

# Priory Healthcare Quality Account

2022-2023



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# Foreword: Priory CEO, Rebekah Cresswell







# Welcome to the Priory Healthcare Quality Account for 2022-23.

This year has been a significant period in Priory's history as we further integrate with our parent company MEDIAN and launch our three-year organisational strategy (2023-25). Our focus remains on delivering excellent outcomes for the people we support so that they may lead as fulfilling and independent lives as possible.

Our three-year Priory strategy, which is based around seven strategic goals, has quality and safety at its heart. It recognises the importance of integrated health and social care pathways and the need to ensure services are sustainable. It shows how we plan to realise our digital aspirations between now and 2025, and how the use of technology can ensure consistency, reduced inefficiency and improved outcomes. Most importantly, it demonstrates our commitment to investing in our people and the culture at Priory, and the essential link between our workforce and high quality care.

As of 31 March 2023, 76.6% of our 64 Care Quality Commission registered healthcare sites in England were rated 'good' or 'compliant' against NHS and independent benchmarking figures of 77%. Our sites in Scotland and Wales remain compliant. I'm pleased to say that within this reporting period, we have made great strides in developing our safety programme and culture of continuous quality improvement, including embedding patient safety leads at all our Priory healthcare sites, and training 20 quality improvement coaches.

In addition, we have seen greater participation in co-production activities with patients, service users and experts by lived experience who continue to provide invaluable insight that shapes our services. While our incident rates compare well with similar providers, and have reduced during this reporting period, we continue to champion the importance of reporting incidents, near misses, and serious incidents, so we can take rapid action and learn lessons.

Attracting and retaining skilled colleagues who share our values is vital to providing high-quality care, and we recognise the challenges the whole sector is facing

in terms of workforce shortages. To this end, we have introduced a number of measures during this reporting period, including increasing pay for nurses and healthcare assistants. In Q1 of 2023, we saw a positive headcount movement of +358.3 full time equivalent – the highest on record since reporting started in 2018. We have a number of initiatives in place to evolve our talent strategy and on-boarding processes, including using digital platforms and automation.

Our people strategy for the next three years is focussed on embedding a culture of openness, transparency and trust where colleagues feel like they belong. We were delighted that the results of the 2023 colleague engagement survey saw our engagement score increase by 11 percentage points, as well as a 12 percentage point increase in the category of 'growth'.

Care as a career is such an important principle for Priory, and we are keen to differentiate ourselves in the health and social care sector as a provider of outstanding career development and learning opportunities to our people. For example, we are celebrating our fifth year of sponsoring colleagues to progress their career through the nurse degree apprenticeship programme – offering them the unique opportunity to earn and learn simultaneously.

We know there is always room for improvement, and we look forward to making progress at pace throughout the 2023/24 period, to benefit the service users, families and carers we support.

**Rebekah Cresswell**

Chief Executive Officer, Priory



## Quality statement from the executive lead for quality and the executive medical director

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**The past year has been focused on growth, development and investment in the quality systems and structures within Priory. This involved the recruitment and embedding of new roles focused on safeguarding, mental health law and patient safety practice as well as the inception of a quality coaching programme. These new roles and development programmes have seen an exponential increase in the activity around quality, with a strong emphasis on patient safety across all of our services.**

As part of our commitment to using data to drive quality at a ward level, we have seen the continued roll-out of our clinical pathway system. This is driving up standards when combined with the new dashboard system that supports frontline colleagues to know and understand the effectiveness of their interventions down to an individual patient level. The commencement of a new e-prescribing system has been launched, which demonstrably reduced medication prescribing and administration errors to an almost negligible level, during its pilot phase.

Our patient safety work has been our flagship programme over the last 12 months, with the creation of patient safety leads at every site within the Healthcare Division and a network of local and regional groups that are able to share and develop good practice. These networks fully integrate our service users and experts by lived experience who are heavily involved in array of co-production activities. The focus on creating new ways of working, learning and engaging service users has been key to supporting us to reduce incident rates, in particular within key areas such as self-harm, absconding and violence/aggression.

There is an ongoing commitment at all levels to developing our quality approach, as was exemplified in our Care Quality Commission (CQC) well-led inspection, the momentum continues and the support from board level is as strong as ever. The employment of non-executive directors has given us the challenge and acumen to drive ourselves onward in our continuous quality improvement (CQI) journey.



**Dr Adrian Cree**  
Executive Medical  
Director



**Colin Quick**  
Chief Quality Officer



# Priorities for improvement

## Summary of progress against 2022-23 quality performance indicators

The Quality Account published in 2022 identified eight priorities to improve the quality of our services across the three domains of service user safety, clinical effectiveness and service user experience. The information below provides a summary of our performance against these objectives in the last 12 months:

### Service user safety

#### Priority 1

**Cirrhosis and fibrosis tests for alcohol dependent patients:** Achieving 35% of all unique inpatients (with at least 1-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence, who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.

**What we focused on in 2022-23:** Assessing the systems we had in place to support the referral for a test to diagnose cirrhosis or advanced liver fibrosis.

**Progress in 2022-23:** As a Healthcare Division, this was reviewed and deemed not applicable to our service as a Commissioning for Quality and Innovation (CQUIN) indicator with NHS England (NHSE) and was therefore withdrawn.

### Clinical effectiveness

#### Priority 2

**Routine outcome monitoring in children and young people's mental health services:** Achieving 40% of children and young people accessing mental health services, having their outcomes measured at least twice.

**Rationale:** Paired outcome scores will enable us to monitor improvement for individual patients and by units.

**What we focused on in 2022-23:** Ensuring clinician-rated Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCa) and Children's Global Assessment Scale (CGAS) were completed as a minimum on admission and at discharge for all young people in our children and young people's inpatient units.

**Progress in 2022-23:** For discharges during the period 01/04/2022 and 31/03/2023, we achieved 31% paired outcome scores for CGAS and 28% paired outcome scores for HoNOSCA. These are both below the targets that were set. Outcome scores will be added to the children and young people's clinical pathways dashboards so that completion can be monitored going forwards.

#### Priority 3

**Delivery of formulation or review within 6 weeks of admission, as part of a dynamic assessment process for admissions within tier 4 children and young people's mental health settings:** All tier 4 children and young people's mental health units to have a clear process for developing a multidisciplinary team understanding (i.e. a formulation) of (a) the presenting difficulties for a young person leading to (b) a coherent plan of care, intervention and risk management for within tier 4 settings and (c) recommendations for care and intervention post-discharge.

**Rationale:** This was set as a CQUIN indicator by NHSE. Aims to ensure that we have a clear process for developing multidisciplinary team understanding of the presenting difficulties for a young person, leading to a coherent plan of care, treatment and risk management.

**What we focused on in 2022-23:** Ensuring all applicable units were routinely scheduling an initial review meeting within 5 days of admission with stakeholders and providing a single place for recording formulation within our electronic records system.

**Progress in 2022-23:** The number of new admissions, where it was agreed at the 5 day CPA that formulation is an aim or function of the admission, which have had a formulation or review, or update of existing formulation, within 6 weeks of admission, that is based on the collation of up to date information and understanding from the young person, family and all relevant sources, and that has been shared in the appropriate format with the young person, carers and community key workers as part of a dynamic assessment process was 95%.



## Service user safety

### Priority 4

**Supporting quality improvement in the use of restrictive practice:** Supporting sites with implementing the Mental Health Units (Use of Force) Act 2018 that will come into force at the start of 2022 and using the government statutory guidance which will detail how mental health units are expected to meet the requirements of the act.

