

SAFEGUARDING ANNUAL BOARD REPORT 2024

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EXECUTIVE SUMMARY



At Priory we are always committed to creating the safest and most supportive services that we can. A fundamental part of this is having the highest standards around our practice, policy and training around Safeguarding. We have focussed in the last year on investing in expertise, Safeguarding leadership training and refining our reporting and learning systems.

As the Executive Lead for Safeguarding I am very pleased with the progress that we have made, the way we are making training real for our colleagues and the mechanisms that we are creating to understand and learn. We have engaged with external opportunities to develop the way that we operate and are continuously looking outward for ways to improve what we do.

This annual report will outline what we have done, what we have learned and what we are doing to enhance our Safeguarding work.

A handwritten signature in grey ink, appearing to read 'Colin Quick', written in a cursive style.

Colin Quick, Chief Quality Officer, Chief Nurse and Director of Infection Prevention and Control

1 INTRODUCTION

- 1.1 Priory is committed to the principles of safeguarding all children and adults who may be at risk of or experiencing abuse or neglect. All staff are inducted on the ethos that safeguarding is everyone's business within Priory (including permanent, bank, agency, students, contractors and volunteers) thus ensuring colleagues are aware they have a duty to recognise, report and take action when they suspect or know abuse is taking place. This process is in compliance with Priory policies and procedures interlinked with governing legislation and statutory guidance. It is by having these policies and procedures in place Priory can be assured that those working with Priory collectively support service users to ensure they are free from harm, abuse and neglect and when such incidents occur, they are treated seriously and managed effectively.
- 1.2 The aim of this report is to provide assurance to the Priory UK Board and our partners that we deliver safe and effective interventions to service users which offer person centred care and support encompassing the principles of safeguarding. Making Safeguarding Personal and Think Family are approaches that are enshrined within Priory practice. This report will reflect key safeguarding activities, including recognised developments, trends and challenges during the year across Priory Adult Care and Healthcare divisions, incorporating children and adult safeguarding from the period 1 January 2024 to 31 December 2024

2 STRATEGIC GOALS AND SAFEGUARDING

- 2.1 Safeguarding is everyone's responsibility, and it is embedded in all aspects of Priory's role as a leading provider of health and social care services. Ensuring the safety and well-being of individuals is a fundamental commitment that extends across every level of the organization, from frontline staff to senior leadership.

Safeguarding is underpinned by key principles, such as:

- Prevention: Taking proactive steps to minimise risks and prevent harm before it occurs.
- Protection: Ensuring that individuals receive the necessary support and intervention when needed.
- Partnership: Collaborating with stakeholders, including local authorities, healthcare professionals, and the wider community, to create a strong safeguarding framework.
- Accountability: Maintaining clear policies, procedures, and reporting mechanisms to ensure transparency and responsiveness.

By embedding safeguarding within its strategic framework, Priory demonstrates a commitment to high-quality, person-centred care that prioritises safety, respect, and well-being. This approach ensures that safeguarding remains integral to decision-making, service delivery, and continuous improvement across the organisation.

When examining Priory's Strategic Goals, it is evident that safeguarding is not just an additional responsibility but a core principle that aligns with the organisation's mission and values. These goals emphasise the importance of protecting individuals from harm, promoting dignity, and fostering a culture of accountability—all of which are central to effective safeguarding practices.

- 2.2
- | | |
|--|---|
| <p>To cover the entire service user journey from acute to least intensive support</p> | <p>Least restrictive practice is at the heart of Priory practice. By utilising a person centred approach in every aspect of the business, intervention is targeted to each individual meeting their needs and outcomes.</p> |
|--|---|

To offer evidence-based clinical pathways to patients and service users, focusing on the areas where we deliver best in class	With safeguarding being an intrinsic part of the evidence-based working practices within Priory, the pathways within services showcase commitment to ensuring service users are safe whilst in our care. This is bolstered by links between Healthcare and Adult Care divisions to ensure the needs of individuals are met utilising the expertise within the organisation.
To provide outstanding career development opportunities so that we can be the employer of choice in the health and social care sector	Priory deliver high class safeguarding training to all of Priory staff at the level they require. We have an established programme of learning and development to meet the needs of Priory colleagues and our service users which continues to be reviewed and developed.
To be in the top quartile for measured outcomes for all service users	In ensuring 'Think Family' and 'Making Safeguarding Personal' are underpinning all safeguarding practice within Priory, we ensure the voice of the service users we support is central to practice, capturing desired outcomes throughout an individual's journey.
To be the leader in digital healthcare for health and social care	Priory utilise and seek to expand on their use of digital solutions to support safeguarding. This covers data entry, learning, audits and questionnaires with Priory colleagues and service users both target recipients for these.
To embed a culture of openness, inclusion and trust where people feel they belong	Priory are committed to ensuring a safe, open and transparent culture within all of its services that is aligned to safeguarding. Priory seeks to ensure service users and colleagues are enabled and supported to speak up should they have concerns without fear of repercussion.
To focus on sustainable funding and growth that supports our service users and uses resources effectively	Safeguarding puts individuals at the centre of their journey and as a health and social care organisation we work to support the individual to learn and develop, to build up skills and knowledge they require to keep themselves safe. We also advocate with local authorities to ensure care is appropriately funded based on individual needs.

3 GOVERNANCE ARRANGEMENTS

- 3.1 Priory takes its responsibility and accountability for safeguarding seriously, and as such there is clear reference within the safeguarding policies that a 'Board to Floor' approach is utilised within the organisation. This approach is bolstered by Priory services connecting to procedures within their local area and incorporate this into the overall safeguarding governance within every service.
- 3.2 Overall responsibility for the group's safeguarding and protection arrangements ultimately lies with the Chief Executive Officer for Priory and the Executive lead for Safeguarding (Chief Quality Officer) in conjunction with all Board Members.
- 3.3 The Chief Quality Officer is also the nominated Child Sexual Exploitation Prevention Lead and Executive Prevent Lead for Priory. The Chief Quality Officer will chair the cross divisional Safeguarding Committee to ensure oversight across Priory

- 3.4 The Head of Safeguarding alongside the Regional Safeguarding Leads ensure there is a robust governance structure in their Region/Division that supports site leaders and their Child and Adult Safeguarding/Protection Leads. This role includes:
- Chairing Regional Safeguarding Meeting/Committees,
 - Having oversight of safeguarding and associated data for the division (including, but not limited to: Incidents, restrictive practice, quality audits and regulatory outcomes),
 - Providing expert advice regarding regulatory expectations for safeguarding and protection,
 - Reporting to the Executive Lead for Safeguarding.
- 3.5 Named Doctors for Safeguarding Children and Safeguarding Adults are two appointed doctors within the Healthcare division who take on additional responsibilities for safeguarding to offer support and specialist guidance within the division. The Named Doctors for Safeguarding will work alongside the Head of Safeguarding, reporting into the Safeguarding Committee. Concerns noted will be raised to the Chief Medical Officer including practice concerns of doctors.
- 3.6 Named Nurse for Safeguarding Children, Looked After Children and Transitions works within the Healthcare division and Adult Care to offer specialist support and guidance to services who support children and young people including those who are up to the age of 25 moving from children's services into adult services.
- 3.7 This structure ensures clear accountability, expert oversight, and a collaborative approach to safeguarding at Priory. Show an ongoing commitment for visible and accessible leadership to support and guide staff in the complex area of safeguarding with a full overview available via Figure 1.

