Priory
Part of
MEDIAN Group

# Priory Quality Account

**April 2025 to March 2026**

Live your life

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# Foreword: Chief Executive Officer, Rebekah Cresswell

## Welcome to our Priory Quality Account for 2025-2026

**This year, we launched our new Priory Strategy, the Priory Plan 2026-2030. In developing it, we engaged with more than 2,000 Priory colleagues, patients and families, as well as lived experience partners, all of whom contributed to shaping its direction.**

I am proud of how this strategy builds on the successes of the previous Priory Plan (2023-25) – particularly in delivering high quality and safety ratings across our services – with more people than ever moving from high acuity to less restrictive environments.

The Priory Plan is aligned closely with the NHS 10-year health plan, which sets out a vision for a more integrated, sustainable and patient-focused health service, emphasising a shift from hospital to community care, from analogue to digital, and from treating sickness to preventing it. As a provider that supports the full patient journey, we are well placed to work collaboratively with the NHS and local authorities to meet these commitments.

As you will read in this report, we continue to be focussed on delivering the best possible outcomes for every person in our care, with both compassion and innovation. One of our goals is to be the provider of choice in health and social care sector, and providing safe, high-quality services that everyone can trust is central to this.

As of 31 March 2026, I am pleased to report that 89.2% of our Care Quality Commission (CQC)-registered Adult Care sites in the UK, and 88.9% of our Healthcare sites, were rated 'good' or better. These figures are both above the national benchmarking figure of over 69% in Adult Care and 74% in Healthcare for equivalent services.

## Lived experience partnership working

Over the last year, people with lived experience of mental health services, addiction and adult social care have helped to shape over 100 projects, workstreams and service improvements at Priory. Through our network of lived experience partners, they have delivered approximately 1,925 hours of activity for Priory.

This is a real milestone in our approach to co-production and lived experience partnership working, and we have now developed a network of 14 divisional lived experience partners and 17 local lived experience partners across 14 of our hospitals. The insights, expertise, and perspectives of people with lived experience are invaluable. This marks a profound shift for Priory – moving away from simply asking for people's views toward genuinely working in partnership with them.

Another priority high up on the agenda is the implementation of the patient and carer race Equality framework (PCREF). PCREF is an NHS England anti-racist initiative designed to improve mental health outcomes and the experience of people from ethnically diverse communities. In April 2025, we set up a multidisciplinary taskforce designed to ensure the principles of equality, inclusion and culturally-informed care are embedded throughout our services.

One of our goals at Priory is to embed a culture of openness, inclusion and trust where people feel like they belong. We have prioritised developing psychological safety at Priory and continue to embed the principles of Freedom to Speak Up (FTSU) so that colleagues feel safe to raise concerns. This includes extending and developing the competency of our network of FTSU champion, of which we currently have 181 throughout Priory.

## Employer of choice

I am delighted to confirm we have successfully sustained record results in our colleague engagement survey this year with an engagement score of 78% for a second consecutive year. This score represents how connected, motivated and committed colleagues feel towards their work and to Priory. This result is a reflection of our positive culture, especially given the ongoing challenges facing the health and social care sector nationally.

Other highlights from our survey results include: 94% of colleagues saying they understand how their work contributes to making a difference to the lives of the people Priory cares for and supports; 87% feeling motivated to do their best work; and 88% believing in Priory's purpose. For every survey completed by a Priory colleague, we donated £1 to our mental health charity partner Chasing the Stigma, raising £6,159 overall.

Supporting women in leadership roles is a passion of mine, and it is affirming to see that the median gender pay gap at Priory has fallen to 0.3% from 1.7% in the last year. This brings typical hourly pay from men and women across Priory to complete parity, which is an important milestone. In addition, from 1 April 2026 we raised the minimum pay at Priory to £13.45 an hour, ensuring all our permanent colleagues are paid at least the equivalent of the real living wage (RLW).

## A new look and feel for Priory

This year we launched our new visual identity and brand bringing together our health and social care services under one contemporary logo and colour palette. This new approach is designed to make our services easier to understand and navigate. Our new logo reflects today's Priory, our heritage and our 'Whole You' holistic model of care. I am proud of how colleagues from across our organisation collaborated on this project. Together, they have created an authentic new look and feel that ensures we are fit for the future.

Complementing this new visual identity, we also ran a high-profile brand campaign this year called Break the Chain, to raise awareness of intergenerational addictions.

## External engagement and a collective voice

During 2025 and into 2026, we have continued to strengthen our engagement with policymakers, parliamentarians, professional bodies, charities and partners, to help inform national discussions on mental health, autism, learning disability, addiction and adult social care services.

We have engaged with more than 20 MPs and parliamentarians across all major political parties and hosted eight parliamentary site visits to services across England and Scotland. Furthermore, we have shared our expertise wherever possible, consistently contributing to national reviews, consultations and inquiries, including having evidence we submitted published and referenced within a House of Lords Committee report.

Priory has also now joined the **Independent Healthcare Providers Network (IHPN),** which is the representative body for independent healthcare providers across the UK. During a time of significant challenge and change within the health and social care system nationally, it has never been more important for us to have a strong collective voice that advocates for a truly integrated health and social care system. Priory plays a vital role in this system, and we know the IHPN works hard on behalf of its members to ensure our contribution as independent sector providers is clearly understood and effectively communicated.

In addition we continue to be a member of Care England, the largest representative body for independent providers of adult social care in England, and we are also a founding member of its Working Age Adult Policy Board.

## Developing services in line with patient and resident need

We continue to meet the evolving needs of our patients and residents by developing innovative care models. In March, Priory launched the UK's first medically led eating disorder day service for NHS patients. This pioneering service demonstrates how specialist community and day-patient provision can drive earlier intervention and reduce the reliance on hospital admissions.

Furthermore, we developed Flourish – an innovative, therapy-led residential recovery programme bridging the gap between hospital and outpatient care. Flourish combines intensive psychological therapy, structured daily programmes, and relapse prevention with advanced technology, including virtual reality-based exposure therapy. We are currently operating three sites, with a fourth scheduled to open this summer.

## Learning across borders

Priory is part of the MEDIAN Group, alongside our partner organisations MEDIAN in Germany and Hestia Health in Spain. Despite operating in different countries and within different systems, we benefit greatly from collaborating and exchanging knowledge. This has led to the adoption of novel techniques like VR-therapy for the treatment of addiction and repetitive transcranial magnetic stimulation (rTMS) across countries. We are currently collaborating on a cutting-edge voice bio-marker study to evaluate AI technology that analyses vocal patterns to aid in the detection and diagnosis of depression.

Finally, Priory's purpose is 'Live your Life'. This means that as we move through 2026-27, we want to support even more people to regain their quality of life and independence. We believe that people with severe and enduring mental health conditions, autistic people and people with a learning disability should be supported to live in community settings wherever clinically appropriate, and we will work with our partners across the health and social care system to achieve this goal.

**Rebekah Cresswell**

Chief Executive Officer, Priory

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

**The 2025-26 reporting year has represented another significant period of progress, innovation and organisational maturity across Priory's Healthcare and Adult Care divisions. Throughout the year, we continued to focus on delivering safe, person-centred and outcomes-driven care, while strengthening the systems, culture and partnerships that underpin high-quality services. This Quality Account demonstrates our commitment to continuous improvement and reflects an organisation increasingly driven by learning, collaboration and lived experience.**

Over the last year, we strengthened our culture of openness and psychological safety. 'Freedom to Speak Up' (FTSU) became increasingly embedded within everyday practice, supported by a network of 181 Freedom to Speak Up champions, and strong engagement with national speaking up programmes. Investment in leadership, organisational learning and the development of FTSU champions strengthened confidence in raising concerns, and contributed to improvements in patient safety, safeguarding and workplace culture.

Safeguarding remained central to our work, with significant progress in governance, data oversight and safeguarding leadership arrangements across both divisions. Enhanced use of digital systems, strengthened regional structures and improved learning arrangements supported a more proactive approach to safeguarding, and reinforced our commitment to ensuring people feel safe, protected and listened to.

Our commitment to reducing restrictive practice continued to demonstrate our values in action. Governance oversight has been strengthened further, our positive behaviour support (PBS) provision has been expanded, and our workforce capability has been increased – through training and instructor development. Lived experience partners increasingly informed work around restraint, seclusion, and debriefing, helping ensure approaches remained trauma-informed and person-centred.

Quality improvement also continued to grow across Priory, building confidence and capability among colleagues to identify and deliver meaningful change. More than 300 frontline colleagues and lived experience partners received foundational training, while projects delivered measurable improvements in patient safety, therapeutic engagement and physical healthcare.

Peer review activity expanded significantly during the year, strengthening assurance and enabling the spread of learning across both divisions. Alongside this, work to strengthen Mental Health Act and Mental Capacity Act governance and digital implementation improved oversight and reduced variation in practice.

Working alongside people who have personal experience of using services has become one of the most significant developments at Priory during 2025–26 (lived experience partnership working). The formal launch of divisional frameworks and the expansion of lived experience partner roles have transformed the way patients, residents and carers influence decision-making, quality improvement and service design. Their contribution continues to strengthen governance and ensures that our work remains grounded in the voices and experiences of those we support.

In conclusion, this report reflects an organisation that continues to evolve, learn and improve.

Through strong leadership, empowered colleagues and meaningful partnership with people who use our services, Priory continues to place people at the centre of everything we do and supporting them to live their lives.

**Colin Quick**
Chief Quality Officer

**Dr Adrian Cree**
Chief Medical Officer

# Priory-wide update

# Speaking up and creating psychological safety

Freedom to speak up (FTSU) has developed significantly across Priory during 2025 into 2026, with a strong organisational focus on embedding psychological safety, openness and compassionate leadership across all healthcare, wellbeing and adult care services. Over the past year, there has been clear progress in strengthening speaking up culture, improving governance arrangements and ensuring colleagues feel increasingly confident and supported to raise concerns, share ideas and contribute to service improvement.

One of the most important achievements during the year has been the continued embedding of FTSU as 'business as usual', within Priory culture. We have strengthened reporting and feedback systems, improved triangulation between FTSU data, whistleblowing processes and colleague engagement insights, and enhance the early identification of organisational risks and learning opportunities. This has enabled the organisation to respond more proactively to themes relating to culture, patient safety and colleague wellbeing.

The FTSU champion network has remained central to this work. During 2025 and into 2026, Priory maintained a strong network of 181 FTSU champions across the organisation, providing accessible support to colleagues in all regions and divisions. Significant investment has been made in the development and support of FTSU champions, including the development of an e-learning induction module to improve consistency, flexibility and responsiveness. Monthly development sessions have also strengthened understanding of governance, safeguarding, inclusion networks and organisational processes, helping champions feel increasingly confident and effective in their roles of supporting openness and psychological safety across the organisation.

Throughout the year, colleagues continued to actively engage with speaking up mechanisms. Themes identified through cases raised highlighted the importance of leadership, workplace culture and behaviours in shaping psychological safety. Concerns relating to inappropriate behaviours and attitudes remained the most commonly raised theme, while patient safety concerns and worker wellbeing issues also continued to feature. Importantly, a number of cases demonstrated the positive impact of speaking up, including concerns that led to improvements in safeguarding, leadership oversight, governance and clinical practice. Independent reviews undertaken following speaking up concerns provided valuable insight into organisational culture, communication and team dynamics – supporting meaningful service improvement and learning.