**Rationale:** To clearly set out the measures that are needed to prevent the inappropriate use of force. To ensure accountability and transparency about the use of force in mental health units.

**What we focused on in 2022-23:** Revising our current Use of Force in Mental Health Units Policy to include core physical intervention (PI) holds. Establishing a reducing restrictive practice committee. The development of reducing restrictive practice (RRP) dashboards to monitor data/trends. Developing a new corporate 5-day induction programme to include reducing restrictive interventions training (RRIT). Producing patient information leaflets and posters, on the use of force.

**Progress in 2022-23:** The revised and updated Use of Force Policy, together with a patient guide, was issued in January 2023. The RRP committee has met bi-monthly throughout the year. RRP dashboards and restraint by protected characteristics report are now created each month. A new 5-day corporate induction has been created, for launch in 2023.

## Service user experience

### Priority 5

**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. This was planned as a 2-year priority to support the sustainability of the programme.

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

**What we focused on in 2022-23:** 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 2022-23:** The new meaningful activities timetable in Carenotes was created for secure, rehabilitation and recovery (R&R), children and young people and eating disorder services. The timetables were launched as each network dashboard was created and staff from each network trained in how to input accurate data on activities offered, accepted, refused and cancelled. An audit of meaningful activity by patient, ward, service is due to be conducted in July 2023.





## Clinical effectiveness

### Priority 6

**Enhancing the culture of quality improvement across the Healthcare Division:** To enhance the culture of CQI across all services within the Healthcare Division

**Rationale:** Quality improvement is known to improve safety, clinical outcomes and reduce costs. This requires staff to have an understanding of quality improvement methodology and how to apply this across the division.

**What we focused on in 2022-23:** Supporting sites to create the building blocks to secure a change in culture, with a focus on the development of named site quality improvement leads who are trained to support their services to engage in quality improvement projects that will be focused on improving service user care and experience.

**Progress in 2022-23:** The first cohort of 20 improvement coaches started their 9-month training course in December 2022; this is due to be completed in September 2023. Three quality improvement projects are currently being supported through the training course.

An introduction to quality management systems is now included in a new quality induction for clinical leaders, delivered by members of the nursing and quality team.







## Service user safety

### Priority 7

**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 is focused on ensuring the safe care and treatment of our services users.

**What we focused on in 2022-23:** The development of a standardised handover template that is built in to the electronic patient record system. Supporting all units with access to hardware and Wi-Fi, to undertake handovers using the new template. For those sites who could not use the electronic version, consideration has been given to developing a similar template for use as a hard copy. Webinars and training sessions were provided to support staff moving over to the new template.

**Progress in 2022-23:** During 2022-23, a pilot of the electronic handover tool was initiated across several units within the Healthcare Division. The pilot included units across all service networks. During the pilot, adjustments were made to the tool following feedback but overall, it was received positively. The electronic handover was formally launched at the patient safety forum in April 2023.

### Priority 8

**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 and 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 2022-23:** Review of current policy, training and monitoring systems in place. Baseline audit carried out prior to the implementation of changes and then a re-audit to be carried out later in the year to assess impact and effectiveness of changes.

**Progress in 2021-22:** Consultation with operational colleagues of current practice took place, and revision made to clarify and improve the required practice standards. This was achieved through the divisional patient safety programme that focused on key areas of service delivery improvement.

Comparison of baseline incident data involving banned and restricted items with figures following this focused piece of work (Nov 21-May 22 and Jun 22-Dec 22) showed a slight increase, which was to be somewhat expected given the focus and attention on this aspect of practice (651 -> 962 incidents). Notably, there was a reduction of items being brought in on admission, however, increased incidents of items being brought in from leave - which may coincide with the increase in vapes and lighters.

Due to our focused work on managing banned and restricted items in the reporting year, we have seen a month-on-month reduction in incidents since the start of 2023. We continue our work on this vital area of practice and monitoring of impact forms part of our standard data reporting to the board.

It is envisaged following this work, that incidents related to banned and restricted items within our services will continue a downwards trend, indicating more effective monitoring and management. This will therefore, remain a priority for improvement for 2023-24.



## Priorities for improvement 2023-24

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Following consideration by the Priory Healthcare executive team and clinical governance committee, the Healthcare Division has agreed the following priorities for improvement for 2023-24

### Priorities for improvement

Priority 1	<b>Routine outcome monitoring in children and young people's mental health services</b>
Priority 2	<b>Supporting quality improvement in the use of restrictive practice in children and young people, adult and older adult services</b>
Priority 3	<b>Staff flu vaccinations</b>
Priority 4	<b>Increasing the level of therapeutic engagement within non-acute services</b>
Priority 5	<b>Improving the standards of nursing handovers</b>
Priority 6	<b>Reducing incidents related to banned and restricted items within all services</b>

### How will these priorities be delivered in 2023-24?

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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.





## Participation in clinical audits

During 2022-23, Priory Healthcare participated in the following audits:

Audit type	Quality domain	Purpose	Key findings/ improvements
<b>Ligature point audit</b>	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).	Based on the review from the 2022 audit, we have made key changes to the audit, which include updates to the audit tools and quality assurance process to strengthen our oversight of high risk areas and how these are being managed safely.
<b>Infection prevention and control audit</b>	Safety and clinical effectiveness	To measure compliance against the infection prevention and control (IPC) code of practice.	At the time of the audit, 91% of sites had an IPC lead in post and 95% of sites had completed the cleanliness audit. A key area for improvement was around IPC training compliance.
<b>Safeguarding audit</b>	Safety and clinical effectiveness	To ensure compliance against national standards and safeguarding policies.	Good practice evidenced through the annual safeguarding audit shows that 98% of sites have a process in place for escalating high risk, high profile concerns to senior management, 100% of sites felt they were able to correctly identify and explain the safeguarding ethos of risk enablement and positive risk taking, and 97% of sites felt that their safeguarding process takes into account individuals' personal and cultural views/characteristics and attributes. Identified areas for improvement include provision of safeguarding information to patients and further developing sites' approach in recognising and taking into account anti-oppressive practice.
<b>Mental health legislation audit</b>	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.	Findings from the audit show good practice with Section 17 leave documentation, the provision of information to patients under Sections 132 and 130D, and governance and monitoring processes. A key area for improvement was identified with regards to the Mental Capacity Act, including documentation and reviews that are carried out.

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.	Results still under review. The audit has indicated that against 29 standards, we have seen a maintenance or improvement in clinical practice in 22 of them. Areas for further work include management of incoming mail, rigidity of visiting times, internet access and accessing garden spaces at night.
Supervision audit	Safety, clinical effectiveness	To evaluate the quality of clinical and non-clinical supervision provided to staff.	Key findings show that 91% of staff felt that supervision was confidential and 93% of staff felt supported through their clinical supervision sessions. 91% of sites said they have established clinical supervision structures on all of their wards/units. Areas for improvement highlighted through the audit were around record keeping and discussion of supervision in induction.
Observation and engagement audit	Safety and clinical effectiveness	To review current observation and engagement practices and ensure all staff are adhering to the Observation and Engagement Policy.	Audit still underway. The audit highlighted overall good practice around Observation and Engagement however it indicated the need for improved recording of activity in this area. This will be addressed through the roll-out of an E-Observation system.

