

Priory Quality Account

For period April 2024 to March 2025



Live your life



Contents

Foreword	03
Quality statement	05
Priory-wide reports	07
Freedom to Speak Up (FTSU)	
Safeguarding	
Laura Ann's story	
Quality improvement (QI)	
Reducing restrictive practice	
Gary's story	
Mortality and morbidity	
Lived experience	
Tom's story	
Quality assurance (peer review)	
Mental Health Act (MHA) and Mental Capacity Act (MCA)	
Dmitry's story	
Infection prevention and control (IPC)	
Healthcare	25
Priorities for improvement	
Participation in clinical audits/research/goals agreed with commissioners	
Grace's story	
Patient safety	
Outcomes	
Rebecca's story	
Learning from incidents and complaints	
Colleague experience	
Wayne's story	
Regulatory inspections	
Adult Care	45
Resident experience	
Nicholas' story	
Resident safety	
Nourish	
Justin's story	
Outcomes	
Colleague experience	
Julie's story	
Regulatory inspections	
Millie's story	



This document is also available in other languages, large print and audio formation on request.



Please contact:
communications@priorygroup.com





Foreword: Chief Executive Officer, Rebekah Cresswell

Welcome to our Priory Quality Account for 2024 to 2025

For the first time this year, we are reporting on our Adult Social Care division alongside our Healthcare division. While we have always been one organisation, this report reflects how we continue to work even closer together to create integrated care pathways, from hospital to community to home.

As we reach the final year of our current organisational strategy, the Priory Plan, and begin work on its successor, I have been reflecting on the enormous progress we have made – this year is no exception.

How our colleagues feel about working at Priory has a huge impact on our culture and filters down through all aspects of the care we deliver. I was delighted to see the results of this year's colleague engagement survey, which surpassed all previous years in terms of completion rates. Our engagement score was 78% – up 3 percentage points from last year and 20 since 2021! This a huge achievement that we are all extremely proud of. Other key highlights from the report include that 80% of respondents said they are proud to work for Priory, 72% would recommend Priory as a great place to work and 75% said they would recommend Priory services to their friends and family.

One of our strategic goals is to embed a culture of openness, inclusion and trust, where people feel they belong, and 83% of respondents in this year's colleague engagement survey said they felt like they 'fit' at Priory and are comfortable being their true selves. Central to the concept of openness is colleagues feeling able to speak up when they have concerns at work. We have made great strides this year in our reinvigorated Freedom To Speak Up (FTSU) strategy, designed to foster psychological safety. We now have a dedicated FTSU guardian, three regional FTSU leads and an extensive network of 192 trained FTSU champions representing all divisions and regions. These champions offer accessible, on-the-ground support for colleagues, taking part in team inductions, site visits, awareness events and regular forums.



Quality assurance

Our commitment to delivering high quality, safe care that achieves excellent outcomes remains steadfast. As of 31 March 2025, 89% of our Care Quality Commission (CQC)-registered Adult Care sites in the UK, and 83% of our Healthcare sites, were rated 'good' or better. These figures are both above the national benchmarking figure of over 84% in Adult Care and 69% in Healthcare for equivalent services. We have continued to develop our quality improvement (QI) programme, with increasing numbers of colleagues gaining QI skills and involved in QI initiatives. In support of our quality assurance agenda, we have also introduced a programme of peer reviews across both our divisions, to drive consistency and collaboration.

In addition, our Lived Experience Partnership Working Strategy is going from strength to strength. We understand how crucial co-production is to ensuring our decisions are shaped by real experiences and needs – leading to more effective, accessible and person-centred services. We now have the right infrastructure in place to embed this approach throughout our organisation and draw on this expertise. We recruited our first lived experience partner (LEP) in November last year and now have 17 lived experience divisional leads actively contributing to Priory's development.

This year, we have sustained our focus on recruiting and retaining high calibre colleagues. Since March 2022, we have reduced our turnover by more than 45% to less than 23% (as of April 2025), and significantly reduced our use of agency staff. We have experienced consistently positive headcount growth year-on-year, increasing our headcount by over 2,600 full time equivalents since April 2022.

Our data strategy has also progressed in the last 12 months. We are now collecting paired patient-reported outcome measures (PROMs) and clinician-reported outcome measures (CROMs) data for over 50% of patients in our acute and specialist services. This data has demonstrated measurable improvements in anxiety, depression and psychosis symptoms between admission and discharge. Within our Adult Care division, the outcome focus is supporting our residents to achieve and sustain meaningful improvements in their lives. A key driver is our use of Outcomes Star™, a nationally recognised outcomes measurement and planning tool, developed by Triangle, which supports collaborative conversations between colleagues and residents, around wellbeing and independence.

System working

We prioritise collaborative working throughout the health and social care system, and nurturing relationships with partners in this space with a view to enhancing care and contributing as thought leaders. We continue to invest in our estates and infrastructure – including £5.5 million last year to create further dedicated acute mental health wards for NHS patients within our care. In a market-changing move, we have also developed a range of new private addiction services, which offer flexible support at a range of price points. This recognises that there is limited NHS inpatient provision for the treatment of addiction, so families and individuals often need to turn to the private sector, and we want to be able to make affordable and accessible care available to them.

Within the vital third sector, we have developed a close partnership with charity Chasing the Stigma, which provides a lifeline to many suffering mental distress, thanks to their free online directory of services and support – the Hub of Hope. We consider this directory to be so valuable that we now signpost many of our patients to it on discharge, and in situations where we cannot provide the right support, we can point people in the direction of an organisation that can.

Priory, alongside our partner organisations, MEDIAN in Germany and Hestia Health in Spain, are part of the MEDIAN Group. Together, our shared mission is to improve and restore quality of life and independence for our patients and residents through effective, evidenced and data-driven care. The benefit of the Group is in our collaboration and exchange of knowledge and expertise. While the markets and systems we operate in are very different, there is always common ground in our purpose and experiences. For example, we have established an international medical board which includes experts from all three countries who come together to work on common challenges and potential innovations that are relevant to us all. We have a shared environmental, social and governance (ESG) strategy and a commitment to sustainability. For instance, MEDIAN Group is on track to invest €25 million by 2026 in photovoltaic technology (solar panels) across ~140 sites, with over 20 sites at Priory already fitted with the panels.

As we look ahead to 2026, I hope to see even greater collaboration across the health and social care system in the UK, to achieve Priory's purpose of supporting everyone within our care to live their lives.

Rebekah Cresswell

Chief Executive Officer, Priory



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

The 2024-25 reporting year has marked a period of exceptional progress, innovation and cultural transformation across Priory's Healthcare and Adult Care divisions.

This Quality Account captures the scope and depth of our ongoing commitment to delivering safe, person-centred and outcomes-driven care. Guided by strong governance and values-led leadership, our work has focused on continuous improvement, lived experience inclusion, safeguarding excellence and fostering a workplace where colleagues thrive.

We have embedded a culture of psychological safety through our reinvigorated FTSU programme, enabling 83 colleagues to raise concerns confidently. With 192 trained champions and high compliance with national FTSU training, our FTSU infrastructure has delivered real impact, improving care environments and colleague wellbeing. Alongside this, safeguarding training compliance reached 97.1% and audits showed that 98% of Healthcare staff felt confident raising concerns – clear indicators of a culture where safety is embedded, not just expected.

Priory's QI approach continues to thrive, driven by grassroots engagement and structured leadership. Over 250 staff and 43 leaders received QI training, with 21 active QI projects addressing issues from absence without leave (AWOL) reduction to multidisciplinary team collaboration. Our peer review programme also expanded significantly, with 35 reviews completed and over 1,300 actionable recommendations shared. This model, enriched by the involvement of LEPs, strengthens our internal assurance while promoting shared learning.

The formal launch of our Lived Experience Partnership Working Strategy has transformed how voices of those who use our services are embedded in governance, training and innovation. In just 3 months, 17 divisional partners contributed to 39 working groups and projects, demonstrating our firm commitment to co-production. Adult Care has begun developing its bespoke approach, ensuring alignment across divisions while respecting contextual differences.

Our progress in reducing restrictive practices is a powerful example of compassionate, rights-based care in action. Mechanical restraint incidents fell to zero in the final quarter of the year, while prone restraint was limited to five instances. Seclusion duration dropped from 7.5 days to just 1.3 days, underscoring our success in embedding trauma-informed practices. Over 88% of staff completed reducing restrictive interventions training, while innovation in alternative techniques continues to support safer, more therapeutic interventions.

We are proud of our achievements in patient outcomes. Over 50% of service users in acute and specialist settings now have paired outcome data (PROMs and CROMs), demonstrating significant improvement in anxiety, depression and psychosis symptoms between admission and discharge. In Adult Care, Outcomes Star™ has enabled service users to track personal progress meaningfully, supporting wellbeing, independence and inclusion.

Across both divisions, our commitment to personalised, inclusive care continues to shine. In Adult Care, 91% of people reported knowing who to speak to if they were unhappy, 90.8% were happy with staff support, and 88.3% felt they had choice in daily life. Services promote integration with communities, enable access to primary care, and ensure that people are not only safe but actively thriving in their environments.

We have strengthened governance around patient and resident safety through focused workstreams. In Healthcare, attention to leave management, observation and discharge planning has enhanced safety across care transitions. In Adult Care, investment in technology (for example, seizure monitors and door alarms), emergency training and risk mitigation strategies has reduced harm and supported dignity. Regular fire safety audits, medication protocols and infection control training further enhance our safe care culture.



Our people are central to our success. Colleague engagement has increased for the third consecutive year, reaching 78% across the organisation and 74% in Healthcare. Turnover is at its lowest since 2018, with particularly strong retention of nurses and healthcare assistants (HCAS). Our innovative partnership with Cielo has improved recruitment, while our investment in apprenticeships – supporting 580 learners – has created dynamic career pathways. Nursing development continues to flourish through our award-winning preceptorship programme and the expansion of advanced clinical practitioner roles.

We have taken decisive steps to enhance sexual safety across our services, in response to national priorities and the Worker Protection Act 2023. A sexual safety working group and new lead have been established, supported by bespoke training, updated HR policies and a live data dashboard. This work ensures that our services remain safe, respectful spaces for everyone.

All of our work around developing the highest quality services is supported by our non-executive directors (NEDs) who are actively involved in guiding our work in areas such as FTSU, safeguarding and the Patient and Carer Race Equality Framework (PCREF). They are key members of the quality assurance committee,

providing insight and supportive challenge to the executive team.

Priory maintained strong performance across regulatory bodies. CQC inspections totalled 60, with the majority of sites maintaining or improving their ratings. Notably, Priory Hospital Glasgow was rated 'exceptional' by Healthcare Improvement Scotland (HIS). Compliance with safeguarding, infection control and quality standards across divisions continues to reflect our high standards.

In conclusion, this report reflects an organisation that is not only meeting expectations but setting new benchmarks for inclusive, safe and high-quality care. Priory remains unwavering in its mission to place people at the centre – ensuring their voices are heard, their needs are met and their futures are full of potential.



Colin Quick
Chief Quality Officer



Dr Adrian Cree
Chief Medical Officer





Priory-wide reports



FTSU – creating a culture of openness and psychological safety

Priory has made remarkable progress in embedding a positive, open and inclusive culture where every colleague feels empowered to raise concerns safely and confidently. Since the relaunch of the FTSU initiative in October 2023, the organisation has established a strong foundation for transparency, learning and continuous improvement across all services.

At the heart of this transformation is the establishment of a robust FTSU infrastructure, including the appointment of a dedicated FTSU guardian, three regional FTSU leads and an impressive network of 192 trained FTSU champions representing all divisions and regions. These champions provide local, accessible support for colleagues, contributing to team inductions, site visits, awareness events and regular forums.

Priory's commitment to psychological safety is clear through the widespread promotion of speaking up. Innovative resources such as secure mailboxes, business cards and awareness campaigns – like the popular FTSU promotion league – have made FTSU highly visible and relatable. The initiative was also featured prominently in the Priory Quality Event 2024, underlining its centrality to the organisational culture.

A cornerstone of this work has been the successful integration of national FTSU training modules. Compliance rates for the 'Speak Up', 'Listen Up', and 'Follow Up' modules are impressively high – 94.3%, 90.8% and 88.5%, respectively – demonstrating wide engagement across frontline staff, managers and strategic leaders.

Between April 2024 and March 2025, 83 cases of speaking up were recorded. While over half were raised anonymously – reflecting the early stages

of cultural development – many related to issues of worker wellbeing and patient safety. Importantly, these concerns were taken seriously, investigated thoroughly and often led to tangible service improvements. Real-world impact stories illustrate how speaking up has resulted in changes to site accessibility, strengthened leadership accountability, and enhanced care environments for both colleagues and service users.

The introduction of monthly FTSU champion supervision forums and the development of a comprehensive online FTSU toolkit are further evidence of Priory's investment in its people. These forums offer safe spaces for peer learning, scenario-based reflection and real-time support, while helping build a sense of belonging among champions.

Feedback from staff has been overwhelmingly positive. Colleagues have expressed increased confidence in raising concerns and appreciation for the integrity and responsiveness of the FTSU process. The colleague survey also reflects a growing belief that speaking up leads to positive change.

Looking ahead, Priory is committed to refining data systems, increasing diversity among champions, enhancing feedback mechanisms, and ensuring medical and harder-to-reach staff groups are equally supported to speak up.

Through this work, Priory is not only meeting its legal and ethical obligations – it is setting a benchmark for best practice in creating psychologically safe workplaces where speaking up is not just permitted, but expected and valued.



Art by a patient
at Priory Hospital
Woodbourne

Safeguarding – a culture of safety, accountability and learning

At Priory, safeguarding is not just a compliance requirement; it is a deeply embedded organisational value. The 2025 Safeguarding Annual Report highlights the positive strides taken across the organisation to ensure children and adults at risk are protected, supported and empowered within our services.

This year, Priory has demonstrated a strong commitment to safeguarding through leadership, training, governance and cultural development. At every level of the organisation, safeguarding is considered 'everyone's business'. From the chief executive officer (CEO) and chief quality officer (CQO) to local site teams, there is visible, accountable leadership. Governance structures ensure robust oversight, with safeguarding committees operating across divisions and expert leads providing guidance on complex cases.

Training continues to be a major strength. Safeguarding compliance has reached 97.1% across the organisation, supported by tailored programmes aligned to national intercollegiate guidance. Over 6,000 colleagues were trained at level 3 and nearly 600 at level 4, ensuring a well-informed workforce. Innovative training formats, including podcasts and briefings, reinforce learning. Training is complemented by enhanced supervision frameworks, ensuring staff have space to reflect and seek guidance on safeguarding concerns.

The organisation's use of data is equally commendable. Datix dashboards now offer granular, real-time insights, enabling proactive safeguarding monitoring. Audits across Healthcare and Adult Care revealed high levels of awareness, confidence in raising concerns

and accessibility of information. For example, 98% of Healthcare staff felt confident in speaking up, and 91% of service users in Adult Care found safeguarding information clear and understandable.

A strong focus on restraint reduction has continued, with gold-standard training programmes (PROACT-SCIPr-UK® and Reducing Physical Intervention) accredited by the British Institute for Learning Disabilities (BILD). These models promote safe and respectful practice, with 504 restraint-related safeguarding incidents in 2024 representing a small fraction of overall activity, and only 1% substantiated. These figures reflect both the complexity of the populations supported and the high standard of care delivered.

Priory also places strong emphasis on safe recruitment, whistleblowing, and the FTSU culture. Disclosure and Barring Service (DBS) checks are rigorously managed with over 85% compliance, while the organisation has developed a large and active network of 192 FTSU champions, ensuring colleagues feel safe to raise concerns.

In line with national developments, Priory remains committed to making safeguarding personal. This includes ensuring the voice of the service user is heard, whether through care planning, complaints handling or participation in audits. Notably, the Lived Experience Partnership Working Strategy has led to 17 divisional LEPs contributing to governance and service development.

Finally, Priory's involvement in serious case reviews and domestic homicide reviews shows a genuine commitment to learning and continuous improvement. The integration of learning into policy, training and practice demonstrates how Priory uses safeguarding data and experiences to enhance care quality.

Through these initiatives, Priory continues to uphold a culture where safety, dignity and accountability underpin every service interaction. The positive outcomes reported reflect an organisation that is proactive, reflective and wholly committed to safeguarding excellence.



Art by a patient at
Priory Wellbeing
Centre Canterbury

Laura Ann's story

Loughshore House

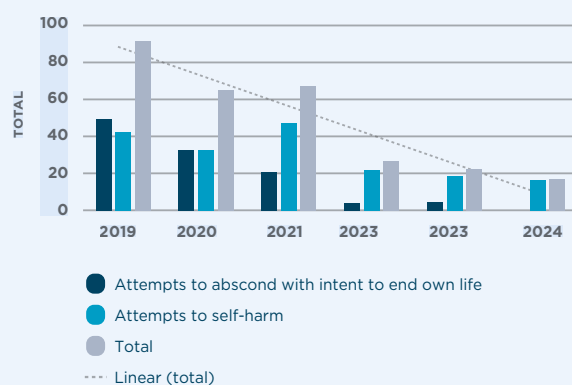
Laura Ann was admitted to Muckamore Abbey secure hospital in 2016 following a breakdown in mental health and active attempts to end her own life. Laura Ann then moved to her first community-supported living service. Unfortunately after just under 3 years, the placement broke down as the severity of Laura Ann's attempts to take her own life only continued to intensify.

