Governance at Priory Group
1. Introduction from the Group Chief Executive Officer

At Priory Group, we set out to deliver the highest quality care and support to those people who are patients, pupils or residents in our hospitals, homes and schools. Our approach to organisational governance plays an essential role in ensuring that we work together to deliver safe, effective and well-managed services across the 450 operational sites which make up our Healthcare, Education and Children’s Services and Adult Care Divisions.

Our services are under constant review by our internal divisional quality teams, our specialist central professional and compliance teams, and of course by our external regulators, commissioners and stakeholders. We also use the feedback from the individuals who use our services to make ongoing improvements to ensure that we are providing the best support we possibly can. Our relentless focus on service improvement, backed up by consistently strong governance processes, has led to the delivery of industry-leading quality and compliance ratings across the Group.

We assess our progress by providing objective, quantitative and qualitative data that measures outcomes, effectiveness and service user experience. A uniform approach across Priory Group is delivered through our divisional management structure, whereby each of our three divisions has its own Chief Operating Officer (COO) and Senior Management Team, with dedicated support from our divisional and central teams to deliver the safety, quality and compliance agenda.

We invest more than £9m each year in an internal team of over 100 auditors and quality leads, who regularly visit our 450 services to assess safety and drive quality improvements. These teams are supported by a range of specialist central functions which underpin the delivery of best-in-class governance processes, including a Legal and Compliance Team and a Professional Development, Standards and Service Improvement Team.

Our governance framework provides all of our employees with a clear set of principles around which we all operate, to ensure that we are delivering the best possible services for those whose care we have been entrusted with. This document outlines our approach to governance across Priory Group in more detail. I hope you find it useful and we would welcome your feedback on any of the areas it contains.

Trevor Torrington
CEO, Priory Group
Priory Group’s Operating Board is made up of ten members who oversee the Group’s operational divisions and specialist central functions. It meets monthly and provides comprehensive oversight to Priory’s governance structures. The Operating Board is also supported by a number of specialist directors who lead specific internal departments and teams.

The structure of the Group’s Senior Management Team is outlined below:
3. Priory’s Governance Structure

Priory is committed to providing high quality services through a robust corporate and clinical governance framework. We nurture a culture of continuous quality improvement that moves beyond compliance and focuses on delivering excellent services. The following principles underpin our governance framework:

+ Governance procedures and activities are focused on outcomes, safety and quality of care
+ We work together in a co-ordinated way to deliver services safely and effectively, with risks managed appropriately
+ Information about our services is reported promptly to enable us to assess our performance, understand risks and decide next steps
+ Our ‘central services’ have clear functions that support the divisions

+ Each site operates within a structured management and organisational framework
+ Every colleague has a line manager who they report to
+ Sites are organised into geographical clusters which are overseen by an Operations Director
+ Sites in a particular geographical region are in turn overseen by a Managing Director, who reports to divisional Chief Operating Officers
+ The divisional Chief Operating Officers report into the Priory Group’s Chief Executive Officer, who has management oversight of the whole Group

Our overarching Group governance structure is illustrated in the diagram below.
4. Statutory and Group Governance Leads

Priory Group has a clear structure identifying the individuals responsible for all key statutory and Group governance roles, as outlined below:

<table>
<thead>
<tr>
<th>Statutory and Group Governance Roles</th>
<th>Priory Group Executive and Specialist Director Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caldicott Guardian</td>
<td>Dr Adrian Cree, Group Medical Director</td>
</tr>
<tr>
<td>Senior Information Risk Owner (SIRO)</td>
<td>Tina Walton, Chief Information Officer and Director of Corporate Services</td>
</tr>
<tr>
<td>Director of Infection Prevention and Control (DIPC)</td>
<td>Jane Stone, Group Director of Nursing, Professional Development &amp; Service Improvement</td>
</tr>
<tr>
<td>Quality</td>
<td>Jane Stone, Group Director of Nursing, Professional Development &amp; Service Improvement (through Divisional Chief Operating Officers and Directors of Quality)</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>Jane Stone, Group Director of Nursing, Professional Development &amp; Service Improvement</td>
</tr>
<tr>
<td>Mental Health Law (MHA/MCA/DOLs)</td>
<td>Jane Stone, Group Director of Nursing, Professional Development &amp; Service Improvement (through Divisional Chief Operating Officers and Directors of Quality)</td>
</tr>
<tr>
<td>Legal</td>
<td>Dave Hall, General Counsel and Company Secretary</td>
</tr>
<tr>
<td>Regulatory Compliance</td>
<td></td>
</tr>
<tr>
<td>Health and Safety</td>
<td></td>
</tr>
<tr>
<td>Risk Management</td>
<td></td>
</tr>
<tr>
<td>Complaints</td>
<td></td>
</tr>
<tr>
<td>Professional Groups:</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
</tr>
<tr>
<td>Social Work</td>
<td></td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td></td>
</tr>
<tr>
<td>Medical Staff and Medicines</td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td></td>
</tr>
<tr>
<td>Medical Revalidation (Responsible Officer)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Adrian Cree, Group Medical Director</td>
</tr>
</tbody>
</table>
### 5. Key Governance Meetings and Committees