## Participation in clinical research

There has continued to be progress in our commitment to research in driving quality improvement and the ongoing development of our staff. We are participating in one national study looking at rehabilitation outcomes in the NHS and independent sector, have two internal clinical studies generated by the acute and R&R networks, and have a number of smaller internal studies that are driven by individuals, usually as part of their professional and academic development. To support this ongoing research, we have been looking to increase availability of statistical packages for analysis and NHS Athens accounts for literature reviews. Overseeing the quality and appropriateness of the research is the research committee, which is chaired and staffed by experienced researchers. The committee meets monthly, reviewing progress of current research projects and all new research applications. This year, we have a small budget of £50,000 to support our larger clinical studies.







## Goals agreed with commissioners – use of the CQUIN payment framework

Routine outcome monitoring in children and young people, and perinatal mental health services – achieving 40% of children and young people, and women in the perinatal period accessing mental health services, having their outcomes measured at least twice.

Delivery of formulation or review within 6 weeks of admission, as part of a dynamic assessment process for admissions within tier 4 children and young people's mental health settings - to maximise health outcomes for all children and young people through:

- + Having a clear process for developing a multidisciplinary team understanding (i.e. a formulation) of (a) the presenting difficulties for a young person leading to (b) a coherent plan of care, intervention and risk management for within tier 4 settings and (c) recommendations for care and intervention post-discharge
- + Enhancing all professionals' understanding of the identified present and anticipated future needs of a young person, and therefore the accurate planning of effective services to meet those needs

Supporting quality improvement in the use of restrictive practice in tier 4 children and young people's mental health settings – this indicator will underpin measures that will need to be put in place to implement the Mental Health Units (Use of Force) Act 2018 that will come into force at the start of 2022.





## Statements from the CQC

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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 two facilities between April 2022 and March 2023. These were Priory Hospital Cheadle Royal in February 2023, and Priory Hospital East Midlands in July 2022 and September 2022.

## Data quality

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Priory Healthcare did not submit records during 2022-23 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

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The data security and protection toolkit is a performance assessment tool, produced by the Department of Health and Social Care. It 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

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Priory Healthcare was not subject to the audit commission's payment by results clinical coding audit during 2022-23.





# 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 recent care and treatment, and to improve the quality of the services provided by Priory Healthcare. To ensure that we had a true understanding of the views and wishes of our service users, we worked with them to develop a whole new set of survey questions. These have helped us focus on what is important to them and work in conjunction with them to re-shape our services. During 2023-24 we will continue to use this new question set to report on our progress and improvements.

For our short stay services we have combined the results of both of our 2022-23 surveys, to ensure we have full coverage of patients supported throughout the whole year. For our medium and longer stay services we have reported the results of our latest survey.

**Overall percentage of patients that felt the treatment and support they received had helped them in their recovery (of service users who participated):**

### Short stay services – cumulative responses for 2022-23:

Acute and addictions

2022-23

**74%**

Psychiatric intensive care unit (PICU)

2022-23

**69%**

Private

2022-23

**84%**

### Medium/longer stay services – last survey results in Q4 2023:

Brain Injury Services

2022-23

**76%**

Eating Disorders

2022-23

**65%**

Child and Young People Mental Health Services

2022-23

**33%** NB. There was a very low number of survey participants in this section.

Secure Services

2022-23

**76%**

Rehab and Recovery

2022-23

**81%**



Overall percentage of patients that would recommend Priory services if a friend or family member needed similar care or treatment (of service users who participated):

**Short stay services –  
cumulative responses for 2022-23:**

Acute and addictions

2022-23

**74%**

Psychiatric intensive care unit (PICU)

2022-23

**70%**

Private

2022-23

**91%**

**Medium/longer stay services –  
last survey results in Q4 2023:**

Brain Injury Services

2022-23

**70%**

Eating Disorders

2022-23

**69%**

Child and Young People Mental  
Health Services

2022-23

**52%**

Secure Services

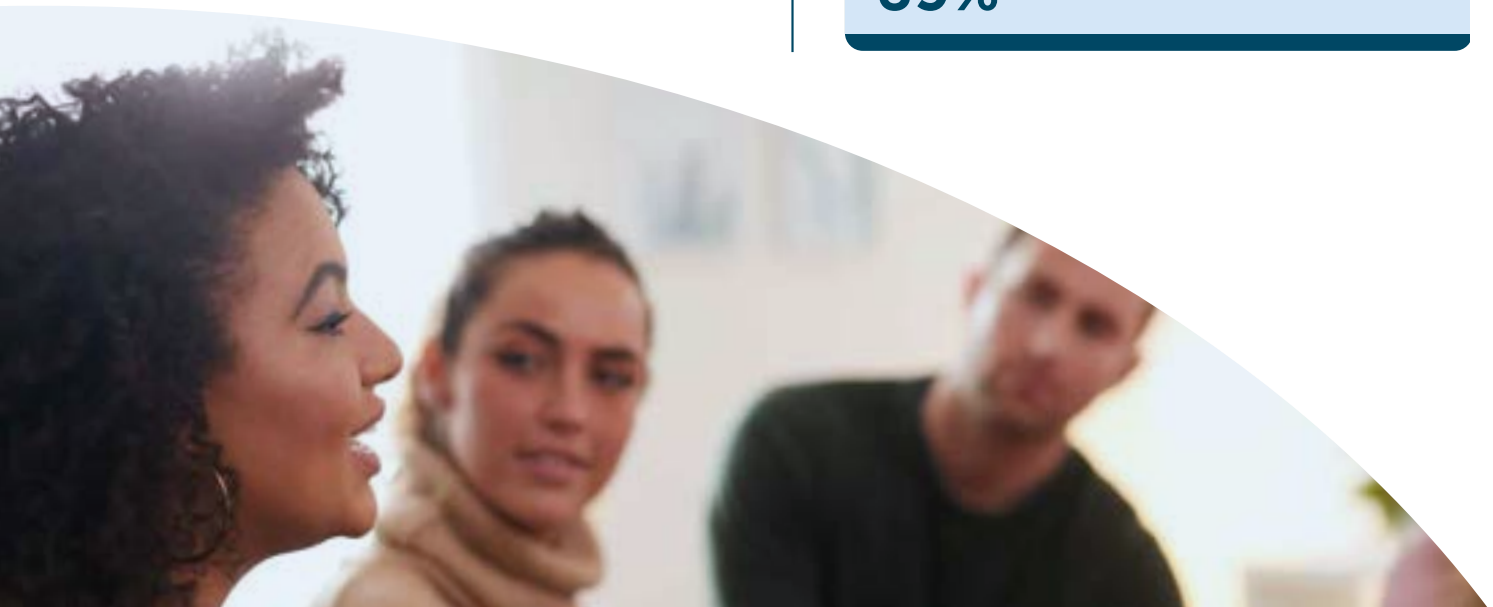
2022-23

**68%**

Rehab and Recovery

2022-23

**69%**





# Service user stories

## The Elphis

# Another chance at life – a patient's story



**On the 27th December 2021 I hit my rock bottom and could see that my life had become completely unmanageable. I'd hurt a lot of people close to me, including my wife, my children and most definitely myself. I was hurting so badly I had contemplated taking my own life on more than one occasion. That day I made a phone call to the Priory...**

In many ways I knew what I was doing with the self-destructive behaviour but didn't know exactly understand why I did it at times. I had reached a point whereby I just wanted to make myself feel better by whatever means and that often involved drugs and other women. I didn't think for one minute that I had a drink problem but I'd figured out that every time I drank alcohol I then wanted to do a line of coke and then the floodgates would open and I'd want more, which would then send me off into another world of wanting sex or comfort from other women. As a result, I just thought I was a very selfish person who wasn't capable of seeing anything good in my life or capable of looking after anyone or anything. I would self-harm, self-destruct, catastrophise and manipulate everyone close to me or any situation to get what I wanted. I would have thoughts and feelings and just think 'well that me, that's who I am, and I can't change who I am'. I kind of knew it all stemmed from childhood but didn't understand how and why exactly it affected me in adulthood.

