

PRIORY

Part of MEDIAN Group

Priory Healthcare Quality Account

2023-24



Live your life



Contents

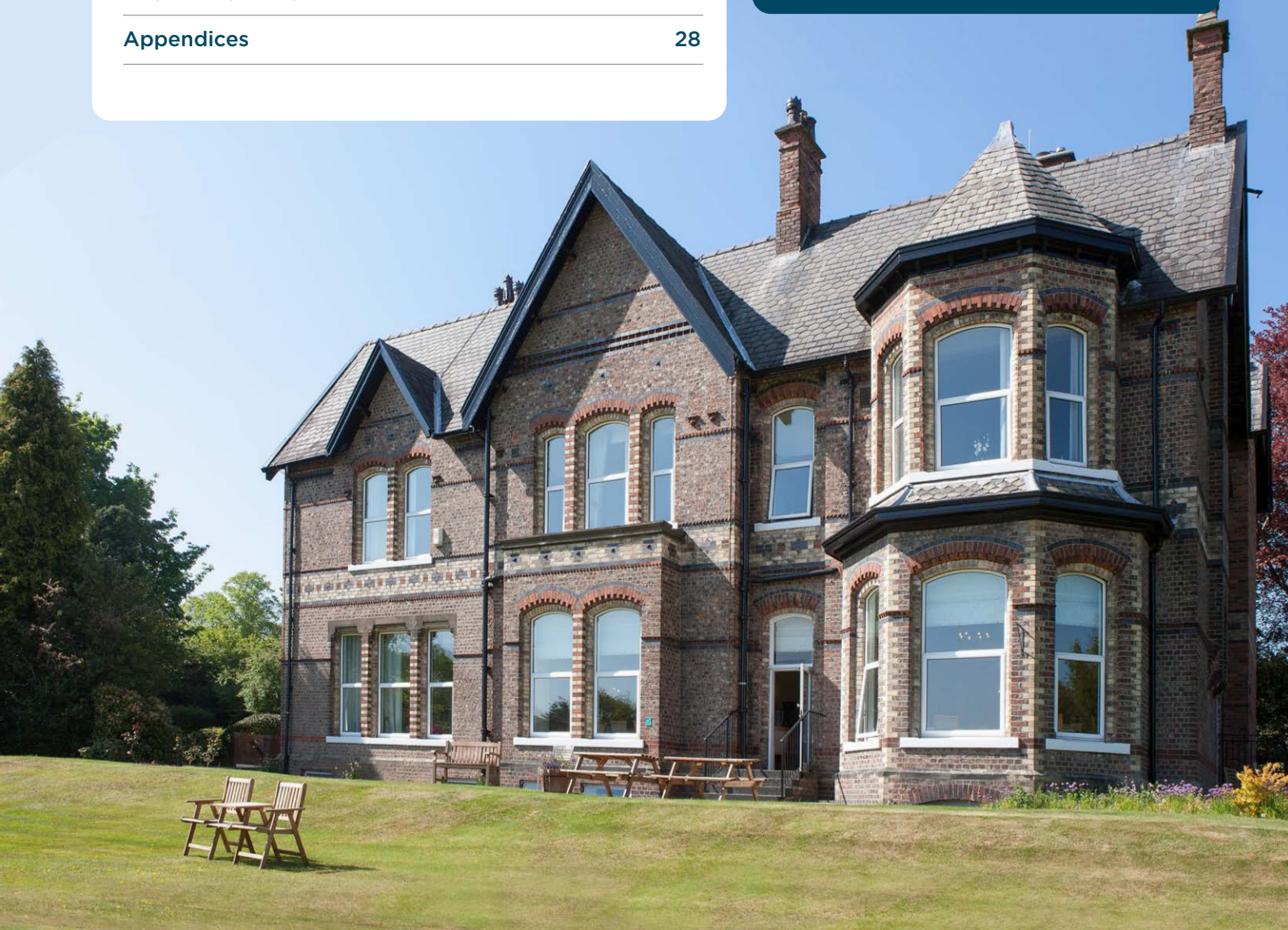
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Please contact:
communications@priorygroup.com





Foreword: Chief Executive Officer, Rebekah Cresswell





Welcome to the Priory Healthcare Quality Account for 2023-24.

This has been another successful year for Priory as we continue to invest heavily in our quality systems and structures so we can provide the best possible support to the people within our care, and deliver excellent outcomes.

Our strategy – the Priory Plan – is in its second year, and creating a transparent and open culture where people feel like they belong is one of our key objectives. To improve quality and safety, we have continued to embed the concept of Freedom to Speak Up (FTSU) throughout our sites and services. Alongside our designated FTSU guardian, we now have a network of 150 trained FTSU champions. Their role is to encourage a positive culture across Priory where colleagues feel able to express their opinions, raise concerns and give feedback.

As of 31 March 2024, 73% of our 61 Care Quality Commission (CQC)-registered healthcare sites in England were rated 'good' or better, which is above the NHS and independent benchmarking figure of over 71.5% for equivalent services. Our sites in Scotland and Wales all remain compliant. While we strive to improve our regulatory ratings, our results this year are testament to a relentless focus on developing a safety culture, including embedding safety leads at our Priory healthcare sites and training 20 quality improvement (QI) coaches. Importantly, we continue to shape our services with invaluable insight derived from co-production activities with our patients, residents and experts by lived experience (EBLE).

We have received a number of quality accreditations this year, including the Quality Network for Eating Disorders (QED) accreditation, awarded to Priory Hospital Marlow by the Royal College of Psychiatrists. Priory Hazelwood House also received the Quality Network for Inpatient Learning Disability (QNLD) accreditation. In addition, the National Autistic Society awarded Priory Stockton Hall an Autism Accreditation for 'setting the standard' for autism practice.

With a backdrop of workforce shortages and rising pressures across the sector, I was delighted to see the results of our annual colleague survey that ran from March to April 2024. Our engagement score was particularly impressive at 75% - up from 69% in 2023 and 58% in 2021. Creating strong, stable teams with shared values is vital to delivering safe and effective care, and we are proud to have maintained a positive headcount month-on-month, with our rolling turnover at its lowest since 2018.

One of our strategic goals is to provide outstanding learning and development opportunities to everyone who joins us. We remain committed to care as a career, and developing formalised career pathways so that Priory colleagues can advance and develop specialisms during their time with us. At the time of writing, over 200 trainee nurses have now joined a nurse degree apprenticeship programme and a first cohort of nurses have also completed their advanced clinical practitioner (ACP) qualifications. Furthermore, our nurses preceptorship programme, which supports early career nurses, has been recognised by Health Education England (HEE) and Priory is the first independent sector provider to be awarded the National Preceptorship Interim Quality Mark – a great achievement.

Our investment in digital technology, such as electronic records, e-prescribing and digital dashboards that monitor compliance with care pathways, continues. The introduction of new digital technology is saving thousands of hours, enabling our frontline care workers to devote more time to supporting the people in their care.

Priory is part of the MEDIAN Group and we continue to work closely with our European partners, including Hestia in Spain and MEDIAN in Germany. Sustainability remains a priority for the group and we have already launched an ambitious programme of solar panel installations (photovoltaics) across many of our sites.

Finally, with profound increases in the incidence of mental health problems among young people, and adults presenting with progressively acute conditions, we call on the next government to address the challenges in the sector. These include workforce shortages, earlier intervention for mental health conditions, and commissioning integrated health and social care pathways.

We look forward to being part of the solution in 2024-25.

Rebekah Cresswell
Chief Executive Officer, Priory



Quality statement from the Chief Quality Officer and the Chief Medical Officer

This year has been a period of significant development within our approach to quality across our healthcare services. We have been able to build on the foundations created over the last 2 years and are now making great strides in some very innovative areas.