Training compliance has remained exceptionally strong throughout the year, with high levels of completion across 'Speak Up, Listen Up' and follow-up training programmes for colleagues, managers and senior leaders. 'Speak Up' month 2025 also provided a visible organisational focus and theme of 'Listen, Act Build Trust', reinforcing the importance of psychological safety and compassionate leadership through local events, webinars and engagement activities.

Alongside this positive progress, Priory has recognised the challenges associated with sustaining a genuinely open culture across a large and diverse organisation. We ran organisational reflection workshops during winter 2025 which identified opportunities for further refinement, sustainability and strengthening of the FTSU programme.

Moving forward our priorities are to further invest in the FTSU champion network, strengthen leadership engagement and further embed speaking up within everyday practice and governance. There will also be a continued focus on understanding cultural themes, improving colleague experience and ensuring all staff feel safe, valued and listened to. Overall, the progress made during 2025 and into 2026 reflects a growing maturity in Priory's speaking up culture and a continued commitment to learning, transparency and safer care.

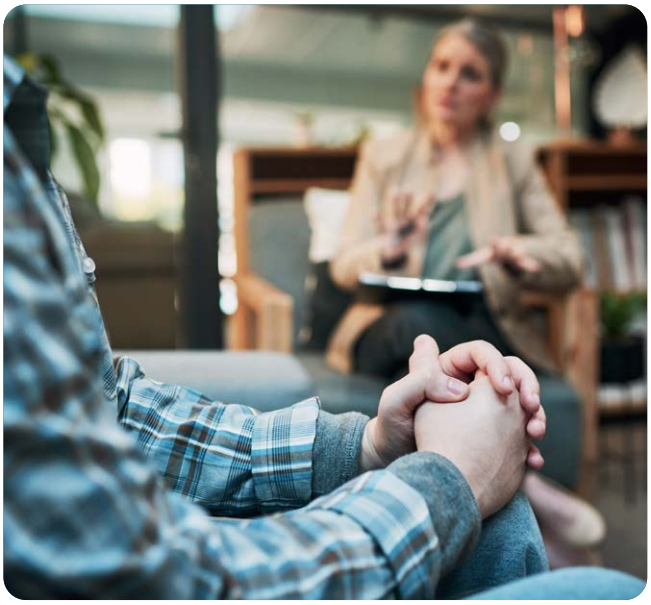
# Protecting people through safeguarding

Safeguarding has remained a central strategic priority across Priory throughout 2025, with significant progress made in strengthening governance, leadership, learning, and assurance arrangements across both Healthcare and Adult Care divisions. There has been a clear organisational focus on embedding safeguarding as everyone's responsibility, supported by a strong 'Board to floor' governance approach, investment in safeguarding leadership, and enhanced systems for reporting, learning and oversight. This has included the continued development of regional safeguarding structures, strengthening of safeguarding leadership roles, and improved integration of safeguarding within wider quality, patient safety and workforce initiatives.

A major achievement during the year has been the continued development of safeguarding culture and colleague confidence. Safeguarding audits demonstrated exceptionally high levels of awareness among colleagues and safeguarding leads, with the vast majority reporting confidence in recognising and escalating concerns appropriately. Whistleblowing and FTSU processes were also well embedded across services, reinforcing Priory's commitment to openness, transparency and psychological safety. Alongside this, safeguarding training and 'seven-minute' briefings have improved colleague knowledge and understanding, particularly in areas such as PREVENT, (a national programme to identify and reduce radicalisation) organisational abuse and safeguarding governance.

Priory has also strengthened its use of data, trend analysis and digital systems to support safeguarding oversight and organisational learning. Datix dashboards, regional safeguarding committees and cross-divisional reporting mechanisms have enabled greater visibility of themes, risks and emerging trends across the organisation. This has supported more proactive oversight of complex areas including restraint-related safeguarding concerns, organisational abuse and allegations against staff. Robust processes remain in place to ensure that all allegations are taken seriously, fully investigated and managed in a transparent, person-centred and proportionate way.

Into 2026, we have also seen important work in relation to restrictive practice and safeguarding. Significant focus has been placed on ensuring that safeguarding principles are fully embedded across restraint reduction training, with Healthcare maintaining BILD ACT reaccreditation, and Adult Care continuing delivery of PROACT-SCIPr-UK® accredited approaches. Strong governance and review processes



have supported learning from incidents and ensured appropriate escalation and external reporting where required.

Priory also recognised and reflected on the challenges we face in regards to safeguarding across health and social care. Increasing complexity within patient and resident presentations, particularly in child and adolescent mental health services and acute mental health services, has continued to create additional safeguarding pressures. Organisational abuse referrals increased during the year, although the vast majority did not progress to formal safeguarding enquiries. There have also been ongoing challenges around ensuring consistent accessibility of safeguarding information, improving representation at regional safeguarding meetings, and embedding safeguarding resources in formats suitable for all patients and residents.

Future priorities will continue to strengthen safeguarding through further development of digital reporting systems, enhanced accessibility of safeguarding resources, ongoing investment in colleague development, and deeper integration of lived experience within safeguarding practice. There will also be continued focus on strengthening regional engagement, improving shared learnings across services, and ensuring safeguarding arrangements continue to evolve in response to increasing complexity, national policy developments, and emerging risks.

Overall, the progress made during 2025 demonstrates Priory's continued commitment to delivering safe, person-centred care and creating environments where people feel protected, listened to and supported.

# Delivering least restrictive care

Priory's reducing restrictive practice (RRP) programme has continued to demonstrate a strong organisational commitment to improving patient and resident experience, strengthening safety, and embedding trauma-informed, least restrictive approaches across both Healthcare and Adult Care services. Through robust governance, enhanced oversight, investment in training, and closer collaboration with operational and lived experience colleagues, significant progress has been achieved in reducing restrictive interventions and improving the quality of care delivered across the organisation. A key achievement during the year has been the continued strengthening of organisational governance and data oversight. Monthly RRP dashboards have enabled regions and services to identify trends, respond proactively to emerging risks, and ensure that restrictive interventions are scrutinised at both local and corporate level. Adult Care and Healthcare services have both demonstrated improving reporting maturity, with increased confidence in identifying themes relating to physical interventions, non-approved holds, seclusion, staff injuries, and PRN use. Importantly, improvements in reporting quality have enabled a more transparent understanding of restrictive practice and supported targeted interventions where required.

The organisation has also strengthened workforce capability and competence. Across Healthcare, the number of RRIT instructors increased significantly over the year, alongside the development of regional training plans and cluster support arrangements for sites with limited local training capacity. Adult Care also expanded its instructor base and maintained strong compliance with PROACT-SCIPr-UK® training, despite the challenges associated with onboarding new services and supporting individuals with increasingly complex needs. This investment has contributed to a broader reduction in restrictive interventions across several areas, including reductions in prone restraint incidents (holding a person face down) and improvements in proactive de-escalation practice.

Another major area of progress has been the organisation's focus on positive behaviour support (PBS). Recruitment and expansion of PBS teams has significantly improved during the year, with new practitioner roles established across several services and only minimal vacancies remaining by early 2026. The development of PBS pathways, alongside closer integration between PBS and PROACT-SCIPr-UK approaches, has strengthened proactive intervention planning and enhanced support for patients and residents with a learning disability, complex neurodevelopmental needs, other complex presentations, or those on the autism spectrum.

The RRP programme has also increasingly embedded trauma-informed and lived experience perspectives within its work. The inclusion of lived experience partners within discussions around seclusion, restraint, debriefing, and language use has helped ensure that care approaches remain person-centred and recovery-focused. Feedback from national RRN conferences and lived experience focus groups has informed organisational thinking around the emotional impact of restraint and seclusion on both patients and staff, reinforcing the importance of compassionate communication, meaningful debriefing, and personalised wellbeing support.

Alongside these achievements, the organisation has continued to address a number of complex challenges. Several services have supported individuals presenting with exceptionally high-risk behaviours, prolonged seclusion needs, severe self-injury, and high levels of violence and aggression. In response, Priory has strengthened oversight processes, introduced additional audits, enhanced weekly governance reviews, and continued work to standardise seclusion practice, secure transport arrangements, and de-escalation environments. Importantly, these challenges have been approached with a clear emphasis on reducing restrictive interventions wherever safely possible, while ensuring that patient, resident, and staff safety remains paramount.

Overall, the work undertaken through the RRP group over the past year reflects a strong culture of continuous improvement, openness and collaboration. The programme has demonstrated measurable progress in reducing restrictive practices, improving governance and staff competence, strengthening PBS provision, and embedding trauma-informed, person-centred care. Priory remains committed to building on this progress throughout 2026 as part of its wider quality and patient safety strategy.

# Building a culture of continuous improvement

## Our focus in 2025-26 has been on building capacity and confidence to undertake Quality Improvement (QI) projects in our Healthcare division and expand the application of QI methodology into our Adult Care division.

A further 20 colleagues undertook a QI leaders programme and capacity to undertake QI projects has been possible by delivering our internal QI fundamentals training to both site and central colleagues. To date, over 300 frontline staff and divisional lived experience partners have received training in the foundational principles of applying QI within their services, and we now look to expand how training may be beneficial in the education division.

Trained colleagues have since been supported to undertake QI projects, with eight projects completed, six of which have resulted in notable improvements and change ideas scaled-up to other wards. Projects demonstrating improvement have included reducing patient incidents of verbal and physical aggression, cancelled or postponed leave, seclusion episodes, and improving physical health monitoring.

A further nine projects are currently at various stages of implementation, including two multi-ward QI projects, involving between five to eight wards, exploring the link between building therapeutic relationships and meaningful activity provision, and therapeutic engagement and observations.

Adult Care QI coaches have developed a method for rolling out QI training across the division, involving a leadership cascade with operations directors and home managers. QI projects are due to commence in Adult Care in quarter three.

Between 2023 and 2025, 40 colleagues from both Healthcare and Adult Care divisions completed the QI leaders programme, equipping them with the skills to lead projects using the Institute for Healthcare Improvement (IHI) model for improvement.

QI coaches continued to build their confidence and skills in supporting QI projects across sites and we worked to strengthen our processes and governance to have clear oversight of projects and change ideas that have resulted in an improvement.

We continued to learn from where projects stalled or ceased, and embed new practice as the norm, on the completion of a project.

# Learning from mortality and strengthening care

A total of 149 deaths of current Priory patients or residents were recorded between 1 April 2025 and 31 March 2026. This represents a significant reduction compared with the previous reporting period (1 April 2024 to 31 March 2025), during which 340 deaths were recorded. Priory no longer provides residential care services for older people, where there is typically a higher mortality rate due to age, and this is likely to be the main reason for this reduction.

Within Healthcare services, there were 45 deaths during the reporting period. Of these, nine were expected deaths (due to disease or old age) and 36 were unexpected deaths. Of the 36 unexpected deaths, 11 were current inpatients. The remaining cases involved current outpatients or individuals who had been accepted for Priory care but died prior to admission or consultation.

Of the unexpected inpatient deaths, seven were attributed to deterioration in physical health. One death occurred while a patient was on authorised leave from the ward and involved a fall from a height, and one resulted following a ligature incident on the ward. For the remaining two inpatient deaths, the cause of death remains pending while the Coroner awaits the results of toxicology testing.

In Adult Care, there were 104 deaths recorded between 1 April 2025 and 31 March 2026. Of these, 70 were expected deaths and 34 were unexpected deaths (this is where the person was not on an identified end-of-life pathway).

## Investigations:

A total of 25 patient safety incident investigations (PSIIs) were commissioned during the reporting period, comprising 24 within Healthcare and one within Adult Care. In addition, a further 13 cases met the criteria for a mortality case record review.

