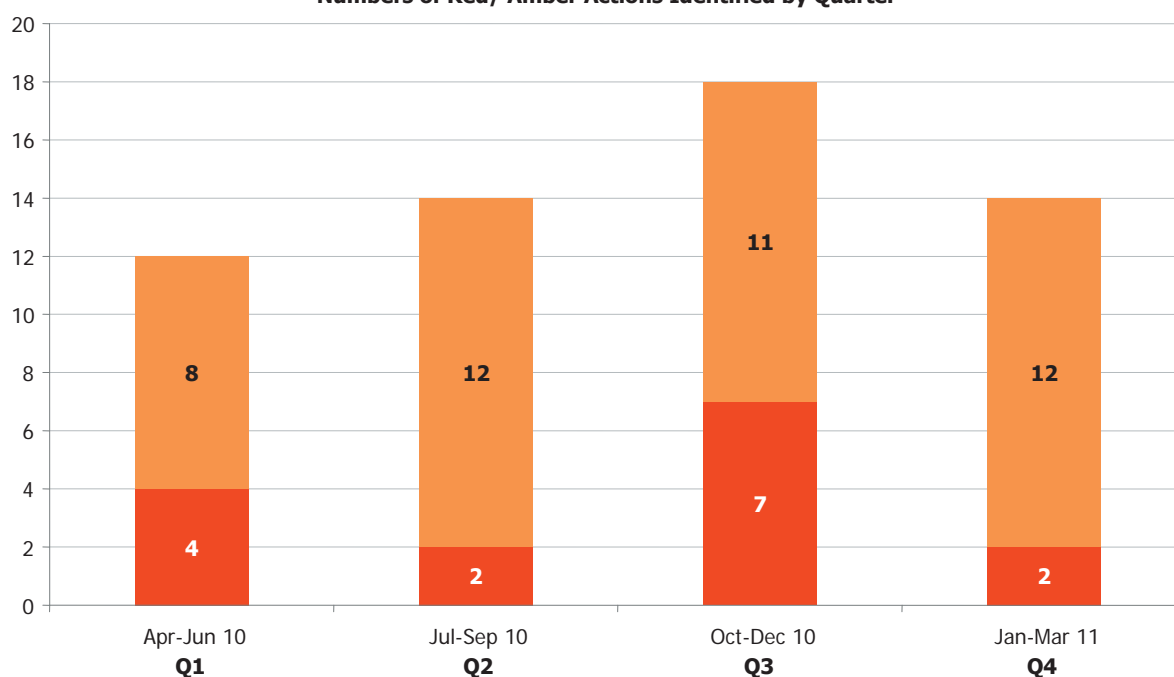
Audit reports are presented at the ward level and show the % of errors against four categories listed below. Wards with more than 10% of errors in these categories are classified as red risk and more than 5% are shown as amber risks, these wards are then monitored for improvement in these areas.

Prescription Card Audit Categories

- Mental Health Act compliance - prescriptions should correspond with MHA forms (T2 or T3).
- Prescription writing - prescriptions should be signed dated and have all required details.
- Administration errors - nurses should have signed for the correct administration, with no gaps on charts.
- Patient details - all required fields such as Patient Name, DOB and Allergy Status should be stated.

The chart below shows the overall number of identified actions in each quarter's report. The number of areas testing red decreased from seven in Q3 to two in Q4 of 2010/11. The Q4 figures represent an error rate of less than 5% in 95.6% of the categories audited.

Priory/ Ashtons Audit Summary
April 2010 - March 2011
Numbers of Red/ Amber Actions Identified by Quarter



Priority 4 – Patient Involvement and Service User Experience

A – Patient Opinion Surveys

During 2010/11 Priory undertook a project to integrate the measurement of patient satisfaction into our routine outcome measurement programmes. As part of this new system survey data is recorded through the same electronic systems used to record outcome measures such as HoNOS.

This means that results from surveys can be fed back to sites quickly allowing for a faster response where issues are identified and more detailed analysis of best practice across the group. By highlighting the utility of this type of survey and by providing a more efficient means for the collection and monitoring of survey data, the group has roughly doubled the completion rate of the surveys. Two of Priory's five patient experience questionnaires are now collected in this way with the other three due to switch to the new system during 2011/12.

The results of these surveys are reviewed in detail on a quarterly basis, both by sites and by the group through the Quality and Safety Forum. The results presented below are highlights from each survey along with identified areas for improvement which we intend to action throughout 2011/12 with a view to seeing a marked improvement in next year's results.