We have now fully launched a revised and expanded FTSU process, which, given the size and scope of our organisation, requires an innovative approach. This has resulted in a system that now has over 150 FTSU champions working as a network across the UK.

We focused on improving the capability and capacity of our services to become self-supporting on developing their own QI. This has resulted in the graduation of our first cohort of quality coaches who have been trained using the Institute for Healthcare Improvement methodology. They, in turn, have trained over 300 colleagues and there is an abundance of QI projects emerging across the organisation.

Our co-production work also continues to develop and we have worked with an array of partners to review and update this approach. There has been a focus on linking this work to experience and safety, with some exceptional examples of how working together is making a true difference to the experience of care.

In the reporting period, we saw a continued commitment to using data to drive quality at a ward level. Clinical live dashboards were completed for 10 clinical networks, allowing staff

on every ward to monitor their compliance with the care pathways for their specific networks. In addition to this, we successfully rolled out our e-prescribe project, moving from a paper-driven medication administration system to an electronic one. This has seen a drop in our error rates across the board, but particularly in administration errors. All of our hospital sites now use the e-prescribe system, freeing up staff time to allow more patient-facing time from nursing and medical staff.

The focus for the next 12 months is moving to collecting clinical outcome paired data to allow us to monitor and improve clinical effectiveness within and across the networks.



Colin Quick
Chief Quality Officer



Dr Adrian Cree
Chief Medical Officer



The Priory Plan

Priory is the UK's leading independent provider of mental health and adult social care services. We have two divisions, Healthcare and Adult Care (social care), assisted by our central support functions, and together, we support more than 28,000 people each year.

Our purpose is 'Live your life'. This means supporting people to live their lives as fully and independently as possible and to achieve their individual goals. Since July 2021, Priory has been part of the MEDIAN Group, based in Germany, Spain and the UK, and together, our vision is to become the leading European provider of high quality mental health and rehabilitation services.

In autumn 2022, we launched the Priory Plan, which sets out our strategic goals for 2023-25 and how we plan to achieve them. The Priory Plan comprises seven overarching strategic goals, including developing integrated health and social care pathways, using digital capabilities to improve the care and outcomes we deliver, and making services sustainable for the future.

Our two quality-focused strategic goals are:

- + To provide evidence-based clinical pathways to patients and service users, focused on the areas where we deliver best in class
- + To be in the top quartile for measured outcomes for all of our services

These goals have helped to inform our priorities for improvement, and how we plan to achieve them, as well as our patient safety, clinical effectiveness and service user experience initiatives, detailed as part of this Quality Account.

Ensuring high quality care is at the heart of everything we do and every goal, initiative and plan that forms our strategy is driven by delivering the best for the people we support.



Priorities for improvement

Summary of progress against 2023-24 quality performance indicators (QPIs)

The Quality Account published in 2023 identified six priorities to improve the quality of our services across the three domains of service user safety, clinical effectiveness and service user experience. One of these was withdrawn following revision of guidance from NHS England (NHSE); this related to the use of outcome measures within child and adolescent mental health services (CAMHS). However, to keep the work already started, this now forms part of the ongoing outcome measurement work led by the chief medical officer. The information below provides a summary of our performance against these remaining objectives in the last 12 months.

Service user safety

Priority 1

Supporting QI in the use of restrictive practice in CAMHS, adult and older adult services: Internal incident analysis enables the monitoring of restrictive practices in all services. The reducing restrictive practice steering group reviews trends on a quarterly basis.

Rationale: Data submitted for restrictive practices in CAMHS via Mental Health Services Data Set (MHSDS) and Commissioning for Quality and Innovation (CQUIN), as per contractual requirements.

What we focused on in 2023-24: Improved monitoring of restrictive practices.

Progress in 2023-24: Dashboards in place, monitoring mechanisms embedded. Restrictive practice strategy to be developed. This CQUIN has been routinely reported through NHSE systems and has been achieved.

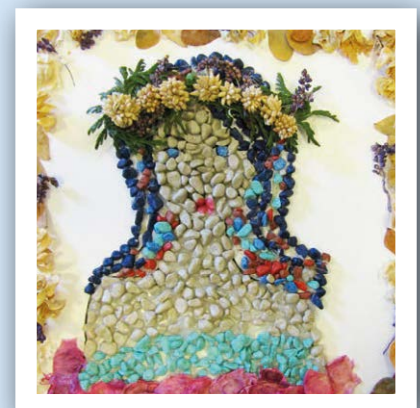
Priority 2

Staff flu vaccinations: Seasonal influenza ('flu') vaccination remains a critically important public health intervention and a key priority for 2023-24 to reduce morbidity, mortality and hospitalisation associated with flu.

Rationale: The Health and Safety Act (2008) states that all health organisations should ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be contracted at work, and that all staff members are suitably educated in the prevention and control of infection associated with the provision of health and social care (Department of Health (2008)).

What we focused on in 2023-24: To safeguard our service users, visitors and colleagues, to prevent transmission of flu, to protect those at higher risk of flu-associated morbidity and mortality, including older people, pregnant women, and those in clinical risk groups, and to ensure that the CQUIN target of 75% to 80% uptake is met.

Progress in 2023-24: Sites have displayed flu campaign posters, arranged peer-to-peer vaccination clinics, developed information leaflets and posters, and taken part in a competition. Uptake figures remained low across the majority of services and reflect the national picture of uptake, with below 50% of colleagues receiving the vaccination. Learning has already been taken from this year's campaign to support the planning for the 2024-25 season.



Mosaic by patient
at Priory Hospital
Beverley House



Service user experience

Priority 3

Increasing the level of therapeutic engagement within non-acute services: To increase the level of recorded therapeutic engagement across all mental health and learning disability services through both the expansion of treatment-focused interventions across a 7-day service, but also through the refinement of the system that allows the recording of these interventions.

Rationale: Therapeutic engagement across a 7-day programme has been linked to a reduction in incidents and an overall improvement in mental and physical wellbeing for inpatients.

What we focused on in 2023-24: Developing a new therapeutic activity-monitoring template across all applicable units. The roll-out of educational sessions for staff on the use of new recording systems.

Progress in 2023-24: The system for recording of data is now available across all non-acute services, with early adopter services showing variable patterns of usage. This work is being linked to the feedback from our patients on the level of meaningful activity, with 65% of people telling us that they receive an acceptable level of activity. There are plans at each site to improve this and we monitor the feedback on this each month to gauge the improvement trajectory.

Service user safety

Priority 4

Improving the standard of nursing handovers: Ensuring a standardised approach to handovers that has built-in flexibility based on service type, which will be adopted across all settings. This will be based on best practice examples from across the organisation and wider healthcare providers.

Rationale: There is an expectation that shift-to-shift handovers across all of our wards are effective in providing accurate, risk-based information that's focused on ensuring the safe care and treatment of our services users.

What we focused on in 2023-24: The development of a standardised handover template that is built in to the electronic patient record system, and ensuring that colleagues found this valuable and easy to use.

Progress in 2023-24: Within a survey conducted in January 2024, 75% of colleagues said that they routinely used the e-handover system, 70% said that they found it easy to use, and 65% felt it had saved time. There is more work to do on embedding this system, but early adopter sites have shown overall improvement in satisfaction with the system and we will use them to promote and support the wider roll-out.

Priority 5

Reducing incidents related to banned and restricted items within all services: To review policies and clinical practice and develop a new training package to support any changes and to further reinforce good practice. We will then monitor for a reduction in incidents linked to banned/restricted items.