Key themes identified across the investigations included the effectiveness of multidisciplinary team meeting processes, engagement with patients' families, monitoring the physical health of inpatients, and the quality of clinical record keeping. Local action plans have been implemented at hospital level to address the findings and monitor progress against identified learnings. Communications have also been circulated across all Priory Healthcare services to promote awareness and support wider organisational learning and improvement. All completed investigation reports are shared with the relevant service line's clinical director to support oversight, dissemination, and ensure we embed learning across services.

In addition to the investigations outlined above, two thematic reviews were undertaken during the reporting period. The first review focused on deaths occurring close to planned discharge. Following completion of the review, a steering group was established to consider the recommendations and to oversee their implementation. A key action identified was to review the structure and function of multidisciplinary team meetings. This work is currently underway and is being led by Priory's professional network lead for acute and psychiatric intensive care (PICU) services.

A second thematic review focused on deaths of private patients occurring prior to admission or following initial contact with Priory services. The findings of this review are scheduled for discussion at the mortality review meeting in June 2026, where recommendations and associated actions will be considered and agreed.

## Inquests:

There were 68 inquests concluded during the reporting period. Priory did not receive any prevention of future deaths notices. It should be noted that many of these inquests related to deaths that occurred prior to the reporting period.

# Improving physical health outcomes

During this period, several initiatives have been undertaken to strengthen physical health oversight and clinical practice. A physical health nurse lead has been appointed, and all physical health nurses have been invited to participate in the physical health committee, to enhance collaboration and governance.

There has been a focus on our immediate care of patients during medical emergencies. Reviews have been conducted into opioid toxicity diagnosis and management, leading to enhanced training within annual basic and intermediate life support programmes, and the introduction of pre-filled naloxone injections in emergency bags. In addition, a review of 16 CPR incidents over a two-year period identified key actions to improve the consistency and effectiveness of resuscitation interventions across the Healthcare and Adult Care divisions.

We issued guidance on physical health monitoring for patients receiving high-dose antipsychotics, improved NEWS2 (a system for monitoring and responding to a deteriorating physical health condition) monitoring forms and associated guidance, and developed a physical health dashboard to strengthen oversight of inpatient monitoring. A paediatric early warning signs (PEWS) monitoring system has also been developed for child and adolescent services.

Operational improvements include enhanced weekly checks of emergency grab bags through the Logit system, to improve compliance. The rollout of a single pathology provider across healthcare, with exploration of digital reporting of results into electronic patient records, and the development of an in-house venepuncture training module, is helping to standardise and strengthen phlebotomy services.

Furthermore, a range of quality improvement projects have been undertaken to enhance physical health monitoring and the management of falls. The QI project on physical health observations and documentation, identified changes to improve the quality and consistency of healthcare monitoring at a Priory site. The outcomes of the project have been embedded at the site and will be reviewed in the physical health committee. The learning is being rolled out across Healthcare in 2026.

# Embedding lived experience partnership working

Lived experience partnership (LEP) working has become one of the most significant cultural and strategic developments across Priory during 2025 and 2026. Over the past year, the organisation has made substantial progress in moving from largely inconsistent and localised involvement of people with lived experience, towards a much more structured, strategic and meaningful model of co-production and partnership, working across both Healthcare and Adult Care divisions. This work has represented an important cultural shift, recognising lived experience as a form of expertise that is equal in value to professional and operational knowledge.

A major milestone during the year was the formal launch of Priory's LEP working strategy within Healthcare in 2025, followed by the launch of the Adult Care framework in February 2026. Both approaches were developed collaboratively with experts by experience, current patients, residents, carers and colleagues, ensuring the strategies themselves were grounded in partnership working from the outset. These frameworks established clearer governance structures, strategic oversight arrangements and defined pathways for lived experience involvement across governance, quality improvement, service design and organisational development.

Significant progress has also been made in creating formal LEP roles across the organisation. During the year, 14 divisional lived experience partners were recruited within Healthcare alongside the development of local LEP roles across individual services. These roles have enabled people with lived experience to contribute directly to committees, governance forums, strategic projects, training, recruitment processes and service development activity. Across Healthcare alone, there were more than 100 pieces of divisional partnership working completed during the year, representing a substantial increase in the visibility and influence of lived experience across central teams and projects.

One of the most important achievements has been the development of a shared understanding of co-production across the organisation. During 2025, Priory launched its co-production charter and recipe of co-production, two significant resources developed collaboratively by people with lived and learned experience. These resources have helped establish common values, expectations and practical guidance around meaningful partnership working, while also acknowledging the challenges and cultural changes required to achieve true co-production.

The impact of this work has already become visible at both local and divisional levels. Lived experience partners have supported improvements in patient communication, governance, service design, and quality improvement initiatives. At local sites, lived experience partners have helped redesign patient information, strengthen accessibility and contribute to clinical governance processes and interview panels. At a strategic level, lived experience has influenced major projects such as the development of the NAVIGATE service, and wider organisational governance and improvement programmes.

Priory also recognised the challenges involved in embedding lived experience meaningfully across a large organisation. The report identifies that partnership working remains at an early stage in some services and that there is still more work required to strengthen consistency, increase opportunities for local involvement and continue shifting organisational culture towards genuine co-production. Sustaining momentum, supporting colleagues to work confidently in partnership and expanding lived experience roles across Adult Care regions will remain important priorities moving forward.

Looking ahead, Priory intends to continue embedding lived experience within all levels of governance, service design and organisational decision-making. There is clear ambition to expand LEP activity further across local services, regional structures and divisional projects, while continuing to learn from national best practice and strengthen the infrastructure supporting partnership working. Overall, the work completed during 2025 and 2026 demonstrates a significant step forward in Priory's journey towards a more inclusive, collaborative and person-centred organisational culture.

# Strengthening assurance through peer review

The peer review process was developed in 2024 to determine assurance of quality within services. The process is now fully embedded within Healthcare and Adult Care and incorporates utilising colleagues (peers) from within the business to review aspects of services with a view to facilitating improvements and shared learning.

Between April 2025 and March 2026: 67 peer reviews were completed across both divisions, reviewing 564 focus areas and incorporating 235 colleagues as peer reviewers. Of the focus areas reviewed, 334 were considered to be assured and 230 were considered to be not assured. Over 2840 recommendations have been made as a result of peer reviews.

In Healthcare, lived experience partners are established within the peer review process to look at patient participation and carer involvement. Work is ongoing with the lived experience partner lead within Adult Care to facilitate their involvement in peer reviews within the division in 2026.

The process has also supported peer reviewers to identify areas of good practice which reviewers have taken back to their own sites, enabling good practice and learning to be shared across the business.

There are now 74 peer review leads trained to support with planning, co-ordinating and overseeing reviews, increasing capacity across both divisions. The peer review lead programme is now fully established, providing additional training to staff wishing to lead peer reviews – a number of whom have been promoted to leadership roles at Priory. Further training for peer review leads is planned for the remainder of 2026, alongside information sessions for colleagues wishing to get involved in peer reviews.

Plans for 2026 include the development and implementation of an internal accreditation system. This will promote sites' ability to showcase evidence-based good practice, in preparation for national accreditation and regulatory visits, and give further assurance of services meeting minimum standard requirements.

# Mental Health Act and Mental Capacity Act developments

During 2025 and 2206, Priory undertook a substantial programme of work to strengthen its Mental Health Act (MHA) and Mental Capacity Act (MCA) arrangements across both Healthcare and Adult Care divisions. The programme moved beyond policy maintenance and focused on strengthening governance, improving operational systems, enhancing legal compliance, and preparing the organisation for future legislative reform. This work was co-ordinated through the mental health legislation committee and supported through regional and divisional quality structures.

A significant area of focus was the review and redesign of MHA and MCA policies and procedures. Throughout the year, policies underwent substantial revision in response to regulatory feedback, incidents, emerging case law and anticipated legislative changes. The revised mental capacity framework included strengthened assessment forms, enhanced guidance on fluctuating capacity, clearer prompts for documenting evidence and revised best-interest decision processes. Advanced decisions and statements were also separated into distinct processes to better reflect legal requirements across different UK nations. These changes were tested operationally and prepared for implementation within clinical systems.

Alongside policy development, Priory invested heavily in digital implementation. MCA assessment tools and documentation were embedded within Carenotes and Nourish patient and resident administration systems, supported by specialist training, dashboards and ongoing evaluation activity. This represented a significant move toward improving oversight and reducing variation in practice across services. Dashboards were developed to monitor completion rates and provide improved assurance regarding MCA compliance and decision-making quality.

MHA governance and administration also underwent substantial redesign. New escalation procedures were introduced to strengthen oversight, where delays occurred in detention renewals and legal processes. Associate hospital manager arrangements were reviewed to reduce variation, improve consistency of recruitment, and support panel processes. In parallel, new standard operating procedures were developed to support mental health law queries and escalation routes, ensuring staff had access to structured support pathways and specialist advice.

Data and assurance processes also became a major priority. Priory expanded MHA activity reporting, introducing enhanced 'snapshot' reporting and transitioning the MHA audit process into Logit, our digital assurance system, for the first time. Audit activity identified priority improvement areas including Section 132 rights, documentation standards, nearest relative information, and scrutiny processes. The use of more sophisticated dashboards and reporting tools supported more proactive identification of risk and allowed regions to monitor trends and target interventions.

The organisation also responded proactively to external changes. MHA reform and the forthcoming MHA 2025 became a significant strategic focus, with Board-level discussions recognising the scale of change required. Work commenced to prepare for extensive future implementation programmes involving training, systems redesign and policy reviews, particularly regarding detention criteria and changes affecting autistic people and people with a learning disability.

Overall, Priory's 2025-26 programme reflected a broad and ambitious approach to strengthening legal frameworks and patient safeguards. Rather than focusing solely on compliance, the work demonstrated an increasing emphasis on assurance, learning, digital transformation and preparing services for the future direction of mental health legislation.

# Preventing infection and promoting safety

Infection prevention and control (IPC) has remained a core organisational priority throughout 2025 and 2026, reflecting Priory's continued commitment to providing safe, high-quality care environments for the people it supports and for colleagues across both Healthcare and Adult Care divisions. Priory's IPC approach is shaped by the principle of 'do the basics brilliantly', ensuring that fundamental IPC standards are not only introduced effectively, but sustained consistently day-to-day.

This year we have strengthened our governance, assurance and oversight structures. The cross-divisional IPC committee has continued to provide strategic leadership and oversight, reporting through established governance routes into the quality assurance committee and UK Board. Audit programmes, cleanliness monitoring, hand hygiene reviews and mattress care audits have remained central to assurance processes.

Significant progress has been made in transferring IPC audits onto digital platforms, such as Logit within Healthcare services, improving oversight and enabling more effective monitoring of compliance and themes. Although Adult Care has not yet fully embedded digital IPC audits, substantial preparatory work has been completed with full implementation planned for the future.

The year has also seen important progress in reporting culture and learning systems. Priory has aligned its approach more closely with the principles of the patient safety incident response framework (PSIRF) and learn from patient safety events (LFPSE), moving towards a more open, systems-based and learning-focused approach. This has included reframing IPC-related 'incidents' as occurrences or events to encourage openness, and reduce perceptions of blame. Enhanced use of Datix has improved identification of both direct and 'hidden' IPC events, strengthening organisational understanding of trends, contributory factors and areas requiring improvement.

Training and workforce development were a major focus throughout the year. Mandatory IPC training compliance remained high across both divisions, supported by e-learning, aligned to the national IPC education framework. Additional IPC leads sessions, drop-in learning opportunities and resilience programmes, including fit testing arrangements, have further strengthened colleague competence and confidence. Planning has also commenced for a face-to-face IPC event in 2026 to promote networking, best practice sharing and further organisational learning.