Never at any point in 47 years did I ever think I might be an addict, because to me an addict was someone that used heroin, crack or drank every day and I was not like that: I had a normal functioning life with a family, a business and I didn't drink or use every day.

That first phone call with Priory was an initial assessment with a lovely lady from Chelmsford called Sue. I told her my brief background and she instantly identified with me

and said I had suffered childhood trauma and that I had a very strong case to be taken in for the addiction treatment programme. I was desperate to hold onto my wife and family and everything material that I had around me and I knew I couldn't do it on my own – so I jumped at the chance to be admitted. It followed up with an assessment with an equally nice chap called Dr Swami, whom for me was something like a God with strong powers to make me better, but that was also my own wishful thinking!

From the very moment I walked through those doors in Chelmsford I 'surrendered'. I'd never heard of the 12-steps, let alone been in any sort of institution like this, but I wanted to feel different and begged for help. Whatever I needed to do, I was willing to do it, and from that day forward I became a sponge and worked so hard to get the stuff they were teaching me. It was probably the most painful experience of my life; I was scared of where my life was heading at this point but I threw myself into my treatment – and the support and love I received from the team in primary care at Chelmsford was amazing. They almost had to break me into little pieces and help me start again with the re-building process.

Then as I neared the end of my 28 days they sat me down and Dr Swami told me that some people are worth investing his time in and he encouraged me to consider secondary treatment, as 'primary was only scratching the surface. He said I had a lot of 'inner child' work to do to get to the core of my issues and almost be 're-parented'. This almost broke me again at the thought of being away from my family for a further two to three months, plus I had a business to run; but I trusted him and the whole team at Priory and knew that they always had my best interests at heart. After a further consultation with the lovely Andrea Taylor at The Elphis, off I went for the start of my secondary treatment.

All the team once again were so supportive and loving towards me and I formed a very special bond with certain individuals like Gavin, Deborah and Andrea that I will forever hold onto. I was warned it would be painful at times, trying to go back to the beginning and re-live past childhood trauma. They took me to places I never knew existed, but I had faith and the more faith I had in them the more positive things started to happen. The whole team invested as much time in me as I did myself and this then followed with Andrea offering to do couples therapy with me and my wife Andrea. This has been so helpful to us both.

After being at The Elphis for a total of four months (two months residential and two months part time day care) I eventually graduated. It was one of the most emotional days of my life because I'd come so far in such a short space of time and what the whole Priory team had done meant the world to me and my family.

Someone said I was being given my life back but as far as I'm concerned, they have given me the chance of a life that I have never had and for that I will always be eternally grateful.

Today I still go back to have my one-to-one therapy with Deborah and couples therapy with my wife, and I'll always hold the whole team there in the very highest of regard.

**Thank you!**

## Priory Burston House

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# My story of recovery

**I was admitted to Burston House, following a significant deterioration in my mental health. When I was first admitted I was nervous, and sad to say I often acted impulsively and or aggressively towards others.**

But with the support of the team at Burtson House, I finally started to build a rapport with the nursing team and began to engage with my treatment. I started to notice my behaviour and mood improve and I felt less influenced by my peers.

There were still moments where I struggled to manage myself though. Sometimes I would have moments of becoming over excited and I would play fight, which would get out of hand. I would sometimes feel easily distracted but the team were always on hand to help me feel calmer. They even involved my family and let me sit in on meetings about best ways forward for me.

I was then able to step down onto the other rehabilitation wards the hospital offered.

The team helped me stay in contact with my family and I was able to utilise home visits. When my behaviour became settled for longer periods of times, I got to stay with them more. With the help of a community team it was decided I could be discharged and I went back to my family home. My family still stay in contact with the team at Burston House and always say how supportive they are.



\*Service user's name and image has been changed to protect their identity.



## Priory Highbank Centre – a dedicated care pathway within one service

# Will's story

**Having been treated at Salford Royal Hospital following a road traffic accident, Will transitioned to Priory Highbank Centre's active rehabilitation ward.**

During his stay on Upper Walmersley, he received active treatment from professionals such as physiotherapists, occupational therapists and speech and language therapists. Each discipline worked closely with each other to optimise Will's recovery and functioning.

Whilst he initially presented with no sitting balance and poor head control, he soon increased his postural control and was able to take part in activities, due to the support of our programmes utilising tilt tables, standing aids and perched sitting. This allowed Will's true nature to shine through and he began to enjoy playing games and interacting with the world around him.

It was also identified that the use of thermoplastic splints and lycra sleeves would benefit Will. Splints were crafted specifically for him onsite and helped him to maintain the range of movement in his hands. In turn, this reduced some of the global muscle patterns that were interrupting his upper limb control and thus his postural control.

Eventually, we were able to reduce the amount of time Will needed to be in a fully moulded wheelchair, which gave him a level of independence some wouldn't have thought possible.

Different communication aids were also offered to Will, including the Eyegaze, which also allowed him to access and control a variety of different connected devices including his TV, which had the capability of actively picking up on when and what he was watching.



## Moving on to Highbank's specialist adult care home

After five years, Will was ready to be discharged to the Elton Unit. It was evident that Will had become tired of rehabilitation and needed the opportunity to explore a more social environment that allowed him to flourish, develop new skills, and access new opportunities.

During the transition, Will's family were shown around the new unit by the ward manager and all the support they needed, was provided to them. It was a difficult time, as they had built trust and bonds with the team on Walmersley, but the whole team on Elton were dedicated to reassuring them and explaining how care here would work. This involved regular meetings with Will and his family.

## Will climbed his own mountains

- + He learnt to put his own cap on again
- + He got to hear his own voice again with the support of speech and language therapy
- + He was able to sample new flavours again through the use of BioZoom technology. The joy that this brought him was significant and you could see the happiness and sensations with each gulp
- + He was able to communicate how he wanted his room to look and completely personalised it to his taste, including favourite band posters
- + He began to mouth the words to some songs
- + His smile became even more radiant and you knew the moment he entered the room that there were going to be some good times ahead
- + He was able to take part in 'virtual visits' with his family, during the pandemic which surprisingly gave Will a feeling of greater independence, rather than restriction
- + He joined in with physical games like badminton and was able to follow the movement of floating balloons with his eyes
- + He could go in to the community and attend events that would have previously been impossible for him

Will's time at Highbank was a very happy one and his parents are so grateful for the added time they had with their son. Due to recurrent chest infections, Will unfortunately passed away but the team were able to support both him and his family during this awful time, making sure Will was kept as comfortable as possible throughout.

We will forever be grateful for the time we had getting to know Will, and his beautiful smile and positive attitude will always be remembered at Highbank.



## Priory Hospital Kemple View

# Wayne's\* story

**In February 2016, I was admitted to Priory Hospital Kemple View in Blackburn. I had problems controlling my anger and was constantly in 'fight or flight' mode, which kept getting me into trouble. I knew I had mental health issues and needed specialist support.**

At first, I struggled with some of the processes at Kemple View. Also, the daily routines in the hospital weren't what I was used to and it took me a while to 'warm up' to the staff. Furthermore, Kemple View is a non-smoking hospital, which I found to be particularly difficult, at least at first.