Rationale: The management of banned and restricted items is a key safety tool for any of our services. This reduces, within reason, the access of items that could be used to harm someone.

What we focused on in 2023-24: There has continued to be a focus on the management of banned and restricted items, both in terms of the consistency of implementation and management, highlighting learning and good practice, as well as further reviewing related practices.

Progress in 2023-24: Both central and regional quality roles have supported local hospital colleagues to consistently implement the standard operating procedure (SOP) developed in the patient safety programme during 2022, highlighting and sharing good practice and relevant learning.

In addition to this, a focus on ensuring staff competency in searching individuals and their belongings on admission and return from leave has impacted on the degree of banned and restricted items present on all wards.

Throughout this period, we have continued to monitor incidents of banned and restricted items. Following an initial increase in incidents (due to raising awareness and focus in this area), there has continued to be slight fluctuations from month-to-month. Overall, there has been a minor level of increase in the trend, however, this is for incidents at low or no harm level and is indicating more effective practice in this vital area.

Priorities for improvement 2024-25

Following consideration by the healthcare executive team and clinical governance committee, the Healthcare Division has agreed the following priorities for improvement for 2024-25.

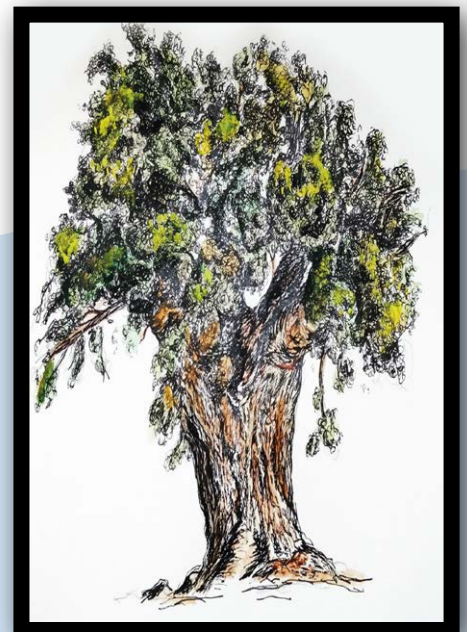
Priorities for improvement

Priority 1	To ensure that all inpatient mental health services have a locally developed approach to sexual safety within their services, which is supported and in line with national best practice, training and Priory policy.
Priority 2	To deliver trauma-informed care across all of our services.
Priority 3	To expand on our programme of QI coaching and training to support colleagues to develop their skills in identifying and systematically creating meaningful change within their services.
Priority 4	To collect, evaluate and monitor patient reported outcome measures (PROM) and clinician reported outcome measures (CROM) paired clinical outcomes for all our patients across the Healthcare Division, using the generalised anxiety disorder questionnaire (GAD-7), patient health questionnaire (PHQ-9) and the brief psychiatric rating scale (BPRS).

How will these priorities be delivered in 2024-25?

Each of the priorities will have a delivery plan; they 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. In addition to this, each priority will have a suite of outcomes and measures so that we are able to gauge the true clinical impact on the care and treatment delivered to our service users.

Art by patient
at Priory Hospital
Chelmsford





Participation in clinical audits

During 2023-24, Priory Healthcare participated in the following audits:

Audit type	Quality domain	Purpose	Key findings/ improvements
Ligature audit	Safety	To review the environment for risks of ligature as a means of ensuring that risks are understood, acknowledged and removed/managed, as appropriate (including audits of blind spots and external areas).	During 2023, we continued to refine and strengthen our ligature point audit process, with the introduction of local procedures to manage risk identified through the audit, and a hospital director assurance checklist to provide an extra layer of quality assurance within the audit process.
Infection prevention and control (IPC) audit	Safety and clinical effectiveness	To measure compliance against the IPC code of practice.	At the time of the audit, 99% of sites had an IPC lead in post and 93% of sites had completed the cleanliness audit. A key area for improvement continues to be the delivery of IPC site leaders training compliance, which has been significantly reviewed across 2023-24, the course updated and compliance at 83% of sites with a trained lead in place.
Safeguarding audit	Safety and clinical effectiveness	To ensure compliance against national standards and safeguarding policies.	<p>Good practice evidenced through the annual safeguarding audit shows that 99% of staff could accurately describe the definition of child protection and safeguarding adults. 92% of sites can evidence that they have effective communication with their safeguarding partners such as local authorities, integrated care boards (ICBs) and commissioners. Where appropriate, 95% of sites can evidence effective communication with parents/next of kin/carers/advocates in relation to safeguarding.</p> <p>Identified areas for improvement include provision of safeguarding information to patients (in easy read or alternative languages) and the dissemination of information to staff around safeguarding.</p>
Mental health legislation audit	Safety, clinical effectiveness and patient experience	To explore issues and lessons to be learnt around record keeping, Section 17 leave, medication errors, cancelled leave, patients who are absent without leave (AWOL) and the Mental Capacity Act.	<p>Findings from the audit continue to show good practice with Section 17 leave processes and the provision of information to patients under Sections 132 and 130D.</p> <p>Key areas for improvement were Mental Health Act (MHA) documentation and the governance processes around MHA tribunal hearings. This forms part of the 2024 MHA work plan.</p>

Audit type	Quality domain	Purpose	Key findings/ improvements
Restrictive practice audit	Safety, clinical effectiveness and patient experience	To review current restrictive practices that are in place and whether these can be reduced without impacting the safety of our patients.	In 2023-24, we continued to see a reduction in the number of blanket restrictions in place at site. Governance systems have been reviewed and re-structured to support frequent reviews of restrictions in place at site and ward level, to ensure staff are working in the least restrictive way, whilst maintaining the safety of patients.
Supervision audit	Safety, clinical effectiveness	To evaluate the quality of clinical and non-clinical supervision provided to staff.	<p>91% of staff were receiving clinical supervision in line with policy, 93% of staff felt that they were supported in their clinical supervision sessions, 91% of staff said that supervision gave them the opportunity for reflection and 97% of sites have a robust system in place for monitoring clinical supervision.</p> <p>Areas for improvement include discussing arrangements for supervision as part of induction and ensuring the required supervision documentation is in place.</p>



Photography by patient at Priory Hospital Enfield

Participation in clinical research

Over the last year, we have continued to participate in the national study assessing the clinical and cost-effectiveness of inpatient mental health rehabilitation services provided by the NHS and independent sector (ACER). This is a study looking at the validity of the acuity tool for acute services, and is now nearing the end of the data collection phase. In addition, we have continued our first clinical research generated by one of our clinical networks.

Our clinical networks comprise colleagues from each of our healthcare service lines, including acute mental health services, rehabilitation and recovery (R&R), adult eating disorders, CAMHS, secure services, psychiatric intensive care units (PICUs), transitional services and brain injury services.

In supporting this research, we have hired a research assistant, funding this through the Priory research budget initiated in 2023. In addition, we have continued to fund licences for the statistical package, SPSS, to support both individual and network-led clinical research within Priory.

An additional research project is with Myogenes, a company that specialises in genetic testing to provide personalised healthcare solutions. This is a study looking at the clinical utility of saliva-based genetic profiling of patients to predict the best responders to clozapine. This study is in its early stages.



Goals agreed with commissioners – use of the CQUIN payment framework

CQUIN16: Reducing the need for restrictive practice in CAMHS inpatient settings – looking at the proportion of restrictive incident records that note whether a blanket restriction was a precursor to the use of force.

+ 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’.

The CQC issued warning notices to three facilities between April 2023 and March 2024 – Cheadle Royal in June 2023, Burton Park in December 2023 and Nelson House in October 2023.