Alongside these achievements, Priory has recognised areas requiring further development. Challenges remain around full digital integration within our Adult Care division, ensuring IPC learning remains easily accessible for all colleagues, and maintaining consistency across a large and diverse organisation. The increasing complexity of patient and resident needs, alongside balancing infection prevention requirements within mental health and rehabilitative environments, has also required careful consideration throughout the year. Work has additionally begun to co-produce accessible 'quick win cards' with lived experience partners, to improve communication with patient and residents and families regarding infectious diseases and outbreak management.

Looking ahead, Priory intends to build on the strong foundations established during 2025 and 2026. Priorities for the coming years include full utilisation of digital platforms, expansion of accessible IPC resources, continued investment in training and vaccination programmes, and the incorporation of IPC procedures into newly developed services. Overall, the work undertaken during the year demonstrates a mature, reflective and continuously improving IPC programme, underpinned by strong governance, a positive learning culture and a clear commitment to patient safety and quality care.

# Supporting, developing and recognising colleagues

Priory undertakes an annual colleague engagement survey and in 2026 achieved an overall engagement score of 78, which mirrors the score in 2025. This suggests Priory continues to maintain a solid foundation of colleague engagement relative to similar organisations. All four components of engagement score remain above 70% despite three of the engagement questions decreasing by one point since the last survey. Motivation leads at 87%, followed by pride at 80%, with both advocacy and intention to stay at 72%. The components show a consistent pattern, demonstrating that Priory maintains strengths across the full spectrum of what drives colleague engagement.

The 2026 survey achieved a response rate of 53%, which is 2% lower than the response rate in 2025. Participation varied considerably across departments. Restore and our central division both achieved strong response rates above 80%, whilst Adult Care reached 61%. Healthcare recorded the lowest participation at 44%, though this still represents a meaningful proportion of colleagues sharing their views.

Priory people data indicates ongoing improvement. Rolling turnover (RTO) is down by 3.3% compared to same period in 2025, and it remains the lowest RTO we have seen since January 2018. RTO for healthcare assistants (HCA) is down 4.7% on prior year, and nurse RTO is down 4.8% on prior year.

Our partnership with Cielo, continued throughout 2025 and 2026 as they supported us with HCA and support worker (SW) hiring. This partnership was envisaged as a three-year term so that we could benefit from Cielo's technology and learn from their approach. The first year of the partnership was highly successful, with Cielo managing to fill over a 1000 vacancies including some in areas we have previously found challenging. During this time we have improved our own technology with the introduction of our new applicant tracking system, Pinpoint, and improved the capability of our talent attraction team in filling clinical and specialist roles.

With the improvements we have made internally, coupled with far lower vacancy volumes, we have now entered the second year of our partnership with Cielo. In line with our plan to phase all hiring back to being fully in-house, the partnership has been scaled back but continues in 2026 to support those sites that have the biggest requirement. We have also recruited a talent acquisition co-ordinator to support sites who are

managing their own HCA and SW recruitment, should they find they need additional help. This might include when we have a new ward opening and therefore a high number of colleagues to hire. We are confident we have set ourselves up well to maintain the momentum in our HCA and SW hiring, so that we can continue to provide stability within our workforce and ultimately offer continuity of care to the people we support.

The launch of Pinpoint, a digital recruitment system, has received positive feedback from our operational colleagues. It is recognised for its intuitive interface and has been designed to offer a seamless hiring experience. It includes an on-boarding portal that we designed with Pinpoint. We have seen improvements in reducing our time to compliance, which had reduced from 36.5 days in quarter one 2025 to 33.5 days in quarter one 2026. Our best performing region is currently managing a 23-day time to compliance which is something we hope to emulate across other regions through further system enhancements and colleague training. We expect further improvements following the launch of our on-boarding dashboard in May 2026, which will help our central on-boarding team identify actions they need to take on candidate files, more swiftly than today.

# Investing in the future of our colleagues

Our commitment to care as a career means a strong focus on providing outstanding development and career opportunities, including organic development. We foresee this continuing in the future by 'growing our own', through our nursing apprenticeship programme. Priory has supported over 175 colleagues to become qualified nurses over the last eight years and there are currently a further 138 student nurses on the programme. This includes colleagues in Scotland and Wales, as for the fourth year running Priory is offering subsidence payments for those who have secured a place on their training, or already started a course.

Priory has also developed a new career pathway for support workers and healthcare assistants into becoming an autism specialist, or an autism lead. This is part of a new initiative to grow 'sideways' career pathways in specialist areas and create new opportunities for colleagues to develop their career in care. 44 colleagues have moved into this new role (22 in Adult Care and 22 in Healthcare) and Priory plans to grow more specialist roles in the future.

Previously, there have been challenges with uptake with continuous professional development (CPD) in the Adult Care division, but increased awareness and clearer guidance has seen an increase of 38% of CPD applications from colleagues across Adult Care. CPD applications in Healthcare continue to be supported, with a more strategic focus on quality CPD opportunities, which benefit the colleague, site, and people we support. This involved building on previous process improvements to ensure clear guidance and input from subject matter experts, through a robust and transparent panel approval process.

Apprenticeships continue to be a success in Priory, with over 720 colleagues currently on an apprenticeship across 33 different standards – an increase of 25% from the previous year. Priory was listed as a top 100 apprenticeship employer in both the Department for Education and the Sunday Times lists. In the last year alone, Priory has invested over £2 million in supporting career development through apprenticeships. The success of 'growing our own' nurses through apprenticeships has been replicated in other areas, and Priory has utilised the level 5 coaching professional apprenticeship to develop a bank of internal coaches. 84 colleagues have received coaching from a trainee coach, and a further 37 managers and leaders have received coaching from a fully qualified internal coach. Of these, 10 colleagues have gained a promotion and progressed into their next role.

# Healthcare divisional report

# Creating safer systems of care

The NHS National Patient Safety Strategy emphasises maximising what goes right, through the sharing of good practice, celebration, and innovation, while minimising harm by learning from what goes wrong. It promotes a culture where all staff take responsibility and understand the impact of their actions on patient safety.

Within Priory's Healthcare division, the patient safety programme has matured significantly and evolved to align more closely with wider governance mechanisms. Patient safety leads are now established across all sites, supported by local hospital patient safety forums that focus on shared learning, quality improvement, and partnership working with individuals with lived experience. Regional patient safety forums have been phased out, enabling patient safety to become a consistent thread embedded across regional clinical governance structures.

The annual patient safety programme has also developed into a more dynamic, virtual model. It now encompasses a broad range of thematic work streams led by subject matter experts, supported by operational colleagues and lived experience partners. Learning is disseminated through established governance frameworks at both local and regional levels, strengthened by a consistent communication matrix to ensure all colleagues remain informed and engaged. Clear communication pathways for safety alerts and learning continue to operate effectively across the division.

During 2025 and into 2026, key areas of focus included near discharge and near admission deaths, AWOL (absent without leave) and wellbeing checks, head banging guidance, patient safety incident response framework (PSIRF) reporting mechanisms, sexual safety, seclusion practices, ligature management, and responses to medical emergencies. Each work stream explored the gap between 'work as imagined' (policy) and 'work as done' (practice), incorporating feedback from staff, patients and residents to refine and improve approaches.

The division's quality improvement methodology, aligned with Priory, is embedded throughout patient safety work, enhancing co-production and driving meaningful improvements. The introduction of the lived experience partnership strategy further strengthens this approach, enabling patients, residents, carers, and partners to actively contribute to safety, learning, and service development at both local and divisional levels.

## Patient stories

# Annabelle's success story at Middleton St George

**Annabelle made steady and meaningful progress during her admission. Within three weeks, her presentation improved enough for observations to be safely reduced, and shortly afterwards she moved from 2:1 to 1:1 support. Her progress enabled a timely transfer to a placement closer to home, with her overall length of stay being below expected PICU timeframes.**

### Successful discharge story at Middleton St George

Annabelle* was admitted to Chester Ward, our female PICU, struggling with a diagnoses of emotionally unstable personality disorder (EUPD), autism, and mild intellectual disability.

She was admitted to the PICU at a time of significant distress and increased risk of self-harm and suicide, when the level of support needed to keep her safe could no longer be managed in the community. At this time they had to nurse her on 5:1 in order to maintain her own safety, as well as staff.

From admission the team took a thoughtful and person-centred approach, balancing safety with Annabelle's need for calm, consistency, and a sense of control. She was supported by experienced staff who worked closely with her to reduce distress and manage risk, in a way that felt containing rather than overwhelming.

On admission staff also spoke with Annabelle, to find out what kinds of things helped her/made her feel safe. We found that having consistency helped, therefore staff would aim to allocate a smaller nursing team to take care of her during, so that the same staff would cover Annabelle's SDN rather than a full team changeover every hour. This included people communicating clearly and ensuring that she understood the information and had enough time to respond/contribute.

She valued time with her key workers, so 1:1 time was allocated, recorded and handed over each shift. She also found family a good topic to talk about and having access to self-soothe items such as teddies and sensory toys helped. Having support with her daily routine was also important – she liked to get up at 9am, and engage in activities and play card games like UNO.

Annabelle made steady and meaningful progress during her admission. Within three weeks, her presentation improved enough for observations to be safely reduced, and shortly afterwards she moved from 2:1 to 1:1 support. Her care needs being recognised were a positive outcome at discharge, with the Care and Observation team highlighting it as a key success, evident within outcome measures.

# Navigate – reimagining patient advice and support

In May 2025, we reviewed our advocacy service and identified the model in place was no longer aligned with the needs of our diverse patient and resident population. We decided to discontinue the existing contracts and to co-produce a new, innovative approach to support, information and advice, shaped directly by people with lived experience of Priory and the wider health and social care system.

An initial discovery phase was carried out using an 'appreciative inquiry' approach, which focuses on what works well and builds on it. Working with AQUA, Priory held conversations and focus groups with patients and people with lived experience to understand what support is needed, how it should be provided, and who should deliver it. The findings were used to help create a blueprint for a new Navigate model.

During this interim period, the formal (statutory) advocacy services have stayed the same and are still accessed through local services. Informal (non-statutory) advocacy is continuing through existing partnerships with local providers, charities, and community groups. In child and adolescent mental health services (CAMHS) and in Scotland, where services are more complex, temporary arrangements are in place while a new model is being developed.

The emerging Navigate model has been co-designed with Priory's lived experience partners, operational colleagues and subject matter experts, ensuring alignment with future legislative changes, including the Mental Health Act reform. The model promotes independence and self-advocacy, while also supporting colleagues and carers. It will operate across three tiers:

- **A lived experience-designed digital platform providing accessible information across the patient journey**
- **A contact centre offering personalised support**
- **Access to in-person expertise through community and specialist partners**

The website and contact centre are planned to launch after summer 2026, with the in-person support offer following shortly afterwards.

## Patient stories

# A rehabilitation journey at Priory Nelson House

**After a history of trauma, vulnerability, and relapse, Mr A engaged in a structured rehabilitation programme at Priory Nelson House. Through multidisciplinary support and his own determination, he has achieved stability, gained independence, and is now working towards employment and further education.**

## Background

Mr A, a 24-year-old man with a diagnosis of schizophrenia, was admitted to Nelson House following a difficult period at another provider. At the time of admission, he was highly vulnerable, presenting with significant risks including non-concordance with medication, self-neglect, and risk of exploitation, particularly financial abuse and modern slavery. He was also considered at risk from others within the community.