After a period of time, I was allowed accompanied leave from the hospital. I was given permission to walk to the local shop or a café with a member of staff. However, I didn't want to go and sit in a café – I wanted to do activities. I asked whether I'd be allowed to play football in the Social Inclusion Football League (SIFL) during my periods of leave. Eventually I was allowed, alongside some other patients and staff which was great news.

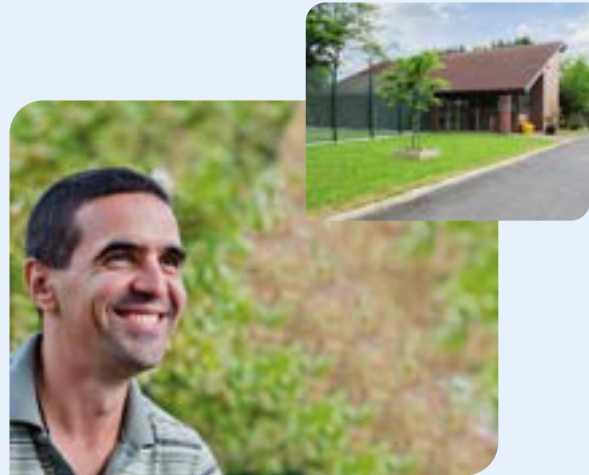
Kemple View staff could see how much the physical activity was benefiting us patients, so they agreed to take us to a new league and this time, staff were matched to patients based on common interests.

Just over a year after I'd been admitted, I applied for unescorted leave so I could attend the SIFL football sessions on my own. My application was discussed at one of the monthly meetings and I was granted the leave. Following this, the management team asked me to give talks to new staff members to help them understand things from a patient's perspective and realise how the little things can make a big difference.

### Improving and evolving

In January 2018, I started volunteering for Creative Support as Kemple View actively seek suitable volunteering opportunities for their patients.

Blokes United was a new initiative for Creative Support and I volunteered for this too. Blokes United in Blackburn first kicked off with five staff members and a number of patients having a kick about and going to the pub to socialise afterwards. For many of the patients, this opportunity provided them with a safe space to open up. A pub wasn't the usual place for mental health patients to socialise, but Kemple View were willing to be open minded and take a chance. The Butlers Arms in Blackburn understood our circumstances and were happy to serve us tea, coffee and pizzas. The Blokes United model has since proved to be a massive success at Kemple View.



Two and a half years after being admitted to Kemple View, I was volunteering every day for Creative Support. I was living an 'outside life' and only returning to Kemple View for my evening meal and to sleep. Seeing that I was moving on with my life inspired others and gave them hope that there was light at the end of the tunnel for them too.

When it comes to being discharged from a mental health unit, patients are usually transitioned into shared accommodation with live-in staff. However, I'd built up my independence and confidence so much that I didn't want this – I felt I was ready to live on my own. Kemple View helped me transition to living independently. I found a flat and I moved in over the course of several weeks, initially spending one night a week away from the unit. In January 2020, four years after I was admitted to Kemple View, I was finally discharged.

### Where I am now

A paid job opportunity at Creative Football came up in June 2020. I was encouraged to apply and two years on, I'm proud to be a community development support worker, helping others with mental health conditions through the power of football. My role involves supporting current Kemple View patients and I can see how the culture has changed and improved massively over the years.

I believe this is largely due to the management and leadership of the organisation, how they have actively listened to patients and consequently changed organisational policies and practices for the better. Kemple View adopt an individual, person-centred approach and recognise the benefits of embedding physical activity into a patient's recovery programme. The positive results are clear to see; more patients are being successfully discharged than ever before.



# Patient safety

**The National Patient Safety Strategy was launched in July 2019 as a roadmap for all NHS organisations. Its focus is to maximise things that go right, sharing good practice, celebration and innovation, and minimise things that go wrong, learning, improving and ensuring that everybody takes responsibility and is aware of the consequences of their actions.**

In line with national strategy, Priory created a dedicated patient safety leadership role in February 2022 that is now part of the Healthcare Division's virtual patient safety team. We have developed a strong patient safety strategy that outlines all current work streams and the patient safety governance framework at site, regional and divisional levels. Over the past 12 months, we have achieved:

- + Patient safety review and intervention programmes
- + Patient safety communication programme launches
- + Patient safety leads at all Priory Healthcare sites
- + Access to a suite of patient safety training modules
- + Creation, by consultation and engagement, of patient safety standard operating procedures
- + Launch of local and regional patient safety forums with a focus to engage frontline colleagues and our patients

Patient engagement in patient safety is critical to shared learning, as well as quality and safety improvement. We have established a strong co-production approach, which has seen several patient safety developments during the course of the year, including an information booklet, 'Your Safety Matters', for service users on admission, to promote the role they play in patient safety during their admission. A patient safety peer review tool has also been implemented, which places service users at the forefront of capturing perspectives of the environment, staffing, engagement, experiences of safety and ward cultures, during admission, in order to enhance learning and make improvements.

In addition, to promote greater staff understanding of service users' experience, an experiential 'day in the life' initiative was designed and piloted. This was purposely not over structured in order to enable empathy and understanding, which are fundamental tools of the therapeutic relationship. This experience focuses on communication and engagement, feelings of security and safety, and freedoms and restrictions experienced by our service users.

To promote a learning culture, capturing both reactive and proactive learning and improvements, local sites incorporated the two distinctive elements of patient safety within their local governance structures, which enable patient involvement and play a key part of our learned lessons framework.

- + Firstly, patient safety lessons learned forums provide an opportunity to share learning and data analysis to identify themes and trends, complaints and compliments at a local site level. This allows for monitoring the implementation of action plans from serious untoward incidents, safeguarding alerts and serious case reviews
- + Secondly, patient safety and quality improvement forums enable an action-based approach to specific focus areas of patient safety, encompassed in the divisional patient safety programme, to be considered and actioned at a local site level, through consultation, learning and development

All of these developments culminated in a patient safety good practice celebration event, which was attended virtually by over 100 staff members, service users and carers. It was an event which covered local initiatives to promote IPC management, communicating effectively through 7-minute briefings and local meeting agendas and structures, and set the scene for further patient safety events to follow.

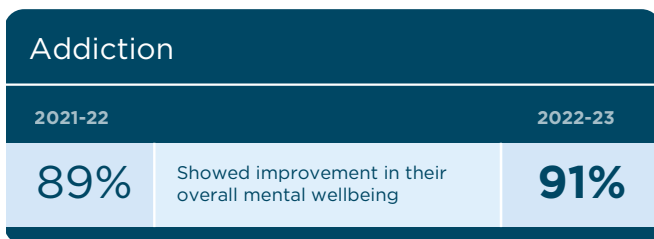
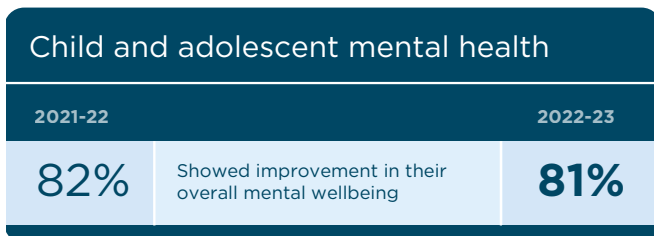
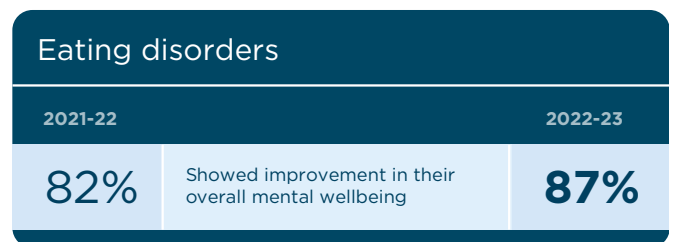


## Outcome measures: continuous quality improvement

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 quality improvement.