Safeguarding Governance

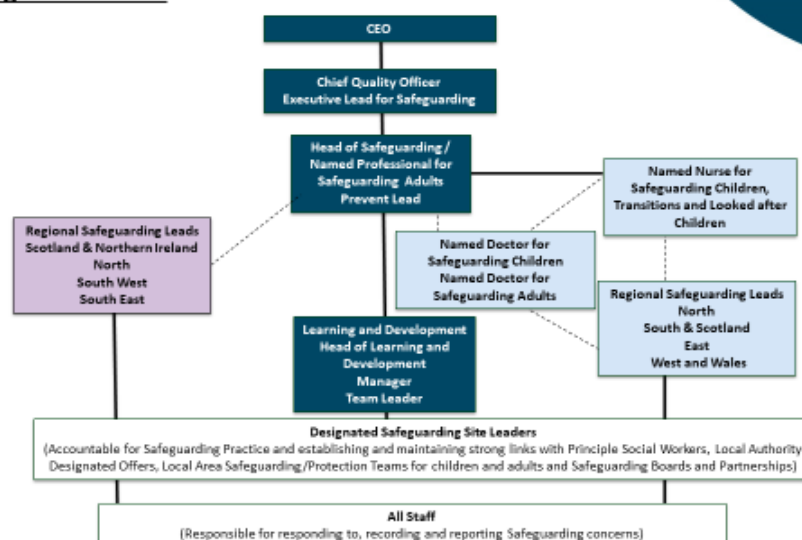


Figure 1: Safeguarding Governance Structure

4 SAFEGUARDING AUDITS

4.1 As a commitment to engage service users within Priory alongside our colleagues, each year both divisions commence a safeguarding audit. This looks at three different areas.

- Service user experience
- Designated Safeguarding Lead understanding
- Priory colleagues Understanding

4.2 **Overall finding from healthcare audit**

Top 3 Areas of Good Practice:

- Confidence in Speaking Up: 98% of staff felt confident and supported in raising safeguarding concerns.
- Access to Information: 93% of sites have safeguarding/child and adult protection boards on wards to ensure patients receive information.
- Effective Communication: 95% of sites demonstrated strong collaboration with safeguarding partners, including Local Authorities, ICBs, and Commissioners.

Top 3 Areas for Improvement:

- Accessible Safeguarding Information: Ensuring safeguarding details are available in formats such as easy-read and other languages.
- Staff Awareness of Key Leads: Improving staff knowledge of safeguarding leads, including regional safeguarding leads, the Head of Safeguarding, and the Lead for Prevent.
- Patient Awareness of Support: Enhancing patients' understanding of available safeguarding support.

Recommendations:

- Improve Accessibility of Safeguarding Information: Review and convert existing materials into easy-read formats and upload them to the intranet.
- Increase Visibility of Safeguarding Leadership: Create posters listing key safeguarding personnel at Priory and boost intranet visibility with frequent updates.
- Integrate Safeguarding throughout the Patient Journey: Ensure safeguarding awareness is embedded in all aspects of patient interaction, including community meetings, key work sessions, welcome booklets, and debriefs.

4.3 **Findings From Adult Care Audit**

Summary of Key Findings

The audit assessed safeguarding awareness, accessibility of information, and advocacy services across different groups, including service users, safeguarding leads, and colleagues. Key results include:

Service User Awareness:

- 85% of service users reported receiving safeguarding information.
- 91% found the information clear and easy to understand.
- 92% confirmed that safeguarding materials were available in different formats when needed.

Safeguarding Leads & Colleagues:

- 95% of sites had safeguarding information available for service users and their families.
- 99% of colleagues knew how to contact the Whistleblowing helpline, with 99% confirming whistleblowing processes were clearly displayed.
- 100% of sites reported that advocacy services were available when needed. However, only 87% of colleagues knew where to find advocacy information when asked by a service user.

Analysis of Progress and Areas for Improvement

Progress since 2022:

- Service users' understanding of advocacy services improved significantly (+13 percentage points).
- There was a 9% improvement in colleagues' confidence in raising whistleblowing concerns.

Identified Areas for Improvement:

- Strengthening safeguarding communication with service users' families, carers, and advocates.
- Improving colleagues' knowledge of key safeguarding documents (OP Form 15 & 16).
- Enhancing colleague training on the PREVENT strategy

- 4.4 All above areas of development are in action with progression made and reportable to the respective Safeguarding Committees.

5 SAFEGUARDING REFERRALS

- 5.1 Safeguarding practice evolves, incorporating current evidence based practice to ensure that individuals who are supported by Priory receive the best possible care. Alongside understanding safeguarding incidents within a specific year, it is important to have an overview of incidents over a period of time to support trend analysis. It is important to note that we receive a significant amount of historical disclosures of abuse that are included in the below data where the abuse has not occurred whilst in the care of the Priory. Figure 2 shows the rate of safeguarding incidents over a three year period. Between 2022 and 2023, safeguarding referrals increased by 8.4%. This rise aligns with expectations and reflects the ongoing impact of Covid-19 on vulnerable individuals. The increase may be linked to services resuming usual operations and the restoration of regular contact with service users following earlier restrictions. In 2024, we are able to see a 14.5% reduction in safeguarding incidents.

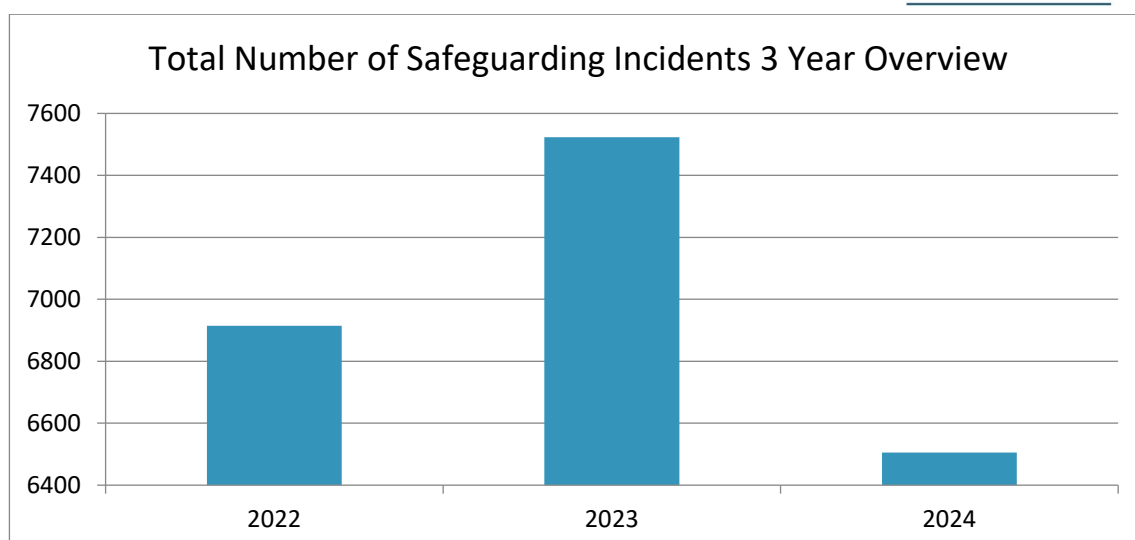


Figure 2: Safeguarding Incidents Three Year Overview

- 5.2 The total number of safeguarding referrals raised across Priory in 2024 were 6505, with Healthcare totalling 4924 safeguarding concerns raised and Adult Care 1581. Figure 3 highlights the yearly referral rates across both divisions separating incidents related to children and adults. As Priory services have substantially more adult provision, as expected, there is a significantly higher proportion of adult safeguarding incidents being reported. Children and young people's services makes up a total of 3.9% of safeguarding incidents raised therefore seen within proportionate to the number of services Priory have overall. In total during 2022, Priory had 7 hospitals providing services to children and young people. As of 2024, this has reduced to 4.
- 5.3 Priory services have seen an increase in children with complex mental health and behavioural challenges being referred into its services and a reduction in lesser acute referrals. NHS England are working towards modernising mental health services available to children and young people within the community providing accessible services so that more children and young people can be supported at home. Priory has specialities within CAMHS and from this, 86% of all safeguarding incidents related to children and young people were reported in Acute, PICU and Long Stay Units. This demonstrates a clear link to the changes being made within NHS England and the noted referrals received into Priory services and young people being admitted into Priory services.