Acute Adult Inpatient Survey

Highlights

- "Overall, how would you rate the care received during your recent stay in hospital?" **99%** answered Excellent, Very Good or Good.
- When asked to rate the quality of their Nurses, Consultant and Therapists **98%** or more answered Excellent, Very Good or Good.
- Less than **1%** of patients reported that they did not feel safe during their stay.
- **94%** indicated that they would recommend the Priory to a friend.

Areas for Improvement

- **65%** of patients answered "Yes, Completely" in answer to the question "If you were given any medication, did staff explain the possible side effects of the medication in a way you could understand?" and **25%** answered "Yes, Somewhat" (total 90%). As it is important that all patients understand the possible side effects of medication this has been identified as an action point to improve throughout the year.
- Food was also identified as an area for improvement as **86%** of patients reporting satisfaction with the food served at the hospital and only **72%** answering that the food was Excellent or Very Good.

Child and Adolescent Satisfaction Survey

CAMHS patient experience is measured using a standard survey recommended by QNIC titled CAMHS-SS-20. All questions in this survey are answered against a scale with options of Very Happy, Happy, Mixed, Unhappy and Very Unhappy. For the purposes of analysis answers of Very Happy, Happy or Mixed are classed as satisfaction.

Highlights

- **91%** of CAMHS patients reported satisfaction with the way in which the professionals listened to and understood their problems.
- **88%** reported satisfaction with the ability of professionals to listen to and understand the worries your family or carers.
- **84%** reported satisfaction with how effective the service was in helping their family or carers deal better with their problems

Areas for Improvement

- **56%** of patients were satisfied with the effect of services in helping them feel better. It is felt that this is in part due to the nature of the service's position in the patient pathway. The majority of patients leaving CAMHS tier 4 services will still be in the process of dealing with the issues that lead to their admission and will be referred back to the tier 3 service of their local NHS provider. However it is felt that this figure can still be improved upon through better communication with the patients as they approach discharge.

Therapy Services Feedback Survey

Highlights

- **98%** of patients rated the overall quality of care received as Excellent, Very Good or Good.
- **98%** of patients would recommend Priory Therapy Services to a friend.
- **97%** of patients reported that the therapy achieve what they expected"

Areas for Improvement

- **86%** of patients reported that they had completed a treatment plan with their therapist at the start of their care. As this is an important part of the delivery of the therapy service this is a priority for improvement.

Secure Patient Satisfaction Survey

Highlights

- **86%** of patients were satisfied with the skills and ability of their consultant.
- **90%** of patients were satisfied with the living conditions of their room.
- **86%** of patients were satisfied with the degree to which their safety was maintained.

Areas for Improvement

- **70%** of patients reported that they had been given clear feedback following their CPA meeting. It is felt this will be improved by ongoing projects surrounding patient involvement in the CPA process.
- **79%** of patients felt that they had received a clear explanation of their clinical diagnosis.
- The content of secure services feedback has been redesigned during 2010/11 and a new survey will be used in 2011/12. Both the wording and the subject matter of the questions in this new survey have been guided through consultation with patient groups in secure hospitals.

Grange Patient Satisfaction Survey

Highlights

- **93%** of patients reported they were satisfied with the skills and ability of their primary nurse.
- **90%** of patients felt that we were good at communicating information in a way that is easy to understand.
- **90%** of patients were happy with the catering facilities at their hospital.

Areas for Improvement

Issues identified in this survey were broadly the same as in the Secure survey. Due to the nature of the services there are strong links between the operational teams of grange services and secure hospitals enabling the group to attempt to make improvements and share learning points across both services. It is important to note that many patients in these services suffer problems with memory but this means we have to find better ways the help them and their families retain this information.

- **71%** of patients felt that they had received a clear explanation of their clinical diagnosis.
- **71%** of patients reported that they had been given clear feedback following their CPA meeting.

B – Complaints

Priory's complaints reporting system has four levels. Most complaints are dealt with informally in the hospital and are not logged centrally. Formal complaints can be registered either verbally or in writing and most are dealt with at the hospital level. If the patient is not satisfied they may escalate to stage two where an independent investigator from within the group takes on the management of the complaint. If that does not resolve the issue there is the further opportunity to take the complaint to the health service ombudsman (for NHS patients).