This is when she moved to Loughshore House (Priory Adult Care) in January 2019. The initial transition for Laura Ann was a difficult one, as she struggled to trust others and feel comfortable in forming attachments. Her feelings of hopelessness and low self-worth continued to impact her greatly, resulting in attempts to abscond from the service on an almost weekly basis with intent to end her life, high rates of attempts to self-harm by means of ingesting glass and batteries, and cutting herself with sharp objects (see below, right). Laura Ann would often push others away as she was expressing feeling unworthy of a happy life.

For the Loughshore team, these behaviours of concern only served as a reminder of the importance of providing Laura Ann with a place of safety by showing her consistent care and empathy. The focus for the team was supporting Laura Ann to break down these false beliefs and encouraging her to celebrate her strengths and achievements. The team collaborated with the Inspire mental health team to provide access to dialectical behaviour therapy (DBT) to develop coping skills and reframe her own thoughts about her self-worth. At Loughshore, these strategies were embedded into her daily life with active support approaches and a focus on quality of life enhancement, all with full involvement of Laura Ann.



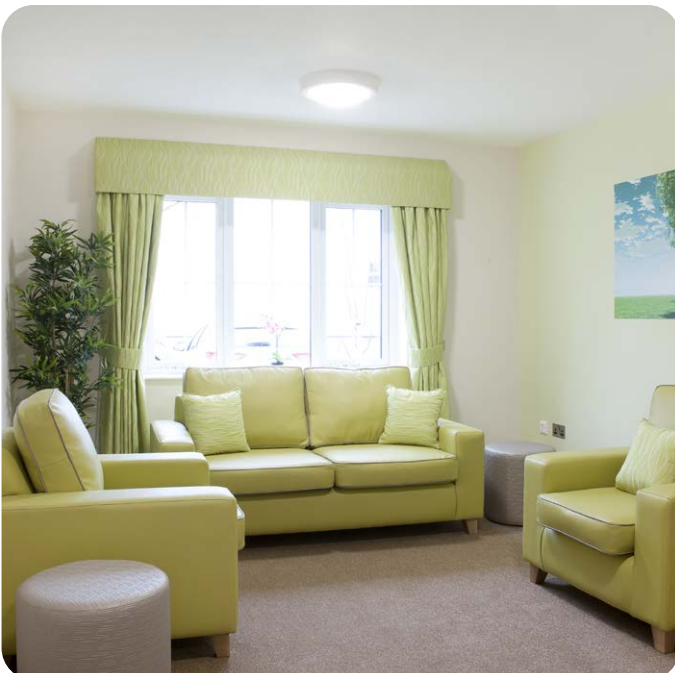
Behaviours of concern per year





She was encouraged to self-advocate and to co-produce her own support plans. This involvement allowed her to feel empowered to use her own voice.

This incredible progress resulted in Laura Ann being nominated by Priory senior managers to visit a new service in Burnley, England, to provide feedback from a resident's perspective to inform care provision planning. This was a major milestone for Laura Ann, as it was her first time taking a flight and leaving Ireland. This trip highlights the positive impact of empowering our residents to self-advocate and in turn, inform the way in which we as an organisation provide support. Laura Ann now continues to plan, with the support of staff, for the next big steps of her journey, with a focus on living her best life.



Charlene Reid, Home Manager of Loughshore, said: "Laura Ann has simply flourished in the last 3 years and has overcome some really difficult barriers. She has built up her trust of others, engaged in her therapy programmes, recognised her own self-worth and her importance to others, and her potential to achieve goals. These are things that to others may seem small but have been massive steps for Laura Ann to have hope for her future.

"Laura Ann is a fantastic and valuable advocate at Loughshore and is always speaking up to share ideas, feeding back on what went well and didn't go so well, huddling together with other residents, encouraging them to share with the team how staff can make improvements and share ideas, whether it is small or requires delicate planning."

QI – driving excellence through QI

Priory's QI journey is gaining significant traction, building a strong foundation for sustained, system-wide excellence in care delivery. Since its inception in late 2022, the QI programme has grown into a dynamic, inclusive and practical initiative, empowering colleagues at all levels to lead change and embed continuous improvement into daily operations.

The journey began with 20 colleagues from the Healthcare division enrolling on an externally delivered QI leaders programme, grounded in the Institute for Healthcare Improvement (IHI) methodology. This investment in leadership capability set the tone for what has become a growing movement across the organisation.

Throughout 2024, Priory's QI coaches extended this work by delivering foundational QI training to around 250 frontline colleagues, ensuring that those closest to care delivery are equipped to identify opportunities for improvement and implement real change. In parallel, 43 operational leaders received bespoke QI training from senior clinical leaders, including the CQO and head of nursing, with a focus on how to nurture and support QI work within their services.

This widespread engagement has created a strong culture of ownership, where improvement is not only encouraged but actively led by teams on the ground. Staff are becoming confident in using data, testing ideas, and driving practical change to improve outcomes for those we support.

In January 2025, Priory expanded this work through a second QI leaders cohort, incorporating colleagues from Adult Care, additional representatives from

Healthcare and our new LEP. This step reflects Priory's commitment to inclusive, co-produced improvement and recognises the value of diverse perspectives in driving change.

To date, three QI projects have been successfully completed, and 18 more are underway across our sites. These projects address critical areas, such as physical healthcare enhancement, access to meaningful activities, improved multidisciplinary team collaboration and reductions in incidents like AWOLs, aggression and seclusion. Each project is a tangible example of how QI is being applied to address local priorities and improve the experience of both service users and staff.

To sustain progress, monthly QI project group calls have been introduced, providing a space for shared learning, peer support and celebration of success. These sessions are fostering a community of practice that is helping to embed QI thinking across services and keep momentum high.

Through this work, Priory is not just introducing a new methodology – it is cultivating a culture where continuous improvement is a core part of how we work. By investing in people, processes and shared learning, Priory is ensuring that its commitment to delivering the highest standards of care is lived out every day, across every service.

Painting by a patient at
Priory Kemple View



Priory's commitment to reducing restrictive practices: a strategic, ethical and compassionate approach

At Priory, we are deeply committed to delivering the highest standards of care within the least restrictive environments possible. This commitment reflects not only our values but also our legal and ethical responsibilities under the Mental Health Units (Use of Force) Act 2018, the Equality Act 2010, and the evolving national and regulatory landscape. Reducing restrictive practices is central to our ambition to provide person-centred, trauma-informed and rights-based care – enshrined in our organisational strategy, The Priory Plan.

Strategic priorities for 2024–25

In 2024–25, we set out a focused and ambitious programme of work designed to ensure a continued reduction in the use of restrictive interventions, while improving safety, quality and dignity across all services. Our four core aims were to:

1. Strengthen governance frameworks and assurance processes around the use of restrictive interventions
2. Achieve sustained reductions in high-risk interventions such as mechanical restraint, prone restraint and non-approved holds
3. Deliver high levels of compliance with trauma-informed, least-restrictive intervention training for all frontline staff
4. Improve the accuracy and transparency of data collection and reporting on restrictive practices

Governance and assurance: from ward to board

Over the past year, we have embedded a robust governance structure that ensures continuous oversight and accountability. Our reducing restrictive practices committee operates as a key governance body, while our weekly serious incident group provides real-time monitoring of restrictive interventions, ensuring escalations reach board-level via the quality assurance committee.

We have strengthened policy and procedural guidance across all services, ensuring full alignment with the Mental Health Units (Use of Force) Act 2018. Our updated policies now reflect the latest legal and ethical standards, and provide clear frameworks for safe, proportionate and evidence-based decision-making.

Importantly, we have also embedded the voice of lived experience directly into this work. LEPs have participated meaningfully in our reducing restrictive practice groups, offering powerful insights that have shaped more empathetic, effective and human-centred care strategies.



Painting by a patient
at Priory Hospital
Beverley House



Workforce development and best practice training

Our investment in training remains a cornerstone of this work. In 2024-25:

- + **88%** of Healthcare staff achieved compliance with reducing restrictive interventions training (RRIT)
- + **89%** were compliant with breakaway training, supporting safe disengagement strategies
- + Staff across all divisions received enhanced content on de-escalation, positive behaviour support (PBS) and trauma-informed care
- + Adult Care expanded its regional pool of accredited PROACT-SCIPr-UK® instructors, increasing local delivery capacity

All training is externally accredited by BILD under the Restraint Reduction Network (RRN) standards, reflecting national best practice. This ensures our colleagues are equipped not only to respond appropriately in crisis situations, but also to prevent the need for restraint through early intervention, relationship-building and understanding of behaviour.

Data-led improvements: evidence of impact

Our strengthened governance and training approach has led to notable improvements in outcomes across Priory:

- + Mechanical restraint incidents fell to 0 in the final quarter of the year – marking a major milestone in our commitment to eliminate this high-risk intervention
- + Prone restraint remained extremely low across all services, with a peak of just 5 incidents during the year
- + Supine restraint use fell by over 85%, with only 5 incidents recorded by March 2025
- + The average duration of seclusion dropped dramatically from a high of 7.5 days in September 2024 to just 1.3 days in March 2025, demonstrating real improvements in the use of seclusion and post-incident review

These reductions reflect not only policy compliance but meaningful culture change, frontline engagement and leadership commitment to trauma-informed approaches.

Innovation and practice development

We have also embraced innovation to support our frontline teams. New tools, such as the support wedge developed by Safety Pod International, are now being used as safer, less restrictive alternatives to traditional restraint positions. Furthermore, three new physical intervention techniques have been externally and medically accredited for use – providing more flexible, proportionate responses to complex care situations.

Our executive oversight processes for planned use of mechanical restraint have also been enhanced, ensuring pre-authorisation and routine review for any such interventions.

Looking ahead: 2025-26 priorities

Building on this strong foundation, we have set clear priorities for the coming year:

- + Fully embed the Patient and Carer Race Equality Framework (PCREF) principles into restrictive practice governance, using data to monitor and eliminate disparities across protected characteristics
- + Expand the involvement of LEPs, including co-delivery of physical intervention training sessions to ensure training is grounded in real-world insight and emotional understanding
- + Introduce consistent design standards for enhanced care suites in all new builds and refurbishments across acute and psychiatric intensive care unit (PICU) services, to create safer, more therapeutic environments
- + Extend trauma-informed care training to all staff groups, emphasising relational safety, early intervention and de-escalation
- + Further refine our reporting systems to ensure accurate, timely data capture on restrictive interventions, seclusion, and segregation in line with the Mental Health Units (Use of Force) Act 2018
- + Prepare proactively for changes to CQC regulations regarding the notification of restrictive practices, ensuring that all operational teams are informed, prepared and compliant

Elm Park

Recovery from a traumatic brain injury

In the face of a life-altering brain injury, Gary's hard work and the dedication of the team at Elm Park, has led to unbelievable progress for Gary. Gary's story stands as a shining example of the medical expertise and unwavering support Priory is able to offer.

Gary's rehabilitation success at Elm Park

Gary's story stands as a shining example of the medical expertise and unwavering support Priory is able to offer. In the face of a life-altering brain injury, Gary's hard work and the dedication of the team at Elm Park, has led to unbelievable progress for Gary.

Gary, a former chef, was admitted to Elm Park having suffered poly-trauma and a head injury, after a road traffic collision. In relation to his very severe traumatic brain injury (TBI), he continued to be in a prolonged disorder of consciousness (PDOC) for 8 months.

Our treatment:

Physiotherapy

Gary faced significant physical challenges upon admission, including weakness in his limbs and trunk, necessitating a tilt-in-space wheelchair and high assistance levels for transfers. He initially displayed physical and verbal aggression during care.

With regular physiotherapy, Gary regained strength and transitioned to a standard wheelchair. Gary is now independent in all tasks of mobility, and doesn't require direct supervision when walking. He enjoys taking strolls in the hospital grounds and at home, without any concerns. Currently he is perfecting the stairs, as well as working on improving his exercise tolerance and stamina.

Occupational therapy

Gary's cognitive and behavioural challenges required extensive support for self-care. Through structured rehabilitation, he became independent in activities such as dressing, washing and mobility. With improved balance and trunk control, he participates in group activities and is progressing towards home and community reintegration.



Speech and language therapy

On admission, Gary showed mild dysphagia and was restricted to modified textures for food and fluids. Over time, he transitioned to regular fluids without issues, and can now eat and drink independently. Initially struggling with communication, Gary has significantly improved his attention and social skills, and he actively engages in group conversations.

Psychological support

Gary's early resistance to engagement was addressed through PBS and regular assessments. Over time, his mood and participation improved, with him now actively engaging in group sessions and positively interacting with peers and staff. He has a great sense of humour, which has helped his communication rehabilitation and helped him to build and maintain rapport with staff and patients alike.



Reducing mortality through learning, leadership and safer care

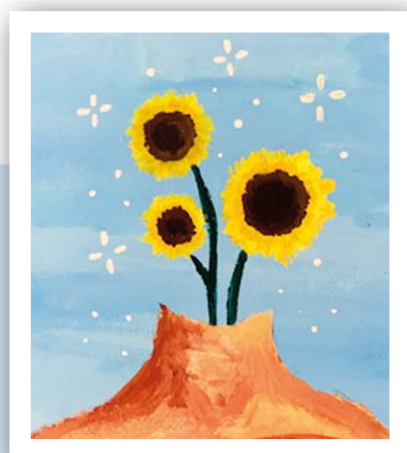
During the reporting period from 1 April 2024 to 31 March 2025, a total of 340 deaths were recorded across Priory services, representing a reduction from 365 in the previous year. This included:

89 deaths in Healthcare
(12 expected, 77 unexpected)

251 deaths in Adult Care
(212 expected, 39 unexpected)

This reduction reflects both demographic patterns and the impact of enhanced clinical governance and safety interventions across the organisation. It is also important to note that we record a death for the Healthcare division even when a person may not be actively receiving care from Priory, irrespective of the length of time since they were discharged from us. We consider this to be good practice as it supports our review of care and any aftercare package that was in place. The table below gives further detailed information:

Total deaths from April 2024 to March 25	89
Expected deaths (end of life pathway)	12
Death of a discharged patient	41
Death of an outpatient	15
Death before booked initial appointment	4
Death of an inpatient – physical health	10
Death of an inpatient – by suspected suicide (pending coroner inquiry)	3



Art by a patient at Priory
Hospital Altrincham

Strengthening oversight and learning

Across both divisions, robust mortality governance systems have been implemented to review, understand and act on all deaths within Priory services. A total of:

- + 20 deaths triggered a patient safety incident investigation (PSII) — 19 in Healthcare, 1 in Adult Care
- + 11 deaths met criteria for Mortality Case Record Review
- + 87 coroner's inquests were held, resulting in 3 Prevention of Future Deaths (PFD) notices

These reviews and outcomes are carefully scrutinised to drive improvements in care and patient safety. PFD themes included inter-agency communication and proactive physical health management for individuals declining intervention.

Themes and improvements in Healthcare

Of the 77 unexpected deaths in Healthcare, 12 occurred in current inpatients. A deep analysis of these cases has highlighted the following areas for action:

- + **Physical health monitoring:** in response to identified deterioration, improved clinical escalation pathways and hospital transfer protocols have been embedded
- + **Observations and leave processes:** recurrent themes around risk escalation and time away from wards have led to revised leave protocols, including enhanced documentation, safety planning and monitoring
- + **Ligature prevention:** following ligature-related deaths, physical environment audits have been strengthened, and therapeutic risk management practices reinforced
- + **Outpatient and post-discharge care:** a revised good practice guide for outpatient documentation is being rolled out, and thematic reviews of patients near discharge are underway to identify risks and refine transition planning

A thematic review of 6 deaths in patients scheduled for discharge within 4 weeks is also in progress, to inform further safety enhancements at this critical transition point.



Enhancing safety through governance and innovation

Key governance and practice developments across the organisation to reduce mortality risk include:

- + Weekly serious incident review group with escalation to board via the quality assurance committee
- + Patient Safety Incident Response Framework (PSIRF)-aligned investigations led by over 50 trained staff, including 2 senior investigation officers
- + Real-time safety learning dissemination through bulletins, regional meetings and quality briefings
- + Joint investigations with NHS partners to ensure pathway safety and promote shared learning
- + Lived experience involvement in safety reviews and strategy, ensuring co-production of improvements

Adult Care: expected and unexpected deaths

The 251 deaths in Adult Care largely reflected the older demographic and end-of-life support provided. However, the 39 unexpected deaths triggered a proportionate review process, with the following risk reduction actions being implemented:

- + Technology investment (for example, seizure monitors and door sensors) to improve proactive detection
- + Multidisciplinary care co-ordination to ensure early escalation and integrated physical health oversight
- + 3-year audit programme on Deprivation of Liberty Safeguards (DoLS) delays to assess and reduce systemic risks
- + Emergency scenario training to support timely response and reduce clinical harm

A single PSII was conducted in Adult Care, underscoring the importance of maintaining rigour and proportionality in mortality review processes.

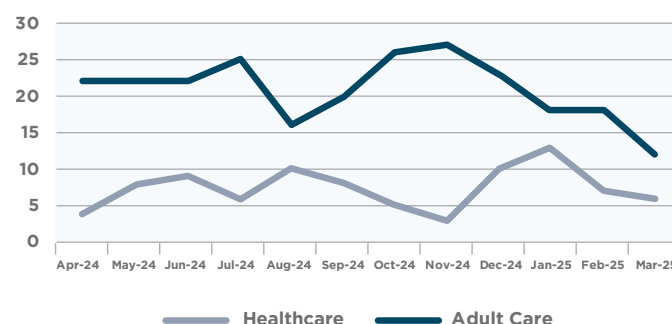
A cross-divisional commitment to mortality reduction

Across both Healthcare and Adult Care, Priory is committed to reducing avoidable mortality through:

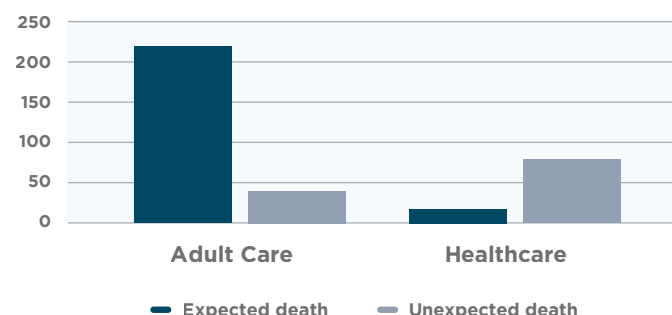
- + Trauma-informed care and least-restrictive practice, reducing distress and risk escalation
- + Physical health improvements, including discharge planning reforms and new digital tools
- + Training and development, such as advanced observation training, improved documentation practices and safer leave protocols
- + Audit and peer review, with over 35 reviews conducted and 1,300+ recommendations tracked through divisional assurance structures

Looking forward, we will continue to use data, lived experience insights and robust investigation to reduce mortality risk, enhance safety culture and improve outcomes across all our services.