Mr A arrived in the United Kingdom at the age of 12 as an unaccompanied asylum seeker from Afghanistan. His journey had been traumatic and perilous. His only current family contacts are his uncle and cousin, and he has had no contact with his parents or siblings, who remain in Afghanistan.

## Assessment and goals

Initially, Mr A was reluctant to engage with the service and expressed apprehension about his admission, asking numerous questions before agreeing to a period of structured rehabilitation. The primary aims of his care were to identify an effective medication regime, provide psychological support to distinguish between symptoms of psychosis and post-traumatic stress disorder (PTSD), build insight into his diagnosis and its relationship with substance misuse, develop daily routines, and support reintegration into the community.

Mr A's personal wishes were central to his care planning. He expressed a desire to gain unescorted community leave, live independently, obtain employment, and eventually return to his country of origin.

## Interventions and progress

Mr A was regularly reviewed by the consultant psychiatrist, and a medication regime was established that successfully stabilised his mental state. Once stable, he engaged meaningfully in therapeutic work with both the psychology and occupational therapy (OT) teams.

Psychologically, Mr A participated in regular sessions with the clinical psychologist and psychology assistant, focusing on PTSD, trauma, substance misuse, and developing insight into his mental health. Although initially guarded, he built therapeutic trust over time and went on to engage fully in the process.

The OT team supported Mr A to establish a daily routine, beginning with structured sessions focusing on domestic skills such as laundry and housekeeping. He received support and prompting to maintain personal care and to purchase essential items such as clothing and toiletries. As his independence improved, he progressed to community-based skills, including shopping and using public transport. Mr A also participated in weekly cooking sessions, where he demonstrated pride in preparing traditional dishes from his country of origin.

As his confidence grew, Mr A expressed an interest in returning to education and exploring employment opportunities as a delivery driver or support worker. In line with these goals, he was supported to enroll in a local college to complete English and Maths qualifications. Initially escorted by staff, he progressed to attending independently as his confidence and functioning developed.

## Discharge and outcomes

Towards the end of his rehabilitation, Mr A worked closely with the OT team to explore suitable discharge placements near his uncle and cousin. He was actively involved in visiting potential placements and selecting the one that best met his needs. A structured discharge plan was implemented, including daily visits and overnight leave, ensuring a smooth transition to community living.

Since discharge, Mr A has remained settled in his community placement and has made significant progress. He has successfully completed level 2 English, passed an online health and social Care course, and is due to begin his Maths qualification in September. Mr A has been accepted for a supported living flat and is now actively seeking employment within the health and social care sector.

# Using outcomes to improve care

We have continued to embed clinical outcome measures, including data collected via mental health assessment tools such as: GAD-7, PHQ-9 and BPRS, across our clinical networks, with all acute networks showing increasing rates of paired data collection. Acute, eating disorders, and child and adolescent networks have achieved over 50% completion on most measures, while addictions services have reached rates exceeding 60% and up to 70% for some measures. With the expansion of paired data collection across more inpatient admissions, we can now utilise this information at the ward, site, regional, and divisional levels, to ensure our clinical pathways deliver effective care. This data is also being used to evaluate new treatments and therapies, with the aim of maximising meaningful recovery outcomes for inpatients, and demonstrating value to commissioners.

This work allows us to demonstrate the clinical effectiveness and mental health recovery achieved by our networks. We are now moving towards this data being available at a site and ward level, to become part of individual patient journeys, particularly identifying areas of unmet need. This will also allow us to pass on the information in discharge summaries to future services, as well as to evaluate our own service provision at a network, site and ward level.

Over the past year, there has been an increased focus on identifying new clinical outcome measures for emerging services, alongside efforts to embed outcome data more consistently into MDT planning meetings and discharge reports.

## Patient outcomes

### Acute mental health

| 2024-25 | | 2025-26 |
|---|---|---|
| 86% | Showed improvement in their overall mental wellbeing | **85%** |

### Eating disorders

| 2024-25 | | 2025-26 |
|---|---|---|
| 78% | Showed improvement in their overall mental wellbeing | **77%** |

### Addiction

| 2024-25 | | 2025-26 |
|---|---|---|
| 90% | Showed improvement in their overall mental wellbeing | **90%** |

Data is only used where we have paired outcome scores.

## Patient stories

# Anthony steps down to acute care at Woodbourne

**Anthony* is diagnosed with unspecified nonorganic psychosis and had experienced trauma in the community which lead to him feeling suicidal and becoming aggressive towards his family. His mental health deteriorated when he started to misuse alcohol and drugs.**

He was first admitted into a hospital when he started to hear voices. After a period of stabilisation on a psychiatric intensive care ward, Anthony was stepped-down into our acute ward. His family were involved throughout the transition, and have continued to attend his multidisciplinary ward rounds ever since. His family have become strong advocates for the care we provide on our ward.

Initially, Anthony struggled with low moods and alcohol intake. We supported him to attend AA meetings to support with this but he was still experiencing low moods, thoughts to end his own life, hallucinations and aggression. He also needed prompting by staff to self-care.

The team got a bespoke plan in place for Anthony which involved four key areas:

- Keeping safe
- Keeping healthy
- Keeping connected
- Keeping well

The care plans also explain any risks which the patient is presenting with and how the team on the ward can mitigate this risk in order to support him.

### Involvement in care

Anthony also has access to the advocacy services on the ward and his community team is involved in all aspects of his journey. We provide psychoeducation regarding his diagnosis, and education regarding substance misuse and alcohol intake and how this can negatively impact his mental health.

He has a nominated named nurse and key worker who complete weekly one-to-one sessions with Anthony, where he can discuss any concerns that he may have on the ward and any support which he feels he may need. Our team also assessed his medication, and Anthony was prescribed medications both for his physical and mental health, which has supported him to return back to his normal self. Anthony is now able to attend to his activities of daily living without the need for prompts by members of the team.

Anthony has started to utilise unescorted leave from the ward and is able to budget and manage his money by himself. He enjoys going to the cinema with his family, fashion, and buying nice clothes. He has not had an incident of violence or aggression since being admitted to the acute service line and is now calm and engaging with staff members on the ward.

### A happier future

Anthony's family have noted how much more open and stabilised he now is and his community teams have noted how much better he navigates his local area. Anthony would like to attend college and do a teaching assistant course when he becomes more and more confident.

> "The staff help me to realise that recovery is possible".

*Name and image changed to protect identity

# Learning, improving and preventing harm

The Healthcare division operates within a comprehensive learning lessons framework aligned to the patient safety strategy, ensuring that all sources of insight and improvement are systematically captured, reviewed and applied.

In relation to patient safety incidents (PSIs), a rapid review process is consistently undertaken following each patient safety incident. Where immediate safety or quality concerns are identified, alerts are disseminated to all sites across the division. During 2025 and into 2026, 40+ patient safety learnings and/or alerts were shared across Priory services. This sharing and communication ensures that urgent actions, learning and alerts can be implemented quickly, reducing risk and strengthening patient safety. Learning of broader relevance is also shared across other divisions where appropriate, supporting organisation-wide improvement.

PSIs are closely monitored through a weekly PSI meeting, chaired by Colin Quick, Priory's Chief Quality Officer, which provides oversight of incidents and ensures timely progress against required actions. These forums support the effective sharing and implementation of learning. This approach is further strengthened through a monthly PSI review meeting, which provides a formal sign off process for investigations, and supports local hospital teams to deliver robust and meaningful learning outcomes.

In addition, the mortality review committee provides oversight of all investigations and inquest processes, ensuring identification of any emerging themes and trends. This enables appropriate action to be taken, promotes consistency and transparency, and supports continuous improvement. Emerging themes and trends from PSIs and other sources are also synthesised and shared through regular chief quality officer briefings – promoting a culture of learning and continuous improvement across the division.

## Complaints

Priory's approach to complaints management throughout 2025 and 2026 has continued to emphasise openness, accessibility and learning, recognising complaints not simply as expressions of dissatisfaction but as valuable opportunities to improve the experiences and outcomes of the people who use our services. Priory defines a complaint as any expression of dissatisfaction regarding care, treatment, services or decisions that requires a response, and all colleagues share responsibility for ensuring people feel confident to raise concerns and they feedback results as a meaningful action for improvement.

During 2025 and into 2026, significant work has been undertaken to strengthen governance, improve oversight and create greater consistency across complaint handling arrangements. A key focus has been ensuring complaints data moves beyond operational reporting to become a richer source of organisational learning. Early analysis highlighted that complaint categorisation often clustered around broad themes such as 'care' and 'quality of care', limiting deeper insight and trend identification. As a result, work commenced to improve digital reporting and develop stronger governance arrangements to support learning at local and organisational levels.

Several important initiatives were implemented during 2025. A new 'complaints and concerns' hub was launched across all divisions, creating a regular forum for shared learning, discussion of emerging themes, and identification of priorities for training, guidance and system improvements. New regional governance reporting arrangements were also introduced within Healthcare to support stronger oversight and dissemination of learning. Alongside this, Mental Health Act complaints oversight transferred into a more centralised model to support greater consistency and strengthen support to sites and external bodies.

Recognising the importance of lived experience, Priory also commenced work with lived experience partners through the culture of care programme, to review accessibility of complaints processes, particularly for people following discharge from services. Improvements to signposting, accessibility and user experience have formed part of this work.

The year has also seen continued focus on complaint timeliness and oversight. Monitoring of overdue complaints through regional governance structures, and regular reporting, has enabled increased scrutiny and escalation where required. Although activity fluctuated across the year, review of trends found no significant emerging organisational risks, reinforcing that Priory's approach remains focused on listening, learning and continuously improving services through the voices of patients, carers and families.

| | Healthcare stage 2 complaints total | Adult Care stage 2 complaints total | Priory complaints by 1,000 bed days |
|---|---|---|---|
| **2024/25** | 29 | 0 | **0.43 (both divisions)** |
| **2025/26** | 40 | 0 | **0.37 (both divisions)** |

# Improving safety through learning and investigation

**Priory remains aligned with the NHS England patient safety incident response framework (PSIRF). Adopting a systems-based approach to investigations has led to an improvement in the quality and consistency of investigation reports.**

Priory has a dedicated senior investigations officer who leads on more complex investigations and thematic reviews. In addition, there are over 50 PSIRF-trained investigators across the Healthcare division who contribute their expertise to investigations or lead them independently. Many of these are senior clinicians, bringing significant experience and leadership to the process.

In 2025, a total of 22 patient safety incident (PSI) investigations were commissioned, 20 relating to deaths and two relating to serious harm incidents. Two thematic reviews were undertaken, one considering deaths close to planned discharge and one reviewing deaths of private patients that occurred pre-admission or after their first contact with our services. A further 12 PSI investigations have since been commissioned during quarter one of 2026.

Action plans resulting from investigations are subject to robust scrutiny through established review panels, providing clear oversight and assurance. These panels ensure that all required improvements are fully implemented, embedded in practice, and supported by clear evidence in a well-presented action plan prior to formal sign off.

Learning with wider organisational relevance is shared through multiple channels, to include safety bulletins, patient safety forum meetings and quality briefing calls. Such learning is also discussed in regional and site level governance meetings. This structured approach supports the consistent dissemination and application of learning across Priory.

Examples of learning that have been taken from this process include strengthening our process of liaison with community teams ahead of a planned discharge, enhancing our on-site medical emergency scenario training and developing a new digital observation and leave management system.

Priory also undertakes joint investigations with the NHS where this is clinically and operationally appropriate. This collaborative approach enables oversight of the entire patient journey, enhances the system-wide learning from investigations, and supports the development of cross-organisational recommendations, strengthening shared learning and improving patient safety.