<table>
<thead>
<tr>
<th>Meeting/Committee</th>
<th>Purpose</th>
<th>Core Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Operating Board</td>
<td>Responsible for the executive management of Priory Group and the implementation of safe, high quality services.</td>
<td>• Group Chief Executive Officer (Chair)</td>
</tr>
<tr>
<td></td>
<td>The Operating Board:</td>
<td>• Chief Financial Officer</td>
</tr>
<tr>
<td></td>
<td>• Formulates the strategy for the organisation</td>
<td>• Divisional Chief Operating Officers (x3)</td>
</tr>
<tr>
<td></td>
<td>• Shapes a positive culture for the Board and the organisation</td>
<td>• Chief Information Officer &amp; Director of Corporate Services</td>
</tr>
<tr>
<td></td>
<td>• Holds the organisation to account for the delivery of the strategy, receiving assurance through robust internal systems of control</td>
<td>• Group General Counsel</td>
</tr>
<tr>
<td>Divisional Risk &amp; Compliance Quality</td>
<td>Monthly reviews held with each division, including opportunity for cross-divisional discussion, learning and sharing of best practice. To monitor and provide scrutiny of risks to quality, regulatory compliance and safety</td>
<td>• Group General Counsel (Chair)</td>
</tr>
<tr>
<td>Review Meetings</td>
<td></td>
<td>• Group Chief Executive Officer</td>
</tr>
<tr>
<td>Professional Development, Standards &amp;</td>
<td>To set standards for the delivery of care and have oversight of all activities relating to professional development, relevant statutory requirements and quality focused strategies and service improvements</td>
<td>• Group Director of Nursing, Professional Development &amp; Service Improvement (Chair)</td>
</tr>
<tr>
<td>Service Improvement Committee</td>
<td></td>
<td>• Group Medical Director</td>
</tr>
<tr>
<td>Major Projects Meeting</td>
<td>Oversees the project planning and implementation of all major transformation and infrastructure projects across the Group</td>
<td>• Group Director of Risk Management</td>
</tr>
<tr>
<td>Workforce Committee</td>
<td>Provides strategic direction and Operating Board assurance in relation to all workforce matters and oversees the Group’s workforce plans and strategy</td>
<td>• Group Director of Compliance</td>
</tr>
<tr>
<td>Divisional Commercial Reviews</td>
<td>Monthly reviews with each division focusing on financial performance, commercial activity, business development and sustainability</td>
<td>• Divisional Directors of Quality</td>
</tr>
<tr>
<td>Cross-Divisional (Group-wide) Meetings</td>
<td>To provide oversight of focused areas including safeguarding; health &amp; safety, infection prevention and control; mental health legislation; mortality governance; and medicines management</td>
<td>Other members of the Professional Development and Service Improvement Central Team</td>
</tr>
<tr>
<td>Divisional Meetings</td>
<td>These meetings have oversight of specialist focused areas, strategic and exceptional operational matters for the division</td>
<td></td>
</tr>
<tr>
<td>Regional Meetings</td>
<td>These meetings have oversight of operational matters for the geographical region, including governance, the specialist focused areas and finance</td>
<td>Regional Management Team members (chaired by the Regional Managing Director)</td>
</tr>
<tr>
<td>Site Meetings</td>
<td>These meetings are to ensure the delivery of high quality and safe services, and to ensure good governance and facilitate learning and continuous quality improvement</td>
<td>Site Management Teams including the Hospital Director, Medical Director, Director of Clinical Services, Support Services Manager and Ward Managers (chaired by Hospital/Site Director)</td>
</tr>
</tbody>
</table>
6. Central Support to Deliver on Outcomes

Priory has established a comprehensive central services structure which provides specialist support across all areas of the governance spectrum. These central teams provide our front-line services and operational leaders, who are responsible for the delivery of high quality services, with the effective frameworks required to deliver good practice, alongside the provision of comprehensive monitoring and support networks.