Deaths by division and month



Expected/unexpected deaths by division (April 2024-March 2025)



Lived experience partnership working at Priory: empowering voices, enriching services

At Priory, we recognise that lived experience is not just a valuable perspective – it is a form of expertise in its own right. When embedded meaningfully, lived experience contributes to more compassionate, inclusive and effective care. It strengthens the quality of our services, enhances diversity and inclusion, and ensures that our organisational development is rooted in the real experiences of those who use our services and those who care for them.

Lived experience expertise is equal to clinical, operational or managerial knowledge. It offers unique insight into the everyday realities of care and recovery, enriching our collective understanding and leading to better service design, improved quality and more empowered service users, residents, carers and relatives. Priory is committed to embedding this form of knowledge systematically across our entire organisation.

Strategic foundation: a co-produced approach

In 2024, Priory developed a co-produced Lived Experience Partnership Working Strategy, alongside a governance model and practical resources to support its implementation. This work laid the foundation for a structured and sustainable approach to partnership working that values lived experience as a core component of quality assurance and service improvement.

Building on this foundation, Priory Healthcare appointed its first LEP lead in November 2024 and officially launched the strategy in January 2025. In parallel, Adult Care services have commenced the co-development of a bespoke lived experience approach, with plans to formally launch later in 2025. This will ensure alignment of vision while respecting the distinct needs and contexts of each division.

The two-tier model: local and divisional impact

The strategy is underpinned by a two-tier approach:

- 1. Local LEPs** are recruited to work alongside site-based teams. These partners support the development of partnership working in service delivery, practice and local decision-making. They bring lived experience into everyday conversations, influencing how services are delivered and how people are supported
- 2. Divisional LEPs** operate at a broader level, engaging in governance forums, working groups and strategic projects. They advise, consult and co-produce solutions with central teams, bringing lived experience insight into system-wide initiatives. Their work ensures that the voice of those with lived experience is present in planning, policy development, quality assurance and innovation at the highest levels

Early impact and future ambitions

In just the first 3 months since launch, we have successfully recruited **17 divisional LEPs** within Healthcare. These individuals are already contributing to **39 committees, groups, projects and reviews** across the organisation. Their engagement is helping to shape decisions, challenge assumptions and support a more relational, inclusive culture.

This rapid uptake demonstrates the appetite across Priory to work differently – to co-create services that are grounded in real experience and shaped in partnership with those we support. The early success of this initiative reflects a wider cultural shift at Priory towards openness, shared learning and values-driven practice.



Art by a patient at Priory
Hospital Arnold

Looking ahead, we aim to build on this strong start by:

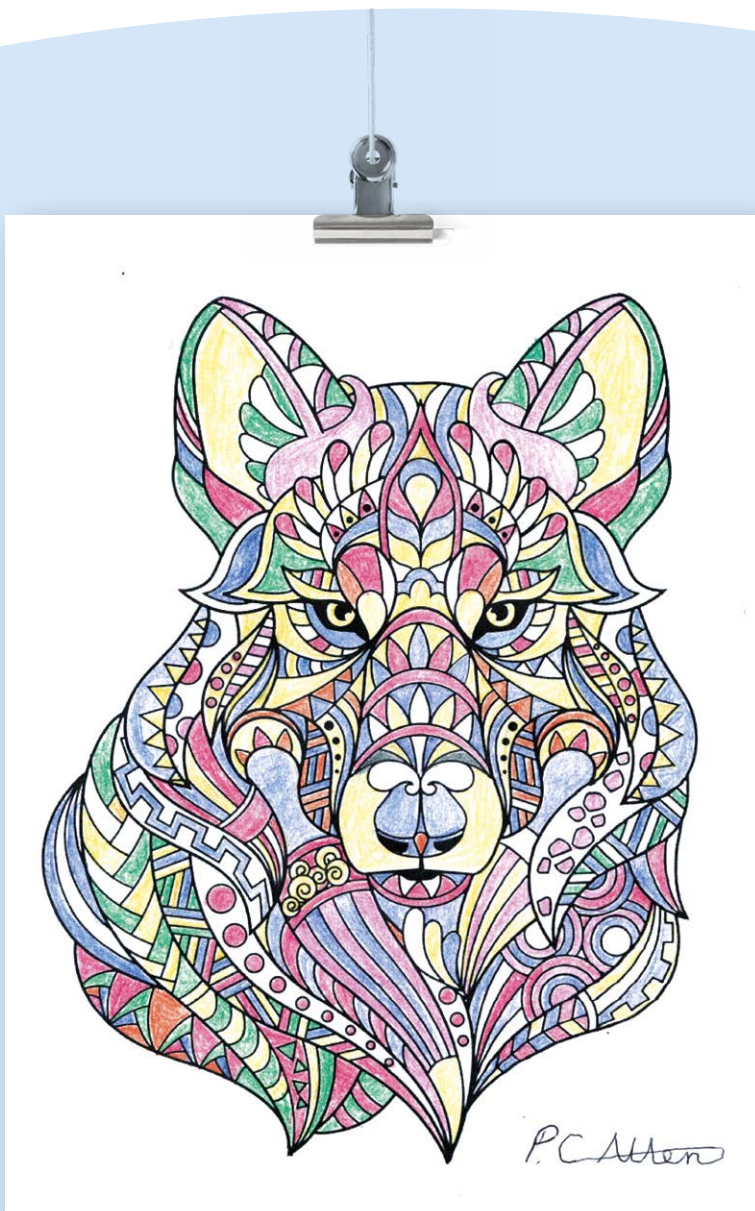
- + Aligning our strategies and lived experience infrastructure across both Healthcare and Adult Care
- + Strengthening lived experience involvement in central teams and strategic developments
- + Expanding recruitment of local LEPs across sites and service types
- + Continuing to refine tools, training and resources to support colleagues and LEPs to work meaningfully together
- + Embedding lived experience into leadership development, quality improvement, training and governance frameworks

A culture of partnership

Our goal is clear: to make lived experience partnership working 'business as usual' across Priory. This means creating the conditions where lived experience is not only heard but drives change. It means ensuring those with lived experience are valued as leaders, partners and co-creators of the future of care.

By embedding lived experience into our structures, governance and daily operations, we are not only improving the quality of care – we are upholding our fundamental belief that the people who use our services are best placed to shape them.

Priory is proud to be building a model of partnership working that is inclusive, sustainable and transformational. Together, we are creating a culture where lived experience is not just welcomed, but central to how we think, plan, deliver and improve.



Art by a patient at Priory
Hospital Bristol



Art by a patient
at Priory Hospital
Burgess Hill

Bedborough House

Tom's story

Tom is an autistic man, who also has a learning disability and epilepsy. Despite living at Bedborough House for a number of years, back in 2021 Tom began exhibiting more behaviours of concern. His team looked for solutions, so that his needs could continue to be met at the home.

A PBS approach

By working with Tom and his support network, we developed a PBS plan to implement proactive ways to reduce these behaviours. His support team focused on using strategies to aid Tom in staying calm when presented with triggers.

This means that the team can spot early warning signs that indicate that Tom might be agitated, and undertake measures to give Tom the space he needs. This ensures that Tom has the opportunity to calm himself down, mitigating the need for staff intervention. The team at Bedborough House also had a swing installed in the garden especially for Tom, which he uses to self-regulate when he is feeling upset.

It was identified that Tom's epilepsy medication might be exasperating his behaviours, so he has been supported to reduce his dosage. With input from multidisciplinary professionals, Tom's epilepsy is now managed effectively through other means, and he can now access healthcare resources without this causing him distress.



Tom's background

The care team at Bedborough House noticed that Tom's epilepsy was causing him anxiety, due to the unpleasant sensations and his inability to control these feelings. He would sometimes react to this by exhibiting behaviours of concern, such as biting, property damage and vocalisations. This was distressing for Tom and the people around him, so ways of preventing this needed putting into place very quickly.





Peer review at Priory: strengthening assurance through shared learning

Priory's commitment to continuous improvement and robust quality assurance has been further enhanced by the development and successful implementation of our peer review programme. Led by our heads of divisional assurance, the peer review process has matured into a dynamic, collaborative model of internal review that supports both improvement and shared learning across the organisation.

Introduced in Healthcare in January 2024 and in Adult Care the following month, the peer review programme was designed to bring together colleagues from across Priory to review specific focus areas within services. By drawing on internal expertise and lived experience, the process enables sites to receive valuable, constructive feedback from peers, with the ultimate goal of improving care quality, driving consistency and sharing good practice across the business.

Between April 2024 and March 2025, 35 peer reviews were completed across Priory's divisions. These reviews examined 261 focus areas and engaged 149 colleagues as peer reviewers – demonstrating significant reach and cross-organisational collaboration. Of the focus areas reviewed, 155 were assessed as 'assured' while 106 were 'not assured', highlighting the importance of the process in identifying areas for development. More than 1,300 recommendations have been generated, helping guide local improvement plans and support continuous service development.

The peer review process is not just about assurance – it is also about learning. Reviewers consistently identify and share examples of good practice, which are then taken back to their own services. This helps embed innovation and quality across Priory by supporting a culture of openness and professional growth.

In a further enhancement to the process, LEPs began participating in Healthcare peer reviews in April 2024, with a focus on patient participation and carer involvement. Their insights have brought a powerful, values-driven perspective to the review process. This element will be rolled out to Adult Care services in 2025, ensuring a consistent and inclusive approach across the organisation.

To sustain and grow the peer review programme, 15 peer review leads were trained in October 2024 and have since taken the lead on multiple reviews, expanding our internal capacity. This role supports reviewers in gaining further development opportunities, as well as promoting consistency in delivery. Plans are already in place to train an additional 60 peer review leads in 2025-30 in May and another 30 in September. All leads are supported by heads of divisional assurance and are required to complete a review as lead before taking on future assignments independently.

Feedback from both reviewed sites and participating reviewers has been overwhelmingly positive, with colleagues valuing the supportive tone, constructive challenge and opportunities for professional development. Sites report that the process has helped them reflect on their practice, recognise achievements and focus their improvement efforts.

Looking ahead, Priory will continue to build on the success of peer reviews, refining the process, expanding participation and embedding lived experience at every stage. The initiative is now a cornerstone of our assurance strategy – offering a credible, collaborative and values-led approach to quality assurance that is driving tangible improvements in care and culture across the organisation.

April 24 – March 25	Healthcare	Adult Care	Total
Number of peer reviews	14	21	35
Number of colleagues as peer reviewers	81	68	149
Number of focus areas reviewed	127	134	261



Painting by a patient
at Priory Hospital
Barnt Green



Strengthening the application of the Mental Health Act (MHA) and Mental Capacity Act (MCA) at Priory

At Priory, we are committed to ensuring that the application of the MHA and MCA is not only legally compliant but also empowers and protects the rights of the individuals we support. The effective use of mental health and capacity legislation is fundamental to our person-centred approach, enabling individuals to be supported with dignity while minimising restrictions wherever possible.

Recognising the importance of strong governance and leadership in this area, Priory appointed a dedicated national leadership role for the MHA and MCA in 2023. This role has brought clear strategic oversight and strengthened organisational governance, helping to ensure legislation is applied in ways that promote autonomy, improve outcomes and support both service users and staff.

Preparing for reform and enabling readiness

Throughout the 2024-25 reporting period, a major focus has been on assessing organisational readiness for anticipated mental health law reform across the UK. This work has gone beyond preparing for statutory change; it has involved critically reviewing current practices against the ambitions of proposed reforms and identifying areas where immediate benefits can already be delivered to service users. This proactive approach ensures Priory remains not only compliant but forward-thinking and reform-ready.

Digital enablement and learning from national reviews

In line with wider national ambitions to move health and social care from analogue to digital, Priory has embraced the use of digital tools to improve legislative processes. In September 2024, new digital discharge tools were introduced for doctors managing discharges under the MHA. These tools were developed as a direct response to the findings of the national special review of mental health services at Nottinghamshire NHS Foundation Trust (August 2024), supporting improvements in documentation, communication and legal accuracy. These developments enhance clinical governance and ensure the process of discharging individuals from detention is efficient, safe and well-documented.

Auditing the impact of delays in Adult Care

In Adult Care, Priory launched a 3-year audit programme to better understand how delays in DoLS assessments are impacting service users. The first year of the audit has seen over 95% of sites participate, reflecting a strong commitment across the division. The findings are now informing the development of a new suite of reporting tools, launching in 2025, which will support regions to monitor delays, identify trends and highlight areas of good practice when working with local authorities (LAs) and safeguarding partners.

Reforming administrative support models in Healthcare

A significant improvement has been the transformation of the MHA administrative support model across our Healthcare services. Beginning in 2023, this reform programme has introduced a regional structure, creating dedicated teams of specialist MHA administrators who now work across multiple sites. This new model promotes shared learning, consistent systems and a community of practice approach, offering both operational efficiency and better support to service users and staff navigating complex legislative processes.

Conclusion

Through investment in leadership, innovation and cross-functional collaboration, Priory has made substantial progress in enhancing how the MHA and MCA are applied across its services. These efforts are enabling more consistent, transparent and person-centred practice while preparing the organisation to respond confidently to future legal and regulatory reforms.

Solihull

Dmitry's story – successful discharges

Dmitry was a patient who came to Solihull with a diagnosis of schizophrenia and severe anxiety, facing significant challenges in keeping himself safe and is now being discharged back into the community.

Dmitry has a diagnosis of schizophrenia and has had five previous hospital admissions in the past few years. After moving out of the family home, Dmitry stopped taking his medicines and quickly became unwell, as well as getting into trouble with the law. He was suffering from psychotic episodes and severe anxiety due to past trauma.

Following another admission to an acute ward, Dmitry was transferred to Priory Hospital Solihull for a period of rehabilitation, with the aim to improve his quality of life and reduce the potential of future recurrent hospital admissions.

Dmitry's condition was initially stabilised with Clozapine, such that his psychotic illness went into remission. He spoke more about anxieties relating to past traumatic experiences, which he was able to work on with the psychology team to good effect. Under the direction of the psychology and nursing teams, he was also able to develop a better understanding of his mental health condition, including working on relapse prevention, early warning signs and coping strategies. He came to accept the importance of long-term medication for his condition and his adherence improved as a result.

Personal vulnerabilities with money management and internet safety were addressed by the team in a culture of personal growth, as well as supporting him to budget, save and keep his finances safe online. The team worked with him to recognise and adhere to appropriate boundaries in social contact, which he had been known to frequently struggle with earlier in his admission. He developed his self-catering skills by being able to forward plan, and his self-care also improved under the supportive direction of occupational therapy.

Once he had built his confidence up, Dmitry was keen to work, and he took on various real work opportunities within the hospital, including car valet, painting and decorating. He was supported to attend the local college where he improved his English skills (throughout his admission, we were able to support Dmitry with the use of an interpreter).

The team ensured his mother was able to remain a close and supportive ally, and she attended the majority of professional meetings either in person or remotely. Over the course of his rehabilitation, Dmitry was supported to spend time out of the hospital, in the company of family.

Dmitry expressed some anxieties about spending time by himself in the community and was supported to address this through graded exposure. Dmitry's confidence developed across many domains throughout his admission, such as gaining an increased awareness of the link between physical activity and mental wellbeing, with him now regularly attending the gym and using his bike for leisure. He was able to further develop his interests and became more open to trying new things with support from the occupational therapy team.

During his time at Priory Hospital Solihull, we observed sustained improvements in a range of outcome measures, including Health of the Nation Outcome Scales (HoNOS) and Camberwell Assessment of Need Short Appraisal Schedule (CANSAS). The Attitude to Relapse Scale (ARS), completed in the latter stages of Dmitry's admission, demonstrated low levels of fear and high levels of perceived control, with regards to potential relapse. The VAGUS-SR demonstrated that he had developed an awareness of the negative impact his mental health condition has had on his life.

Dmitry maintained contact with his community team throughout his admission and is now looking forward to his upcoming discharge to a supported placement.





Infection prevention and control (IPC) at Priory: embedding excellence in safe, proactive care

IPC remains a cornerstone of safe, high-quality care at Priory. Across our Healthcare and Adult Care divisions, we have continued to strengthen our IPC culture, systems and practices in 2024-25 to ensure that our environments remain safe for those who live and work in them. This year's achievements reflect our unwavering commitment to national standards, clinical best practice and proactive risk management.

Guided by the principles of 'doing the basics brilliantly', Priory's approach to IPC is comprehensive, person-centred and compliant with statutory codes across all four UK nations. Our IPC framework is built around the 10 key criteria set out in the Health and Social Care Act 2008: Code of Practice on the prevention and control of infection, as well as regional equivalents in Scotland, Wales and Northern Ireland.