Clinical outcomes within the acute mental health, addictions and eating disorder services use the nationally recognised Health of the Nation Outcomes 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.





# Learning from complaints and incidents

**We are proud to be an organisation that learns and improves and as part of that during 2022-23, our patient and colleagues safety improvement programme continued.**

The Healthcare Division has an overarching learned lessons framework, aligned to the patient safety strategy, which brings together all components of learning. We are reviewing our processes to ensure that we have in place monitoring systems to ensure that an acknowledgement, apology, or explanation is given to those affected by incidents. We support a culture of transparency and candour.

We continue to complete a rapid review in response to any near miss or serious incidents. Immediate safety or quality alerts are emailed to sites across the division within approximately 24 hours of an incident occurring. This ensures that immediate improvements are made to enhance the safety of all involved.

All learning is formally circulated in 'the weekly cascade' (weekly Priory communication tool). This is expected to be discussed in local site-based meetings to ensure all staff are in receipt of this information. A monthly summary of all learning is circulated to sites in preparation of local clinical governance meetings.

We always commission a proportionate incident investigation and put in place clear and achievable actions in response to the findings of the investigation. Additionally, we bring together learning in a monthly triangulated learning meeting, which brings together all aspects of learning from multiple sources. Themes and trends are presented and discussed within this meeting, recorded and cascaded throughout the division. We share the lessons that we learn with our colleagues at other sites, and enhance policy, the content of training modules, audits and monitoring processes to ensure that the improvements are embedded and become part of everyday custom and practice.

## Responding to complaints

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

## Complaints at stage 2 and 3

Year	Total	Stage 2 cases	Stage 3 cases
2022-23	9	0	9
2021-22	22	8	14
2020-21	22	9	13
2019-20	18	6	12

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

During 2022-23, we saw a slight increase in the number of complaints reported per 1,000 bed days. We saw a decrease in the number of complaints referred to stage 2 and 3.



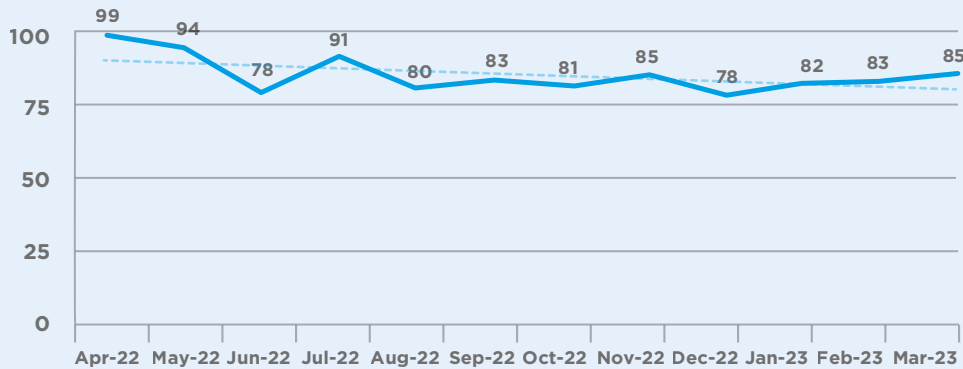


### Improving safety for our service users

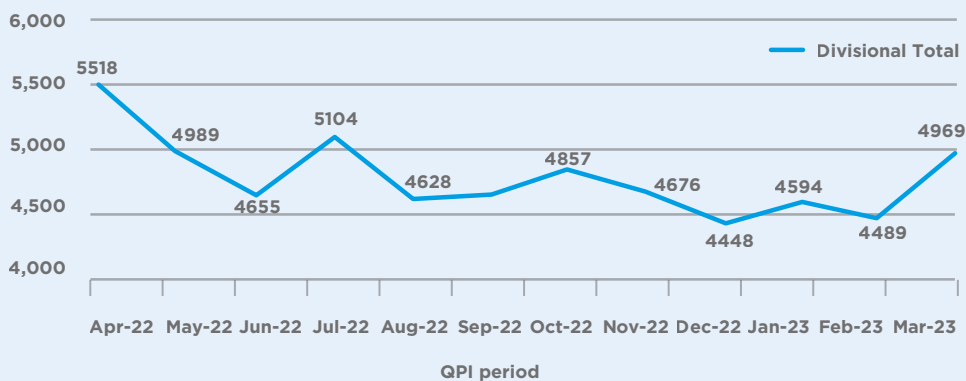
Priory Healthcare compares well with similar providers in terms of incident reporting rates. We encourage and facilitate our staff to report incidents. During 2021-22, we continued to encourage our staff to understand the benefits of reporting any near misses, incidents or serious incidents, as a means of identifying themes and trends and to facilitate improvements to be made.

During 2021-22 our use of the Datix incident reporting tool has continued to result in improvements in the timeliness and detail of our incident reports.

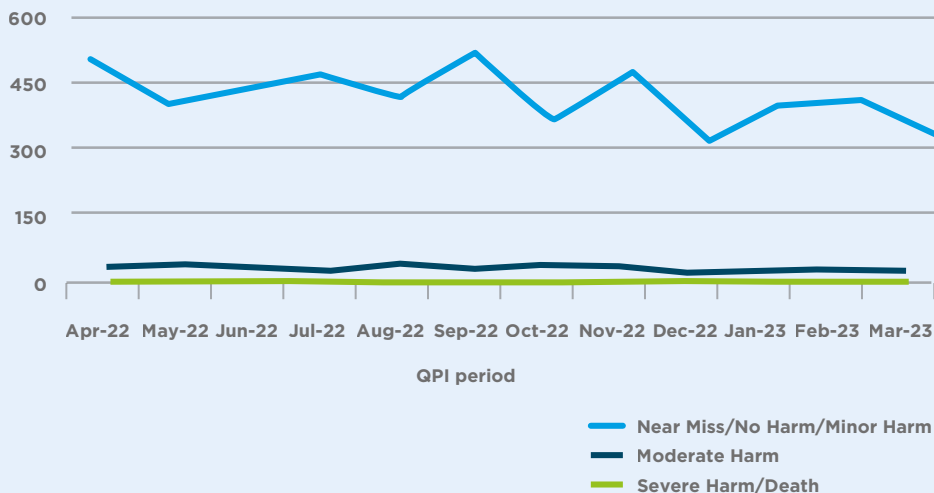
#### Reported incidents per 1,000 bed days (April 2022 - March 2023)



#### Total number of incidents, April 2022-March 2023



#### Number of incidents by severity level, April 2022-March 2023





## Colleague engagement and recognition

Since the last reporting period, work continues in a range of areas such as colleague engagement, culture, wellbeing, and learning and development, which has altogether contributed to colleague engagement and recognition within the division, and Priory as a whole.

Q1 of 2023 saw the overall rolling turnover for Priory reduced to 33.1%, which is down by 8.6% from March 2022. The positive downward turn is also seen in the Healthcare Division's overall rolling turnover, which has reduced to 33.8%, down by 7.3% from March 2022.