Key central departments include:

**Professional Development, Standards and Service Improvement Team**

Priory’s Professional Development, Standards and Service Improvement Team oversees the strategic approach to quality, delivers Group-wide professional leadership and leads the development of cross-divisional service networks.

**Key responsibilities include:**

- Setting standards for the delivery of care, clinical and educational services
- Ensuring the correct models of care are being delivered, meeting national standards and requirements
- Providing Group-wide professional leadership
- Leading and supporting cross-divisional service networks

**Quality**

The team provides strategic leadership on all quality matters across the Group, with operational quality responsibility sitting with divisional Operations and Quality Teams, who receive ongoing support from the department. The team leads on all quality initiatives across divisions and is responsible for developing a Group-wide quality framework and methodology. It also leads on developing quality metrics across service networks and uses internal benchmarking data to inform service change and improvement where required.

The team works to embed a culture where quality and safety are at the heart of everything that we do across the organisation.

**Service Networks**

The team is responsible for the development and oversight of a range of service networks, each led by a Clinical Director and Professional/Specialist Director. The service networks we have established include:

- Developmental disorder
- Brain injuries
- Eating disorders
- Child and adolescent mental health services (CAMHS)
- Acute mental health
- Addictions
- Forensic
- Personality disorder
- Rehabilitation and recovery

Each network is responsible for service improvement and development, enhancing and unifying existing individual services across the country, sharing best practice and ensuring consistent quality and outcomes. Each network has an operating framework that incorporates relevant National Institute for Health and Care Excellence (NICE) guidelines and core standards for delivery, outcomes and annual priorities.
Professional leadership and standards

Professional leadership is delivered by directors and heads of specific professional groups, including nursing staff, medical staff, education staff, social workers and therapists.

Each professional leader provides:

+ Leadership to their respective group, including professional standards, competencies and expectations
+ Representation of their professional group at service networks
+ Comprehensive engagement with the professional groups, establishing effective communication and co-production processes
+ Assurance that all professional requirements are in place e.g. revalidation and registration
+ Professional advice to the divisions and service networks as required

Nursing

Overall responsibility for the nursing profession lies with the Group Director of Nursing, Professional Development and Service Improvement, who with their team, takes lead responsibility for the nursing strategy, pre- and post-graduate training standards, and nursing standards and competencies.
6. Central Support to Deliver on Outcomes

Divisional Quality Teams

Each of Priory’s 450 services is led by an operational team dedicated to delivering the highest possible standard of care to the individuals we support. The relentless focus on quality demonstrated by our front-line teams and leaders ensures that the day-to-day operations of the services we deliver are robust, fit for purpose, and contribute to our goal of making a real and lasting difference for everyone in our care.

To ensure these front-line teams are well-supported and receive constructive oversight, each of Priory’s operating divisions employs a dedicated divisional Quality Team which supports a model of quality control, quality assurance and quality improvement across all services. These three elements enable each division to deliver a comprehensive total quality management system and ensure that care, support and treatment provided to the individuals receiving our services is of a consistently high standard.

The Healthcare, Education and Children’s Services and Adult Care Divisions each have their own dedicated divisional Directors of Quality, who manage teams of support staff in roles such as Heads of Quality, Quality Improvement Leads and Care Quality Advisors.

The Adult Care Quality Team is also supported by a Dementia Coach, a team of Positive Behaviour Support Practitioners and a PROACT-SCIpr-UK® Lead.

Key responsibilities of the teams include:

- Supporting the delivery of quality improvement plans and objectives for services
- Working collaboratively with hospitals, schools and home management teams to ensure safety and quality, maximising performance and creating a culture of evidence-based, person-centred and compassionate care
- Reviewing data and intelligence in respect of key quality and safety indicators for sites to identify any hotspots or areas of concern, and responding accordingly to support sites to deliver improvement
- Reviewing compliance with regulatory frameworks and national best practice to ensure sites work to and strive to exceed nationally agreed standards
- Monitoring the systems and processes in place, gaining assurance that they are being utilised and achieving the required outcomes, including adherence to policies and procedures
- Working with the Internal Compliance Team to ensure sites are responding in an effective and timely manner
- Delivering specific training to services based on existing or emerging needs

Quality is monitored through an integrated performance framework which feeds into monthly divisional business reviews that are chaired by the Chief Operating Officer. Key information is then fed by the Chief Operating Officer to Board level.