Strong governance and local leadership

The cross-divisional IPC committee, chaired by the CQO, provides clear governance, accountability and oversight, reporting directly to the quality assurance committee and the UK board. Each site has a nominated IPC lead, supported by regional leads and the IPC nurse adviser. Together, this network ensures policies are embedded into practice, incidents are well-managed and learning is shared across the organisation.

A staged rollout of a new digital audit platform began in late 2024 to support real-time monitoring and action planning. This will be fully implemented in 2025, significantly enhancing transparency and responsiveness.

Data-led practice and risk management

This year, IPC incidents were captured through robust reporting systems, including the use of Datix. In addition to directly reported cases, Priory introduced the identification of 'hidden' IPC incidents - events not initially categorised as infection-related but which posed infection risks. This has enabled more comprehensive learning and improved proactive prevention strategies.

Routine risk assessments are conducted at admission and throughout an individual's stay. These assessments guide tailored infection prevention responses and help avoid unnecessary isolation, supporting both safety and wellbeing.

Clean environments and effective practices

Compliance with the National Standards of Healthcare Cleanliness 2025 was a key focus, supported by local cleanliness audits and regular quality walk rounds. Hand hygiene infrastructure was reviewed, with risk-assessed checklists used where permanent facilities could not be installed. The patient-led assessment of the care environment (PLACE) process was also integrated into cleanliness monitoring.

Training and workforce engagement

Over 90% of colleagues across both divisions completed IPC e-learning in 2024-25. Training is tailored to role, and new modules - such as advanced IPC training for site leads - are being developed in-house to promote greater ownership and relevance. A dedicated IPC catalogue is in development to improve access to training and resources.

Preparedness, vaccination and occupational health

Priory maintained strong relationships with occupational health providers and GP services to ensure timely access to vaccinations and laboratory testing. The annual flu and COVID-19 campaigns were delivered successfully, and staff screening protocols were enhanced following a gap analysis.

Looking ahead

In 2025, Priory will focus on optimising digital audit tools, expanding access to training, refining admission screening practices and ensuring that every colleague has an opportunity to participate in vaccination initiatives.

The success of this year's IPC programme reflects a system-wide commitment to safe, evidence-based care. Through strong leadership, continuous improvement and shared responsibility, Priory is embedding IPC excellence into everyday practice.



Healthcare divisional report



Priorities for improvement

In 2024-25, Priory has made strong progress in three key areas: sexual safety, QI and patient outcomes.

A new sexual safety working group was established, supported by a dedicated lead, to enhance safety across inpatient services. The group is structured into three subgroups – patient, colleague and environment-focused – ensuring a comprehensive and inclusive approach. A sexual safety dashboard has been implemented to track progress, while updated HR policies and training reflect the new Worker Protection Act 2023, reinforcing our commitment to both patient and colleague safety.

In QI, over **250** frontline staff and **43** operational leaders have received QI training, enabling meaningful change within services. A second cohort of the QI leaders programme was launched, extending QI capability across Adult Care and Healthcare, with early projects already showing impact.

Regarding clinical outcomes, we are now collecting paired PROMs and CROMs data for over 50% of patients in acute and specialist services. This data shows measurable improvements in anxiety, depression and psychosis symptoms between admission and discharge. Work is ongoing to increase data coverage and develop tools that support clinical teams in using this information to improve patient care.





Priority 1

Sexual safety within Priory inpatient services:

To ensure that all inpatient mental health services have a locally developed approach to sexual safety within their services, which is supported and in line with national best practice, training and Priory policy.

Rationale: Improving sexual safety on mental health wards is essential to protecting vulnerable individuals, upholding their dignity, and ensuring a safe and therapeutic environment for both patients and colleagues. It is a core ethical obligation that reflects the principles of patient rights, trauma-informed care and human dignity, and aligns with national safeguarding expectations. A proactive approach to sexual safety also contributes to trust in services and supports a culture of openness, respect and psychological safety.

What we focused on in 2024-25: Improved monitoring of restrictive practices.

Progress in 2023-24: Our efforts were centred on the establishment of a dedicated sexual safety working group to drive forward key priorities aligned with national guidance and standards.

A key early focus has been the development and embedding of mechanisms to capture meaningful data, particularly relating to protected characteristics, to strengthen our understanding of sexual safety risks and needs. This has been especially important in supporting work around gender-sensitive care, enabling us to tailor approaches and ensure that services are inclusive, responsive and equitable.

Progress in 2024-25: Towards the end of the year, a new sexual safety lead was appointed and a dedicated sexual safety working group was established. This group brings together colleagues from a wide range of departments and professional backgrounds to ensure a multidisciplinary and informed approach to improving sexual safety across our services.

A clear remit was developed to guide the work of the group, with activities structured into three focused subgroups:

- + Patient-focused
- + Colleague-focused
- + Environment-focused

Each subgroup has identified a tailored set of workstreams aligned to national guidance, covering areas such as documentation and reporting, staff training and resources, incident management, and environmental audits. Safeguarding remains a core theme across all workstreams, with strong alignment to existing safeguarding frameworks and policies.

An accurate and consistent sexual safety dashboard has now been embedded, with monthly data shared with subgroup leads and the executive lead for oversight and accountability.

While the group's initial milestones have evolved, the overall focus has shifted towards driving progress on central deliverables. These are intended to have a tangible impact on local service delivery by promoting greater consistency in:

- + Colleague training, knowledge and confidence
- + Patient information, documentation and support
- + Environmental safety and relational security
- + Monitoring and assurance of sexual safety practices

This structured approach aims to strengthen sexual safety across all inpatient settings, ensuring that both patients and colleagues feel safe, supported and protected.

Additionally, in response to recent changes in UK employment law, particularly the Worker Protection Act 2023, coming into effect in October 2024, our HR department has prioritised strengthening the sexual safety of colleagues. The legislation places a clear duty on employers to take proactive measures to prevent sexual harassment in the workplace.

To support this, we have:

- + Updated key HR policies to reflect the new legal requirements
- + Launched bespoke training focused on sexual safety and respectful workplace culture
- + Delivered briefing sessions across the organisation to raise awareness and clarify expectations

This work reinforces our commitment to staff wellbeing and ensures that colleague safety is valued equally alongside patient safety, fostering a culture of respect, accountability and psychological safety across all services.



Priority 2

Culture of QI across the Healthcare division:

To expand on our programme of QI coaching and training to support colleagues to develop their skills in identifying and systematically creating meaningful change within their services. As part of our work to develop our QI approach 2023-24, 20 colleagues from the Healthcare division completed the QI leaders programme, equipping them with the skills to lead projects using the IHI Model for Improvement. In the same period we developed and launched an internal QI training package, designed to support the spread of QI knowledge and practice across all areas of the organisation.

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

What we focused on in 2024-25: Our focus in 2024-25 has been on building the capacity to undertake QI by delivering our internal QI fundamentals training to site-based colleagues. To date, around 250 frontline staff have received training in the foundational principles of applying QI within their services. In addition, 43 operational leaders have received bespoke training on how to effectively support QI across their services.

Trained colleagues have since been supported to undertake QI projects, with three projects now completed and a further 18 currently at various stages of implementation. In January 2025, we further expanded our organisational QI capability by launching a second cohort of the QI leaders programme. This new cohort includes colleagues from Adult Care, additional roles within Healthcare, and our newly appointed LEPs, broadening the reach and impact of QI across the organisation.

Priority 3

Service user experience:

Patient reported outcomes: To collect, evaluate and monitor PROMs and CROMs paired clinical outcomes for all our patients across the Healthcare division, using the generalised anxiety disorder questionnaire (GAD-7), patient health questionnaire (PHQ-9) and the brief psychiatric rating scale (BPRS).

Progress in 2024-25: We have been making good progress with clinical outcomes across the various networks. We are now achieving paired outcome rates that allow us to describe outcomes for more than 50% of patients admitted to our acute, PICU, eating disorder (ED), private acute and addiction services. We continue to strive to collect data from all our patients admitted and the goal remains to achieve 80% of patients with paired data from admission and discharge.

The results show a continued pattern of improvement in symptoms of anxiety, depression and psychosis for our patients. For many, they improve from having significant symptoms at admission to minimal on discharge (as measured by GAD-7 and PHQ 9 (PROMs) and BPRS (CROMs).

The next step is the creation of tools to allow clinical teams, wards, sites, networks and regions to utilise the data to support the clinical effectiveness of treatments for our patients.

Art by a patient
at Priory Hospital
Cheadle Royal





Participation in clinical audits

During 2024-2025, the Healthcare division undertook a comprehensive programme of audits across key domains to evaluate and enhance quality, safety and clinical effectiveness within inpatient services.

The ligature audit focused on refining processes and preparing for digital implementation, ensuring environmental risks are effectively managed. The safeguarding audit showed high confidence among staff (98%) in raising concerns and strong inter-agency communication (95%), with improvements identified in accessible patient information and awareness of safeguarding leads.

The mental health legislation audit demonstrated good compliance, with 95% of detained patients informed of independent mental health advocate (IMHA) rights. Improvement areas include better documentation of discharge planning and support for associate hospital managers. The IPC audit showed 100% of sites had an IPC lead, but further work is needed on poster visibility and IPC training.

The restrictive practice audit reflected progress in reducing unnecessary restrictions, including vaping policies and cultural accommodations. Improvements are required in mail access and outdoor space use. In the care plan and risk assessment audit, most patients were given accessible plans, though areas for development include discharge planning and carer involvement.

Results from the observation and engagement audit are under review, but the overall audit programme highlights a strong foundation and clear areas for QI across the division.

Audit type	Quality domain	Purpose	Key outcomes
Ligature audit	Safety	To review the environment for risks of ligature as a means of ensuring that risks are understood, acknowledged and removed/managed, as appropriate (including audits of blind spots and external areas).	Improved timeliness of reporting and preparedness for a digital audit rollout.
Safeguarding audit	Safety and clinical effectiveness	To ensure compliance against national standards and safeguarding policies.	High staff confidence (98%) in raising concerns; strong inter-agency links; need for better patient-facing materials and staff awareness of safeguarding leads.
Mental health legislation audit	Safety, clinical effectiveness and patient experience	To explore issues and lessons to be learnt around record keeping, section 17 leave, medication errors, cancelled leave and AWOL, and the MCA.	High compliance with IMHA rights and MHA posters; improvements needed in discharge planning records and nearest relative processes.
Annual IPC compliance audit	Safety and clinical effectiveness	To evaluate compliance with cleanliness standards, Priory policy and legislation.	All sites had IPC leads; high audit completion; gaps in poster visibility, IPC checklist awareness, and training remain.
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.	Reduction in vaping restrictions; most cultural needs met; further work needed on mail and garden access restrictions.



Audit type	Quality domain	Purpose	Key outcomes
Care plan and risk assessment audit	Safety and clinical effectiveness	To review current standards and effectiveness of care planning, risk assessment and CPA/care treatment reviews.	High rates of care plan sharing and risk formulation; areas for improvement in discharge planning, carer involvement and post-incident updates.
Observation and engagement audit	Safety, clinical effectiveness and patient experience	To ensure that we are adhering to our observation and engagement policy, and looking at how we engage with our patients in a meaningful and therapeutic way.	Results under review; audit aims to assess adherence to policy and meaningful patient engagement.

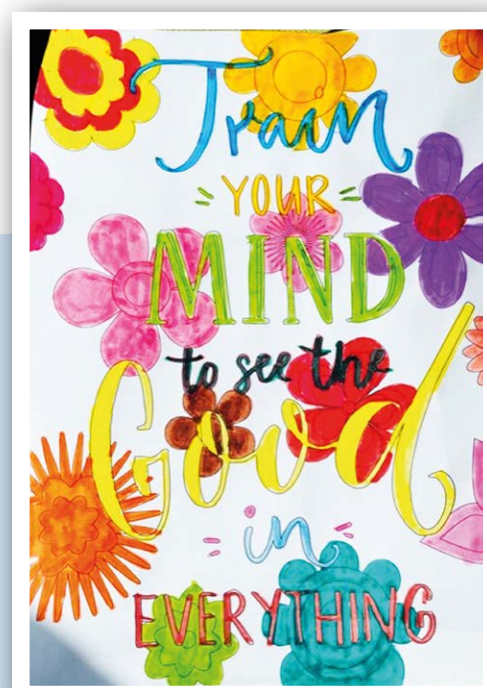
Participation in clinical research 2024-25

During this period, Priory has strengthened its research capacity both internally and through collaborations with MEDIAN in Germany and external partners.

- + Assessing the clinical and cost-effectiveness of inpatient mental health rehabilitation services (ACER) study: Participation in the national ACER study comparing NHS and independent rehabilitation services has progressed, with data collection now complete and analysis underway
- + Ward acuity research: The first clinical network-led study developed a validated tool to measure ward acuity. Results show strong reliability and validity. The tool is being prepared for operational use in acute services to help reduce acuity and enhance patient outcomes
- + PeakProfiling project: In collaboration with MEDIAN (Germany), this research explores voice analysis as a diagnostic aid for depression. The project is currently in the design and ethics approval stage
- + Training-linked research: Priory continues to support smaller-scale research projects led by clinical staff as part of professional development and academic progression

This growing research programme supports innovation, quality improvement and better patient care across the organisation.

Art by a patient at Priory
Hospital Chelmsford





Data quality

Priory Healthcare did not submit records during 2024-25 to the secondary uses service (SUS), for inclusion in the hospital episode statistics (HES), which are included in the latest published data.

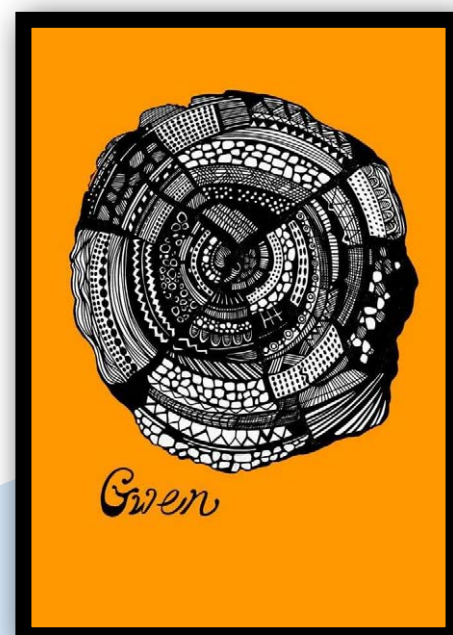
Data security and protection toolkit

The data security and protection toolkit is a performance assessment tool, produced by the Department of Health, which is a set of standards that organisations who provide NHS care must complete and submit annually. The toolkit enables organisations to measure their compliance with a range of information handling requirements, thus ensuring that confidentiality and security of personal information is managed safely and effectively.

Priory has provided all mandatory evidence for assessment and has been deemed to have met the required standards.

Clinical coding

Priory Healthcare was not subject to the Audit Commission's payment by results clinical coding audit during 2024-25.



Art by a patient at
Priory Hospital Roehampton

Priory Hospital Southampton

Grace's recovery journey

When I was first admitted to Priory, I had just spent 5 weeks in a general hospital and didn't know how to feel about coming here. All I wanted was to be discharged home, but I knew that this wasn't an option at that time due to my dangerously low weight and the strength of the grip my eating disorder had over me.

Initially, I really struggled to manage any food over the first couple of days, so my physical health quickly became unstable again. As a result, I was sent back to general hospital and had to be NG fed for the next 3 weeks. The electrolytes in my blood became all out of balance, putting me at risk of my heart stopping, therefore, I was sent to the intensive care unit (ICU) for 2 days.

Every day I asked to come back to Priory, because I knew it was the only way to transition to an oral diet and get rid of the NG tube that I hated more than anything. When I eventually came back, I was on bed rest due to my dangerously low weight, and I had to have two members of staff with me at all times, to prevent me from engaging in behaviours that could harm me. This included self-harm and over-exercise.

My eating disorder and obsessive compulsive disorder (OCD) gave me the constant urge to move around and stand up, as I felt so guilty and anxious for being sat in bed all day. In the kitchen, I struggled with certain behaviours, such as hiding and smearing food, to try to have as few calories as I could get away with. I was haunted by the terrible fear of weight gain, and all I could think about was ways to try to avoid it.

However, I started to learn to manage my behaviours better, because I knew otherwise



I would just be prolonging my admission. As a result, I gained more weight and then more freedom. I eventually moved to one-to-one observations, and up to a more independent table in the kitchen.

There have been several set-backs where I have been moved back to the highest level of support in the kitchen, but with the support of the team, I kept on trying my best, even when my head was screaming at me to just give up. I was encouraged to try antipsychotic medication and even though I don't like being on it, I have learned to accept it and try to trust the team of professionals around me.

It has all led to me gaining an increasing amount of leave, and I am going on walks and ward trips. I am the healthiest physically and mentally that I have been in years, although sometimes things are still hard. I am now working towards coming off my section and hopefully being discharged in the coming months.



Patient safety

The patient safety programme within Priory's Healthcare division has continued to mature and strengthen during 2024-25, underpinned by the principles of the National Patient Safety Strategy, which focuses on learning from what goes wrong, celebrating what goes right, and ensuring that everyone takes responsibility for delivering safe care. Our approach has been one of continuous learning, co-production and system-wide communication, with patient safety embedded into our governance structures, QI activity and lived experience partnerships.

At the core of this work is a robust governance structure that supports safe care at all levels of the organisation. Each Healthcare site has a designated patient safety lead, supported by local patient safety forums that focus on learning from incidents, near misses and improvement opportunities in partnership with colleagues and service users. These local forums feed into regional patient safety forums, which together shape the divisional patient safety programme, ensuring consistency, oversight and alignment with national priorities.