For some time now, Priory has intensified efforts, particularly towards the retention and recognition of nurses and healthcare assistants. This has comprised of pay reviews aligned to market conditions, introduction of welcome bonuses and development opportunities. The return on investment is continuing to pay dividends as we see a slow but steady reduction in the overall turnover for both nurses and healthcare assistants. Since the last reporting period, the turnover for healthcare assistants is 37.8%, down by 12.5% from 2022 and the overall nurse turnover is 25.9%, which is the 14th consecutive month below 30%, having been consistently above this for the previous 49 months.

Priory saw positive headcount movement of +358.3 full time equivalent (FTE) for Q1, which is the highest on record (since reporting started in 2018). This equates to +269.2 FTE more starters and 177 FTE less leavers than Q1 2022. The Healthcare Division had +210.9 for Q1.

Following the appointment of a talent acquisition director in September 2022, we have a robust 3-year people strategy, which includes a plan to evolve our talent attraction and onboarding capability across Priory. We aspire to become the

industry leader in attracting and hiring diverse, high performing talent. In 2023, our focus is on laying solid foundations before leveraging these to transform our approach. Early opportunities have been focused on reviewing our processes and exploring how technology can enhance the experience of our candidates, recruiters and site hiring teams. Two key projects in 2023 are the development of a new web-based recruitment portal and an automated onboarding platform. The recruitment portal aims to provide a hub where sites can manage their recruitment easily, with an intuitive hiring journey and built-in templates. The onboarding platform pilot will be launched in May 2023 and aims to significantly reduce the time taken to complete pre-employment checks through the use of automation, whilst also improving the experience for all involved.

Additionally, our strategy this year is to review the mechanisms we already have in place to engage with colleagues and gather feedback, so we can respond quickly. This will include introducing regular 'pulse' surveys between our annual colleague survey to gain quick, targeted feedback, and finding out which topics colleagues want to hear more on from our leaders.

The 2023 colleague engagement survey score (participation up by 4%, and engagement up 11% from 2021 survey) is another indicator that we are heading in the right direction, and colleagues are really starting to feel both engaged and listened to. However, there was also a 5% reduction in the question relating to recognition, which will require further exploration to better understand the drivers.

We are confident that since the introduction of the engagement lead role to the division, efforts to strengthen colleague engagement and recognition has increased. Colleagues are understanding that providing feedback through the various colleague voice platforms contribute to reshaping the culture at Priory.



## Investing in the future of our colleagues

Priory offers outstanding learning and career development opportunities, which is part of our Priory strategy. We focus on this across inductions, on-boarding and core skills training. Our commitment to organic growth in this area, also means we can offer our own leadership programmes, apprenticeships and continued professional development (CPD) opportunities.

We are now entering our fifth year of sponsoring colleagues to progress their careers through the nurse degree apprenticeship programme. So far, we have supported over 200 people onto the course in the past 9 months, and the first of those intakes start to qualify and move into the next stage of their careers with Priory.

In 2022-23, continuous professional development (CPD)-approved applications decreased to 499 compared to 522 in 2021, and likewise, we saw a reduction in the number of apprenticeship approved applications. However, we recognise that more opportunities for on the job development is underway, which provides the necessary balance to staff development and progression.



# 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 94 in-person inspections through site visits as follows:

**Regulators break this down, as follows:**

**CQC - 26**

**CQC MHA - 63**

**Health Improvement Scotland (HIS) - 1**

**Health Inspectorate Wales (HIW) - 1**

**Ofsted - 2**

**Mental Welfare Commission 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 compliance teams. The aim is to assist our services in striving towards, and achieving, regulatory ratings of 'good' or better, and to ensure continual quality improvement. Internal corporate assurance activities are prioritised based on a robust process of quality performance indicator (QPI) reviews, intelligence monitoring and risk profiling. The specialist inspection teams include experts in health and safety, regulatory compliance and financial audit. During the period, on-site and remote inspections took place across Priory Healthcare when safe to do so, in line with statutory guidance related to COVID-19. Inspection activity was as follows:

**86 internal regulatory compliance inspection visits**

**117 fire risk assessments**

**65 health and safety internal audits**

**28 financial audits carried out; 5 at site and 23 remotely**





## The CQC

During the period, the CQC carried out 89 in-person inspections through site visits. Sixty-three were MHA visits. Two of the 26 on-site inspections were focused and unrated.

The CQC continued with adapting their inspection methodologies during the period to take account the restrictions imposed by COVID-19 but the overarching framework remained in place, with the five key questions remaining as:

+ Is the service safe?

+ Is the service effective?

+ Is the service caring?

+ Is the service responsive to people's needs?

+ Is the service well led?

The key questions around the safety and leadership of the service were the primary considerations during the reporting period.

### Direct Monitoring Approach

In the period, CQC continued with its Direct Monitoring Approach (DMA) whereby quality performance is assessed remotely (typically on a monthly basis) through the provision of information by the provider, as well as via statutory notifications such as whistleblowing. This is a comprehensive desktop assessment (i.e. inspectors do not attend site in person) and calls with site will also be held in appropriate cases to discuss particular issues. Following an assessment of the information provided, where the CQC is satisfied with the quality performance of a site and they consider no inspection is needed, it will issue confirmation of this in writing on its website. During the period, the CQC assessed 31 sites remotely, held 9 DMA calls and issued 150 DMA confirmations.

At the end of the accounting period on the 31 March 2023, the ratings for services registered with the 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
Arnold	IN	IN	RI	RI	RI	IN	02/08/2022
Avesbury House	G	G	G	G	G	G	30/11/2021
Barnt Green*	IN	IN	IN	RI	RI	IN	28/06/2021
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 Wellbeing Centre (WBC)	G	G	G	G	G	G	11/05/2022
Burgess Hill	RI	RI	G	G	G	RI	10/08/2021
Burston House	G	RI	G	G	G	G	19/02/2019
Burton Park	RI	RI	RI	RI	RI	RI	07/12/2021
Canterbury WBC	G	RI	G	G	G	G	18/06/2018
Cheadle Royal	G	G	G	G	G	RI	26/04/2022
Chelmsford	G	G	G	G	G	G	07/09/2021
Dewsbury	RI	G	RI	G	RI	RI	06/10/2021
Dorking	G	G	G	G	G	O	30/10/2018
East Midlands	IN	IN	G	G	G	IN	30/05/2022
Elm Cottage	G	G	G	G	G	G	16/04/2018
Elm House	G	G	G	G	G	G	21/05/2018
Elm Park	RI	RI	RI	G	RI	RI	08/08/2022
Enfield	RI	RI	G	G	RI	G	14/09/2021
Fenchurch Street WBC	G	G	G	G	G	G	01/06/2016
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 (Elton)	G	O	G	G	G	G	21/05/2018
Highbank (Walmsley)	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
Life Works	G	G	G	G	G	G	26/09/2018

Continued...