+ Data quality

Priory Healthcare did not submit records during 2023-24 to the secondary uses service (SUS) for inclusion in the hospital episode statistics (HES), which are included in the latest published data.

+ Data security and protection toolkit

The data security and protection toolkit is a performance assessment tool, produced by the Department of Health, which is a set of standards that organisations who provide NHS care must complete and submit annually. 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 has provided all mandatory evidence for assessment and has been deemed to have met the required standards.

+ Clinical coding

Priory Healthcare was not subject to the audit commission’s payment by results clinical coding audit during 2023-24.



Art by patient at
Priory Hospital Glasgow















Additional information on quality performance

Service user satisfaction and experience

As a leading provider of mental health services, we recognise the value of learning from service user satisfaction and experience. Information from service user satisfaction surveys is important to understand what service users think about their care and treatment, and to improve the quality of the services provided by Priory Healthcare. We ran one inpatient satisfaction survey during the 2023-24 period, as well as a rolling programme of post-discharge surveys. The data below gives an aggregated position against each statement, which combines both current and discharged patient data.

The statements included within the survey, with the exception of the friends and family test statement, have been co-produced with our patients and reflect the issues that are important and meaningful to them.

Statement:	% of residents who agreed
 If a friend or family member needed similar care or treatment, I would recommend this service	79%
 I feel the staff are caring and supportive	88%
 My privacy and dignity are respected	84%
 Staff make time to listen to me and understand my needs	85%
 I am satisfied with the quality and choice of food provided	70%
 The ward environment is clean and tidy	86%
 There are enough meaningful activities for me to do	65%
 I feel safe on this ward	84%
 I am involved in creating my care plans	73%
 Staff help me to maintain contact with family and friends	76%
 I feel the treatment and support I have received so far has helped my recovery	83%
 I am able to talk to the hospital director/site manager when needed	68%

In response to these findings, we have undertaken the following:

- + Each hospital service has implemented a programme to increase the level of meaningful activity, including activity during evenings and weekends, where this is not currently delivered
- + Priory has worked on food quality by bringing in external catering services at a number of sites to improve standards and consistency where needed. We have also initiated a programme called Priory Fresh, which supports the delivery of the highest standards of nutrition and quality in all of our services, and establishment of a Nutrition Board
- + All sites have been working with commissioners and case managers to ensure that effective communication systems with families are maintained, as well as making the best use of technology to do this. This includes the use of video conferencing in clinical reviews where the patient requests this
- + Site leaders all undertake ward visits as part of their quality assurance processes and use this time to engage with patients to understand their wishes and requests. It has been acknowledged by our expert reference group that anyone in the hospital is there to support them and so they are currently working on a revised statement for our 2024-25 surveys

Service user stories

My journey at Middleton St George

From failed placements to living independently



“I came to Hazelwood Ward at Middleton St George, after experiencing many failed placements in other hospitals. It felt like this was my last chance to finally gain a life worth living.

The multidisciplinary team helped me with a personalised recovery plan, suited to my needs, which included input from myself as well as their suggestions. I had to take responsibility for my actions and thoughts and show I could progress in a safe and effective way.

I started the dialectical behaviour therapy (DBT) programme 3 months into my admission. I had done some DBT at previous placements but had never been able to complete the programme. I found it hard to start with, as it made me rethink how I approach different situations, my thought processes, and the way I present myself. But with the guidance, reassurance and support from the team on Hazelwood, and with prompts that resonated with me, I was slowly able to put the skills I was learning into practice. I was taught

that I could use the skills I learnt in DBT in everyday situations, using pros and cons to make a decision, or radical acceptance when things didn't go to plan.

With the help of the team, I started to build a life worth living. I enjoyed my time going out and one of my biggest achievements was getting a train by myself, which I hadn't done in 3 years.

Eventually, I was taken off my section and I started looking for somewhere to live in my home area. When I was discharged, I knew I had many challenges ahead of me but I felt prepared for the first time. I still use DBT skills on a daily basis. I use mindfulness, radical acceptance and interpersonal effectiveness, which has helped me in a recent job interview I had. I am now learning to drive and have lived independently for 2 years. I have just accepted a job offer for my dream job and I never would have got this far without the team on Hazelwood.

Thank you!”

Priory Hospital Burgess Hill

Jenny's story



Jenny*, aged 39, was transferred to Priory Hospital Burgess Hill, from her local acute inpatient unit where she was detained under Section 3 of the MHA. She had struggled to engage with the community personality disorder team and was considered a 'revolving door' patient, with frequent admissions that did not appear to change her presentation.

Her problem behaviours included self-harm (mostly through overdosing on prescribed medication and cutting), shoplifting and putting herself in risky situations when intoxicated. She had lost custody of her two children as a result of her historical difficulties and had needed admissions for alcohol detox in the past.

Jenny joined the 12-month DBT programme on Amy Johnson Ward at Burgess Hill and although she found the approach difficult at first and was unwilling initially to face her problems, she was able to develop good relationships with her one-to-one therapist and consultant. This helped her to start controlling her impulses to shoplift and made significant steps to reduce self-harming. Jenny also committed to abstinence from alcohol.

She participated fully in the group work and individual programme; her progress meant she became an informal patient after 7 months of being at this hospital.

Jenny was therefore able to take increasing periods of leave (including overnight leave) to the community

and to spend more time developing her ability to be a mother to her children. Towards the end of the programme, she was helping to facilitate the delivery of DBT skills groups to newer patients.

Regular 3-monthly care programme approach (CPA) meetings, attended by her local services, enabled Jenny's smooth transition back to the community at the end of the programme and she continues to do well with no relapse to alcohol.

She is now holding down part-time work and living close to her children, whose lives she is more involved in.

Jenny was extremely grateful for the chance to face up to her challenges and with help from an experienced and compassionate team, she turned her life around.



Priory Hospital Newbury

Toby's story



Toby* was admitted to Newbury with a complex psychiatric history. He suffered from schizoaffective disorder and mental and behavioural disorders due to the use of cannabinoids. As a result of aggressive and assaultive behaviour, he required detention in hospital under Home Office restrictions.

Our care programme focused on educating Toby through a process of medical and psychotherapeutic treatment for dependency on psychoactive substances, mostly street drugs. Our multidisciplinary team worked with Toby to develop his insight around stopping drug use and staying drug-free. His mental state stabilised due to a structured programme of meaningful activity.

Toby engaged well with the off-site football programme and was a keen and motivated member of the community allotment project, located in a nearby residential area. This project has been a real success and won an award from the local council, and Toby is proud to be part of this exciting project. Occupational therapy assisted Toby to develop a CV and he was able to apply for jobs in the area. He was offered a position at a local sports retailer.

He is now working 16 hours a week and really enjoys his job. Toby also enjoys art and has been working with the art therapist in a group work session each week.

Toby is due to be discharged shortly. He is stable, settled and drug-free. He has rebuilt relationships with his family and friends. He has developed a strong insight into his mental health and plans to return to Newbury to talk about his journey and help others with their recovery.

Toby has recently voiced his interest in making an application for service user and care representative for the Quality Network for Inpatient Mental Health Rehabilitation Services (AIMS Rehab) – he is currently working on his application for this post.

Toby is waiting for a discharge date to move back into the community once suitable accommodation has been sourced for him. He will be discharged in the next couple of months and is planning to visit India next year.



Priory Hospital Marlow – NHS eating disorder care

A parent's message of gratitude

“”

Thanks to all your hard work, a miracle happened.