Our 2024-25 patient safety programme has focused on three priority areas that have significant impact on both patient experience and safety:

- + Leave management for informal and detained patients
- + Discharge pathways
- + Observation and engagement

These workstreams were approached through the lens of 'work imagined' versus 'work done', allowing us to understand the gaps between policy and actual practice. We used insight from operational teams, clinical colleagues and people with lived experience to improve clarity, identify risks and refine practice. In each area, we have aimed to build consistency, reduce variability and embed evidence-based improvements.

Looking ahead, our 2025 priorities will focus on four key themes where national and internal learning continues to indicate the need for sustained attention and action:

- + Deaths near discharge
- + Self-harm
- + Sexual safety
- + Violence

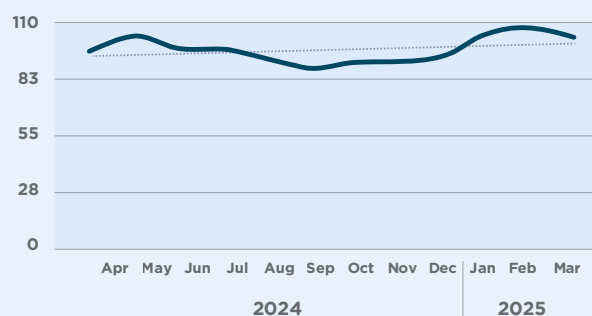
Each theme will be approached with a focus on data, lived experience and frontline insight, with solutions developed collaboratively to enhance both safety and therapeutic outcomes.

A key success in 2024-25 has been the full integration of QI methodology into patient safety work. All improvement initiatives have been driven by QI principles, ensuring change is measured, tested and sustainable. This approach has supported greater engagement from staff and promoted local ownership of improvement.

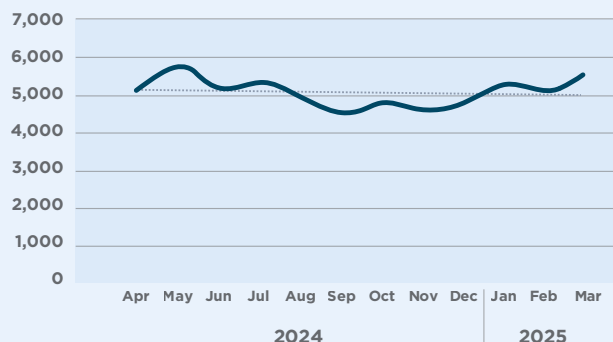
Equally important has been the strengthening of service user involvement in patient safety. The review and relaunch of our Lived Experience Partnership Working Strategy has embedded meaningful participation from people with lived experience of our services. This includes involvement in specific projects at site, regional and divisional levels. Carers LEPs are now consistently contributing to patient safety reviews, training and quality developments, ensuring our work is shaped by the voices of those it impacts most.

Overall, our patient safety programme continues to evolve in alignment with national policy, local learning and co-produced improvement. It reflects our organisational commitment to safe, compassionate care and to learning from both challenges and successes to deliver the best possible outcomes for patients and colleagues.

Total incidents per 1,000 bed days



Total incidents 2024-25





Patient outcomes

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, addiction 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.

Acute mental health

2023-24

2024-25

89%

Showed improvement in their overall mental wellbeing

86%

Eating disorders

2023-24

2024-25

79%

Showed improvement in their overall mental wellbeing

78%

Addiction

2023-24

2024-25

91%

Showed improvement in their overall mental wellbeing

90%



Painting by a patient
at Priory Hospital
Ticehurst House

Priory Hospital Bristol

Rebecca's story

Rebecca*, a former eating disorder patient on Priory Hospital Bristol's Lotus Ward, writes a letter to her treatment team, thanking them for their support and the "new beginnings" it has inspired...

"The moment has come for my departure. My chapter at Lotus is finally closing, so it's time for us to say our goodbyes as I embark on my next adventure; the pursuit of my purpose and reaffirming my autonomy as a healthy adult.

"As I look back on the time our paths intersected and intertwined, I have had the fortune to co-exist alongside you for the duration we have occupied the walls of Lotus together. As I sit in a state of reflection and gratitude, I am reminded of our interactions that accumulated into meaningful memories, and aided my healing and growth.

"But now it's time to take these memories away with me, as our trajectories go off in different directions, and we both continue journeying life, living on life's terms. As I do this, I hold within me all of the new knowledge, experiences and lessons that I've received from knowing you during my time at Lotus, and the community that you cultivated around me. These opportunities of connection have allowed me to learn to trust, given me examples of how to be a healthy adult and given me a space to discover myself. As a result, I have finally embraced my authenticity due to the nurture, consistency, validation and encouragement you provided me to do so.

"What you offered me is something that I've never had the opportunity to experience during my existence, due to the harsh realities of living my life in the circumstances I was born into. You showed me that people can be reliable and will show up. You showed me that people believe in me, and are proud of my existence and the actions I take each day. You showed me that I had



worth and I deserve to remain in the land of the living. You allowed me to find the courage and strength to realise that I can and will heal. You have made an ever-lasting impression on me and I will always carry a piece of you somewhere within me. There will be moments in the future when I'll think of you and hold onto a fleeting moment where I connect to you again because I truly believe that a bond can never be broken; there will always be a link that binds us despite distance or time.

"My time at Lotus has been the most profound experience of my 24 years of living. This year has felt like the rebirth of every aspect of my existence. It shifted the trajectory of my life and transformed every cell in my being, catalysing my personal growth. This year, I have had the fortune of experiencing the best year of my entire life and I'm so fortunate that this was alongside you.

“Lotus and the people within it will always be the ground floor of the building that I continue to construct. I stand firmly on the foundation that was set here. I have the privilege to finally be fortified in my recovery today, due to a combination of actions from myself and others that have allowed me to leave here knowing I’m committed to my recovery. I have a determination and passion that ignites a fire within me, fuelling my ability to keep moving forwards with persistence.

“This is the furthest I’ve ever travelled through the pain that’s the result of evolving from who I once was, to the person that was always inside of me. The scared, vacant, hollow and defeated being that hid the person I was always destined to become. Thank you for seeing me; seeing more than the lost cause and revolving door patient I was often described as. Thank you for helping me see what you always saw.

“Without you, I firmly believe that I wouldn’t have survived. I would have been buried amongst the graveyard of things I had lost from years of suffering. Instead, I was able to find liberation and freedom. Instead, the graveyard now becomes the place of all the things I’ve chosen to leave behind, so I can surrender to all that’s new and let go of all the things that no longer serve me. Instead of myself, I have laid to rest the old cognitions and behaviours that I will no longer

let control me. This graveyard will not be one of grief and sorrow, but one that tells my story. The loss that gave way to life and the life that allows me to love.

“You have taught me to be brave, be strong, to have hope, to simply be me. Today, I leave not as a patient, but as Rebecca. In this final sentence, I would like to introduce myself to you again as a person, a breathing, living, thriving human that exists in the same world as you.

“Hi there, my name is Rebecca. I am alive and I will fully embrace life and truly live.

“I make this promise to myself to honour all the people, including yourself, that allowed me to come back into being. I am finally the IN in beINg. Here she stands and she shines exquisitely. Here she is. Here I am.

With the deepest gratitude and abundance of kindness.”



*Patient’s name and image has been changed to protect their confidentiality.

Learning from incidents and complaints

Complaints

In 2024-25, we have continued to embed the changes made in the previous year to improve our complaints and concerns governance framework. The strengthened governance structure has allowed us to support shared learning and confidence in responding to concerns by

- + Introducing a new complaints and concerns hub, supporting staff in effective complaints management across the organisation
- + Pilot new quality management systems, working with individual sites to review issues and celebrate positive complaint and concern management
- + Produce new triangulated reporting across the different types of complaints and concerns, including those raised directly at site or with external bodies

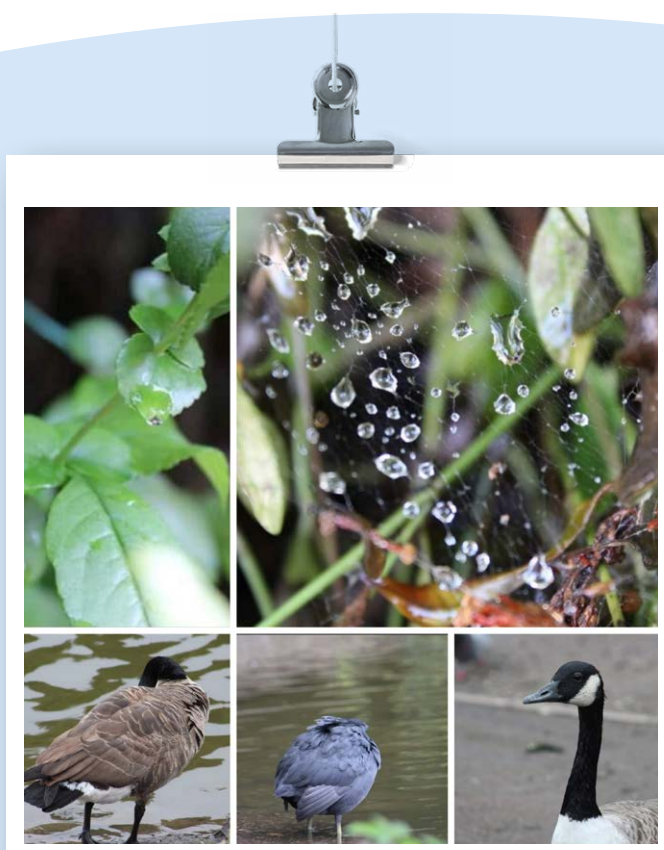
Building on this foundation and community of practice, the priorities for 2025-26 will include projects to develop information and training for service users and staff, working closely with our LEPs to consider ways to improve the experience for people who want to offer feedback or raise a concern.

Responding to complaints

Year	Number	Per 1,000 bed days
2024-25	746	1.19
2023-24	729	1.09
2022-23	877	1.29
2021-22	1119	1.59
2020-21	687	0.93

In most cases, complaints and concerns will be responded to by the site and team involved. Where the complaint is complex or the complainant is unhappy with the site response, then the complaint may be reviewed by either the region (Priory) or referred to an external body such as an ombudsman or regulator for review or investigation.

Photography by a patient at Priory
Hospital Woodbourne



Colleague experience

The Priory Healthcare division has continued to make significant progress throughout 2024-25 in creating a more engaged, stable and professionally fulfilled workforce. These advances reflect the organisation's deep commitment to building a positive culture where colleagues feel valued, supported and inspired to grow their careers with us. This year's progress across engagement, retention, recruitment and development underlines the strength of that commitment.

The 2025 colleague engagement survey results highlight sustained improvement. For the third consecutive year, the organisation-wide engagement score rose, reaching 78%, a 3-point increase from 2024 and an impressive 20% gain since 2021. Specifically, within the Healthcare division, engagement rose to 74%, marking an increase of 2 points from the previous year and a total uplift of 11 points over the past 2 years. These figures provide clear evidence that the division's ongoing efforts to improve workplace culture, leadership visibility and personal development opportunities are having a meaningful and lasting impact.

Importantly, this growth was reflected in all areas of the engagement survey, with improvements across teamwork, wellbeing, leadership and growth. 80% of colleagues said they are proud to work for Priory, and 72% would recommend it as a great place to work - both rising 4 points from last year. While the overall response rate remained at 55%, due to workforce expansion, the actual number of responses increased by 2.5%, demonstrating a growing willingness from colleagues to contribute and engage in shaping their workplace.

A key marker of our progress in workforce stability is the significant reduction in rolling turnover (RTO). In the Healthcare division, overall turnover fell by 7.3% compared to the prior year - the lowest rate since January 2018. Notably, turnover among HCAs dropped

by 9.5% and nurse turnover decreased by 4.8%.

These reductions are closely linked to both improved engagement and the evolution of our recruitment and onboarding processes.

In 2024, Priory implemented a new approach to workforce acquisition. We launched a strategic partnership with Cielo, a specialist recruitment partner, to manage the hiring of HCAs and support workers, reducing our reliance on agency staffing and enabling a more consistent, high-quality recruitment process. Alongside this, our new talent attraction team, fully operational from September 2024, has brought a fresh focus to the direct recruitment of clinical and specialist roles. This renewed approach led to a 56-person increase in nurse hires compared to 2023. The momentum has continued into 2025, which began with the highest Q1 hiring volume recorded in 5 years. In a further step toward optimising recruitment, we are investing in a new applicant tracking system to streamline processes, improve candidate experience and reduce time to hire.

Beyond recruitment and retention, our strategic focus on colleague development has delivered strong results. Through the Priory Career Pathways programme, 69% of Healthcare colleagues are already in the role they identified as their 'ideal role', while 40% have progressed into a new role since selecting a career goal via the Academy system. These figures demonstrate the impact of internal mobility, targeted development planning and our growing capability to support structured career journeys.



Art by a patient at
Priory Lakeside View



A particular area of pride remains our long-term investment in nurse education and professional development. Over the past 7 years, Priory has supported more than 250 colleagues to qualify as registered nurses through our nursing degree apprenticeship programme. In 2025, we plan to sponsor an additional 50 colleagues (40 in England, 5 in Scotland and 5 in Wales), expanding access to this pathway. We received a record number of applications for the University of Greater Manchester programme (formerly the University of Bolton) in 2024. For the third consecutive year, we are also providing subsistence support for Scottish and Welsh colleagues undertaking nurse training.

This work is now supported and guided by the nursing development group, launched in early 2024 and led by the chief nurse. This forum brings together frontline nurses and senior leaders to shape the implementation of national nursing strategy and develop the Priory-wide nursing career pathway. We have also seen the successful qualification and placement of our first cohort of advanced clinical practitioner (ACP) apprentices, the recruitment of two professional nurse educator leads, and the appointment of a new head of nursing, all of which strengthen our clinical leadership infrastructure.

Our preceptorship for newly qualified nurses has continued to grow in impact. Since its 2022 relaunch, the programme has achieved national recognition,

receiving a Quality Mark from NHS England in 2023 and winning the Proven Concept Award at the 2024 Digital Nursing Times Awards for its innovative use of artificial intelligence (AI) and technology to support reflection and learning.

In parallel, we've seen a significant expansion in apprenticeship uptake. In 2024, more than 580 colleagues across Priory undertook apprenticeships across 30 qualification pathways, with an 18% year-on-year increase in applications. Over £2 million was invested in apprenticeship development. Occupational therapy apprenticeships are now being prioritised, following the success of the nursing route.

In 2025, we will expand our apprenticeship offering further, introducing more standards across IT, estates and leadership. Our level 5 coaching professional programme has been relaunched with an award-winning provider, supporting our ambition to 'grow our own' coaches and develop internal capability.

A key focus in the year ahead will also be on raising awareness and improving accessibility to continuing professional development (CPD) opportunities, ensuring all Healthcare colleagues are equipped to advance their careers and contribute meaningfully to service improvement.



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 1 night a week away from the unit. In January 2020, 4 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 2 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.



Regulatory inspections – 1 April 2024 to 31 March 2025

The CQC

During the period, the CQC carried out 60 inspections through site visits. 48 were MHA visits. One of the inspections (Beverly House) is still awaiting the issuing of a report.

The CQC has transitioned to a new single assessment framework, moving away from its previous inspection model. While the approach to assessment has evolved, the overarching structure remains focused on the five key questions:

- + 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.





At the end of the accounting period on the 31 March 2025, the ratings for services operational with the CQC were as follows:

Site	Overall rating	Safe	Effective	Caring	Responsive	Well-led	Inspection date
255 Lichfield Road	G	G	G	G	G	G	25/09/2017
Althea Park	G	G	G	G	O	G	10/07/2019
Altrincham	G	G	G	G	G	G	12/11/2018
Avesbury House	G	G	G	G	G	G	30/11/2021
Barnt Green	RI	G	RI	G	G	RI	25/10/2022
Beverley House	G	G	G	O	G	G	07/11/2017
Birmingham Wellbeing Centre	G	G	G	G	G	G	02/08/2018
Bristol	G	RI	G	G	G	G	14/04/2021
Bristol Park Clinic	G	G	G	G	G	G	11/05/2022
Burston House	G	G	G	G	G	G	07/11/2023
Burton Park	G	G	G	G	G	G	15/10/2024
Canterbury Wellbeing Centre	G	RI	G	G	G	G	18/06/2018
Cheadle Royal	RI	RI	G	G	G	RI	21/02/2023
Chelmsford	G	G	G	G	G	G	07/09/2021
Dewsbury	G	G	G	G	G	G	06/10/2021
Elm Park	RI	RI	RI	G	RI	RI	08/08/2022
Harley Street Wellbeing Centre	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 Hempstead	G	G	G	G	G	G	16/07/2018
Highbank	RI	RI	RI	G	RI	RI	26/01/2022
Kemple View	O	O	O	O	O	O	21/05/2019
Kneesworth House	G	RI	G	G	G	G	06/10/2020
Lakeside View	G	G	G	G	G	G	01/10/2024
Life Works	G	G	G	G	G	G	26/09/2018
Lighthouse	NR						NI
Lombard House	G	G	G	G	O	G	05/07/2023
Manchester Wellbeing Centre	G	RI	G	G	G	G	26/07/2022
Market Weighton	RI	RI	RI	G	RI	RI	21/02/2022
Middleton St George	RI	RI	G	G	G	RI	11/12/2023
Mildmay Oaks	G	G	G	G	G	G	29/01/2020
Mill Garth	G	G	RI	G	G	G	28/07/2021
Nelson House	RI	G	RI	G	G	RI	16/05/2024
Newcombe Lodge	G	G	G	G	G	G	16/06/2021
North London	RI	RI	G	G	G	RI	08/03/2023
Nottingham	O	G	O	O	G	G	21/01/2019
Oxford Wellbeing Centre	G	G	G	G	G	G	09/07/2019
Preston	G	G	G	G	G	G	28/06/2022
Arnold	G	G	G	G	G	G	13/05/2024
Burgess Hill	RI	RI	G	G	G	RI	10/08/2021
Dorking	G	RI	G	G	G	G	18/08/2023
East Midlands	G	G	G	G	G	G	14/05/2024
Enfield	RI	RI	G	G	RI	G	14/09/2021
Marlow	G	G	G	O	G	G	14/10/2021
Newbury	O	O	O	O	G	G	09/11/2023
Norwich	G	G	G	G	G	G	06/06/2024
Solihull	G	G	G	G	O	G	06/11/2018
Lincolnshire	G	G	G	G	G	G	15/01/2019
Richmond House	G	RI	G	G	G	G	10/11/2021
Roehampton	G	RI	G	G	G	G	26/03/2024
Southampton	G	G	G	G	G	G	18/04/2023
Southampton Wellbeing Centre	G	RI	G	O	G	G	06/12/2018
Stockton Hall	RI	RI	RI	G	G	RI	31/05/2023
Suttons Manor	G	G	G	G	G	G	31/10/2023
Ticehurst House	G	G	RI	G	G	G	07/04/2021
Wimbledon Park Clinic	O	G	G	G	O	O	04/04/2017
Woking	G	G	G	G	G	G	06/12/2022
Woodbourne	RI	RI	G	RI	RI	RI	10/01/2023

Key:

IN = inadequate

RI = requires improvement

G = good

O = outstanding

NI = not inspected

NR = not rated

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 CQC with a view to accelerating implementation and embedding of the improvement actions needed.