## The CQC (continued)

Site	Overall rating	Safe	Effective	Caring	Responsive	Well led	Inspection date
Lincolnshire	G	G	G	G	G	G	15/01/2019
Lombard House	G	G	G	G	G	G	07/03/2017
Manchester WBC	G	RI	G	G	G	G	26/07/2022
Marlow	G	G	G	O	G	G	14/10/2021
Market Weighton	RI	RI	RI	G	RI	RI	21/02/2022
Middleton St George	G	G	G	G	G	G	18/05/2021
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	RI	RI	G	G	RI	10/01/2023
Newbury	G	G	G	G	G	G	25/04/2017
Newcombe Lodge	G	G	G	G	G	G	16/06/2021
North London	G	G	G	G	G	G	09/02/2022
Norwich	RI	RI	RI	G	G	G	14/06/2021
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
Richmond House	G	RI	G	G	G	G	10/11/2021
Roehampton	G	RI	G	G	G	G	19/04/2021
Solihull	G	G	G	G	O	G	06/11/2018
Southampton**	RI	RI	G	O	G	RI	26/07/2022
Southampton WBC	G	G	G	G	G	G	27/06/2019
Station Road (HC)	G	G	G	G	G	G	10/01/2023
Stockton Hall	RI	RI	G	G	G	RI	21/01/2020
Suttons Manor	G	RI	G	G	G	G	20/03/2019
The Elphis	G	G	G	G	G	RI	10/12/2019
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***	IN	IN	G	G	G	IN	05/05/2022

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

\*was inspected in December 2022 with report published in May 2023, and has moved to 'requires improvement'.

\*\*has since been inspected and has moved to 'good'

\*\*\*was inspected in January 2023 and has moved to 'requires improvement'.

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.



## Healthcare Improvement Scotland (HIS)

Priory Healthcare has two registered hospitals and additional satellite services in Scotland. During the reporting period between **1 April 2022 and 31 March 2023**, ratings for these services and **100%** of the standards inspected, are currently judged to have been met. Priory Hospital Glasgow was inspected and rated as 'good'.

## Healthcare Inspectorate Wales (HIW)

There are two services registered with HIW. There were no inspections between **1 April 2022 and 31 March 2023**. Ty Cwm Rhondda, Llanarth Court and Church Village were all compliant.



## Sites with regulatory compliance/warning notices

Warning notices	Comments
Priory Hospital Cheadle Royal	Received in February 2023 expired in March 2023
Priory Hospital East Midlands	Received in July 2022 expired August 2022 Received September 2022 expired in October 2022
Notice of Proposal/ Notice of Decision	
Priory Hospital Arnold	Received in January 2023



# Appendices

## Statement of assurance from our lead commissioner

NHS England 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).

Systematic quality oversight and monitoring of services is undertaken by commissioners and quality leads within NHS England at a regional and national level. Alongside this, NHS provider collaborative partners maintain a regular local monitoring regime of hospitals and services within their geographical footprints, including visits and meetings with service users, families, carers and staff.

NHS England and its NHS provider collaborative partners have continued to work with and support the organisation in areas for ongoing improvement and learning, and it is recognised that whilst some services still require additional support to make the required improvements, the organisation has continued to respond in a timely manner to address these.

All Priory Healthcare specialised mental health services are members of the Royal College of Psychiatrists (RCPsych) Quality Networks and actively participate in peer reviews, some of which have led to services being awarded with RCPsych accreditation.

Priory operates within a quality governance framework, which underpins the organisation's aim of continually striving to improve all aspects of care such as participation, engagement and experience, quality, safety, reducing restrictive practice, training, education and triangulated learning.

The healthcare system in England has continued to experience unprecedented demand for patients requiring inpatient admission, alongside the legacy impact of the COVID-19 pandemic and workforce challenges. NHS England would like to thank Priory for working alongside all of its partners and stakeholders in being responsive and adapting to these challenges, and for continually striving to support staff, improve ward environments and attain positive outcomes 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

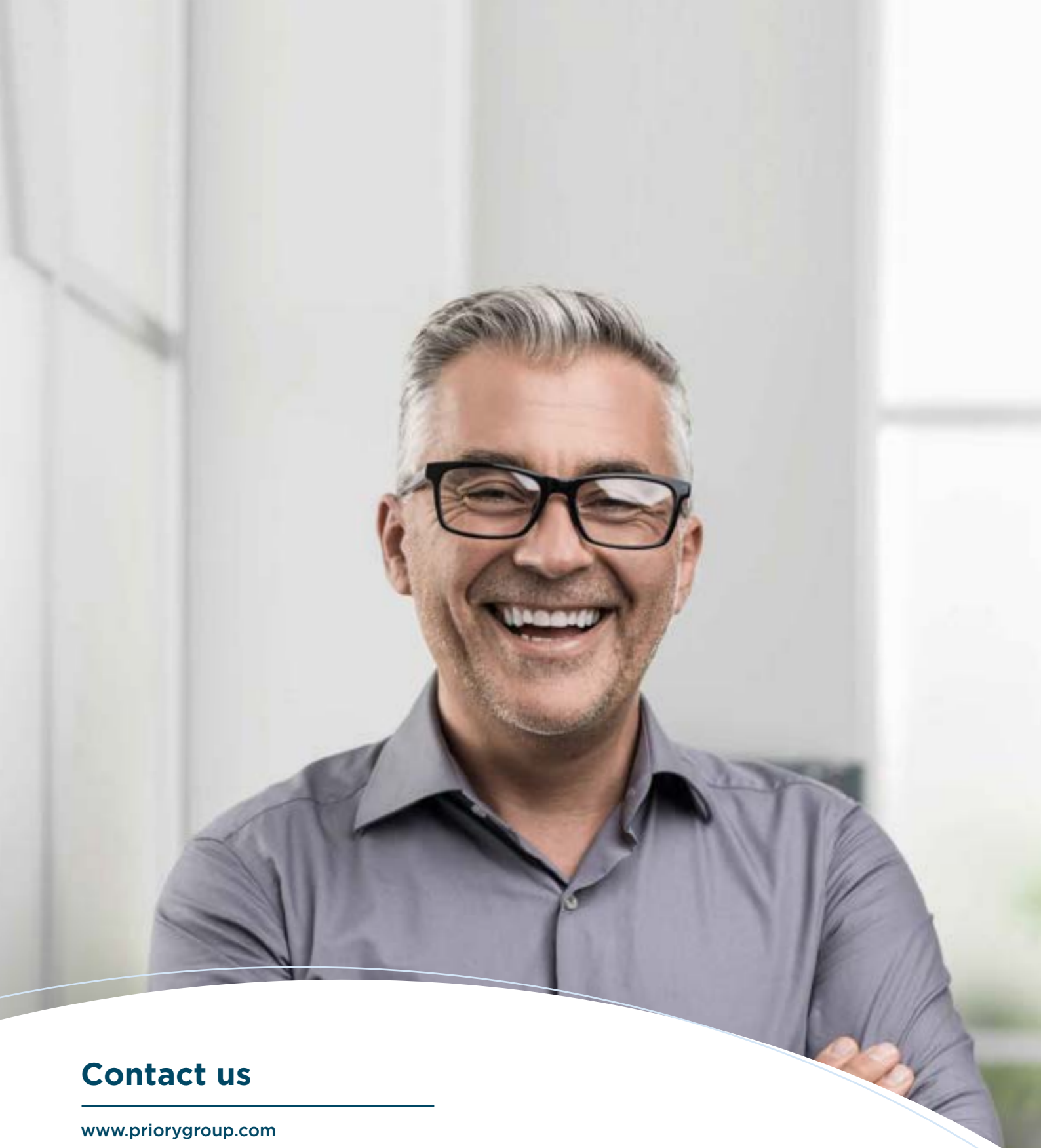
Health Act, National Health Service (Quality Accounts) Regulations (2010) and the National Health Service (Quality Accounts) Amendment Regulation (2011), to prepare a Quality

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.

**By order of the Operating Board**

**Rebekah Cresswell,**  
Chief Executive Officer  
Priory  
June 2023





## Contact us

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