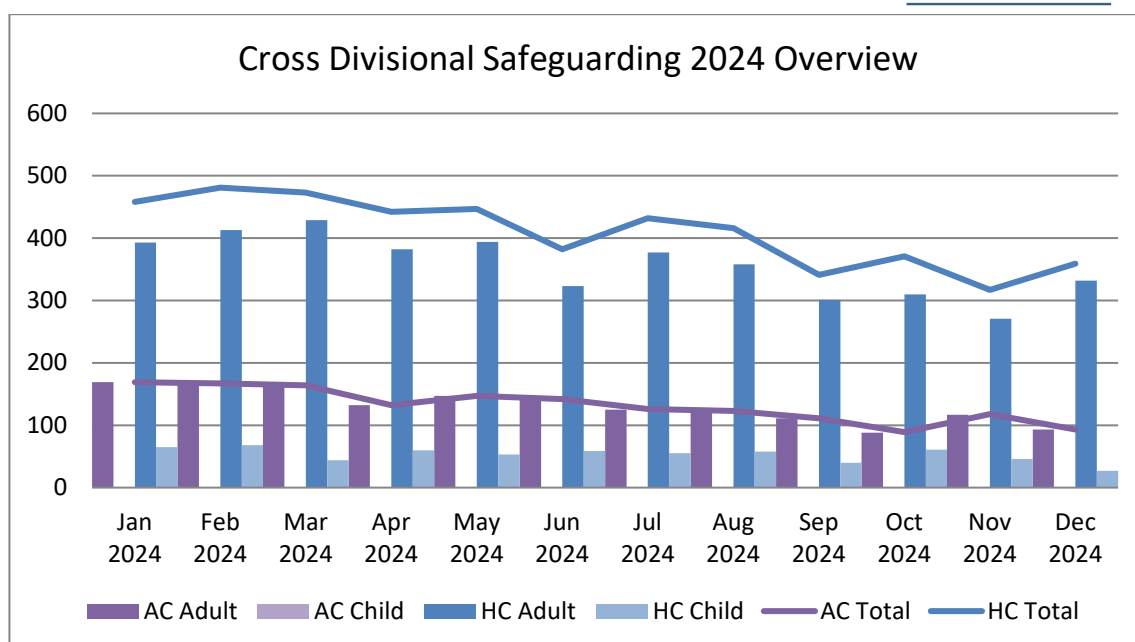


Figure 3: Cross Divisional Safeguarding Referrals

5.4 In looking at the data available in figures 4 and 5, the top 3 types of harm within the concerns being raised;

Healthcare

- Physical Abuse 28%
- Sexual Abuse 21%
- Psychological Abuse 16%

Adult Care

- Physical Abuse 50%
- Neglect & Acts of Omission 21%
- Psychological 10%

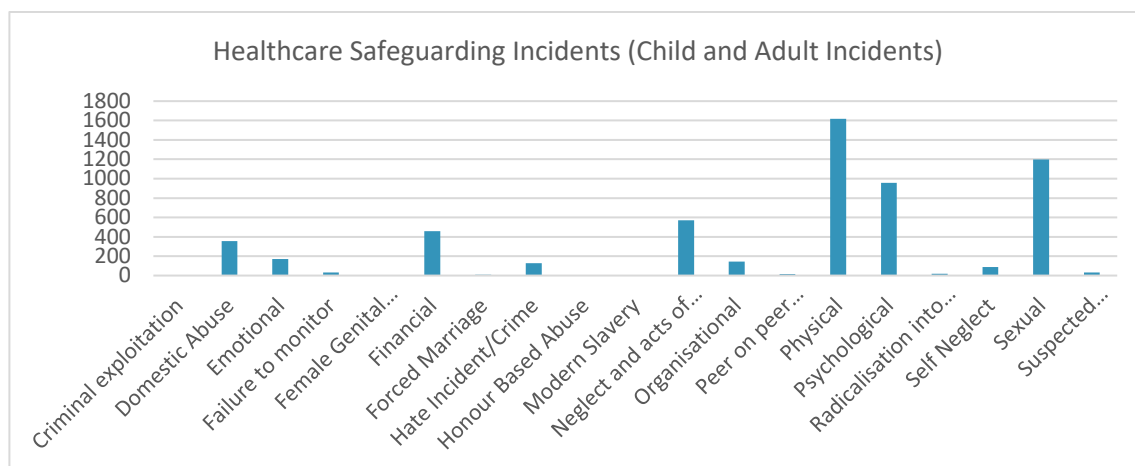


Figure 4: Healthcare Safeguarding Incident Type

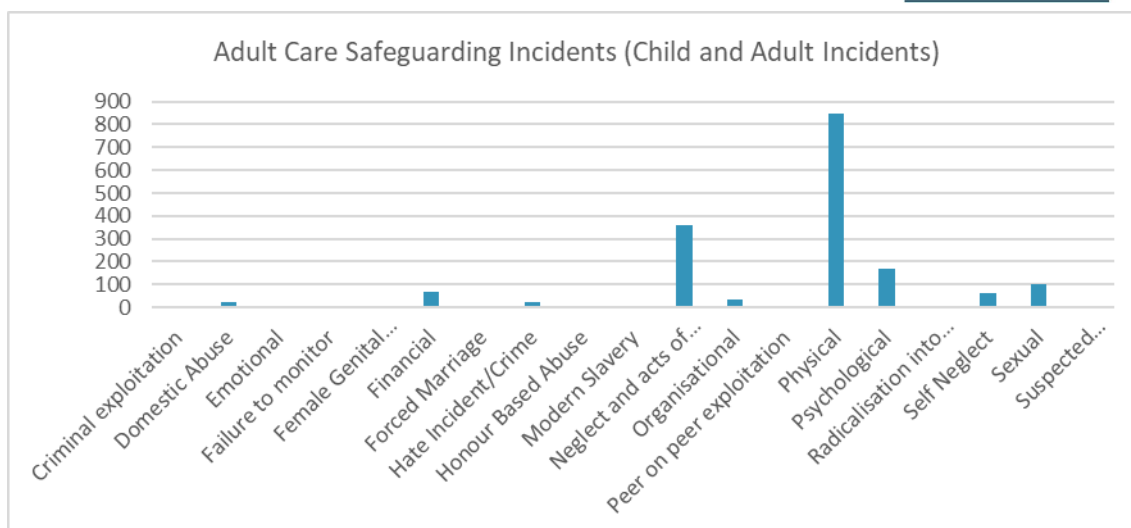


Figure 5: Adult Care Safeguarding Incident Type

- 5.5 Using figure 6 (below), it can be seen that the service lines with the highest safeguarding incident rates are the Acute 40% and Specialist Services 18% service lines. This information underpins what would be expected from the information known in regards to the complexities for service users who Priory support within these services. For the Acute services within Healthcare this also provides an indication to the high volume of service users utilising these services, rapid admission and discharge with a significantly higher proportion of service users receiving these services than other service lines in Healthcare.

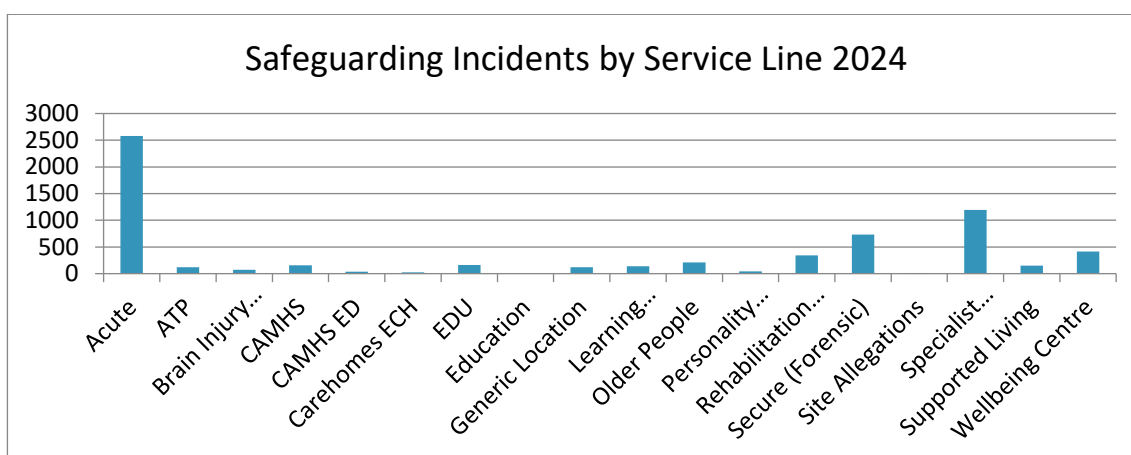


Figure 6: Safeguarding Incidents per Service Line

6 PREVENT AND RADICALISATION REFERRALS

- 6.1 Across both the Healthcare and Adult Care divisions, continued work is required to ensure Prevent referrals are escalated via the informal processes whilst being inputted onto Datix. When Prevent data from the Prevent Lead is compared and contrasted to that from Datix, it does not align and highlights a systems process issue.
- 6.2 Datix informs us over 2024, there were five Prevent referrals, although Priory Prevent Lead supported five Prevent escalations during quarter 4 of 2022 alone, four in October and one in December.
- 6.3 Ongoing work with safeguarding leads is taking place to support and ensure all referrals are accurately recorded.