“We dropped our daughter off at your doorstep, lifeless and broken. We had lost all hope and were devastated that it had got to this point. We remember the weeks leading up to the admission, desperately waiting for the light in her room to come on or the curtains to be drawn back, just to know she is doing better, or even to check she was still alive. But it got so bad and we had no choice but to place all of our trust in you, praying that we would somehow get our daughter back.

Thanks to all your hard work, a miracle happened. Kayleigh* is returning to us, not only healthy, but with a new mindset that we have never seen before.

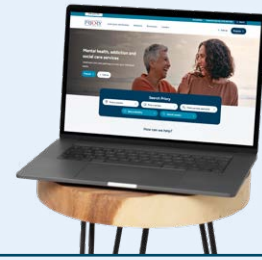
We cannot express enough how grateful we are for each and every one of you – to everyone who has contributed to her care. We will never forget the people who were part of this outstanding team, and the kind words you have said to us in times when we needed to hear it the most.

I'm sure you will all change so many more lives and repair the broken families who would do anything to see their loved ones get better.

Keep doing what you are doing by providing this gold standard care. Thank you all so much for everything. I have got my daughter back!”



Priory's new corporate website



In order to enhance accessibility and user experience, we undertook a complete overhaul of our corporate website. This has resulted in the consolidation of all our services, previously covered through six independent websites, into a single, intuitive platform, enhancing our ability to connect with and serve our audiences effectively.









Along with a customer-focused navigation, fresh creative approach and new search wizard, we also have a new hosting platform and content management system (CMS), both of which are intended to enhance user experience.

We view the transformation of our website as more than just a facelift – it's a reflection of our commitment to pushing boundaries and setting new standards in our industry.

Research and planning

It was hugely important to us that the new website design was informed by our commissioner partners, service users and their families, and that we were meeting their needs. That's why we went through a 2-month discovery phase to enable us to understand these needs. We conducted surveys and interviews with NHS and social care commissioners, as well as with patients and their families. This comprehensive approach ensured that the development of the website was a true co-production, tailored to meet the expectations of all stakeholders involved.

We discovered that our target audiences wanted the following:

 One website for all services	 More in-depth location information
 Website navigation based on user type	 Better search functionality
 More information for families of patients	 Careers information
 Demonstrate pathways across sites/services	 Live bed availability information

Strategy and implementation

The insights that we gained from the discovery phase helped to inform the entire design and structure of the new website.

We ensured that the website reached its target audience by completely re-structuring the top navigation according to the user.

In addition, our new navigation was specifically designed to direct people through their journey in an intuitive way, differentiating between our private and public sector services, and highlighting the pathways we can offer.

We also ensured that designs for every page were automated to adjust for different screen types, depending on whether people were accessing the website using a mobile, tablet or desktop.

Furthermore, we built a number of brand new features into the website, including:

- + New anxiety and depression hubs (complete with an interactive depression test)
- + A new 'Live your life' hub, showcasing a range of testimonials representing our patients and services
- + Increasing use of videos to bring our messages and patient stories to life
- + A bed availability hub, where commissioners can see live updates – something that no other providers within our space offer
- + A new and improved search function

Patient safety

The NHS Patient Safety Strategy focuses on:

- + Maximising things that go right - sharing good practice/celebration and innovation
- + Minimising things that go wrong - learning and improving. Everybody taking responsibility and being aware of the consequences of their actions

Following the introduction of a dedicated patient safety leadership role in early 2022, the Healthcare Division's patient safety approach and programme has strengthened and evolved. Within its governance structures there are:

- + Patient safety leads at all healthcare sites
- + Local hospital patient safety forums, focusing on lessons learned and QI developments related to learning
- + Regional patient safety forums, which form the divisional patient safety programme
- + Annual patient safety programme focusing on defined areas of practice and service delivery, requiring improvement from a divisional perspective
- + Clear communication pathway to share all patient safety learning/safety alerts and developments across the Healthcare Division

The developing QI approach across the Healthcare Division has been integrated into all aspects of patient safety work to maximise co-production, learning and positive impact and development. As QI grows, so does the quality and integrity of patient safety learning and developments.

Service user engagement in patient safety is also critical to shared learning, quality and safety improvement. We have continued to strengthen our co-production approach through a review of participation, engagement and co-production across the Healthcare Division. This is aimed at supporting service users, carers/relatives and EBLE to be involved in all patient safety related areas of review, development and improvement. Service users, carers/relatives and EBLE are invited and supported to work alongside colleagues on specific pieces of focused work, sharing their lived experience and perspectives to enhance and strengthen our learning and developments. The 2024 patient safety programme will include focused deep dives into:

- + The management of leave (for informal and detained patients)
- + Discharge pathways
- + Observation and engagement
- + Consideration of admission information

In September 2023, we took the opportunity to celebrate World Patient Safety Day through a face-to-face patient safety event focusing on areas of good practice, innovation and impact across our hospitals. This was a great day shared by service users, EBLE and an array of Priory colleagues. Following this event, there has been a continued

focus on maintaining awareness of patient safety across the Healthcare Division through regular and consistent sharing of lessons learned/safety alerts, of which there were 112 between April 2023 to April 2024. A patient safety campaign, 'We are Safer Together - 100 Voices', during Patient Safety Awareness Week in March 2024, captured and celebrated multiple examples of patient safety engagement and co-production at both local and divisional levels.



Quality improvement

A key strand of our quality management system has been the development of a systematic approach to QI and so, 18 months ago, we started our journey into QI by enrolling 20 healthcare colleagues on a year-long QI leaders course, teaching them the specialist skills to become QI coaches.

Over the past 6 months, the QI coaches have delivered our new 2-day QI fundamentals course to approximately 200 frontline colleagues, while 50 senior managers have also attended our new leading QI for organisational impact workshop, facilitated by the chief quality officer.

The 16 wards that have been a part of this first roll-out are now beginning to embark on the next phase of their training, which will involve them undertaking a 6-month QI project with the support of a coach.

QI fundamentals will continue to be delivered across wards in our Healthcare Division through 2024-25, whilst a further 20 colleagues from across both our Healthcare and Adult Care Divisions will join a second cohort of the QI leaders training, this time co-delivered with support of our current QI coaches.



Outcome measures: continuous QI

We believe in tailoring quality and outcome measures so they are relevant to service users and clinicians, and that they are clinically relevant in order to add value to clinicians, as a routine part of their clinical practice and continuous QI.

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 service users upon admission and again at discharge, to measure their progress whilst in our care. Across the Healthcare Division, additional outcome tools may also be used, according to the nature of each service.

Data is only used where we have paired outcome scores.

Acute mental health		
2022-23		2023-24
91%	Showed improvement in their overall mental wellbeing	89%

Eating disorders		
2022-23		2023-24
79%	Showed improvement in their overall mental wellbeing	79%

Addiction		
2022-23		2023-24
91%	Showed improvement in their overall mental wellbeing	91%



During this reporting period, we have also commenced on an expansion of our work to embed outcome measurement into our routine clinical practice. This includes the use, where appropriate, of the standardised measurement tools, GAD-7, PHQ-9 and BPRS. These will be used across a paired data system to support effective measurement of change over time due to treatment interventions.

This programme will be integrated into our business intelligence system to provide cutting edge assessment of the efficacy of the treatments we provide, and support improvements within our systems and approach where needed.



Sensory animals made by patients at Priory Hospital Marlow

Learning from complaints and incidents

The Healthcare Division has an overarching learned lessons framework, aligned to the Patient Safety Strategy, which brings together all components of learning.