HIS

Priory Healthcare has two registered hospitals, and additional satellite services in Scotland. During the reporting period between 1 April 2024 and 31 March 2025, ratings for these services and 100% of the standards inspected, are currently judged to have been met. Priory Hospital Glasgow was inspected and rated 'exceptional'. Ayr Clinic had a Mental Welfare Commission (MWC) inspection, which is unrated.

Healthcare Inspectorate Wales (HIW)

There are three services registered with HIW. There was one compliant inspection between 1 April 2024 and 31 March 2025 - Llanarth Court. Llanarth Court, Priory Hospital Cardiff and Ty Cwm Rhondda were all compliant as of 31 March 2025.

Ofsted/Department for Education (DfE)

There are three services registered with the DfE - Roehampton Hospital School, Chelmsford Hospital School and North West Hospital School. Independent schools in England must register with the DfE and are subject to inspections by Ofsted to ensure they meet the required standards. Roehampton Hospital School was inspected between 1 April 2024 and 31 March 2025 and was rated 'outstanding'. Chelmsford Hospital School is currently rated 'outstanding' and North West Hospital School rated 'good'.

Newcombe Lodge and The Lighthouse are dual registered with both the CQC and Ofsted. The Lighthouse is yet to be inspected and Newcombe Lodge has been inspected twice between 1 April 2024 and 31 March 2025. A full inspection in May 2024 rated the service as 'requires improvement', and an assurance inspection in March.





Adult Care divisional report





Delivering positive experiences across Priory Adult Care

At Priory Adult Care, delivering a positive, person-centred experience is at the heart of everything we do. Our commitment is not only to meet the needs of the people we support, but to create environments where individuals can thrive, grow and live meaningful lives. Feedback from those who use our services consistently informs our approach, and the most recent satisfaction surveys highlight both our strengths and the areas where we are continuing to improve.

In 2024, our survey results showed high levels of satisfaction across a range of key areas. Notably:

+ **88%** of individuals said they are supported to eat good food of their choice















+ **89%** reported being happy with the staff who support them

+ **82%** felt listened to

+ **89%** said they choose what they would like to do

+ **70%** said they helped complete their own support plan

These outcomes reflect the impact of our collective efforts to put people at the centre of their care and to empower individuals in decisions that shape their daily lives. As a comparison, all satisfaction questions showed stability or improvement between 2023-24 and 2024-25.

Statement:	% of residents who agreed	
	2023-24	2024-25
 I am supported to live my life the way I want to	85%	85%
 I like where I live	81%	84%
 I am happy with who I live with	73%	75%
 I feel safe	87%	88%
 I am supported to eat good food of my choice	85%	88%
 I am happy with the staff employed to support me	85%	89%
 I feel listened to	82%	82%
 I helped complete my support plan	67%	70%
 I choose what I would like to do	87%	89%
 Staff help me to stay in touch with people I care about	87%	88%
 I know who to talk to if I am unhappy	89%	91%
 I have someone, outside the home, who speaks up for me if I need it	84%	84%
 I am supported to choose how I am part of the community	84%	88%
 I am satisfied with the care and support I receive	90%	90%



Seamless support and community inclusion

We work hard to ensure individuals can access both primary and community health services seamlessly. Whether through linking individuals to local GPs, co-ordinating appointments, or ensuring access to community centres and inclusion activities, our services are focused on integration. People are not isolated from their communities – they are part of them.

Community inclusion also means supporting people to engage in meaningful ways - whether that's through volunteering, education, leisure or faith-based activities. Access to the community supports wellbeing, independence and quality of life.

Co-ordinated, multidisciplinary care

Our care model is underpinned by effective multidisciplinary teamwork. Each service works in partnership with health and social care professionals to co-ordinate support, ensuring that needs are met holistically. Teams routinely include nurses, psychologists, occupational therapists, speech and language therapists, GPs and other external specialists. This collaborative approach ensures that people receive consistent, safe and clinically-informed care across all aspects of their support.

Safety, specialist care and innovation

Our commitment to safety remains unwavering. Through regular incident reviews, safety bulletins and risk registers, we reduce harm and strengthen learning. We proactively respond to challenges such as behaviours of concern, choking risks or falls prevention through evidence-based strategies and individualised care planning.

Many of our services also specialise in high-complexity needs, including end-of-life care, mental health support, and support for autistic individuals or those with dementia. Our approach is always tailored, flexible and designed around the person - not the diagnosis.

Innovation is also a cornerstone of our quality. The divisional leadership team continues to develop best practices in assistive technology, enhancing communication, accessibility and independence. Whether through adapted communication aids, smart sensors for safety, or digital tools to aid engagement, we are investing in technology that empowers.

Listening and learning from feedback

Capturing the voices of service users, families and colleagues is critical to our improvement journey. Our survey programmes, local Our Voice meetings and family forums provide platforms for continuous dialogue. We are proud of the improvements seen in satisfaction levels, and are committed to listening to where we can do better.

We also actively share stories of success. Services celebrate individual progress, from regaining independence with daily living tasks to reconnecting with loved ones or returning to education. These stories reinforce our shared belief in the importance of hope, growth and possibility.

Governance and assurance

Our governance framework provides the foundation for consistency and accountability. Regular quality audits, external inspections, safeguarding reviews and internal monitoring ensure high standards across the board. Issues are escalated, learning is shared, and improvement plans are developed and reviewed consistently.

We are also embedding a culture of openness, with clear processes for raising concerns and ensuring every individual knows who to speak to if they are unhappy. In 2024, 91% of those surveyed said they knew who to speak to if they had a concern – evidence that our safeguarding and communication processes are understood and trusted.

Our Voice meetings, peer-led projects and co-produced materials are part of a growing movement within Priory Adult Care – where service users are not passive recipients of care, but active participants in shaping support and driving improvement.

Conclusion

The experience of those we support is the most important indicator of our success. Our ongoing commitment to outcomes, engagement, safety and quality – grounded in partnership and co-production – ensures that we continue to learn, evolve and improve. Priory Adult Care will always place the voices, choices and aspirations of the people we support at the heart of our services. And through this commitment, we will continue to deliver care that is not only good, but great.

Fernleigh House

Our son's journey to happiness

Our son Nicholas was diagnosed with autism and a complex learning disability when he was 3 years old. By the time he was 4, social services were offering respite time where he needed two-to-one support.

Despite us putting everything we had into caring for him as he grew up, and loving him as much as any parent would, communication difficulties, extremely challenging behaviours and sleepless nights, resulted in us looking for an alternative educational and residential placement for Nick, which could support him properly.

When Nick hit adulthood, the transition team identified Priory Fernleigh House as a good potential match for his needs, after months of careful consideration. We were able to meet the home manager as soon as the transition began and she assessed Nick herself, making sure he could be well supported, while fitting in with the needs and personalities of the other people within the home.

Nick was also able to visit for tea on a weekly basis, to get used to the environment. They also used story booking to help Nick understand and prepare. His new bedroom was decorated the same as his old bedroom, and he was encouraged to help pack and decide where he wanted things to go.

A crucial step was one of his favourite support workers transferring to Fernleigh with him. The team arranged for them to work there for an extended period to help others manage and understand Nick's behaviours.

The team was welcoming and caring and the atmosphere in the home was calm, positive and truly homelike. To this day, whenever a professional goes to visit Nick at Fernleigh, without fail they comment on how relaxed Nick seems and how impressed they are with the home and the team.

Throughout, Nick was encouraged and supported to make decisions for himself whenever possible. A detailed timetable was constructed to help Nick structure his days and do things he enjoys. Activities included trips to do art and crafts at Lisieux Hall, and joining a gym. He also took a course at college called 'cook and dine', where he learnt to prep a meal and sit down and eat with a small group.

A management programme was developed to deal with his (sometimes extreme) challenging behaviours. When displaying aggressive behaviour, Nick can be very intimidating, and the danger of harm to self and others can be high. Yet the team was able to ensure his safety and knew how to respond to Nick so that they could de-escalate the situation.

Risk assessments had been carried out and it was decided that it was not safe for Nick to be restrained, so alternative training took place and equipment was acquired, to help in other ways. They also put in place emergency staffing levels when he visited us.

This has allowed us to feel confident that we can keep Nick safe and still allow him to enjoy precious time with his family. We have always felt included and able to ask questions when we need to. We meet with management for regular updates and whenever we phone, the staff who answer are always well informed.

The fact that Nick is happy and calm most of the time, is a testament to how well he is supported. We feel each team member is committed to giving Nick the best life possible. We will never be able to thank them enough for supporting him and keeping him safe.



Resident safety in Priory's Adult Care division

At Priory, resident safety is at the heart of everything we do. Over the past year in our Adult Care division, we have made significant strides to strengthen our safety practices, ensuring that our environments are not only secure but also promote dignity, wellbeing and independence for every individual we support.

Our approach to creating secure environments has been comprehensive and proactive. We have upgraded our entry systems across services, implementing key cards, PIN access and visitor logging to control access and enhance site security. Fire safety has remained a top priority, with strict adherence to protocols, including regular drills, alarm testing and the maintenance of clear emergency exits. In addition, we have expanded the use of assistive technologies such as door alarms, infrared monitoring systems, and seizure alarms for residents with conditions like epilepsy, ensuring prompt responses to potential incidents.

Our commitment to resident safety extends to the expertise of our staff. Every team member receives regular, rigorous training in emergency response, including emergency first aid at work and basic life support. Beyond standard requirements, we offer specialist medical condition training tailored to the needs of our residents, such as epilepsy and brain injury awareness. Staffing levels are carefully managed using tools like staffing ladders and STAN systems to ensure safe ratios aligned with residents' dependency levels. All leaders across the division complete level 4 safeguarding training, with senior quality staff reaching level 5, ensuring a strong safeguarding culture across our services.

Risk management practices have also been a major focus. Each site conducts regular and thorough risk assessments, both service-wide and resident-specific, to identify hazards and implement preventative measures. In the area of falls prevention,

we have introduced tailored interventions such as grab rails, motion sensors, non-slip flooring and individual support plans to mitigate risks. Medication management has been bolstered through secure storage solutions, robust administration protocols, and a strong training and competency cycle that includes annual assessments to minimise errors.

Hygiene and infection control have been essential in maintaining a safe living environment, particularly given the communal nature of Adult Care settings. We have continued to follow strict hygiene protocols to reduce the spread of infections and protect vulnerable residents.

Compliance with national regulations remains a cornerstone of our approach, with all sites undergoing regular external inspections to ensure that our services meet and exceed safety standards. Our commitment to residents' rights is unwavering: every individual in our care has the right to safe treatment and to be actively involved in safety initiatives. Mechanisms are in place for residents and families to voice concerns and contribute ideas for improvements.

Recognising the unique vulnerabilities of our residents, we have maintained a sharp focus on the specific risks inherent to communal living, such as the higher potential for illnesses and accidents. Communication has been a key enabler of safety, with tools such as daily flash meetings, handovers, safety huddles, care huddles and governance meetings ensuring that safety information is shared clearly and actioned swiftly.

Our work this year has reinforced a culture where safety is not an isolated task but an ongoing, shared responsibility. Through investment in technology, training, communication and a person-centred approach, Priory's Adult Care division remains steadfast in its mission to provide the safest possible environment for every resident we serve.

Painted bench by
a resident at Priory
Hospital Ayr Clinic





Nourish

The rollout of Nourish, Priory's new digital support planning system, marks a significant transformation in how we document, co-ordinate and deliver personalised support across our residential services. This strategic shift is enabling a cultural change – from paper-heavy, manual processes to real-time, data-informed, person-centred support.

Our previous approach

Our systems have historically relied on paper for recording experiences, delivering support and monitoring quality. However, this method is increasingly outdated. It is time-consuming, environmentally wasteful and often insecure, with risks to information accuracy and data protection. Paper records do not always reflect individuals' current needs and preferences in a timely way, which has occasionally led to regulatory breaches and reputational risks.

Why Nourish?

Developed by Nourish Care, the system provides a secure, user-friendly platform for real-time support planning and recording. It allows staff to create, update and monitor personalised support directly from handheld devices or desktop computers. This enhances both the quality and visibility of everyday support.

Key features include:

- + Speech-to-text recording, enabling quick, real-time updates
- + Personalised timelines and interaction tagging, which promote truly individualised support
- + Offline functionality, ensuring access even when connectivity is poor
- + Digital handovers that improve consistency between shifts
- + Direct messaging to strengthen team communication
- + Alerts and analytics, offering oversight of trends and potential risks
- + Photo and media uploads, allowing daily experiences to be easily captured and celebrated

At Priory, we are delivering Nourish through a structured implementation model informed by learning from earlier phases. Weekly one-to-one progress calls are held with training leads, learning modules are hosted on our internal Academy, and handset-based training ensures that colleagues are confident in using the system.

As of March 2025, key outcomes include:

- + 2,110 residents actively supported on Nourish
- + 55,086 active support plans are in place
- + 3,340,223 million interactions recorded so far

Site-level impact

Feedback from across services highlights Nourish's immediate benefits:

- + At Oak House, a team recorded a picnic outing in real time via Nourish, leaving more time to meaningfully engage with residents after returning
- + At Hamilton House, uploaded photos from daily life are now used to create communal noticeboards, reinforcing a sense of belonging and pride
- + Eastrop House shared how staff feel proud and empowered by the system's ease of use
- + High Cross House recently completed a fully paperless day, demonstrating what the future of support delivery can look like

Wider benefits

The implementation of Nourish is delivering wide-ranging advantages across our services. These include:

- + More time for meaningful interaction: By cutting down on administrative burden, staff can focus on quality time with residents – chatting, participating in activities or simply being present
 - + Improved person-centredness: Colleagues can tailor support to individuals in a way that's visible, trackable and reflective of personal goals, preferences and routines
 - + Better team communication: Direct messaging and shared access to real-time information ensure all team members are informed and co-ordinated, reducing miscommunication or duplication
 - + Celebration of everyday life: The ability to upload photos, videos and moments directly into a resident's timeline means their life stories are documented and honoured in a dynamic and accessible way
 - + Increased transparency and reassurance: Families and regulators can be more confident in the consistency and quality of the support provided, with a clear digital record in place
 - + Real-time risk awareness: With automated alerts, tracking of incidents and robust data analysis, the system allows for timely interventions and proactive support adjustments
 - + Environmental benefits: Moving away from paper reduces waste, printing and storage costs – contributing to our sustainability goals and responsible operations
-

Looking ahead

Nourish is more than a digital tool – it is a foundation for modern, inclusive and respectful support. As more services come online and best practice spreads, we expect further improvements in resident satisfaction, staff morale, service co-ordination and overall quality assurance. The system supports our ambitions to build a culture where every individual's story is recognised, every need is responded to and every colleague is equipped with the tools to make a difference.

In conclusion, the Nourish rollout is fundamentally changing the way we support individuals in our residential services and supported living services. It enables support that is safe, consistent, personal and proactive. With strong adoption already in place and staff engagement growing, Nourish is not simply a new system – it's a new standard for how we provide care and support across Priory.



Egerton Road

Justin's story

Justin came to live at Egerton Road having suffered an aneurysm, which caused an acquired brain injury (ABI). He had previously been an active and healthy man, living with his partner and two children. He was a freelance artist/graphic designer and enjoyed learning and teaching Wing Chun in his spare time. He also likes photography and enjoys using his camera.

When Justin first arrived at Egerton Road, he appeared perfectly happy in mood, but would often choose to spend the majority of his time alone in his room.

Justin was assessed by the occupational therapist in the areas of personal and domestic daily living skills, and road safety. Justin also completed an interest checklist where he was able to highlight a number of activities he enjoyed and would like to take part in. From this, a timetable was created, with a balance of self-care, leisure and productive activities that Justin could use to structure his week and our team could focus on for support.

Our psychology team developed a further understanding of Justin's cognitive abilities and provided him with one-to-one cognitive behavioural therapy (CBT) sessions. This helped Justin develop the necessary skills to manage the bouts of low mood and low motivation he was often experiencing. One-to-one brain training sessions also helped to enhance his cognitive abilities such as memory, fluency and visuospatial abilities.