7 SAFEGUARDING CONCERNS - ORGANISATIONAL ABUSE

7.1 It is essential, as part of Priory's systems and processes, to establish and maintain links between each Healthcare and Adult Care site where Organisational Abuse referrals are raised. This approach allows us to continuously improve practice and learning by ensuring that insights are shared, enabling rapid changes that enhance the support provided to service users in our care

7.2 All Organisational Abuse concerns are escalated to safeguarding leadership, who oversee progress and report to the Safeguarding Committee. This process ensures a standardised accountability and assurance framework within Priory. Given the potential operational impact of such concerns, this practice is essential for maintaining oversight and assurance.

7.3 Across divisions, a total of 70 incidents were reported as Organisational Abuse in 2024. These incidents were divided between Adult Care and Health Care, with differing levels of Local Authority acceptance and escalation to S42 enquiries.

Adult Care

7.4 In Adult Care, there were no incidents of Organisational Abuse that progressed to a Safeguarding enquiry.

Health Care

7.5 There were 5 allegations of Organisational Abuse that progressed to Safeguarding Enquiries and one of the enquiries was outcome as allegation substantiated.

7.6 Learning and Practice Improvements from the Substantiated Allegation of Organisational Abuse

The substantiated allegation highlighted several key areas for improvement, leading to changes in practice to enhance transparency, communication, and patient-centred care.

One of the primary concerns identified was insufficient communication regarding patient rights and care processes. In response, enhanced communication protocols have been implemented to ensure that patients receive clear and accessible information about their rights, section details, and the IMHA referral process. This change ensures that patients are fully informed about their options and can make well-informed decisions regarding their care.

Additionally, inaccuracies and omissions in care plan documentation were identified, including misspellings, repeated information, and unfilled sections. To address this, the care plan creation process has been revised, requiring staff to actively involve patients in drafting their care plans and ensuring accuracy. This improvement results in care plans that are both accurate and person-centred, reflecting each patient's history, preferences, and needs.

Concerns were also raised about the potential withholding of documentation, which hindered transparency and accountability. In response, safeguarding measures have been strengthened through enhanced documentation audits and clearer protocols for escalating patient complaints and safeguarding concerns. These measures reinforce accountability and ensure that documentation remains accessible, with errors addressed promptly.

Furthermore, gaps in staff understanding of best practices in documentation and safeguarding were identified. To mitigate this, ongoing staff training has been introduced, covering documentation accuracy, person-centred care, and safeguarding procedures. Staff are

encouraged to attend safeguarding meetings regularly, improving their competence and ensuring consistency in practice in line with national standards.

These changes collectively contribute to a more transparent, accountable, and patient-focused approach, ensuring that similar issues are prevented in the future while upholding best practices in safeguarding and care.

8 PERSONS IN A POSITION OF TRUST – MANAGING ALLEGATIONS

8.1 As a Health and Social Care organisation, Priory is committed to ensuring the workforce knowledgeable and highly skills to ensure the delivery of health and social care services is that of quality, compassion and person centred.

8.2 Adult Care Sector

- Total number of incidents that progressed to Safeguarding Enquiries: 24
- Substantiated Allegations: 4

8.3 Healthcare Sector

- Total number of incidents that progressed to Safeguarding Enquiries; 50
- Substantiated Allegations: 17

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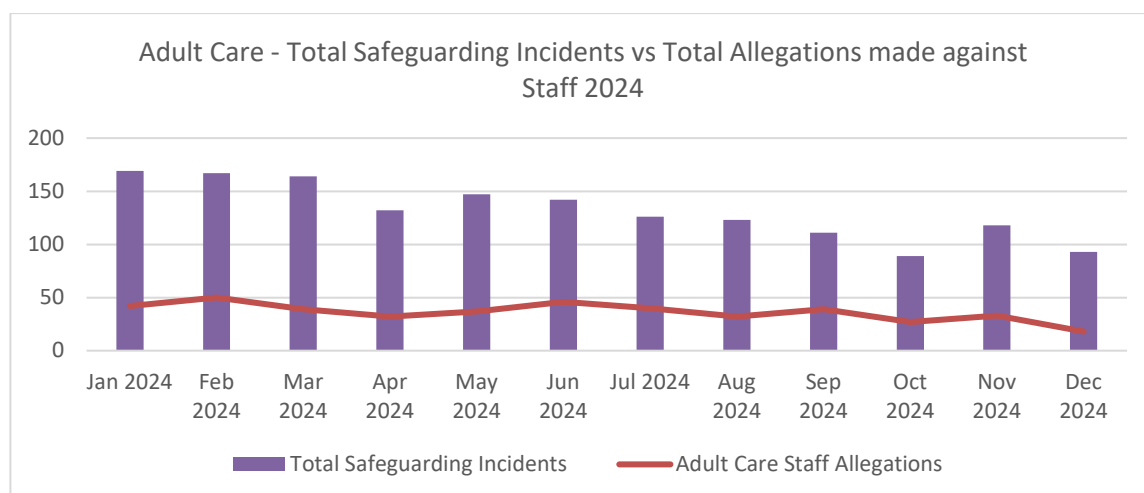


Figure 7: Adult Care - Allegations Made Against Staff

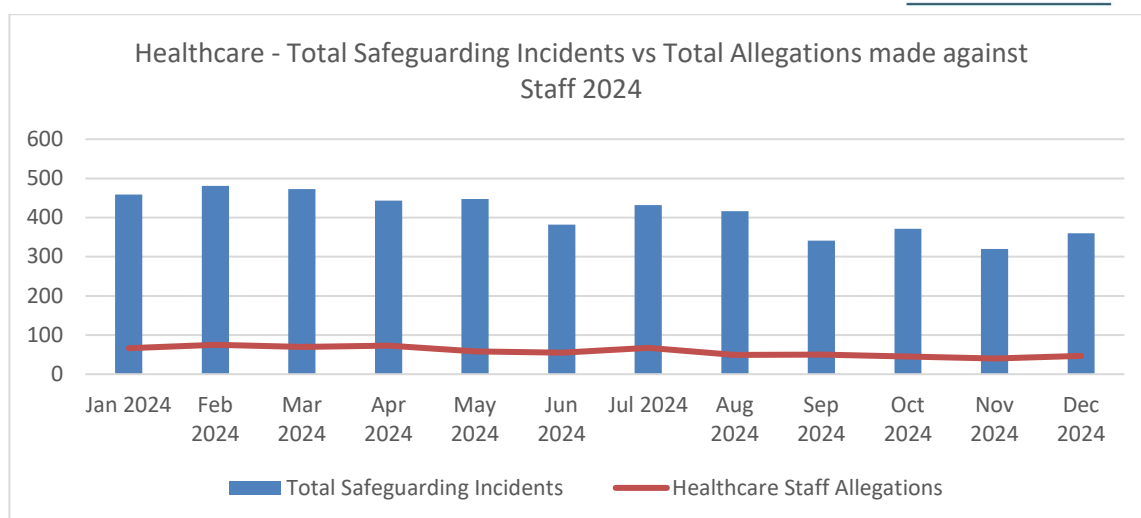


Figure 8: Healthcare - Allegations Made Against Staff

8.5 It can be seen that when comparing safeguarding concerns and that on allegations made against colleagues in figures 8 and 9, allegations against colleagues is a small proportion of safeguarding concerns.

8.6 Priory is committed to ensuring all allegations against colleagues are taken seriously and fully investigated. A clear and structured process is in place to guarantee that every concern raised is addressed appropriately—there are no circumstances in which an allegation would not be investigated.