Formal Complaints by Division 01/04/2010 – 31/03/2011

Division	Complaints	Substantiated Complaints	Substantiated Complaints per 1000 Bed Days
Acute	190	48	0.281
Secure & Complex Care	201	48	0.313
	391	96	0.296

Of the formal complaints 96 were fully substantiated by the hospital management, meaning that following investigation the complaint was felt to be a legitimate issue that required action. In these cases appropriate action was taken to ensure the matter was resolved to the satisfaction of the complainant and that where possible the service was improved to avoid further dissatisfaction. Because of the nature of the way complaints are recorded there is no way to discern how many unique complainants related to the 96 substantiated complaints.

There were 0.296 substantiated complaints per 1000 bed days overall in the period. As an example, on a ward averaging 10 patients, this would be equivalent to 1.08 substantiated complaints per year.

A further seven complaints could not be resolved at the hospital level and were escalated to stage 2 and were either resolved by a Priory Group investigator or continue to be investigated. Four were referred to stage 3.

Priority 5 – Staffing

Priory recognises that Human Resource Management is critical to the success of a healthcare organisation. Two indicators are reported this year.

A – Colleague Opinion Survey

Once a year Priory carries out a colleague opinion survey to test the views of the workforce and these are fed back to hospitals and the staff forum. Below are the key questions compared with the equivalent NHS results from the most recent survey available (2009).

Priory Staff Survey 2010	Priory (2010)	NHS (2009)	
	Positive %	Positive %	
How you are treated			
The people you work with treat you with respect	84	80	Light Green
Your manager helps you find a good work-life balance	66	62	Light Green
You have adequate materials, supplies and equipment to do your work	61	60	Light Green
How you are kept informed			
You always know what your work responsibilities are	85	76	Dark Green
Your immediate manager gives you clear feedback on your work	67	54	Dark Green
You have clear planned goals and objectives for your job	70	68	Light Green
How patients/residents/students are cared for			
There are enough staff at your unit for you to do your job properly	49	36	Dark Green
You are satisfied with the quality of care you give to patients/residents/students	74	87	Orange
Your training and career development			
Your training/learning/development has helped you do your job better	65	70	Yellow
You are able to do your job to a standard you are personally pleased with	77	63	Dark Green
General			
Have you had an appraisal (one to one performance meeting) in the last 12 months?	72	75	Yellow
Would you recommend Priory as a good place to work?	67	53	Dark Green
Do you think you will still be working for Priory in 12 months? *	80	79	Light Green
Overall opinions of...			
...the amount of responsibility you are given?	72	72	White
...the recognition you get for good work?	53	50	Light Green
...the support you get from your immediate manager?	70	67	Light Green
...the support you get from your work colleagues?	83	78	Dark Green
...the way the company values your work?	44	34	Dark Green
...the opportunities you have to use your skills?	65	67	Yellow

Key

Priory better by at least 10%



Priory better by less than 5%



Priory better by at least 5%

Priory worse by less than 5%

Priory worse by more than 5%



There were two areas of concern identified around training and appraisals. In the case of training, a concerted effort has been made to increase the volume of additional training applications that are approved. There has already been anecdotal feedback from site managers that this has improved in recent months and it is hoped that this will be reflected in next year's survey results. The ongoing monitoring of the staff appraisal system is also receiving additional attention and will be monitored via the quality and safety forum.