The team made sure Justin's partner was closely involved in his rehabilitation and over time, Justin began to make friendships with other residents and staff. Justin's main rehabilitation goals were as follows:

- **Increase independence and transfer skills to his own home environment**
- **Continue physical therapy stretches in order to improve strength, co-ordination and the functional use of both upper limbs**
- **Keep structure with a balanced weekly timetable of meaningful activities**
- **Learn the necessary skills to manage periods of low mood and motivation**



It was clear to the team that structure allowed Justin to progress more positively. This included getting the papers every day from a local shop, maintaining a role at a local charity shop, and sorting books at a distribution centre.

Justin also received a weekly budget to buy ingredients and cook once a week. He also occasionally attended the weekly baking group, where he continued to improve his skills and cooking knowledge.

Since his admission here, Justin's overall mood has improved. He has become more sociable, engaging with his fellow residents more and participating in events and activities. Justin has become more independent with his medication regime, coming to the office at correct times, and has improved in his personal care routine, continuing to work on reducing the time he spends in the bathroom.

Justin's presentation remains euthymic. He is congruent in his speech and emotions and now uses humour to mediate interpersonal relationships. Instead of being in his room alone, he started using the communal areas, watching TV and playing games with his peers.

We are so proud that with the skills Justin has learnt during his time at Egerton Road, he has now completed his rehabilitation plan and returned home to his wife and children. We have put some support in place to help him build his life independently in the community, and retain all the skills he has learnt.

Adult Care outcomes

At Priory Adult Care, we are committed to delivering high-quality, person-centred support that not only meets individual needs but enables people to achieve meaningful and sustained improvements in their lives. A key enabler of this approach is our use of Outcomes Star™, a nationally-recognised outcomes measurement and planning tool developed by Triangle, which supports collaborative conversations between colleagues and service users, helping track progress across key areas of wellbeing, skills and independence.

Embedding a culture of outcomes

The introduction and embedding of Outcomes Star™, across Priory Adult Care represents a major step forward in how we define and demonstrate progress. Rather than focusing solely on clinical or service-level inputs, Outcomes Star™, centres the individual – measuring their engagement with the areas they want to change. This aligns closely with our values of empowerment, collaboration and integration, enabling staff to work with people in a way that builds confidence, trust and agency.

Outcomes Star™, is currently used in three primary formats to support different populations within Adult Care:

- + Life Star for people with learning disabilities
 - + Recovery Star for individuals with mental health needs
 - + Spectrum Star for autistic people
-

Each version provides a structured framework covering a range of outcome areas – from health and relationships to living skills, communication and self-esteem. The tool supports monthly key worker sessions, helping service users reflect on their progress and shape their own goals. This model of care ensures that progress is owned by the individual, not imposed by others.

Evidence of progress and insight

By systematically capturing data from each person's Outcomes Star™, journey, we can identify individual progress and broader trends across our services. This offers a dual benefit: it helps the individual to see and celebrate their personal achievements, while providing service-level insights that allow teams to reflect on what's working and where further support may be needed.

Already, individual services are using Outcomes Star™, data to highlight powerful case studies of positive change - stories that illustrate how tailored support, built on mutual trust, can lead to remarkable improvements in confidence, skills and independence. These stories not only inspire colleagues, but can also be used in service development and marketing, helping families, commissioners and other stakeholders understand the impact of our support.

At an aggregated level, Outcomes Star™, allows us to track how individuals are progressing across key outcome areas, with reports showing:

- + Where people are starting on their journey (for example, stuck, accepting help, trying to sort things out)
 - + How they're progressing over time (for example, moving forward, staying self-reliant, slipping back)
 - + What proportion of people are showing improvement in one or more areas
-

These insights will become increasingly powerful as we develop dashboards that can track data in real time, by service, region and Outcomes Star™, type.

Integration with Nourish

One of the most significant recent developments has been the integration of Outcomes Star™, into the Nourish electronic care system. Moving away from Excel-based data collection, we now have the ability to collect, monitor and eventually analyse outcomes data within a centralised, secure and scalable platform.

This transition improves both accuracy and accessibility. Site teams no longer need to manually maintain separate spreadsheets, while regional and national leaders gain consistent data to inform strategic decisions. Importantly, this also allows us to blend qualitative understanding with quantitative analysis, capturing both the stories and statistics that show how our services are supporting real, lasting change.

We are currently in the process of importing historical data into Nourish and mapping how data is captured across services. This will give us a complete picture for service users who have been with us prior to digital implementation and allow us to build a full, meaningful record of progress for each person.

Overcoming challenges

There are important considerations and challenges that we are working through carefully. For example, decisions need to be made about how to define start and end points in someone's journey – balancing consistency with individual flexibility. Similarly, since each Outcomes Star™, must be analysed using criteria set by Triangle, we must ensure that analysis is carried out rigorously and that those interpreting it understand the correct terminology and its implications.

We are also reviewing how some services have renamed interactions in Nourish, to ensure consistency in data capture. These challenges are not barriers – they are opportunities to improve and ensure the system we build is robust, inclusive and clinically meaningful.

Future potential

Our vision is to have interactive dashboards in place by the end of 2025 that will allow colleagues, managers and quality teams to see, in real time, how people are progressing across outcome areas and services. These dashboards will:

- + Empower colleagues to track individual journeys of change
- + Support managers to identify patterns and prioritise areas for development
- + Provide evidence to commissioners of the effectiveness of our support
- + Highlight examples of excellence that can be celebrated and shared

By the time this work is fully embedded, Priory Adult Care will not only be using outcomes more consistently, but will be leading the way in how digital care records and personal outcomes work together to drive improvement.



Conclusion

Using Outcomes Star™, within Priory Adult Care reflects a deep commitment to person-centred care, evidence-based practice and continuous improvement. It allows us to place each individual's journey of change at the heart of what we do, and to demonstrate clearly that our services make a real and lasting difference. As we continue to build on this work, the outcomes we measure will not just track change - they will amplify it.



Mural by a patient at
Priory Cardiff

Colleague experience

In 2025, Priory Adult Care marks a third consecutive year of rising colleague engagement, reflecting sustained efforts to enhance organisational culture, colleague experience and professional growth. The 2025 colleague engagement survey shows an impressive 5-point increase, bringing the division's engagement score to 82%, the highest recorded to date. While the response rate dipped slightly by 2% to 58%, the continued upward trend in engagement underscores the effectiveness of our divisional strategy to support, empower and retain our workforce.

Within the survey, every category saw improvements – including teamwork, wellbeing, leadership and opportunities for growth. Notably, 80% of respondents expressed pride in working for Priory, and 72% said they would recommend Priory as a great place to work, both figures increasing by 4 points from 2024. These results are encouraging indicators of a culture where colleagues feel connected to their work and optimistic about their careers.

This cultural strength is also reflected in workforce stability. RTO decreased by 5.3% from the previous year, continuing a multi-year downward trend. Most notably, support worker turnover fell by 15.9%, and overall nurse turnover decreased by 22.4% – the largest annual improvements in over half a decade. These reductions highlight the impact of our retention initiatives and the value colleagues are placing on development, recognition and support.

A central enabler of this progress has been a transformation in our recruitment strategy. In 2024, Priory entered into a strategic partnership with Cielo, outsourcing support worker recruitment to ensure consistency, speed and quality in hiring processes. This partnership also contributed to a significant reduction in agency reliance across Adult Care settings. Complementing this, a new talent attraction team was launched to focus on recruiting clinical and specialist roles directly, further professionalising our approach to attracting skilled colleagues. Looking ahead, investment in a new applicant tracking system and an enhanced careers platform in 2025 will further streamline the hiring process and improve candidate experience.

Our ambition to 'grow our own' workforce continues to drive development activity across Adult Care. Through the Priory Career Pathways platform, 63% of Adult Care colleagues are now working in the role they identified as their ideal. A further 24% have progressed into their next role since setting their career goals

– an important milestone that demonstrates how structured development support is translating into real progression.

Learning and development across Adult Care has also benefited from a significant increase in apprenticeship uptake and CPD activity. In 2024, over 580 Priory colleagues across the organisation were enrolled on 30 different apprenticeship standards, representing an 18% year-on-year increase. Priory invested over £2 million in apprenticeships during the year, with an increased focus on expanding into new clinical and therapeutic disciplines. Following the success of established routes, a strategic initiative is now underway to 'grow our own' occupational therapists, using the same apprenticeship-based development model.

In terms of CPD, 743 of 1,025 applications were approved in 2024 – an increase from 667 of 935 approvals in 2023. While uptake in Adult Care has not yet reached the same levels seen in other parts of the organisation, raising awareness and improving access to CPD will be a priority in 2025. This includes simplifying application processes, promoting success stories and ensuring line managers are equipped to support colleagues in pursuing development opportunities.

Looking ahead, our focus will be on broadening the apprenticeship offer into fields such as IT, estates and leadership, ensuring that all colleagues – regardless of role – have a clear, supported pathway to grow their careers. Our level 5 coaching professional programme, relaunched with an award-winning provider, will also enable us to grow a new generation of internal coaches, supporting peer learning and cultural development across Adult Care services. We will also be commencing our innovative care as a career programme, which will support colleagues to develop new skills in more specialist areas, such as autism.

Across all these areas, the improvements in engagement, turnover, hiring and development reflect the collective efforts of colleagues, managers and organisational leaders to create a workplace that is inclusive, aspirational and sustainable. As we move through 2025, our continued focus on listening to our teams, removing barriers to development and celebrating internal talent will remain central to achieving our ambition: to make Priory Adult Care not only a great place to receive care – but a great place to build a career.

Apple Mews

Julie's story

Discover Julie's journey at Apple Mews – an autistic woman living with a learning disability and Tourette's syndrome – and how she's transitioned towards greater independence and quality of life.

Julie is an autistic woman who also has a learning disability and Tourette's syndrome. She came to live at Apple Mews after a structured transition from a secure hospital.

Julie's background

Julie had experienced numerous placement breakdowns and had also spent some time in prison. At the time, she resided within secure services in a Mersey Care hospital.

When Julie became ready for discharge from this hospital, her social care team actively sought out a step-down option in her home country of Northern Ireland. This is when they identified a suitable vacancy at Apple Mews, a Priory residential home.

Transition to Apple Mews

Priory's assessment and transitions director met with Julie to get to know her and assess her needs. This determined that Apple Mews would be able to provide the right support to Julie. Once a package of care was agreed, the team at the home worked closely with her circle of support to plan the transition. They sought invaluable input from the teams at Mersey Care and Western Health and Social Care Trust throughout the transition process.

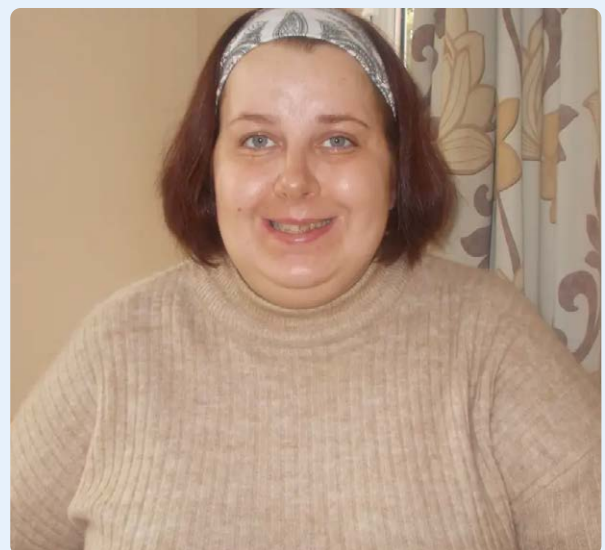
Apple Mews' PBS practitioner supported Julie with a social story in preparation for her discharge from hospital. She also had regular visits to meet her new team and build relationships with them. On the day, they came to greet her and accompany her on the ferry journey. At every stage, Apple Mews' management kept in touch with staff from Mersey Care, to ensure the move went smoothly.

Achieving positive outcomes at Apple Mews

On arrival, Julie was excited to see her new home, and she quickly settled in. At Apple Mews, Julie benefits from a structured routine, which has helped her adjust to her new setting. Her support team helps her plan her week, and ensure she makes time for de-stimulation and meaningful activities.

Julie has been relishing the freedoms of residential living. She now enjoys regularly accessing the community, owning personal items, and having choice in the things she does day-to-day. Julie's relatives are also much closer now, helping her to maintain strong family connections.

The Apple Mews team is pleased with how well Julie has adjusted after her transition from hospital. Everyone is looking forward to seeing Julie continue to thrive at Apple Mews.





Regulatory inspections – Adult Care

The Adult Care division operates across England, Scotland, Northern Ireland and Wales, and is therefore required to work under the standards set out by regulators within those jurisdictions.

Site	Overall rating	Safe	Effective	Caring	Responsive	Well-led	Inspection date
55 Sandwich Road	G	G	G	G	O	G	26/10/2017
65a Newtown	RI	RI	G	G	RI	RI	27/09/2021
Abbey Court	RI	RI	G	G	G	RI	14/08/2024
Aire House	G	G	G	G	G	G	06/12/2017
Albion House	G	G	G	G	G	G	27/02/2018
Alexandra House	G	G	G	G	G	G	06/09/2018
Alphonsus House	G	G	G	G	G	G	17/12/2019
Anchor House	G	G	G	G	G	G	18/12/2018
Arbour Street	G	G	G	G	G	G	29/04/2019
Ardsley House	G	RI	G	G	G	G	03/02/2020
Ashridge	G	G	G	G	G	G	28/02/2019
Autumn Leaf	G	RI	G	G	G	G	16/12/2021
Bannister Farm	G	G	G	G	G	G	02/06/2021
Beach House	G	G	G	G	G	G	21/04/2024
Bedborough House	RI	RI	G	G	G	RI	06/02/2023
Belmont Road	G	G	G	G	G	G	19/10/2017
Birches Chesterfield	G	G	G	G	G	G	24/08/2022
Birches Grove	G	G	G	G	G	G	03/06/2019
Bishops Corner	G	G	G	G	G	RI	04/09/2017
Bishops Lodge	G	G	G	G	G	G	01/10/2018
Bishops Way	G	G	G	G	G	G	04/12/2019
Blair House	G	G	RI	G	G	G	01/12/2017
Blurton Road	G	G	G	G	G	G	08/11/2023
Blyton Court	G	G	G	G	G	G	08/01/2023
Bowden Lodge	G	G	G	G	G	G	05/10/2017
Brickbridge House	G	G	G	G	G	G	12/12/2019
Bromyard Road	G	G	G	G	G	G	05/12/2019
Brooke House	G	G	G	G	G	G	05/09/2018
Brunswick House	G	G	G	G	G	G	03/10/2018
Brunswick Mews	G	G	G	G	G	G	13/03/2018
Carlton House	RI	RI	G	G	RI	RI	05/06/2019
Cedars Gloucester	G	G	G	G	G	G	23/05/2018
Charles Court	G	G	G	G	G	G	14/10/2024
Charnwood Lodge	G	G	G	G	G	G	31/10/2019
Cherries	RI	RI	G	G	G	RI	27/01/2022
Cherrywood House	G	G	G	G	G	G	28/01/2025
Church View	G	G	G	G	G	G	09/01/2020
Cleveland House	G	G	G	G	G	G	30/09/2022
Combs Court	G	G	G	G	G	G	17/05/2023
Conquest House	G	RI	G	G	G	G	13/11/2017
Conquest Lodge	G	G	G	G	G	G	04/02/2020
Coral House	G	G	G	G	G	G	24/09/2019
Cotswold Lodge	G	G	G	G	G	RI	24/09/2019
Cragston Court	G	G	G	G	G	G	26/11/2018
Daisy Vale	G	G	G	G	G	G	14/11/2019
Dalton Court	G	G	G	G	RI	G	16/02/2023
Devonshire Road	G	G	G	G	G	RI	30/06/2022
Dinorwic Road	G	G	G	G	O	G	21/10/2019
Dixons Farm	G	G	G	G	G	G	25/02/2020
Dolphin Lane	O	G	G	G	O	O	17/08/2018
Eastleigh House	G	G	G	G	G	G	13/11/2019
Eastrop House	G	G	G	G	G	G	09/10/2017
Ebbsfleet	G	G	G	G	G	G	02/05/2019
Eden Cottage	G	G	G	G	G	G	28/01/2020
Egerton Road	G	G	G	G	G	G	23/03/2023
Elm Tree House	RI	G	G	G	RI	RI	18/07/2022
Elton Unit	G	O	G	G	G	G	21/05/2018

Continued...