Recognising the complexities of the health and social care sector, Priory adopts a balanced approach that ensures both service user protection and colleague fairness. This includes:

- Immediate risk management: Adjustments to normal working arrangements, such as shift changes or temporary non-service user-facing roles, while investigations are ongoing.
- Targeted support: Additional training and competency assessments to support colleagues as appropriate.
- Formal HR processes: Where necessary, suspension, disciplinary action, and potential dismissal may be pursued in line with employment policies and regulatory requirements.

This approach ensures that all allegations are managed transparently, fairly, and in the best interest of both service users and colleagues.

9 SAFEGUARDING RESTRAINT INCIDENTS

9.1 Restraint is only used when necessary and proportionate in line with training and best practice guidelines. Work has been ongoing to deliver gold standard Reducing Restrictive Intervention (RRI) training within Priory Healthcare and this can be seen within the work completed to achieve BILD (British Institute for Learning Disabilities) certification.

9.2 Priory is passionate about the training that is delivered, seeking to ensure it is the highest of standards. Priory have gained accreditation for both PROACT-SCIPr-UK® and Reducing Physical Intervention training with BILD Act Standards having achieved certification for delivery of both of these restrictive intervention models. Priory Adult Care and Priory Healthcare are training centres within this speciality.

- 9.3 Safeguarding training is interlinked within both of these accredited training models with Priory able to demonstrate clear training requirements within the safeguarding area. From the start of a colleagues journey within Priory there is clear safeguarding training expectations for all. Staff induction has been bolstered to ensure clear safeguarding information is passed to colleagues on day one to ensure awareness and safe practice. PROACT-SCIPr-UK® and Reducing Physical Intervention are safeguarding focused; supporting staff to make clear links between interventions and safeguarding including the impact on using non-approved holds.
- 9.4 Within year 2024, from a total of 6505 incidents overall for safeguarding, 504 of these were restraint incidents that were classed as being safeguarding related. 77% of these incidents occurred within Healthcare and 23% of incidents within Adult Care. Across both divisions, 67% of these restrained incidents were referred to external safeguarding of which 1% were substantiated/upheld. Processes including retraining were utilised to ensure continued support for Priory colleagues and staff to maintain safety when utilising restrictive practices.
- 9.4 Physical aggression/violence is the main reason for the use of physical intervention which subsequently result in a safeguarding concern being raised across both Divisions, although this is significantly more in Healthcare. For the majority of these incidents, service users were the perpetrators in either altercations with other service users or against staff.

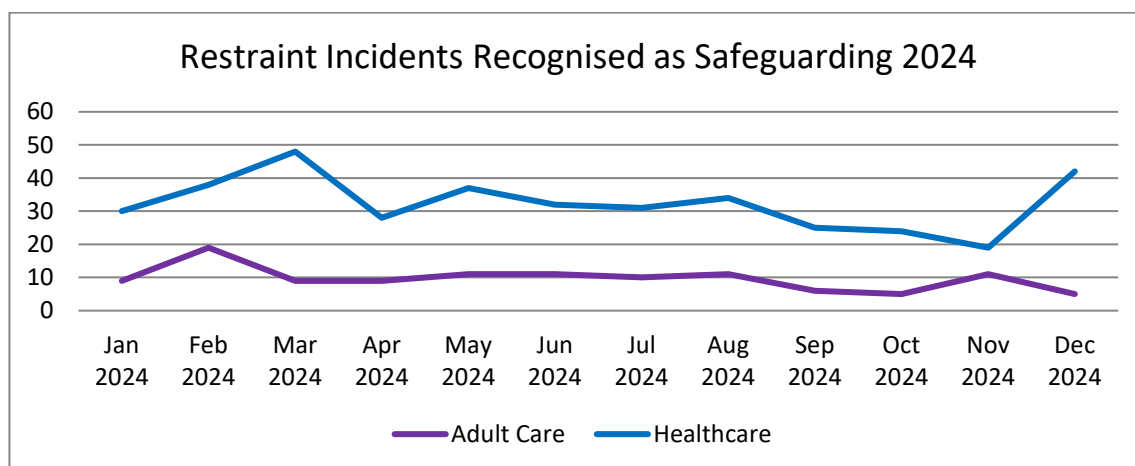


Figure 9: Restraint Incidents Recognised as Safeguarding

- 9.6 Across Healthcare, there a 140 Reducing Restrictive Intervention instructors;
North 50 instructors
South 30 instructors
East 27 instructors
West 33 instructors
- 9.7 Three Train the Trainer courses were held in 2024 with a total of 39 Priory Colleagues qualifying as instructors over the year.
- 9.8 Continued work continues across both divisions within restrictive interventions with Adult Care recruiting PROACT-SCIPr regional instructors.
- 9.9 As part of the continued process of assurance and accountability; reducing restrictive intervention leads are part of their division's respective safeguarding committee. This supports Priory's commitment to ensure safe practice is encompassed in all aspects of the business.
- 9.10 Priory also has in place a cross divisional Restraint Reduction Committee which supports join divisional learning, quality assurance and accountability.

10 LOOKED AFTER CHILDREN

- 10.1 Priory is committed to ensuring the health and wellbeing outcomes for Looked After Children are achieved. It is known that children and young people who are looked after children or care experienced are faced with many health inequalities and challenged. Priory has shown commitment to this by the appointment of the Named Nurse of Safeguarding Children, Looked after Children and Transitions who supports focused work to enhance patient experiences for those who are looked after including previously looked after children.
- 10.2 A new field has been created to track the Health and Wellbeing indicators for Looked after Children and care-experienced children and young people, ensuring that this information is recorded and accessible on Care Notes. As part of this ongoing development, efforts are focused on improving Care Notes to ensure the accurate collection of relevant data, including immunisation dates, dental and optical check-ups, as well as any specific health needs.
- 10.3 It is important to note that not all health appointments can be completed by Priory colleagues, but as part of Priory's responsibility and duty of care to looking after and care experienced children and young person, it is important health appointments are completed when required by the most appropriate professional.

11 SERIOUS CASE REVIEWS

11.1 Categories of Serious Case Reviews (SCRs):

1. **Safeguarding Adult Reviews (SARs)**
2. **Child Safeguarding Practice Reviews (CSPRs)**
3. **Child Death Overview Panel (CDOP)**
4. **Domestic Homicide Reviews (DHR)**

11.2 Importance of Safeguarding Reviews:

- These reviews have significant implications for service improvement, business operations, and learning.
- It is crucial for Priory continues to maintain a full and accurate overview of all ongoing safeguarding cases.
- Priory services continue to be responsive to requests for information and ensure deadlines are met.

11.3 Overview of Current Safeguarding Reviews in Healthcare:

11.4 Domestic Homicide Reviews (DHRs):

Incident	Date of Death	Progress	Status at Time of Death
21-year-old White British female – death by suicide due to domestic abuse and coercive control	2021	Draft report stage	Not in service
54-year-old White British female – death by suicide (alcohol and prescription drugs), history of domestic abuse	2022	Final report & confirmed	Contact within 6 months of death

		action plan expected	
Murder-suicide – Husband (ex-patient) killed wife, then died by suicide. Husband had inpatient detox support for alcohol dependency	2021	Action plan still in draft stage	Not in service
24-year-old male – murdered by partner, seen as an outpatient at Priory addiction service in 2019	2022	Initial information gathering stage	Not in service
46-year-old White British female – suicide after a 4-week inpatient stay for severe anxiety disorder, linked to domestic abuse	2023	IMR submitted	Contact within 6 months of death

11.5

Safeguarding Adult Reviews (SARs):

Incident	Date of Death	Progress	Status at Time of Death
20-year-old female – death by suicide, diagnosed with Emotionally Unstable Personality Disorder and Autism	2021	Early stages	Inpatient
30-year-old female – death by suicide, diagnosed with Emotionally Unstable Personality Disorder, alcohol dependency, and homelessness	2022	Early stages	Inpatient
26-year-old female – death by suicide (self-poisoning), diagnosed with Emotionally Unstable Personality Disorder, PTSD, and history of sexual assault	2022	Early stages	Inpatient
20-year-old female – death by suicide (ligature), diagnosed with Emotionally Unstable Personality Disorder, PTSD, Eating Disorder, alcohol use, and self-harm	2023	Early stages	Inpatient

A SAR reviewer/author has been appointed to conduct a rapid review incorporating all four SAR cases which occurred at one site, which remain in the early stages of the process.