During 2023-24, we took time to review our complaints and concerns policy and related procedures, to ensure these meet the specific requirements of all three nations in which our services are located: Wales, Scotland and England. This work encompassed a full policy review and amendment to all related documents and tools, and roll-out of refreshed complaints management training for all local management roles to ensure both consistency and quality of approach. Complaints and concerns governance has also been reviewed and re-structured to promote timely acknowledgement, apology, or explanation to those who raise complaints. We are satisfied that we have a culture of transparency and candour.

In relation to patient safety incidents, we continue to complete a rapid review in response to patient safety incidents. Any immediate safety or quality alerts are emailed to sites across the division within approximately 24 hours of an incident occurring. Learning of relevance is shared across divisions where appropriate. This ensures that immediate improvements are made to enhance the safety of all involved. Additionally, we bring together learning from multiple sources, highlighting emergent themes and trends within regular chief quality officer briefings to the division.

Responding to complaints

Year	Complaints per 1,000 bed days
2023-24	1.05
2022-23	1.25
2021-22	1.22
2020-21	1.19
2019-20	1.30

Complaints at stage 2 and 3

Year	Stage 2 cases	Stage 2 cases	Stage 3 cases	Stage 3 cases
2023-24	16	3	3	3
2022-23	9	0	0	0
2021-22	22	8	8	8
2020-21	22	9	9	9
2019-20	18	6	6	6

* Stage 1 - local resolution at service/site level, stage 2 - regional review, stage 3 - referral to ombudsman

During 2023-24, we saw the continuation of the reducing trend in stage 2 and stage 3 cases as our approach to complaints management and the capability of individual sites to provide a timely and proactive response has improved.



Fairy garden made by patients at Priory Hospital Nottingham

Improving safety for our service users

During 2023-24 we focused support across the division to improve the quality and timeliness of reporting and reviewing incidents and how to complete this in line with best practice.

Priory published our Patient Safety Incident Response Policy in October 2023. This aligns with the NHSE Patient Safety Incident Response Framework and gives Priory greater flexibility to learn and improve following incidents, by deploying a less prescriptive and more system-focused approach.

This provides a clear review and response framework, ensuring all patient safety incidents are effectively reported and escalated, before agreeing the most appropriate level of learning review.

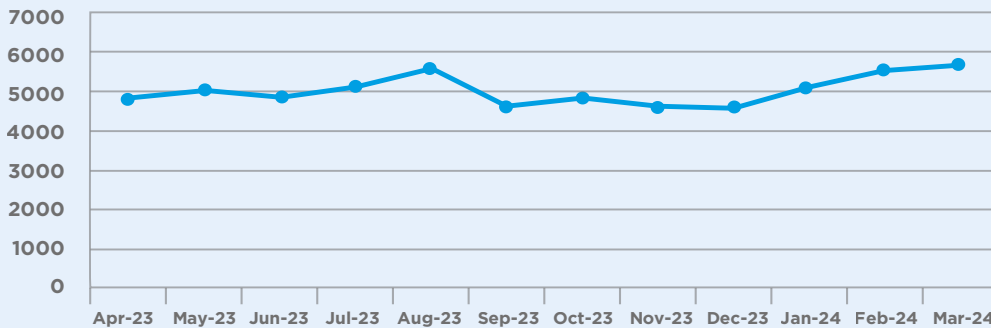
In addition to this, Priory has enhanced the patient safety incident review process to encompass robust review panels to oversee the implementation of action plans following learning reviews, and to agree on assurance of effective embedding of learning before sign-off.

During the summer of 2023, Priory trained over 50 staff across the division in a systems approach to investigating and learning from patient safety incidents, adding to the existing pool of staff we are able to call upon to assist by contributing with their specialisms to patient safety incident investigations.

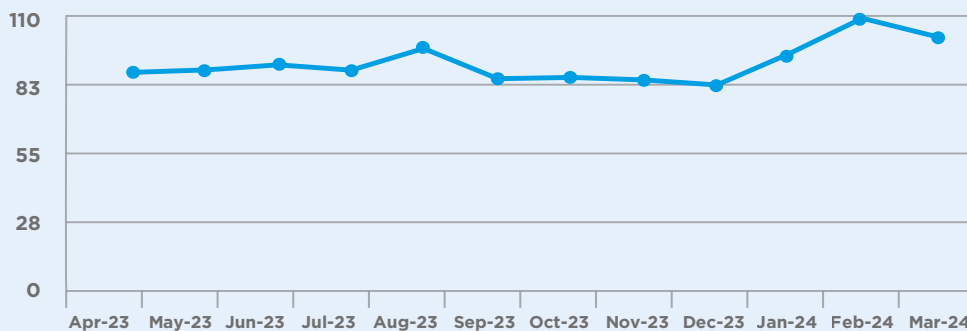
Examples of changes to practice and environments that we have taken from learning include:

- + Adjustments to our policy on observations and engagement
- + Updates to the e-handover system to reflect information on physical health
- + Improved falls risk assessment process
- + Development of a new non-suspended ligature response training programme
- + Environmental improvements to our seclusion rooms

Reported incidents (April 2023 - March 2024)



Incidents per 1,000 bed days for all inpatient services



The increase in incident rates has been evaluated and has a clear relationship to the changing profile of our services. This has seen an increase in the number of bespoke therapeutic placements (BTPs) as well as a 5% uplift in the number of acute and PICU beds. These two factors mean we are able to support more people during the most challenging times of their lives.

Colleague engagement and recognition

During this reporting period, we continue to see positive indicators of the efforts we are making to improve colleague engagement and recognition at Priory.

The Healthcare Division's 2024 engagement score of 72 increased by 9 points against 2023 results, which is another indicator that overall engagement efforts across the Healthcare Division is heading in the right direction.

Rolling turnover (RTO) continues to decrease and is down 4% on prior year. It is the lowest RTO we have seen since January 2018. RTO for healthcare assistants decreased by 7.9% on prior year, and for our nurses, this is starting to decrease, albeit it is up 3.5% on prior year.

We are continually focusing on how we can engage more permanent colleagues across our sites, leading to greater colleague engagement and continuity of care for the people we support. In 2023, we saw an increase of 474 starters on the previous year and we are looking to build on this in 2024. This year, we will be outsourcing our healthcare assistant and support worker hiring to our external talent partner, Cielo. We are forecasting an additional 400 full-time equivalent (FTE) staff in year 1 of the partnership. Alongside this, we are setting up a new direct sourcing team, led by a newly created role of talent attraction manager. This will allow us to develop our capability to hire clinical and specialist roles in a timely

way. The internal talent attraction team are receiving focused development to build a high performing team, and this will be further strengthened by investment in developing our employer brand, starting with work focused on nurses and therapists.

In 2023, we also carried out a review of the effectiveness of the 10 colleague voice platforms within Priory to understand areas for improvements. We were encouraged to learn that Priory as a whole offers more avenues for colleagues to speak up than the organisations we benchmarked ourselves against. We found that, in the main, colleagues were aware of the different colleague voice platforms but there was work to do to properly embed this across the division. In June 2024, we plan to hold a Your Voice Matters Awareness Month, designed to support the embedding of each of the different platforms.



Art by patient at Priory
Hospital Roehampton





Investing in the future of our colleagues

Priory Career Pathways has recorded 62% of colleagues as already working in their ideal role they have selected, and 35% have progressed into their next role since they set it on Academy.