# Patient and carer race equality framework

In April 2025, we launched the patient and carer race equality framework (PCREF) taskforce at Priory.

PCREF is an NHS England anti-racist initiative designed to improve mental health outcomes and experiences for people from ethnically diverse communities. At Priory, we care for and support more than 24,000 patients and residents each year. We recognise that people access mental health services at some of the most vulnerable times in their lives, and it is essential that no individual experiences additional barriers, inequalities, or poorer outcomes because of their race or ethnic background.

Our commitment to PCREF is a natural extension of our wider goal within the Priory plan, established in 2021, to embed a culture of openness, inclusion, and trust where people feel they belong.

Our multidisciplinary PCREF taskforce brings together colleagues across operations, our clinical teams, co-production and central functions so that equality, inclusion and culturally-informed care are embedded throughout our services.

Over the past year we have established the foundations and governance structures to implement the framework and have made the following progress:

- **Leadership and governance –** we established a PCREF taskforce which meets monthly to oversee clinical governance and accountability, supported by executive sponsorship from our CEO, and independent oversight from one of our non-executive directors
- **Using data to drive change –** we have reviewed organisational and regional data specifically focused on reducing restrictive interventions (RRIT), and rapid tranquillisation and seclusion, by ethnicity. These datasets are now being refined into a bi-annual reporting format for hospital directors to guide local action
- **Transparency and engagement –** we launched a dedicated PCREF webpage and logo to share our commitments externally. Internally, PCREF is now a standard agenda item in clinical governance meetings across our Healthcare division sites
- **Workforce education –** we developed a specialist training module which was launched in March 2026. As of 24 April 2026, 78% of colleagues (5,130 individuals) have already completed the course
- **Listening to lived experience –** we are currently piloting 'listening circles' at Priory Hospital Cheadle Royal. These sessions, co-designed with lived experience partners and managed through our Logit patient platform, ensure that patient feedback will be recorded and acted upon systematically

## Regulatory context and assurance

Following the introduction of the CQC's mandatory inspection framework in November 2025, PCREF has become a central part of our regulatory evaluations. Mental Health Act (MHA) monitoring reports from across our regions show that the regulator is now actively reviewing our PCREF implementation, offering external assurance that the framework is becoming effectively embedded in our services.

## Next steps

As we move into our second year, we will focus on several key areas:

- **Establishing listening circles –** taking the lessons learned from our pilot to launch listening circles across the entire division
- **Improving reporting further –** developing a PCREF dashboard with 12-month rolling data, to better identify and analyse trends
- **Focus on carers –** ensuring the framework is fully inclusive from a carer's perspective
- **Integrating improvement -** evaluating how PCREF objectives can be integrated with existing quality improvement (QI) projects to address identified care disparities

We remain dedicated to our goal of becoming an actively anti-racist organisation where every patient and carer receives equitable and high-quality care.

## Patient stories

# Holbrook ward at Bristol has totally changed my life

**I thought that I would write to say a huge 'thank you' to all the staff for the care I was given while on a 28 day stay to address my alcoholism.**

### A former patient's letter of gratitude

On arrival, I felt warmly welcomed by the ward staff and they genuinely reduced the natural anxiety I was feeling. They helped me to settle in very well and nothing was too much trouble. After a couple of days, I felt completely at home.

With regard to the therapy sessions, I found them very interesting and helpful, though mentally tiring! The therapists, without exception, were very skilled and their ability to manage a number of differing personalities, and different backgrounds/stories, was good to see – they kept the sessions flowing and were well able to guide us back to the topic. I felt that I needed a robust level of therapy with challenge – I was given what I felt I needed.

Every session helped me understand so much more about myself and what got me to the point of realising that I needed help. The delivery was right for me and I found it easy to understand and apply to my situation. When we de-briefed back on the ward, it was obvious that the others felt the same.

On a general note, every member of staff I came across were friendly and professional, from reception, chefs/servers and maintenance crew – they all played a part in making me/us feel welcome and at home.

I am now home and have been doing very well. I am not being complacent in any way about the future and fully realise that I have to take it day-by-day for the rest of my life.

I am so much happier; I am sleeping and eating very well and have started yoga, art classes and have picked up reading again. My self-care has risen and I now spend time every morning getting myself looking as good as possible at the start of every day. Energy levels are fantastic and I am sorting through 'stuff' in my home that has been neglected over the last few years. It gives me genuine happiness to see the organisation I have achieved. I feel back in control!

I know, beyond doubt, that coming to the Priory has been the best decision I have made. My self-esteem and self-worth have increased, as has my confidence. The experience has totally changed my life and how I feel about it. I'm enjoying my days now, apart from the fact that they are too short.

Thank you for your help and support – very much appreciated!

With warm regards....

## Research, innovation and clinical development

During 2025 and into 2026, Priory Healthcare participated in the following audits:

| Audit type | Quality domain | Purpose | 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) | The ligature point audit was transitioned to our digital assurance system, Logit, during 2025. This change was positively received across sites and has enhanced our ability to identify and monitor high-risk areas, as well as to oversee environmental works required to mitigate ligature risks within our hospitals. In 2026, we will further develop our use of this data to inform clinical practice, prioritise risk reduction, and support continuous improvements in patient safety |
| **Safeguarding audit** | Safety and clinical effectiveness | To ensure compliance against national standards and safeguarding policies | Top three areas of good practice:<br>• Staff awareness of safeguarding leadership<br>• Whistleblowing and speaking up<br>• Staff confidence in escalating concerns |
| **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, AWOLs from leave, and the Mental Capacity Act | Top three areas for improvement:<br>• Ensuring that, where appropriate, nearest relatives are provided with written information outlining the patient's rights under the Mental Health Act<br>• Improving compliance with the inclusion of an approved mental health professional (AMHP) report care records<br>• Strengthening adherence to processes to ensure team ward checklists are completed for all detained patients |
| **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 | Top three areas of good practice:<br>• 99% of patients had all 4 care plans (or ABI/community equivalents) completed<br>• 99% of patients had their care plans reviewed within the required service line timeframe<br>• Where applicable, 97% of patients had risk assessments updated post-incident |

Ongoing work has focused on strengthening research, innovation, and clinical development across multiple areas. This includes continued external collaborations, such as the national ACER study, which evaluates the clinical and cost-effectiveness of inpatient mental health rehabilitation services. The data collection part of this is now complete and it is moving into the analysis and write-up phase. In parallel, the UK Board has engaged in research on responsible leadership with the Alliance Manchester Business School.

Clinical networks have also progressed the ward acuity tool, which following the establishment of its validity and reliability last year, is now in an operational testing phase to assess its effectiveness in identifying and reducing ward acuity. Additionally, Priory as part of MEDIAN Group, has partnered with company PeakProfiling to evaluate AI technology that analyses vocal patterns to aid in the detection and diagnosis of mental health conditions. This initiative has secured NHS ethical approval and and study is now underway at Priory with the aim of gathering and validating 3,000 patient voice samples.

Alongside these developments, ongoing support continues for training-linked research, including smaller-scale projects led by clinical staff, as part of their professional development and academic progression.

# Strengthening data quality and information governance

**Over the past year, Priory has strengthened its data security approach in line with its responsibility for handling sensitive patient data on behalf of the NHS, with a clear shift from compliance to a more risk-based model.**

We have continued to meet the NHS data security and protection toolkit requirements, which helps ensure strong and consistent controls and clear accountability.

On top of this, we have started to align with the national cyber security centre (NCSC) cloud assurance framework, as part of the updated toolkit. This is to better manage the increasing use of cloud services and to improve how we assess and trust our suppliers.

The appointment of a Group Chief Information Security Officer (CISO) has strengthened leadership, with a developing security risk strategy focused on technology security, third-party risk management, and operational resilience.

Over the next 12 months, priorities include further alignment with NCSC guidance, maturing risk management, enhancing monitoring and incident response, and strengthening third-party assurance, supporting a more pro-active and resilient security posture.

# Clinical coding

Priory Healthcare was not subject to the audit commission's payment by results clinical coding audit during 2025-26.

# Quality through regulation and assurance

Priory's Healthcare division operates across England, Scotland and Wales, and is therefore required to work under the standards set out by regulators within those jurisdictions.

## Care Quality Commission (CQC)

During the period, the CQC carried out 69 inspections through site visits. 45 were Mental Health Act (MHA) visits.

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 2026, the ratings for services operational with the CQC were as follows:

| Site | Overall rating | Safe | Effective | Caring | Responsive | Well-led | Inspection date |
|---|---|---|---|---|---|---|---|
| Lichfield Road | G | G | G | G | G | RI | 29/07/2025 |
| Althea Park | G | G | G | G | O | G | 10/07/2019 |
| Altrincham | RI | RI | G | G | RI | RI | 20/05/2025 |
| Avesbury House | G | G | G | G | G | G | 30/11/2021 |
| Barnt Green | G | G | G | G | G | G | 27/05/2025 |
| Beverley House | G | G | G | G | G | G | 29/07/2024 |
| Birmingham WBC | 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 |
| Canterbury WBC | G | RI | G | G | G | G | 18/06/2018 |
| Cheadle Royal | RI | RI | G | G | RI | RI | 09/12/2024 |
| Chelmsford | G | G | G | G | G | G | 04/09/2025 |
| Chiltern Park House | G | G | G | O | G | G | 14/10/2021 |
| Dewsbury | G | G | G | G | G | G | 04/02/2025 |
| Eden House | G | G | G | G | G | G | 10/12/2019 |
| Elm Park | RI | RI | RI | G | RI | RI | 08/08/2022 |
| Harley Street WBC | RI | RI | G | G | G | RI | 23/09/2025 |
| Hayes Grove | G | G | G | G | G | G | 13/01/2026 |
| Hazelwood House | G | G | G | G | G | G | 16/09/2025 |
| Hemel Hempstead | G | G | G | G | G | G | 18/06/2025 |
| Kemple View | G | RI | G | G | G | G | 25/03/2025 |
| Kneesworth House | G | G | G | G | G | G | 12/08/2025 |
| Lakeside View | G | G | G | G | G | G | 01/10/2024 |
| Life Works House | G | G | G | G | G | G | 26/09/2018 |
| The Lighthouse | NR | NR | NR | NR | NR | NR | NI |
| Lombard House | G | RI | G | G | G | G | 04/11/2025 |
| Manchester WBC | G | RI | G | G | G | G | 26/07/2022 |
| Market Weighton | G | G | G | G | G | RI | 01/04/2025 |
| Middleton St George | G | RI | G | G | G | G | 13/01/2026 |
| Mildmay Oaks | G | G | G | G | G | G | 29/01/2020 |
| Mill Garth | G | G | RI | G | G | G | 28/07/2021 |
| Nelson House | G | G | G | G | G | G | 30/09/2025 |
| Newcombe Lodge | G | G | G | G | G | G | 25/03/2025 |
| North London | RI | RI | G | G | G | RI | 08/03/2023 |
| Preston | G | G | G | G | G | G | 28/06/2022 |
| Arnold | G | G | G | G | G | G | 13/05/2024 |
| Burgess Hill | G | G | G | G | G | G | 10/08/2021 |
| East Midlands | G | G | G | G | G | G | 14/05/2024 |
| Enfield | G | G | G | G | G | RI | 15/09/2025 |
| Newbury | O | O | O | O | G | G | 09/11/2023 |
| Norwich | G | G | G | G | G | G | 06/06/2024 |
| Solihull | O | G | G | G | O | O | 14/01/2026 |
| Lincolnshire | G | G | G | G | G | G | 11/11/2025 |
| Richmond House | G | G | G | G | G | G | 03/11/2025 |
| Roehampton | G | RI | G | G | G | G | 26/03/2024 |
| Southampton | G | G | G | G | G | G | 18/04/2023 |
| Southampton WBC | 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 | 12/03/2025 |
| 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 | G | G | G | RI | G | G | 28/10/2025 |

Key:

IN = inadequate
RI = requires improvement
G = good
O = outstanding
NI = not inspected
NR = not rated

WBC = clinic

**When an overall rating falls below 'Good', the site follows a detailed improvement plan, closely monitored by operational and central teams. If a site is rated 'Inadequate' by the CQC, it receives enhanced support to speed up and embed the required improvements.**

## Healthcare Improvement Scotland (HIS)

Priory Healthcare has two registered hospitals, and additional satellite services in Scotland. During the reporting period between 1 April 2025 and 31 March 2026, Ayr Clinic was inspected and rated as 'Exceptional'. They also had a mental welfare commission inspection, which is unrated. Priory Hospital Glasgow is currently rated as 'Exceptional'.