11.6

Next Steps:

- Ensure continued responsiveness to safeguarding review requests.
- Meet all information submission deadlines.
- Implement learnings from completed reviews into service improvement plans.

12 SAFEGUARDING SUPERVISION

- 12.1 As part of Priory's ongoing commitment to safeguarding, safeguarding supervision continues to be embedded into culture and practice across both divisions. This approach ensures a structured and supportive framework for staff in handling safeguarding concerns effectively.

Current Implementation

- **Integration into Supervision Structures:** Safeguarding supervision is now an established component within managerial and clinical supervision.
- **Policy Alignment:** The Supervision Policy has been updated to reflect safeguarding supervision as a core practice.
- **System Developments:** Ongoing enhancements to internal systems will facilitate accurate tracking and reporting of supervision data.
- **Data Accuracy & Monitoring:** System improvements will ensure that the number of supervisions undertaken within Priory is recorded accurately and consistently.

Key Benefits & Impact

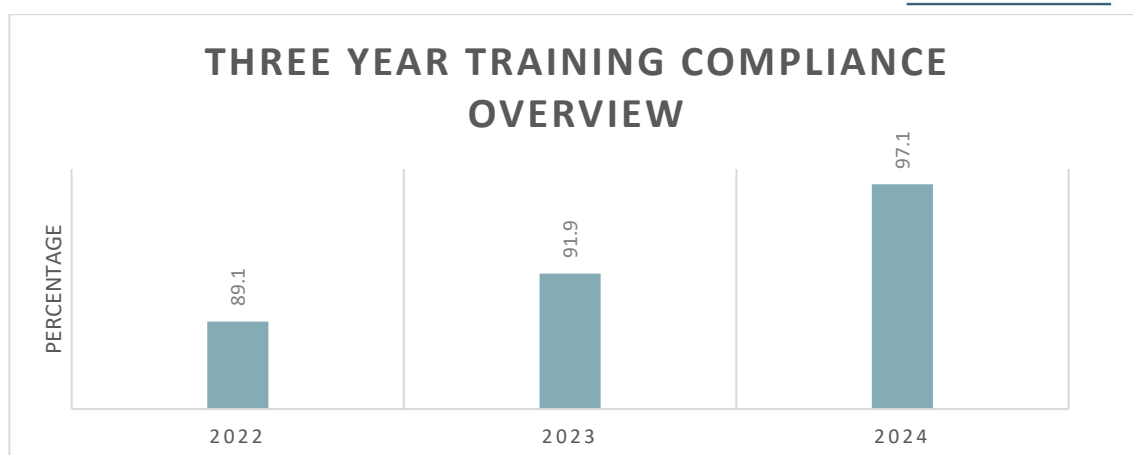
1. **Strengthening Safeguarding Culture:** A proactive approach ensures that safeguarding remains a priority in daily practice.
2. **Improved Staff Support & Guidance:** Regular supervision provides structured opportunities for reflection, escalation, and learning.
3. **Enhanced Accountability:** Capturing supervision data will enable Priory to monitor trends, identify gaps, and ensure compliance with safeguarding standards.
4. **Alignment with Regulatory Standards:** A robust supervision framework supports compliance with safeguarding governance and external inspection criteria.

13 SAFEGUARDING TRAINING

- 13.1 The provision and delivery of safeguarding training remains a priority for Priory across the organisation ensuring that all staff are provided with the correct level of training according to their roles and responsibilities. Priory Safeguarding Training Matrix has been developed around and in accordance with the Intercollegiate Safeguarding Guidance Documents (Children 2019, Adults 2024) and NHS England Prevent Training and Competencies Framework (2022). We have adapted our Safeguarding Training Matrix to reflect the new guidance provided last year.

- 13.2 These standards can also be seen within Priory's Preferred Supplier List for Agency Staffing ensuring Priory have assurance that all staff working with service users is safeguarding trained.

We are able to see there has been a substantial increment in Group compliance during the last 3 years with compliance moving from 89.1% in 2022 to 97.1% in 2024.



Course	Level	Adult Care	Healthcare	Education Services	Group
eLearning Children	1/2	95.60	95.80	100.00	95.80
eLearning Adult	1/2	97.50	95.80	100.00	96.40
Safeguarding Combined: Children and Adults	3	94.70	95.70	100.00	95.20
Advanced Safeguarding	4	89.80	Not currently Compliance rated		
Priory Prevent	2	93.80	94.90	100.00	94.40

Over 2024, in total 455 courses were delivered at Safeguarding Level 3 – Safeguarding Combined: Children and Adult with 6,043 Priory colleagues trained.

A total of 33 Safeguarding Level 4 – Advanced Safeguarding were delivered with 591 Priory Colleagues trained which supports to continued investment in safeguarding leadership across services.

- 13.3 Throughout the year, the average attendance rate for each training session has been 69.4%. This translates to a total of 3,350 recorded instances of non-attendance across both Combined Safeguarding and Advanced Safeguarding sessions. As part of the Learning and Organisational Development systems and processes, the "Reasons for Absence" report is regularly provided to monitor the underlying causes of non-attendance. Within the Safeguarding training sessions, the breakdown is as follows:

- Did not attend – No explanation provided: 74%
- Other reasons (e.g., leave, night shift, childcare): 9%
- Site emergency / required at site: 5%

Additionally, a new category, "Asked to leave," was introduced later in the year. The reasons for this action include arriving late, having children in the background, or being in an inappropriate location during the session.

The above has not affected the training compliance of colleagues, and the safety of our sites.

- 13.4 A total of 45 Safeguarding Level 4 – Advanced Safeguarding was delivered with 567 Priory colleagues trained which supports to continued investment in safeguarding leadership across Priory services.

13.5 In Quarter 4 of 2024 we reviewed the revised intercollegiate document provided by RCNI and have made the following changes in Quarter 2 of 2025:

- Colleagues will be required to complete all relevant levels of Safeguarding training once (as per Route by Roles), with an ongoing requirement to refresh in the highest level they have achieved
- The continued incorporation of additional Safeguarding learning in the form of 7 Minute Briefings and Learning Lounge sessions to add to Safeguarding trainings CPD

13.6 Ongoing Training Developments

- The Safeguarding Regional Learning Partner team have completed the Welsh Ask and Act training with Welsh Women's Aid and are currently waiting to receive their qualification and certificates. Our goal is to provide training on Violence against Women across our Welsh Sites later 2025, whilst also revamping our existing Domestic Abuse training available for all sites to book and attend from summer 2025.
- We will be providing training on Adverse Childhood Experiences and the Impact on Adult Safeguarding training this year, May 2025 in the form of a video recorded podcast.

14 COMPLAINTS

14.1 During 2024, 6.7% of complaints opened were related to a safeguarding concern, totalling 55 complaints.

14.2 The majority of these were held within Healthcare, at 74.5% of the 55 complaints.

14.3 When a complaint has a safeguarding element within it, a dual process is followed to ensure the safeguarding processes is adhered to. This includes recorded the alleged harm/abuse, informing regulators and making referrals and required.

14.4 Due to the importance of being able to identify safeguarding within complaints, this specific element is explored as part of the Advanced Safeguarding training to support colleagues to be aware of dual processes and how these can work side by side.