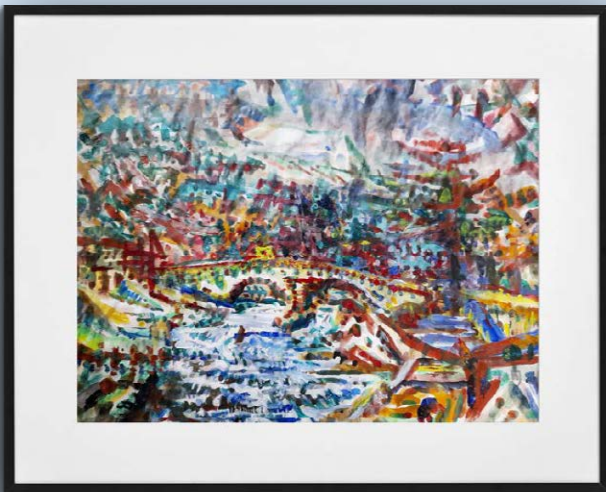
Our commitment to care as a career means a strong focus on providing outstanding development and career opportunities, including organic development. We foresee this continuing in the future by 'growing our own', such as through our nursing apprenticeship programme. Priory has supported over 200 colleagues to complete or commence their registered nurse training over the last 6 years, and will be sponsoring a further 50 colleagues (40 from England, 5 from Scotland and 5 from Wales) to do the same this year. We have had a record number of applications in 2024 for the nurse degree apprenticeship with University of Bolton for colleagues in England, and for the second year running, are offering subsistence payments for colleagues in Scotland and Wales who have secured a place on their training, or already started a course. In addition, we are now able to offer clinical/care apprenticeships to occupational therapists and social workers. There is ongoing work to continue to expand these professional development programmes and we work closely with a number of education providers to achieve this.

In March this year, the first Priory cohort of ACPs qualified. The initiative is part of our investment in supporting experienced nurses to develop specialist skills and careers in mental health.

Newly-qualified clinical practitioners beginning their careers at Priory also now benefit from a preceptorship programme, which has received its quality mark from NHSE.

In addition to these initiatives, there has been a significant increase in the number of approved continuous professional development (CPD) applications, with 643 of 930 applications being approved in 2023-24, compared to 514 out of 807 applications in 2022-23. Apprenticeships have remained stable, and there has been an increased focus on 'growing our own' occupational therapists through apprenticeships, following the success of the nurse degree apprenticeship programme.

The focus over the next 12 months is to continue building upon the existing and new initiatives in place, taking the learnings to bring about improvements that will support our efforts to become more robust at what we do.



**Art by patient at
Priory Hospital
Ticehurst House**



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 those jurisdictions. The regulators carried out 71 in-person inspections through site visits, as follows:

CQC - 13

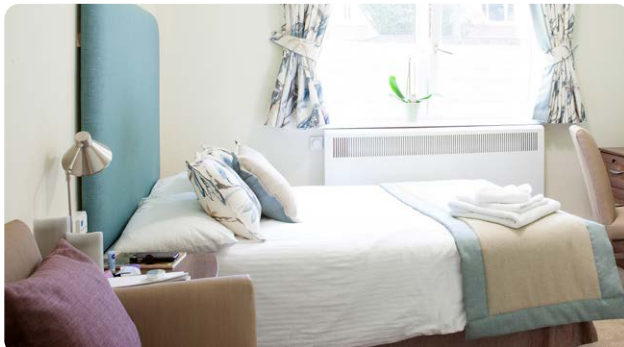
CQC MHA - 53

Healthcare Improvement Scotland (HIS) - 1

Healthcare Inspectorate Wales (HIW) - 2

Ofsted - 1

Mental Welfare Commission for Scotland - 1



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

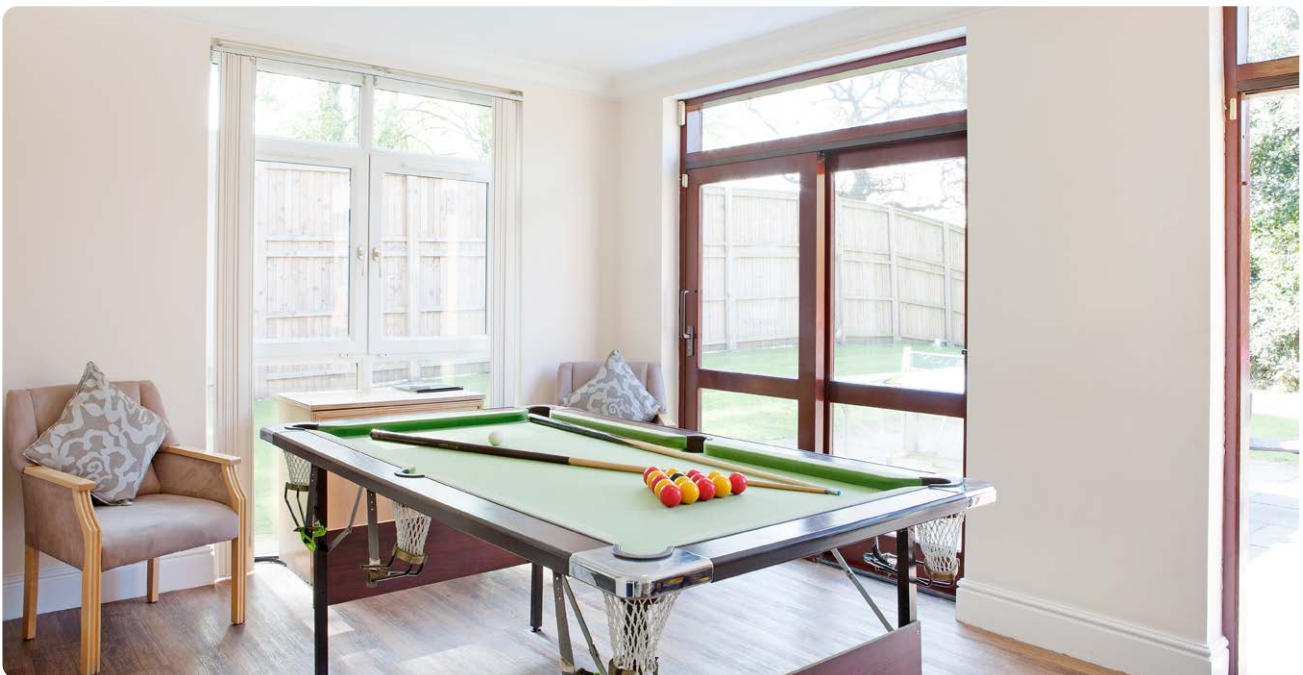
All Priory sites are monitored at arm's length through in-person inspections by the internal quality and divisional assurance teams. The aim is to assist our services in striving for, and achieving, regulatory ratings of 'good' or better, and to ensure continuous QI. Internal corporate assurance activities are prioritised based on a robust process of QPI reviews, intelligence monitoring and risk profiling. These specialist teams include experts in health and safety, regulatory compliance and financial audit. During the reporting period, we have transitioned away from a compliance-based system to a constant and locally-led assurance system that supports regular monitoring with focused direct and on-site activity where greater assurance and support may be required. This process includes a peer review system that has included an array of colleagues and those with lived experience. This has given a richer and more nuanced approach to findings and solutions. Inspection activity was as follows:

2 pilot peer reviews and 9 divisional assurance process reviews

29 fire risk assessments

39 health and safety internal audits

29 financial audits





The CQC

During the period, the CQC carried out 66 in-person inspections through site visits. Fifty-three were MHA visits. Two of the inspections are awaiting reports.