## Healthcare Inspectorate Wales (HIW)

There are three services registered with HIW. There were two compliant inspections between 1 April 2025 and 31 March 2026 – Priory Hospital Cardiff and Ty Cwm Rhondda. All services were compliant at 31 March 2026.

## 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. There were no inspections between 1 April 2025 and 31 March 2026. Chelmsford Hospital School and Roehampton Hospital School are currently rated as 'Outstanding', and North West Hospital School is rated as 'Good'.

Newcombe Lodge and The Lighthouse are dual registered with both the CQC and Ofsted. They were both inspected between 1 April 2025 and 31 March 2026 and were both rated 'Good'.

# Adult Care divisional report

## Resident stories

# Priory Ogilvie supports Chrissie with physical and mental wellbeing

**Chrissie is diagnosed with a number of conditions including binge eating disorder and is also on the autism spectrum. Before coming to Ogilvie, she was in a supported living placement where she was left to her own devices and therefore gained a significant amount of weight.**

Chrissie transferred to Ogilvie with the support of her mum, our deputy manager, and her social worker, who were all involved in the transition. Her mum stayed with Chrissie for the whole day to ensure she settled in, and they were both introduced to the house staff team, who spent some time with Chrissie to help her familiarise her to the new home.

Our new resident was very quiet and dismissive when she first arrived, due to the fear of the unknown, and new surroundings that were out of her routine. She would often refuse to carry out any form of exercise and soon started to have psychogenic non-epileptic seizures whenever she was due to do exercise, or anything else she was not keen on doing. We soon realised that the seizures she was presenting with were avoidance behaviour.

Chrissie needed full support with personal care including undressing, washing, drying, re-dressing, fetching items for personal care, oral care and hair washing and drying. Chrissie was initially unable to complete her laundry or clean her bedroom. She also needed support with her finances, medication, and preparing meals.

### Dedicated team input

Eventually, with the help of physiotherapy, soft introduction to light walking exercises, and support from a dietician with a low calorie diet, Chrissie began to lose weight, and since being with us, she has now lost nearly 100kg. This has enabled Chrissie to move around easier, albeit still using her walking frame most of the time.

Chrissie can now do her own washing and is able to brush her teeth twice a day with staff prompts. Chrissie also helps staff to make her own bed and clean her room. We recently went on holiday and Chrissie was able to walk around the caravan without her walker and made a coffee for the very first time, with staff support.

On the whole, Chrissie is much more confident in herself and is much happier. She continues to work hard at losing weight and expresses a wish to stay as a resident at Ogilvie as she feels that without the support, she will go back to her old way of life. Chrissie's goals are to spend a weekend with her parents at her family home, visit Harry Potter World, and to get a new tattoo with her sister, once her skin integrity is better and sustained.

Chrissie's mum is always thankful for the care her daughter receives from the staff at Ogilvie and is always impressed with how far Chrissie has come and how much confidence she now has. Her mum stated that she can "see the old Chrissie coming back", which is a compliment to the staff at Ogilvie Court.

*Image changed to protect identity

# Putting resident experience at the centre of care

At Priory Adult Care, delivering a positive, person-centred experience is at the core of everything we do. Our positive culture pledge is our commitment to not only 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 2025, our survey results showed high levels of satisfaction across key areas. Notably:

+ **89%** of individuals felt they are supported to live their life the way they want to
+ **88%** of individuals said they are supported to eat good food of their choice
+ **92%** felt that their privacy was respected
+ **91%** reported being happy with the staff who support them and feel they are caring supportive, and listen
+ **93%** said they choose what they would like to do
+ **77%** 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 2024/25 and 2025/26.

| Questions: | 2022 | 2023 (1) | 2023(2) | 2024 | 2025 |
|---|---|---|---|---|---|
| If a friend or family member needed similar care and support I would recommend this service | 91% | 87% | 90% | 90% | 86% |
| I am supported to live my life the way I want to | 86% | 83% | 85% | 85% | 89% |
| I like where I live and who I live with | 83% | 83% | 81% | 84% | 88% |
| Staff are caring, supportive and listen to me | 91% | 91% | 85% | 89% | 91% |
| I feel safe with staff | 93% | 90% | 87% | 88% | 95% |
| I feel safe around the other people I live with | 78% | 78% | 73% | 75% | 85% |
| My privacy is respected | - | - | - | - | 92% |
| I helped complete my support plan | 80% | 78% | 67% | 70% | 77% |
| I choose what I like to do | 88% | 88% | 87% | 89% | 93% |
| Staff help me to stay in touch with people I care about | 93% | 91% | 87% | 88% | 92% |
| I am supported to choose how I am part of the community | 87% | 86% | 84% | 88% | 88% |
| I like the food and I am happy with the variety available | 90% | 89% | 85% | 88% | 88% |
| My home is clean and tidy | - | - | - | - | 94% |
| If I feel unsafe or unhappy I know who to talk to | 91% | 91% | 89% | 91% | 93% |
| I am confident that staff would do something if I told them I was upset or worried about anything | - | - | - | - | 93% |
| I have someone, outside the home, who speaks up for me if I need it | 87% | 85% | 84% | 84% | 87% |

Question wording based on the 2025 survey

| | | | | | |
|---|---|---|---|---|---|
| Completed the survey | 809 | 817 | 825 | 678 | 834 |
| Lacked capacity to complete the survey | 534 | 387 | 567 | 391 | 402 |
| Refused to complete the survey | 184 | 127 | 142 | 126 | 148 |
| Total number of respondents | 1,527 | 1,331 | 1,534 | 1,195 | 1,384 |

A dash (–) in the results indicate that no answer (or equivalent answer) was provided for that particular question

## Seamless support and community inclusion

We ensure individuals can access primary and community health services seamlessly by linking them to GPs, co-ordinating appointments, and supporting access to community activities. Our focus is on integration so people remain active members of their communities, not isolated from them.

We support meaningful engagement through volunteering, education, leisure and faith-based activities, promoting wellbeing, independence and quality of life. Within Priory, we work to ensure we have connected services, and have established lived experience and Our Voice forums to strengthen community and give people a clear role in shaping and improving care.

## Co-ordinated, multidisciplinary care

Our care model is built on strong multidisciplinary teamwork. Services work in partnership with health and social care professionals to deliver holistic support. Teams may include nurses, psychologists, occupational therapists, speech and language therapists, GPs and other specialists. This collaborative approach ensures consistent, safe and clinically informed care.

## Safety, specialist care and innovation

Safety remains a core priority. Through incident reviews, safety bulletins and risk management processes, we reduce harm and promote learning. We respond pro-actively to risks such as behaviours of concern, choking, and falls, through evidence-based, person-centred planning.

Many services support individuals with complex needs, including mental health conditions, dementia, autism and end-of-life care. Support is always tailored to the individual, not defined by diagnosis.

Innovation is central to improving quality. We continue to develop best practice in assistive technology, including communication aids, smart safety systems and digital tools that enhance independence, accessibility and engagement.

## Listening and learning from feedback

We actively capture feedback from patients, residents families and colleagues through surveys, Our Voice meetings and family forums. This ongoing dialogue drives improvement and has contributed to rising satisfaction levels.

In 2025, Priory appointed an Adult Care lived experience partner and launched its lived experience framework. This ensures people's voices shape services and policy, supporting more inclusive, effective and integrated care. We are committed to co-production, enabling individuals to work as equal partners in how services are designed, delivered and commissioned.

We also celebrate success, sharing stories of progress such as increased independence, reconnection with loved ones and returning to education, reinforcing a culture of hope and growth.

## Governance and assurance

Our governance framework ensures consistency, safety and accountability. Regular audits, inspections, safeguarding reviews and internal monitoring maintain high standards, while clear escalation and improvement processes drive continuous learning.

We promote a culture of openness, ensuring individuals know how to raise concerns. In 2025, 93% of those surveyed said they knew who to speak to if they had a concern. 93% also said that they were are confident that staff would do something if they were to tell them they were upset or worried about anything, reflecting strong safeguarding awareness.

Our Voice meetings, the lived experience framework, and peer-led initiatives, demonstrated our commitment to co-production with active participation, with patients and residents helping to design processes and tools based on their own lived experience and be part of peer-led reviews and service engagement work.

## Conclusion

The experience of the people we support is our most important measure of success. Through a continued focus on outcomes, safety, engagement and co-production, Priory Adult Care remains committed to learning, improving and placing people's voices, choices and aspirations at the heart of everything we do.

Priory

# Our positive culture pledge

- Value service users/residents and see them as individuals
- Build supportive relationships for colleagues and service users
- Provide compassionate care with dignity
- Have environments where enjoyment and laughter can be heard
- Respect one another
- Support service users and colleagues to reach their goals
- Promote wellbeing and healthy lifestyles for service users and colleagues
- Respond to ideas for improvement
- Have pride in our homes
- Positive safeguarding and learning cultures, where there is openness, honesty and transparency. Colleagues are encouraged to raise concerns, which are investigated and improvements made, where needed
- To be a learning division where we have a culture of continuous quality improvement to be better at what we do
- Behaviour and performance inconsistent with our vision and values is identified and dealt with swiftly, regardless of seniority
- Promote principles of equality and diversity

## Our high quality care

### What we would want for our families

**COMMITMENT**

The state or quality of being dedicated to a cause – a pledge

**SAFER RECRUITMENT**

You have been chosen for this trusted task

**COMPASSION**

Not only seeing someone's situation/need and feeling for them, it is being stirred inside to act and bring about a positive change

**PERSON-CENTRED**

Valuing the individual and knowing how to care for them in the best way as a person, including their personal preferences

**KINDNESS**

The quality of being friendly, generous and considerate

**RESPECT**

Due regard for the feelings, wishes and rights of others

**DIGNITY**

The quality of being worthy of honour and respect

**GENTLENESS**

Softness of action or effect

**PATIENCE**

The capacity to accept or tolerate issues without becoming annoyed or anxious; keeping your temper

## Resident stories

# Stephen's journey at Hill House

**Read how Stephen moved from high levels of support and limited access to the community, to greater independence and inclusion through consistent, multidisciplinary care at Priory Hill House.**

Stephen, an individual with a learning disability, rapid cycling bipolar disorder, and who is on the autism spectrum, has made meaningful progress through a structured and collaborative approach at Priory Hill House. With a focus on medication review, communication support, and gradual exposure to community activities, he has reduced behaviours that challenge and increased his independence.