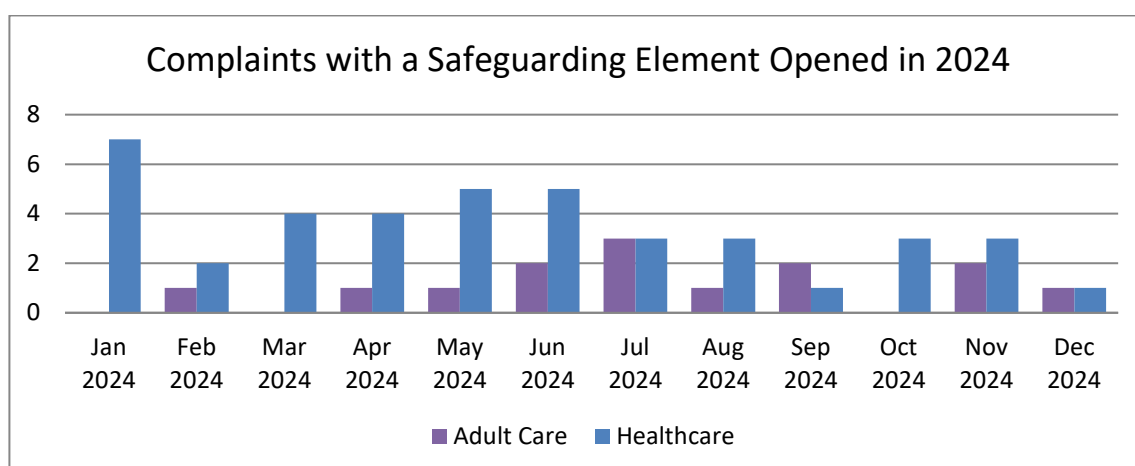


Figure 10: Complaints

15 POLICIES AND PROCEDURES

- 15.1 Priory conducts an *annual review* of its safeguarding-related policies to ensure they remain relevant, effective, and aligned with emerging best practices. This ongoing cycle reflects Priory's commitment to embedding safeguarding into everyday practice and maintaining high standards of care.
- 15.2 The policies provide a *clear framework* for supporting colleagues, equipping them with the necessary tools to maintain safety in their roles while ensuring the *protection and dignity of service users*. Through regular reviews and reinforcement, Priory fosters a strong safeguarding culture where all colleagues understand their responsibilities.
- 15.3 Priory is dedicated to the *'Making Safeguarding Personal' (MSP)* approach, placing service users at the centre of safeguarding processes. This ensures their voice, preferences, and personal circumstances are respected. The focus is on *empowering individuals*, enabling them to make informed decisions about their care. A *holistic approach* is adopted, considering not just safeguarding concerns but also the person's rights, values, and needs.
- Priory remains committed to *continuous improvement*, ensuring that MSP principles are fully embedded into its safeguarding culture. This person-centred approach helps create a safe, respectful, and supportive environment for all service users
- 15.4 Throughout 2024-2025, significant progress has been made in enhancing the Safeguarding Log within the incident reporting system, which is now automatically populated. Updated guidance has been integrated to improve the accuracy of reporting organisational abuse and to strengthen the implementation of the *Making Safeguarding Personal* approach. The Safeguarding Log also tracks statutory investigations, their outcomes, and the resulting Lessons Learned to support continuous improvement.
- 15.5 A strong focus on sexual safety has been maintained through a restructured working group and an ongoing project aimed at strengthening Transitional Safeguarding across the Adult Care and Health Care Divisions. This initiative seeks to improve support for individuals transitioning between services, ensuring continuity of care and safeguarding measures.
- 15.6 Close collaboration continues with the Head of Safeguarding and the Named Nurse for Children and Transitions, alongside the newly established Network Leads for CAMHs, Eating Disorders, Acute and PICU, and Forensics, Review, and Recovery. Furthermore, regional safeguarding connections have been reinforced through engagement with Quality Improvement Leads for Healthcare and Associate Directors of Quality for Adult Care.

16 DATIX DASHBOARDS – SAFEGUARDING

- 16.1 Dashboards have become a standard tool within Priory, providing accessible and meaningful information to support business development in quality and assurance. Safeguarding remains a key component of this framework, continuously evolving in alignment with both Priory's advancements and national developments.
- 16.2 Safeguarding dashboards offer valuable insights into site activity, enabling leads to make informed decisions. This data is then reviewed at the Regional Safeguarding Meeting, where regional trends and key learnings are identified and leveraged to drive continuous improvement.

17 SAFER RECRUITMENT and Disclosure and Barring Scheme (DBS)

- 17.1 Priory utilises a web-based online service to facilitate the processing of all Disclosure and Barring Scheme (DBS) checks. This system ensures a streamlined and efficient approach to conducting background checks for employees, covering both new hires and renewal checks. Given the differences in legal requirements across the UK, the service is designed to accommodate national variations, including those specific to Scotland, Wales, and Northern Ireland.

The use of an online service presents several advantages:

- Efficiency – Reduces the time required for processing checks, ensuring a quicker recruitment and renewal cycle.
- Accuracy – Minimises human errors associated with manual paperwork.
- Compliance – Ensures adherence to regional safeguarding regulations and standards.
- Security – Provides a more secure method of handling sensitive personal data.

By implementing a digital approach, Priory demonstrates a commitment to maintaining a robust safeguarding framework, ensuring that all employees meet the required clearance levels before commencing work.

- 17.2 Human Resources (HR) is leading an initiative to ensure that every job advert and job description includes clear safeguarding statements. This proactive approach serves multiple purposes:

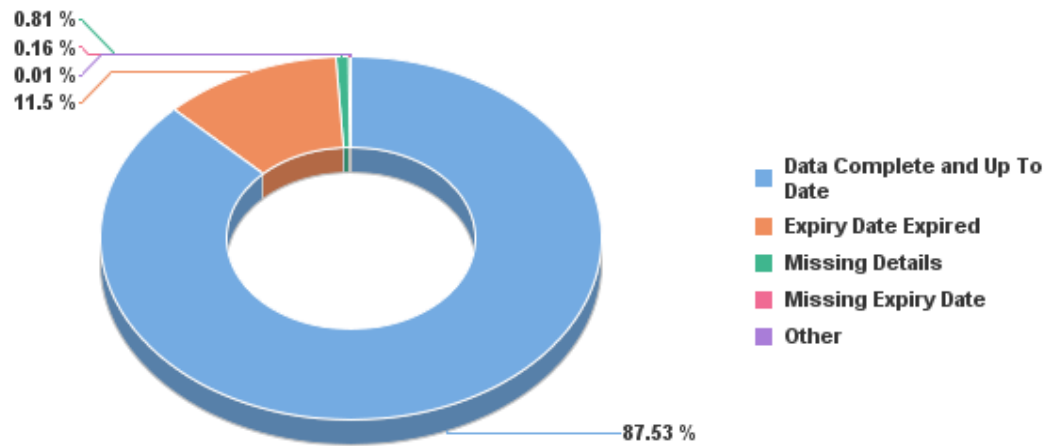
- Reinforcing Organisational Commitment – Publicly affirms Priory's dedication to safeguarding, making it clear to prospective employees that this is a fundamental expectation.
- Raising Awareness – Helps ensure that candidates understand safeguarding responsibilities before applying, which can attract individuals who align with the organisation's values.
- Mitigating Risk – Embedding these statements in recruitment materials establishes a clear legal and ethical stance, reducing potential liability.

This initiative aligns with best practices in recruitment by setting safeguarding expectations at the outset, helping to cultivate a workforce that prioritises safety and compliance.

- 17.3 The data presented in Figures 13 and 14 indicate that Priory has achieved an organisational compliance rate of over 85% in this area. This is a positive outcome, suggesting that the majority of employees and recruitment processes are aligned with safeguarding standards.