Site	Overall rating	Safe	Effective	Caring	Responsive	Well-led	Inspection date
Evergreen	G	G	G	G	G	G	06/07/2023
Evergreen Lodge	G	G	G	G	G	G	27/12/2019
Fair View Lodge	G	G	G	G	G	O	10/01/2018
Fern Lodge	G	G	G	G	G	G	12/11/2018
Fernleigh House	G	G	G	G	G	G	07/11/2017
Finn Farm Lodge	G	G	G	G	G	G	27/11/2019
Fitzwilliam Lodge	G	G	G	G	G	G	05/12/2018
Foam	G	G	G	G	G	G	20/02/2020
Gateholme	RI	RI	G	G	G	RI	26/06/2023
Georgina House	RI	RI	RI	RI	RI	RI	21/12/2022
Glebe House	G	G	G	G	G	G	23/11/2023
Grafton Manor	RI	RI	RI	RI	RI	RI	20/02/2024
Halifax Drive	G	G	G	G	G	G	31/01/2020
Hamilton House	G	G	G	G	G	G	19/11/2019
High Cross House	G	G	G	G	G	G	08/11/2023
Highfields	RI	RI	G	G	G	RI	24/08/2023
Hill House	G	G	G	G	G	G	27/11/2018
Hillside	NR						NI
Hobbits Holt	G	G	G	G	G	G	25/06/2019
Homeleigh Farm	G	G	G	G	G	G	06/02/2017
Julians House	G	G	G	G	G	G	03/10/2017
Kalmia & Mallow	RI	RI	RI	RI	G	RI	29/06/2022
Laburnum House	G	G	G	G	G	G	10/04/2019
Lammas Lodge	G	G	G	G	G	G	25/10/2023
Lansdowne Road	RI	RI	G	G	G	RI	19/09/2023
Lawrence	G	G	G	G	RI	G	10/04/2019
Leonards Croft	G	G	G	G	G	G	13/03/2023
Levitt Mill & Barn	G	G	G	G	G	G	14/08/2024
Lily Close	G	G	G	G	G	G	18/09/2019
Linden Lodge	G	G	G	G	O	G	20/12/2019
Long Lane Farm	G	G	G	G	G	G	08/01/2019
Lynbrook	G	G	G	G	G	G	08/11/2018
Manor Field	RI	RI	G	G	G	RI	10/04/2024
Maple House	G	G	G	G	G	G	13/07/2017
Mar Lodge	G	G	G	G	G	G	28/12/2023
Martins	G	G	G	G	G	G	03/06/2019
Mather Fold	G	G	G	G	G	G	05/02/2020
Mews Bramley	G	G	G	G	G	G	18/12/2023
Mount View House	G	G	G	G	G	G	04/01/2023
New Stead House	G	G	G	G	O	G	23/07/2019
Notts Hill House	RI	RI	RI	G	G	RI	21/02/2023
Oak House	G	G	G	G	G	G	30/07/2024
Oak Vale Gardens	G	G	G	G	G	G	14/05/2019
Oaklands Derby	G	RI	G	G	G	G	23/07/2019
Oaks & Woodcroft	RI	RI	RI	RI	RI	RI	13/06/2023
Ogilvie Court	G	G	G	G	G	G	22/01/2019
Old Rectory Brede	G	G	G	G	G	G	20/01/2020
Old Rectory Trowbridge	RI	RI	G	G	RI	RI	09/01/2020
Old Vicarage Bristol	G	G	G	G	G	G	10/07/2019
Orchid Lawns	RI	RI	RI	G	RI	RI	28/06/2021
Park Street	G	G	G	G	G	G	24/09/2018
Penfold Lodge	G	G	G	G	RI	G	01/05/2019
Potton House	G	RI	G	G	G	G	18/02/2019
Primrose Villa	G	G	G	G	G	G	07/07/2022
Priory Radstock	G	G	G	G	G	G	06/03/2023
Priory Radstock Satellite	G	G	G	G	G	G	20/02/2023
PSL East England	G	G	G	G	G	RI	01/03/2019
PSL Hull & East Riding	G	G	G	G	G	G	19/03/2018
PSL Kent	G	G	G	G	G	RI	08/06/2022
PSL Lancashire	G	G	G	G	G	G	21/04/2022
PSL Lincolnshire	G	G	G	G	G	G	28/06/2017
PSL London & Home Counties	G	G	G	G	G	G	09/04/2019
PSL North Yorkshire	G	G	G	G	G	G	26/01/2023
PSL The Shires	NR						NI

Continued...



Site	Overall rating	Safe	Effective	Caring	Responsive	Well-led	Inspection date
PSL West Midlands	G	G	G	G	G	G	16/07/2021
PSL Whitby & Scarborough	G	G	G	G	G	G	21/06/2023
Progress House	G	G	G	G	O	G	12/04/2018
Ravenlea	G	G	G	G	G	G	16/01/2019
Red House	G	G	G	G	G	G	15/08/2019
Ridgecote	G	G	G	G	G	G	07/03/2020
Riverbank	G	G	G	G	G	G	16/10/2019
Riverview	O	O	G	O	O	O	23/07/2019
Robinson House	G	G	G	G	G	G	03/07/2019
Rose Court	G	G	RI	G	G	G	05/09/2018
Rose Farm House	O	O	G	G	G	O	11/11/2021
Roseneath Avenue	RI	RI	RI	G	G	RI	17/05/2023
Sapphire House	G	G	G	G	G	G	01/08/2020
Seabourne House	G	G	G	G	G	G	20/09/2017
Seabreezes	G	G	G	G	G	G	25/02/2020
St Brannocks	G	G	G	G	G	G	03/03/2025
St Michaels	G	G	G	G	G	G	26/05/2021
St Winnow	G	G	G	G	G	G	01/12/2018
Stable Cottage	G	G	G	G	G	G	25/04/2023
Station Road (AC)	G	G	G	G	G	G	20/05/2019
Station Road C80	G	G	G	G	G	G	10/01/2023
Strathmore House	G	G	G	G	G	G	26/11/2019
Swerford	G	G	G	G	O	G	12/06/2019
The Bungalow	G	G	G	G	G	G	22/08/2018
The Croft	RI	RI	G	G	G	RI	08/12/2022
The Dunes	G	G	G	G	G	G	29/08/2019
The Gables	G	G	G	G	G	G	18/02/2018
The Lodge	G	G	G	O	G	G	09/07/2019
The Moorings	O	G	O	O	O	G	18/07/2019
The Oaks Walton-le-Dale	G	G	G	G	G	G	03/12/2018
The Old Vicarage Dewsbury	G	G	G	G	G	G	23/11/2022
The Piers	G	G	G	G	G	G	21/08/2019
The Shores	G	G	G	G	G	G	21/09/2022
The Spinney	G	G	G	G	G	G	03/09/2019
The Tides	G	G	O	G	G	G	03/04/2019
The Vines	G	G	G	G	G	RI	07/12/2018
The Waves	G	G	G	G	G	G	12/09/2018
Tithe Barn	RI	RI	G	G	G	RI	30/08/2023
Tree Top View	O	G	O	G	O	O	17/12/2019
Turketel Road	G	G	G	G	G	G	03/01/2020
Udal Garth	G	G	G	G	G	G	21/03/2023
Weir End	RI	RI	G	G	RI	RI	15/11/2019
Wells Road	G	G	G	G	G	G	31/01/2018
Westbury Lodge	G	G	G	G	G	RI	06/06/2024
Westfield House	G	G	G	G	G	G	20/06/2019
Westfield View	G	G	G	G	G	G	27/06/2019
Westview (AC)	G	G	G	G	G	G	09/03/2018
Wheelhouse	G	G	G	G	G	G	30/09/2019
Whitby Scheme	G	G	G	G	G	G	05/12/2017
White House	G	G	G	G	G	G	13/02/2025
Wigginton Cottage	G	G	G	G	G	G	27/11/2019
Wingfield Road	G	G	G	G	RI	G	11/04/2018
Wolverton Court	O	O	O	O	O	O	16/04/2019
Woodhouse Cottage	O	G	G	O	O	G	25/11/2021
Woodhouse Hall	G	G	G	G	G	G	13/12/2023
Woodpecker	RI	RI	G	G	RI	RI	15/11/2019
Woodthorpe Lodge	G	G	G	G	G	G	24/05/2021
Yew Tree Lodge	RI	RI	G	G	G	RI	18/09/2020
York Road	G	G	G	G	G	G	09/04/2019

Key:

IN = inadequate

RI = requires improvement

G = good

O = outstanding

NI = not inspected

NR = not rated

PSL = Priory Supported Living



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.



Care Inspectorate Scotland (CIS)

Priory Adult Care has seven registered care homes in Scotland. During the reporting period between 1 April 2024 and 31 March 2025, seven services were inspected, including Avondale, which is now closed. The ratings as of 31 March 2025 were as follows:

Site	People's wellbeing	Leadership	Staff team	Setting	Care and support planned	Inspection date
Berelands	5 - V good	5 - V good	5 - V good	5 - V good	5 - V good	25/07/2023
Dunvegan-Stenhousemuir	5 - V good	NI	NI	5 - V good	NI	23/10/2024
Kirklea	5 - V good	NI	NI	5 - V good	NI	20/03/2025
Millburn Homes	3 - Adequate	3 - Adequate	3 - Adequate	3 - Adequate	NI	14/03/2025
Newhouse	5 - V good	5 - V good	5 - V good	5 - V good	5 - V good	14/08/2024
PSL Scotland	4 - Good	4 - Good	4 - Good	4 - Good	4 - Good	18/04/2024
Riddrie House	5 - V good	4 - Good	4 - Good	5 - V good	NI	28/02/2025

Care Inspectorate Wales (CIW)

There are 12 services registered with CIW. There were eight compliant inspections between 1 April 2024 and 31 March 2025. All services were compliant as of 31 March 2025.

Site	External inspection date	Overall
Avalon	31/08/2023	C
Beechley Drive	03/10/2023	C
Brecon Road	16/10/2024	C
Brynawel	09/10/2024	C
Caerlan Farm	20/02/2025	C
Fairhome	07/08/2024	C
Mount Eveswell	15/01/2025	C
Mountain View House	07/01/2025	C
Princes Street	08/01/2024	C
PSL South Wales	26/09/2023	C
Redlands	13/02/2025	C
Ty Ffynu	16/08/2023	C

Regulation and Quality Improvement Authority (RQIA)

There are five services registered with RQIA. There were nine inspections between 1 April 2024 and 31 March 2025. All services were compliant as of 31 March 2025.

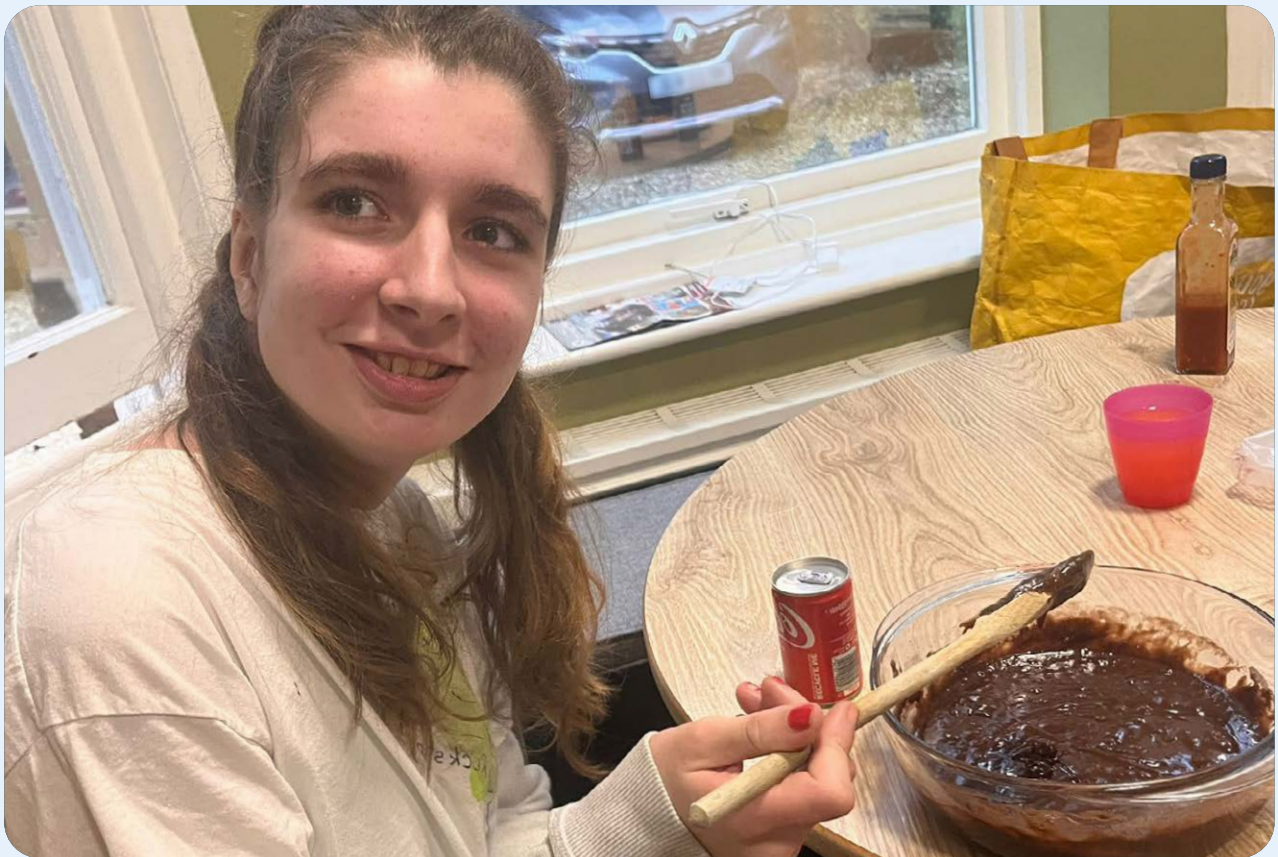
Site	External inspection date	Overall
Apple Mews	22/10/2024	C
Bramley Cottage	30/01/2025	C
Loughshore	30/05/2024	C
River House	21/01/2025	C
Shaftsbury Mews	02/07/2024	C



Eastrop House

Millie's story

Millie is autistic and has a learning disability and epilepsy. She transitioned to an adult placement at Eastrop House from a residential school setting.



Millie's transition to adult social care

Before moving to Eastrop House, Millie lived in a residential school setting with another care provider. There, she would often become fixated on things, which would lead to her putting herself at risk, if staff were unable to find the trigger.

Professionals from across Priory, including the assessment and transition director, positive behaviour support (PBS) practitioner, and the home's management team visited Millie at the school before the transition, which helped them gain a deep understanding of her needs. With input from Millie's family and social care team, the

team at Eastrop House developed person-centred support plans, including PBS plans.

At first, Millie's parents were hesitant about the transition, having felt let down previously by social care teams. However, the management team at Eastrop House worked closely with them to build trust. Millie's parents were fully involved in the process. They delivered training to the support team at Eastrop House, and were also involved in designing environmental adaptations to Millie's room. This extensive preparation work resulted in a seamless move, and Millie quickly settled into her new home.



Achieving positive outcomes at Eastrop House

Now settled into her first adult placement, Millie receives the support she needs to develop her independence. At first, she required a lot of assistance with most aspects of her daily living skills. Today, she is far more engaged in tasks such as personal care, and is completing them more independently each time.

Millie's support team use communication aids to give her choices, including with her meals and activities. With strong working relationships in place, Millie actively seeks out staff to get her needs, wishes and wants met. This means that she enjoys an active, fulfilled life, and participates in a range of hobbies. These include pampering sessions, baking and going for walks.

In her previous setting, Millie would only go out into the community as part of a group. As a result, her social worker was worried about how she'd cope with visits out of the home. At Eastrop House, Millie currently receives two-to-one support with things like shopping trips, bus rides and attending local events. Now, the management team at the service are seeking to reduce her support package down to one-to-one support in the community.

Everyone at the service is so proud of Millie for how quickly she has adjusted to her new home. The trust she has in her support team is evident, and she responds well to their input. This means she is able to communicate her wishes, enjoy activities and continue to grow her independence.

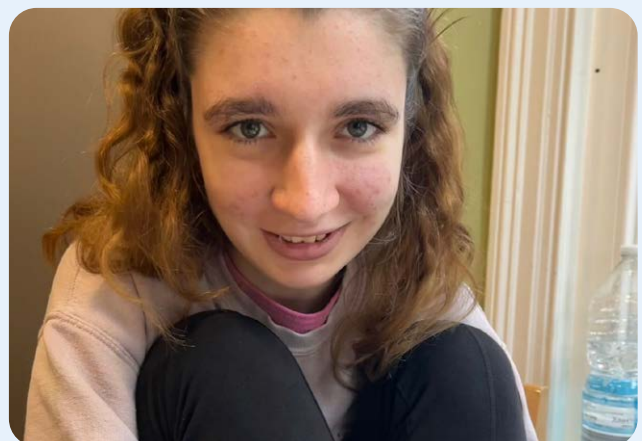
“

Millie is an amazing young lady, who is always full of smiles and has an amazing sense of humour. Thanks to the level of specialism we have within the team, it's clear that Millie feels safe in her surroundings. She has not shown any signs of attempting to leave the house without staff support, nor leaving staff whilst out.”

The home manager

It was a pleasure working with the team and seeing them adapt their practice to ensure Millie's support was completely person-centred

Priory's assessment and transitions director



Appendices

Statement of assurance from our lead commissioner

NHSE is the national services contracts from includes contracts with Partnerships in Care

Throughout the year, collaborative partner focus on quality over both at a local and n been enhanced by th families, carers and s ambassadors have al help parents navigat services and help dri all of which have bee services.

Priory's specialised n of the Royal College Networks and contin reviews, leading to in Quality Networks' na company-wide qualiti has also produced a work within services, governance framewo all aspects of care ar users, their families a

The healthcare syste experience challenge of staff. In response, recruitment strategie amongst other scher a lower turnover rate staff during the year.

NHSE and its partner through the coming staff, improving ward positive outcomes ar their families and car

Yvonne Srinivasa
Senior Mental He
Specialised Com
NHS England - East of England

Accountability statement

Directors of organisations providing hospital services have an obligation under the 2009 Health Service (Quality Accounts) Regulations (2009) and the National Health Service (Quality Accounts) Amendment Regulation (2011), to prepare a Quality Account for each financial year. This has been prepared based on the guidance issued by the Department of Health setting out these requirements.

To the best of my knowledge, as requested by the Department of Health governing the publication of this Quality Account, the information in this report is accurate.

Operating board



sswell,
ive Officer





Art by a patient
at Priory Hospital
Norwich

Contact us

www.priorygroup.com
info@priorygroup.com

 @PrioryGroup

 @priorygroup

 @Priory

 @PrioryGroup

 @priorygroup

PRIORY
Part of MEDIAN Group

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