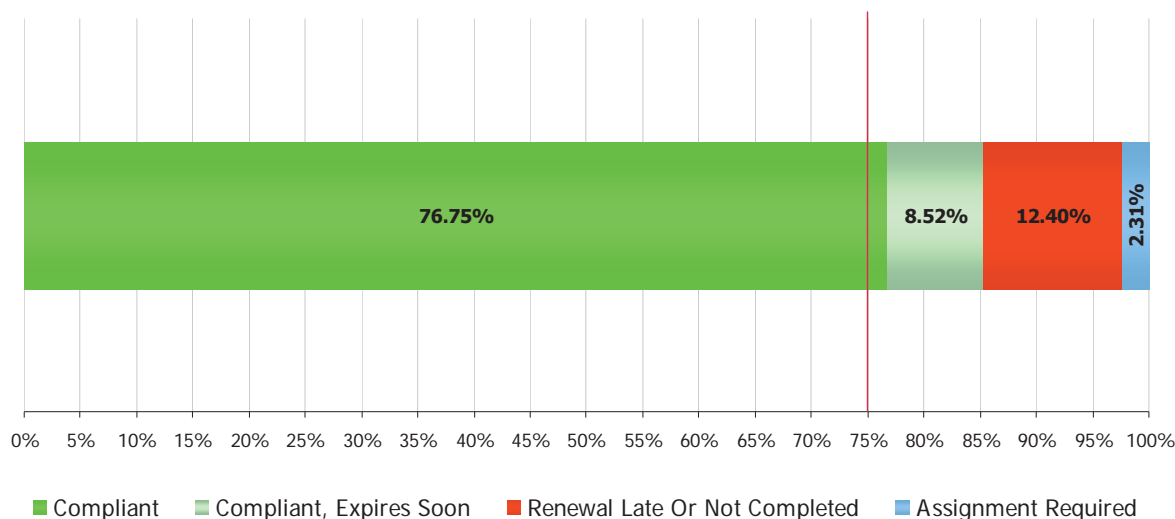
The largest negative difference between Priory and NHS results was in answer to the question; "You are satisfied with the quality of care you give to patients/residents/students". Taken together with the positive patient satisfaction results it is felt that a negative response to this question indicates a culture amongst Priory staff that recognises the importance of continuous improvement.

B – Learning and Development

Priory has a bespoke learning and development program that won the e-learning award for the Best e-learning Project Securing Widespread Adoption (2006), the South East National Training Award (2007) and the Institute of IT Training "e-learning project of the year" (2007). It continues to be developed to meet the changing needs of the business. The system uses a blended learning approach to ensure that the delivery method is always appropriate to the subject. It incorporates feedback on completion of modules that can be fed into the appraisal and assessment of staff. The chart below shows the compliance rates for all training across Priory Healthcare sites.

These figures are regularly reviewed at hospital, ward and individual levels and action plans are put in place where compliance falls below required levels. Sites are required to maintain an overall compliance level of 75%, although some modules and courses are monitored for compliance levels of 90% or more.

Priory Healthcare FFG Compliance As At May 2011



In addition to the mandatory training requirements monitored through FFG Priory commissioned two courses during the year to meet the needs of the patients. First, a

specific course for inpatient adolescent nurses was accredited by Brighton University as we were unable to recruit experienced and trained nurses in this area since the abandonment of course 603 by the ENB. Second, Priory has made a commitment to help senior nurses to develop their skills as Clinical Nurse Specialists and independent nurse prescribers and two courses have been commissioned especially for Priory, in the North and South of England. The first cohorts are progressing through both of these courses.

Appendix Statement from Lead Purchaser

NHS Kent and Medway's Response to this Quality Account:

NHS Kent and Medway welcomed the 2010/11 Quality Account from Priory Healthcare. We can confirm that we have no reason to believe that this Quality Account is not an accurate representation of the activities of the organization during the year 2010/11. In this quality account Priory Healthcare has clearly described their priorities for the previous year and also those for the coming year.

The Priory Healthcare has submitted a Statement that they are fully compliant in the elimination of mixed sex accommodation and submits a further statement each Quarter to confirm that this is still true.

The PCT supports Priory Healthcare's commitment of improving patient experience and ensuring better communication between staff, service users and carers. Priory Healthcare has submitted Survey details for each of these groups.

The focus on ensuring that NICE guidance relating to mental health is implemented is very important. Priory Healthcare submits Quarterly reports regarding NICE guidelines and compliance. An audit of Patient Safety Alerts and actions taken is also submitted on a Quarterly basis.

Each month equality and complaints reports are submitted to NHS Kent and Medway. NHS Kent and Medway also receive Quarterly reports covering number of quality indicators including, inter alia : Access to independent civil advocacy and IMHA services; Primary Healthcare Needs; Program of clinical supervision for all staff; and HoNOS improvements. In addition CPA review details and Care Plans are submitted, with discussion, in 2010/2011, about one apparent delayed discharge.

Priory Healthcare has been compliant with submitting SUI notification and reports. This ensures that standards of quality and safety remain high month on month and if there are any areas of concern this consistent monitoring enables them to be immediately addressed. The full SUI report details learning to prevent a recurrence of the incident.

This statement is given to the best of my knowledge and is only in respect of the adult mental health placements from NHS Kent and Medway and the Priory Healthcare premises used for those placements by NHS Kent and Medway.



Rosemarie Savage
Head of Contracts for Specialist Mental Health and Secure Services
NHS Kent and Medway

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