At the end of the reporting period on 31 March 2024, the ratings for services registered with CQC were as follows:

Site	Overall rating	Safe	Caring	Effective	Responsive	Well led	Inspection date
255 Lichfield Road	G	G	G	G	G	G	25/09/2017
Althea Park	G	G	G	G	O	G	10/07/2019
Altrincham	G	G	G	G	G	G	12/11/2018
Avesbury House	G	G	G	G	G	G	30/11/2021
Barnt Green	RI	G	RI	G	G	RI	25/10/2022
Beverley House	G	G	G	O	G	G	07/11/2017
Birmingham WBC	G	G	G	G	G	G	02/08/2018
Bristol	G	RI	G	G	G	G	14/04/2021
Bristol WBC	G	G	G	G	G	G	11/05/2022
Burston House	G	G	G	G	G	G	07/11/2023
Burton Park	IN	IN	RI	RI	RI	IN	21/11/2023
Canterbury WBC	G	RI	G	G	G	G	18/06/2018
Cheadle Royal	RI	IN	G	G	G	RI	21/02/2023
Chelmsford	G	G	G	G	G	G	07/09/2021
Dewsbury	RI	G	RI	G	RI	RI	06/10/2021
Elm Park	RI	RI	RI	G	RI	RI	08/08/2022
Harley Street WBC	G	G	G	G	G	G	30/10/2018
Hayes Grove	G	RI	G	G	G	G	12/04/2021
Hazelwood House	O	G	G	O	O	O	06/11/2018
Hemel	G	G	G	G	G	G	16/07/2018
Highbank	RI	RI	RI	G	RI	RI	26/01/2022
Kemple View	O	O	O	O	O	O	21/05/2019
Kneesworth House	G	RI	G	G	G	G	06/10/2020
Lakeside View	G	RI	G	G	G	G	24/09/2019
Lifeworks	G	G	G	G	G	G	26/09/2018
Lombard House	G	G	G	G	O	G	05/07/2023
Manchester WBC	G	RI	G	G	G	G	26/07/2022
Market Weighton	RI	RI	RI	G	RI	RI	21/02/2022
Middleton St George	G	G	G	G	G	G	10/01/2023
Mildmay Oaks	G	G	G	G	G	G	29/01/2020
Mill Garth	G	G	RI	G	G	G	28/07/2021
Nelson House	RI	IN	RI	G	G	RI	08/08/2023
Newcombe Lodge	G	G	G	G	G	G	16/06/2021
North London	RI	RI	G	G	G	RI	08/03/2023
Nottingham	O	G	O	O	G	G	21/01/2019
Oxford WBC	G	G	G	G	G	G	09/07/2019
Preston	G	G	G	G	G	G	28/06/2022
Priory Hospital Arnold	IN	IN	RI	RI	RI	IN	02/08/2022
Priory Hospital Burgess Hill	RI	RI	G	G	G	RI	10/08/2021
Priory Hospital Dorking	G	RI	G	G	G	G	18/08/2023
Priory Hospital East Midlands	RI	IN	RI	RI	G	RI	10/01/2023
Priory Hospital Enfield	RI	RI	G	G	RI	G	14/09/2021
Priory Hospital Marlow	G	G	G	O	G	G	14/10/2021
Priory Hospital Newbury	O	O	O	O	G	G	09/11/2023
Priory Hospital Norwich	RI	RI	RI	G	G	G	14/06/2021
Priory Hospital Solihull	G	G	G	G	O	G	06/11/2018
Priory Lincolnshire	G	G	G	G	G	G	15/01/2019
Richmond House	G	RI	G	G	G	G	10/11/2021
Roehampton	RI	RI	G	RI	G	RI	31/01/2023
Southampton	G	G	G	G	G	G	18/04/2023
Southampton WBC	G	RI	G	O	G	G	06/12/2018
Station Road (HC)	G	G	G	G	G	G	10/01/2023
Stockton Hall	RI	RI	RI	G	G	RI	31/05/2023
Suttons Manor	G	G	G	G	G	G	31/10/2023
Ticehurst House	G	G	RI	G	G	G	07/04/2021
Westfield View	G	G	G	G	G	G	27/06/2019
Wimbledon Park Clinic	O	G	G	G	O	O	04/04/2017
Woking	G	G	G	G	G	G	06/12/2022
Woodbourne	RI	RI	G	RI	RI	RI	10/01/2023

Key: IN = inadequate RI = requires improvement G = good O = outstanding

Where an overall judgement does not meet the 'good' or better threshold, the site works to a comprehensive individual improvement plan with close monitoring from the operational and central teams. Enhanced support is provided on the rare occasions where a site is rated 'inadequate' by the CQC, with a view to accelerating implementation and embedding of the improvement actions needed.



HIS

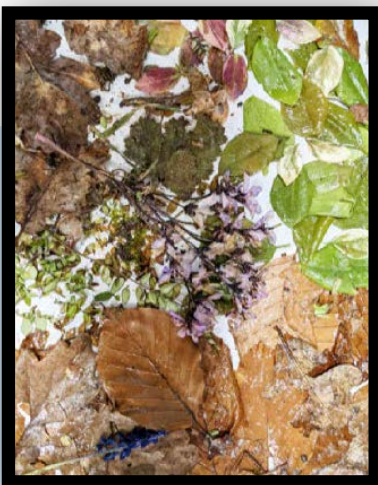
Priory Healthcare has two registered hospitals and additional satellite services in Scotland. During the reporting period between 1 April 2023 and 31 March 2024, ratings for these services and 100% of the standards inspected are currently judged to have been met. Ayr Clinic was inspected and rated as 'good'.

HIW

There are three services registered with HIW. There were two compliant inspections between 1 April 2023 and 31 March 2024. Ty Cwm Rhonda, Llanarth Court and Priory Cardiff were all compliant as of 31 March 2024.

Sites with regulatory compliance/warning notices

Warning notices	Comments
Priory Hospital Cheadle Royal	Received in June 2023
Burton Park	Received in December 2023
Nelson House	Received in October 2023
Notice of proposal	
N/A	
Notice of decision	
N/A	



Art by patient at
Priory Hospital
Woodbourne





Appendices

Statement of assurance from our lead commissioner

NHSE is the national lead for specialised mental health services contracts from Priory Healthcare, which includes contracts with Priory Healthcare Limited and Partnerships in Care Limited (Priory).

Throughout the year, NHSE and its NHS provider collaborative partners have maintained a continued focus on quality oversight and monitoring of services both at a local and national level. Hospital visits have been enhanced by the involvement of service users, families, carers and staff. Within CAMHS, family ambassadors have also provided a supportive role to help parents navigate and understand the inpatient services and help drive ongoing quality improvements, all of which have been embraced by Priory and its services.

Priory's specialised mental health services are members of the Royal College of Psychiatrists (RCPsych) Quality Networks and continue to actively participate in peer reviews, leading to improved compliance with the Quality Networks' national quality standards. The company-wide quality leaders development programme has also produced a further 20 quality coaches to work within services, which aims to enhance its quality governance framework of continually striving to improve all aspects of care and positive experiences for service users, their families and carers.

The healthcare system in England has continued to experience challenges with recruitment and retention of staff. In response, Priory have been focussing on its recruitment strategies and has developed apprentices, amongst other schemes, all of which have contributed to a lower turnover rate and reduced reliance on temporary staff during the year.

NHSE and its partners look forward to supporting Priory through the coming year with the aim of supporting staff, improving ward environments and attaining positive outcomes and experiences for service users, their families and carers.

Yvonne Srinivasan
Senior Mental Health Commissioner
Specialised Commissioning
NHS England - East of England

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 Department of Health 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

Rebekah Cresswell,
Chief Executive Officer
Priory
June 2024



Art by patient
at Priory
Kemple View



Contact us

www.priorygroup.com
info@priorygroup.com

 @PrioryGroup

 @priorygroup

 @Priory

PRIORY
Part of MEDIAN Group

Priory Group UK 1 Limited,
80 Hammersmith Road, London, W14 8UD.
Company Registration Number: 09057543