- 17.4 We are confident in our DBS renewal process, supported by a robust system that issues reminders three months ahead of expiry. This allows sites sufficient time to collect ID and initiate applications. Although 3-year renewals aren't mandatory, we follow best practice, including annual retrospective checks for those on the Update Service. Some delays have occurred due to UCheck discrepancies, but we are working to resolve these. UCheck is a UK platform offering DBS and compliance checks to help organisations ensure safe, compliant recruitment across key sectors. Data reviews are ongoing, particularly around Scotland and Ireland disclosures. Continued site engagement remains key, and we are committed to ongoing support and improvement

% Compliant for Group



% Compliant for Healthcare

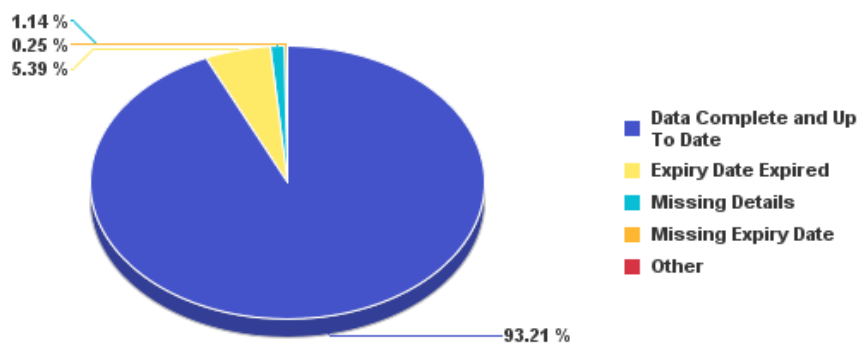


Figure 11: Healthcare - DBS Compliance

% Compliant for Priory Adult Care

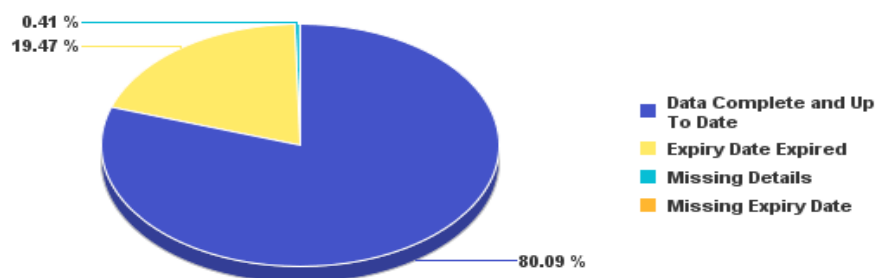


Figure 12: Adult Care - DBS Compliance

18 WHISTLEBLOWING & FREEDOM TO SPEAK UP

- 18.1 Priory promote a culture where speaking up is integral to colleagues practice and ensures that there are many pathways for colleagues to achieve this. Accessibility to managers and leaders within services across Adult Care, Healthcare and Central Services, access to those in leadership roles and in addition to this Whistleblowing which is visible and clearly identifiable via visual signage in all services.
- 18.2 Freedom to Speak Up was reviewed and relaunch in October 2023 with a new FTSU Guardian being appointed. This role is supported by 3 FTSU Leads and a network of 208 FTSU champions who promote Speaking Up to embed an open and transparent culture across all of Priory, ensuring a safe organisation.

Lived Experience Partnership Working

- 18.3 Following the coproduction of a lived experience partnership working strategy, governance and resources during 2024, Priory HealthCare recruited a Lived Experience Partner Lead in Nov 2024 and launched the partnership working strategy in Jan 2025. Adult Care services are currently collaboratively refining resources and tools with a view to launch their bespoke lived experience partnership approach later in 2025.
- 18.4 The Lived Experience Strategy encompasses a two tier approach consisting of a Hospital framework to guide and support services to develop partnership working in all aspects of their practice and service delivery. A second tier focuses on the opportunities divisional governance forums and projects present for partnership working and coproduction.
- 18.5 In the first three months since launch 17 Divisional Lived Experience partners have been recruited and have begun to work in partnership within 39 committees, groups, projects and or reviews. Going forward it is envisaged to build on this great start; align strategies, developments and progress across divisions, build partnership working in central teams and aspects of the organisation and see lived experience partnership working become business as usual.

19 NATIONAL UPDATES

19.1 As part of our ongoing commitment to uphold national standards and ensure the best possible care, we conducted a review of key national update documents. Below is an overview of the findings and conclusions from the review:

19.2 **Adherence to Updated PREVENT Duty: Core Standards for Healthcare Commissioners and Providers (October 2024)** After careful review, we determined that there is no requirement for additional training for colleagues. The existing knowledge and resources are adequate to meet the PREVENT Duty requirements. Additionally, the current PREVENT policy is comprehensive and remains aligned with the updated standards, meaning no amendments are necessary at this stage.

Conclusion: The existing PREVENT policy is deemed appropriate and fully aligned with the updated guidelines. No changes are required to the policy or the training provisions at this time.

19.3 **Royal College of Nursing: Adult Safeguarding: Roles and Competencies for Health Care Staff (Intercollegiate Document) Second Edition**

The existing training matrix clearly defines staffing groups at various levels and effectively correlates to the competencies outlined in the second edition of the Royal College of Nursing's guidance. The review revealed that our current training matrix is structured and meets the necessary requirements for safeguarding, ensuring that each role is equipped with the appropriate level of competence.

Conclusion: The training matrix in place is sufficient and aligns with the roles and competencies as outlined in the updated guidance. No further changes are required, and the current training provisions are deemed to be compliant with the intercollegiate standards.

19.4 **Safeguarding Children, Young People and Adults at Risk in the NHS (Safeguarding Accountability and Assurance Framework) (Published: June 24, 2024, Updated: July 9, 2024)**

A key aspect of the review focused on ensuring that safeguarding is incorporated into all supervision sessions. The ongoing review of the Supervision policy will ensure that safeguarding matters are consistently addressed within these sessions, aligning with the updated framework. The integration of safeguarding into regular supervision sessions is in progress and will be formalized as part of the policy revision.

19.5 Conclusion: The review of the Supervision policy is underway, and necessary steps are being taken to ensure the consistent integration of safeguarding into supervision, as per the updated Safeguarding Accountability and Assurance Framework.

These reviews confirm that our existing policies and procedures are largely in alignment with the latest national guidelines, with only minor ongoing updates required, particularly around the integration of safeguarding into supervision sessions. We will continue to monitor and assess any additional requirements as they emerge

20 CONCLUSION

20.1 Everyone's Responsibility in Safeguarding

Safeguarding children and adults at risk is a collective responsibility. Those who use Priory services, along with their families, significant others, and professionals, expect a safe and supportive environment, free from harm, abuse, and neglect. Priory is committed to meeting these expectations by ensuring robust safeguarding measures are in place, guided by legislation, policies, and best practices. This commitment extends to advocating for the rights of all service users, ensuring their voices are heard, and that their safety and well-being remain a priority across all services.

20.2 Commitment to Excellence and Best Practice

As a continuously evolving organisation, Priory strives to achieve the highest standards in safeguarding, aligning with best practices and national benchmarks. The organisation is dedicated to refining its quality assurance processes, ensuring they are embedded within daily operations. A key focus is on building colleague's confidence and competence in this complex field, ensuring that all colleagues are equipped with the knowledge and skills to effectively recognising safeguarding concerns, critically assessing situations, and taking appropriate action.

20.3 Safeguarding Starts at Recruitment

From the moment an individual begins the recruitment process at Priory, safeguarding is at the forefront. A rigorous Disclosure and Barring Service (DBS) check is conducted to assess suitability for employment in the sector, ensuring individuals working within Priory are appropriate for the role. This commitment extends beyond recruitment to continuous professional development—new colleagues undergo structured induction programmes, including safeguarding training, which is reinforced through formal learning opportunities throughout their employment.

20.4 Learning from Serious Case Reviews and Continuous Improvement

Priory is committed to learning from past incidents and implementing improvements. The organisation actively participates in Domestic Homicide Reviews, Safeguarding Adult Reviews and Serious Case Reviews, ensuring full cooperation in investigations and contributing to system-wide learning. Insights from these reviews, alongside findings from learning events help shape policies, procedures, and staff training. Both Healthcare and Adult Care divisions prioritise safeguarding within their learning and development strategies, ensuring staff have ongoing opportunities to reflect on case learnings and apply them in practice

20.5 Strengthening Leadership and Support

Priory's Safeguarding Leadership Team is dedicated to driving forward improvements in safeguarding systems, embedding good practice across the organisation. Leadership will focus on enhancing visibility and accessibility, ensuring that staff feel supported and empowered to raise concerns and take appropriate safeguarding actions. This includes providing direct support to Safeguarding Leads and frontline colleagues through:

- Site visits for hands-on guidance and best practice implementation.
- Drop-in sessions to discuss concerns or seek advice.
- Group and one-to-one supervision to support decision-making and reflection.
- Improved communication channels to keep colleagues informed of key safeguarding updates, policy changes, and best practices.