In addition, there are quarterly divisional safeguarding, governance and health and safety meetings, which take an overview of performance and ensure corrective measures and extra support are provided to sites as required. These meetings are chaired by the Directors of Quality and feed into the Group-wide parent committees.
6. Central Support to Deliver on Outcomes

The Health and Safety Team

Our Central Health and Safety Team comprises of qualified and experienced health and safety personnel, who support each of our sites to work in accordance with health and safety legislation. This involves the team in:

+ Undertaking frequent site health and safety audits in conjunction with the site leadership team
+ The delivery of an extensive training programme
+ Overseeing the central programme of fire risk assessments
+ Liaising with Health and Safety and Fire Authorities
+ Reviewing and updating relevant policies

The Policy and Accreditation Team

Priory’s Policy and Accreditation Team oversees the Priory Group policy and accreditation process, with the aim of ensuring that policies are consistent and accord with current legislation, guidance and best practice, together with facilitating the Group’s accreditation with relevant ISO standards and contractor health and safety initiatives.

The Complaints and Compliments Team

The Group Complaints and Compliments Team are responsible for ensuring that complaints and compliments are effectively investigated and that themes and trends are monitored.

The Risk Management Team

The Risk Management Team oversees all aspects of risk and safety. For example:

+ Ensuring that incidents, complaints and claims are effectively reported
+ Monitoring serious incidents and the internal investigations that follow
+ Undertaking investigations into the most serious incidents

+ Liaising with the Group’s solicitors and insurers as required
+ Ensuring that lessons are learned and improvements are put in place in response to incidents, complaints and claims
+ Working closely with external bodies that are required to undertake their own inquiries and investigations. For example, HM Coroner and the Procurator Fiscal

Priory is committed to effectively safeguarding and protecting all vulnerable and ‘at risk’ individuals, supported by our services from any form of abuse. We will always strive towards best practice and partnership, working in relation to safeguarding.

We firmly believe that safeguarding is everyone’s responsibility throughout our organisation. We endeavour to maintain a transparent and open culture where everyone feels safe and able to raise and share concerns. Concerns relating to safeguarding are always listened to and taken very seriously.

Priory has a robust structure both locally and nationally for managing safeguarding. Safeguarding across Priory Group has a voice at Board level through the Executive Lead for Safeguarding. We also have a Group Designated Nurse for Safeguarding and a divisional structure of Regional Safeguarding Leads, who support safeguarding at site level.

Every service has access to a designated Safeguarding Lead trained to a high level of competence in safeguarding adults, young people and children. All colleagues have access to dedicated safeguarding supervision, proportionate to their role. Clear policies and procedures are supported by a commitment to deliver high quality safeguarding training to all colleagues working in our services on an ongoing basis. Robust monitoring processes ensure that policies are applied and that practice is regularly evaluated.
6. Central Support to Deliver on Outcomes

Central Compliance Team

The core function of the Central Compliance Team is to assist our services in providing safe, effective and high quality care. The team supports services by ensuring they are working within the required legislation, regulations and standards that govern care and education across the four nations of the UK. The team is independent of the operational divisions. This allows an objective view of services using methodologies that reflect the approach of our regulators. The internal inspectors are experienced and qualified professionals with a background in nursing, social care and education. This enables the team to effectively:

- Undertake risk-based inspections that benchmark against regulatory frameworks
- Identify thematic issues across the organisation to allow focused and targeted improvement
- Act as an early warning system to the organisation, identifying potential and existing areas of non-compliance
- Provide information and advice to operational colleagues in matters of compliance
- Monitor progress in services where improvement is required
- Carry out independent investigations where required, including serious case reviews and complaints

Registration Team

The Registration Team provides support to effective governance by:

- Ensuring services are appropriately registered
- Providing information and data to the organisation which assists in highlighting areas for improvement
- Maintaining records of compliance and distributing inspection reports
- Monitoring licenses for controlled drugs
7. Service Development and Strategy Team

Priory has a nationwide team of Service Development Managers, who engage with commissioners across NHS England (NHSE), NHS Trusts, Clinical Commissioning Groups and Local Authorities to ensure our services are meeting the demands of local health and care economies. Effective customer engagement also helps to ensure that any gaps in service provision can be explored and solutions around new services provided, where appropriate.

Priory has developed a number of successful and effective joint working arrangements throughout the country, where shared operational protocols have been adopted to support local trusts and their patients. Services can be flexed to meet changing demands, maximising the efficiency of our services and enabling short and long-term changes in demand to be met.

Our robust governance structure and operational excellence allows us to support the very highest acuity of patients and service users, in both our hospitals and in bespoke placements, determined by the specific needs of the individual. We are always open to conversations around potential new joint working arrangements. If you would like to have a discussion, please contact Alexandra Ryan on 07590 713 227 or email alexandraryan@priorygroup.com.
8. Communications and Media Management

Priory’s Communication Team manages media contact on behalf of all Priory sites, ensuring appropriate responses are issued to journalists’ enquiries and that the confidentiality of the individuals we support is upheld. This activity includes the communication of our governance structures and appropriate quality processes in response to media enquiries, which helps to uphold the standing of the organisations referring into Priory as responsible providers.
Effective stakeholder engagement plays an important role in upholding strong organisational governance. A key area of this activity is our relationship with NHSE; specifically the ongoing monitoring activity that takes place to oversee Priory’s national contract.

We hold quarterly contract review meetings with NHSE which take place over three full days focusing on secure, CAMHS and eating disorders/highly specialised services. 55 different internal reports feed into the overall set of key performance indicators (KPIs) and quality indicators, which are submitted in the quarterly monitoring report. The report includes information on the following areas:

- Internal and external inspections
- Service occupancy
- Transfers
- Admissions
- Training
- Safe staffing
- Feedback from staff and advocates
- Compliments and complaints

Quarterly reporting is prepared in such a way that it is divided by NHSE hubs, ensuring that regional colleagues have access to the most pertinent data for the services they work with.

In addition to this, we also have a quarterly Quality Assurance Board with NHSE, where a summary of all returns for the last quarter is reviewed and any outliers scrutinised. Priory has also participated in national and local Commissioning for Quality and Innovation (CQUIN) schemes, with all specified indictors always being met in full.

Alongside local regulatory engagement at a service level, the Group also engages with key regulators at a regional and national level, with Board level involvement to ensure comprehensive oversight and support is provided to key areas of focus.
The impact of Priory’s consistent approach to governance, quality and compliance is demonstrated by our industry-leading regulatory ratings:

<table>
<thead>
<tr>
<th>Category</th>
<th>Measure</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare</strong></td>
<td>NHS mental health trusts</td>
<td>81% Good or Better</td>
</tr>
<tr>
<td></td>
<td>All independent providers</td>
<td>75% Good or Better</td>
</tr>
<tr>
<td></td>
<td>Priory All UK Healthcare</td>
<td>86% Good or Better</td>
</tr>
<tr>
<td><strong>Adult Care</strong></td>
<td>All providers</td>
<td>84% Good or Better</td>
</tr>
<tr>
<td></td>
<td>Priory</td>
<td>88% Good or Better</td>
</tr>
<tr>
<td><strong>Education &amp; Children’s Services</strong></td>
<td>Other providers</td>
<td>no consistent measure available</td>
</tr>
<tr>
<td></td>
<td>Priory</td>
<td>82% Good or Better</td>
</tr>
</tbody>
</table>
The development of new digital technologies is a priority for Priory, as we recognise the role this has to play in strong governance processes. We are currently exploring the use of the latest technology as a mobile solution for recording patient observations, to facilitate more accurate recording of data from anywhere within a service, thereby decreasing risk for the individuals that we support. Subject to a successful trial, we intend to roll this out across all services.

Priory also works in partnership with Doctify to capture patient feedback on their experience with our private healthcare services. This is achieved through the provision of iPads in reception areas and to patients at the point of discharge, to capture feedback on their satisfaction levels and to identify any issues experienced.

We are also exploring a mobile app for parents and carers of inpatients in Priory services, to improve communication and give greater visibility of day-to-day activities and their progress with treatment.