## Background

Stephen is an individual with a learning disability, rapid cycling bipolar disorder, and who is on the autism spectrum. There is limited information about his early life, and it is clear that he requires long-term, consistent support.

## Presentation and early challenges

Stephen has a long history of behaviours that challenge, which at times required high levels of support, including 3:1 staffing in the community. These behaviours included grabbing staff, biting his arms, and displaying intimidating behaviours towards others.

As a result, he required 2:1 support for community activities for many years, which significantly limited his access to everyday experiences such as restaurants, cinemas, and social events.

## A focused and collaborative approach

A key development in Stephen's care has been the review and management of his medication. With input from neurology, the team introduced a careful programme of reduction and monitoring, resulting in improved mood and overall presentation.

Alongside this, structured support plans were developed to gradually increase his independence. This work was delivered in collaboration with the speech and language therapy team, supporting communication and identifying meaningful activities.

- **Medication review and reduction with specialist input**
- **Structured, phased support plans to build independence**
- **Speech and language therapy input to support communication**
- **Focus on meaningful and engaging activities**
- **Consistent, multidisciplinary team approach**

## Building independence

Through a consistent and phased approach, Stephen has made clear progress in his independence. He is now able to access the community with reduced support, enabling him to engage in a wider range of experiences.

- **Regular access to the community for walks**
- **Participation in activities with reduced staffing support**
- **Engagement in new experiences such as the theatre, cinema, and restaurants**

## Daily life and interests

Stephen prefers physical, engaging activities, particularly spending time outdoors walking or in the garden. He also participates in household tasks where appropriate, supporting his routine and sense of involvement.

While he does not typically engage in structured indoor activities, increased access to the community has enabled him to take part in experiences aligned with his preferences.

## Positive outcomes

Stephen's progress has been recognised by both staff and professionals involved in his care:

- **Reduced reliance on higher staffing levels**
- **Increased access to community-based activities**
- **Improved mood and stability following medication review**
- **Reduced need for PRN medication**
- **Greater inclusion in social opportunities**

One team member reflected: "It has been so great to see Stephen involved with everyone else and that he doesn't miss out any more."

## Looking ahead

The focus remains on continuing to build on this progress by identifying further opportunities that align with Stephen's interests and expanding his independence within the community.

## A meaningful shift

Stephen's journey highlights the impact of a consistent, collaborative approach. Through structured support and personalised care, he has moved from high levels of restriction to greater independence and inclusion in everyday life.

# Strengthening safety across Adult Care services

At Priory, resident safety remains at the heart of everything we do. Over the past year in our Adult Care division, we have built on the progress made previously to further strengthen our safety protocols and elevate our standards. This ensures our environments continue to support and uphold each person's dignity, wellbeing, and unique identity.

Our strategy for creating secure environments has been both comprehensive and forward-thinking. The ongoing upgrade of entry systems across services has included the introduction of key cards, PIN access, and enhanced visitor management processes to strengthen security. A robust security framework has also been embedded within new services and acquisitions. Fire safety remains a key priority, supported by strict compliance with procedures such as regular drills, alarm testing, and maintaining clear, unobstructed emergency exits. In addition, we continue to advance the use of innovative technologies that support timely responses to medical needs.

The foundation of resident safety lies in the expertise, skills, and knowledge of our staff. All team members receive regular, comprehensive training in emergency response, including emergency first aid at work and basic life support. This year, particular emphasis has been placed on strengthening staff capability in identifying medical conditions and ensuring appropriate support for individuals with specific health needs.

collaboratively with commissioners to review and increase provision, ensuring individuals receive the level of support required to achieve positive outcomes.

Risk management practices have been reviewed throughout the year. Each service maintains a programme of regular, robust risk assessments at both organisational and individual levels to identify hazards and implement effective preventative controls. Medication management continues to be closely monitored to ensure adherence to established systems and processes, with any identified issues addressed through appropriate governance arrangements. This helps minimise medication errors and ensures safe administration in line with prescribed instructions. In collaboration with positive behaviour support specialists, targeted work has also been undertaken to reduce behavioural incidents and strengthen preventative strategies.

A series of thematic reviews have been completed in response to recurring incidents. These reviews have helped identify key themes and emerging trends, and have informed recommendations and actions designed to reduce the risk of future incidents. One such review focused on preventable choking incidents, with key learnings shared across the division, contributing to a reduction in incidents.

High standards of hygiene and infection control remain central to maintaining safe and supportive communal living environments. Robust protocols continue to be in place to reduce the spread of infection and protect the wellbeing of vulnerable residents.

Compliance with national regulations is a core principle of our practice, and we welcome external inspections as a means of verifying that our services meet required safety standards. In recent years, however, some services have not been inspected externally to the same extent as previously. In response, we have strengthened our internal assurance processes, including regular peer reviews, audits and self-assessments, to maintain and assure ourselves of high standards of care.

We are firmly committed to protecting residents' rights, ensuring that everyone in our care is treated safely and has an active role in safety-related initiatives. Clear and accessible channels are in place for residents and their families/loved ones to raise concerns and provide feedback.

We recognise both the strengths and vulnerabilities of our residents and continue to place strong emphasis on the risks associated with communal living, including increased exposure to illness and accidents. Clear and consistent communication remains central to maintaining safety, supported by daily flash meetings, handovers, safety and care huddles, and governance meetings that ensure critical information is shared and acted upon promptly.

This year, the division introduced quality improvement coaches to further strengthen its approach to safety and service improvement. These coaches work alongside services with identified risks, supporting them to develop and implement structured improvement programmes using evidence-based methods and standards.

Overall, this year's work has further strengthened a culture in which safety is not treated as a standalone task, but as a continuous, shared responsibility. By investing in technology, training, communication, and person-centred practice, we remain firmly committed to delivering the safest possible environment for every resident we support.

## Resident stories

# Theo's journey to emotional wellbeing

**A personalised shed sanctuary helps Theo manage anxiety, grow independence and feel at home.**

When Theo* arrived at Priory Laburnum House, he needed a sensory-friendly space to help manage his anxiety and stress. Working closely with his parents, the team created a personalised retreat that became a turning point in his journey towards greater independence and emotional resilience. Discover how a simple idea made such a powerful difference.

When Theo* first arrived at Priory Laburnum House, he was dealing with significant anxiety and stress, along with a need for a sensory-friendly environment to help manage overwhelming emotions. At the time, a tent in the garden served as a personal retreat, offering a place to escape when things became too much. However, it quickly became clear that this temporary solution wasn't enough. A more permanent and comfortable setup was needed to truly support his emotional wellbeing.

In collaboration with Theo's parents, the team at Laburnum began creating a space that would belong entirely to him. After thoughtful discussion, his parents purchased a shed for the back garden, creating an area dedicated solely to Theo. The team worked closely with him to design and personalise it, making sure it met his emotional needs and gave him a sense of control and ownership.

The result was a hideaway - a space that truly reflects who Theo is. The shed was painted light blue, his favourite colour, with a personalised house name proudly displayed above the door. Inside, it's warm and inviting, with a fold-up sofa, soft lighting, wooden-effect flooring, shelving, magazine racks, coat hooks and a personal portrait. It's a familiar, calming environment where he can relax and self-regulate during times of stress.

This personalised approach to care has made a significant difference. Having a dedicated safe space has not only helped Theo manage anxiety, but also supported his growing independence. He played an active role in decorating and organising the shed, allowing him to express his preferences and take ownership of his environment.

Since moving to Laburnum, his progress has been clear. Emotional regulation has improved, and he is better equipped to manage stress and anxiety. Both his parents and the staff have noticed a positive shift in mood and behaviour. He is thriving in his new surroundings.

Looking ahead, Theo's goal is to continue building independence and emotional resilience. The success of the hideaway marks the beginning of that journey, and the team at Laburnum is committed to supporting him every step of the way.

The creation of this personal space stands as a testament to the power of individualised care, collaborative teamwork and the importance of giving people the space they need to truly feel at home.

At Laburnum House, our mission is to empower individuals to reach their full potential and lead fulfilling lives. We provide comprehensive, person-centred support that helps individuals engage in a wide range of activities, participate in household tasks, maintain and nurture relationships with loved ones, and integrate into their local communities. We work collaboratively with multidisciplinary teams, including Speech and Language Therapists (SALT), Physiotherapists, Social Workers, and other health professionals, to create positive and meaningful outcomes tailored to the needs of each individual.

Our approach prioritizes the development of personal skills and the pursuit of individual interests, ensuring that each person is supported in achieving their personal goals. By fostering an environment that encourages growth and independence, we ensure that individuals can take pride in their home and feel secure in knowing they are supported by a proactive and dedicated team.

We also work to ensure individuals have access to the appropriate healthcare pathways, connecting them with necessary services to maintain and improve their health and well-being. Through this holistic, team-based approach, we are committed to delivering the highest quality support and care to those we serve.

*Image changed to protect identity

# Quality through regulation and assurance

Priory's Healthcare division operates across England, Scotland and Wales, and is therefore required to work under the standards set out by regulators within those jurisdictions.

## Care Quality Commission (CQC)

During the period, the CQC carried out 69 inspections through site visits. 45 were Mental Health Act (MHA) visits.

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 2026, the ratings for services operational with the CQC were as follows:

| 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 | G | G | G | G | G | G | 20/01/2026 |
| 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 | 07/07/2025 |
| Birches Grove | G | G | G | G | G | G | 03/06/2019 |
| Bishops Corner | G | G | G | G | G | RI | 11/03/2026 |
| Bishops Gate | G | G | G | G | G | G | 15/12/2022 |
| 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 | 25/02/2026 |
| Blurton Road | G | G | G | G | G | G | 08/11/2023 |
| Bowden Lodge | G | G | G | G | G | O | 28/10/2025 |
| 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 | 14/11/2025 |
| 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 |

Continued...

| Site | Overall rating | Safe | Effective | Caring | Responsive | Well-led | Inspection date |
|---|---|---|---|---|---|---|---|
| Charnwood Lodge | G | G | G | G | G | G | 18/03/2025 |
| 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 |
| 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 | G | O | G | G | G | G | 21/05/2018 |
| 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 | 22/04/2025 |
| Glebe House | G | G | G | G | G | G | 23/11/2023 |
| 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 |
| Highbank | RI | RI | RI | G | RI | RI | 26/01/2022 |
| Highfields | RI | RI | G | G | G | RI | 24/08/2023 |
| Hill House | G | G | G | G | G | G | 27/11/2018 |
| Hillside | G | G | G | G | G | G | 20/11/2025 |
| 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 | G | G | G | G | G | G | 24/11/2025 |
| Lawrence | G | G | G | G | RI | G | 22/09/2025 |
| 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 | 05/03/2026 |
| Manor Field | RI | RI | G | G | G | RI | 10/04/2024 |
| Maple House | G | G | G | G | G | G | 02/06/2025 |
| 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 |

Continued...

| Site | Overall rating | Safe | Effective | Caring | Responsive | Well-led | Inspection date |
|---|---|---|---|---|---|---|---|
| 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 | G | G | G | G | G | G | 03/12/2025 |
| Old Vicarage Bristol | G | G | G | G | G | G | 10/07/2019 |
| Park Street | G | G | G | G | G | G | 24/09/2018 |
| Penfold Lodge | G | G | G | G | RI | G | 01/05/2019 |
| Primrose Villa | G | G | G | G | G | G | 07/07/2022 |
| Radstock | G | G | G | G | G | G | 06/03/2023 |
| 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 | 29/07/2025 |
| 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 | 19/06/2025 |
| PSL North Yorkshire | G | G | G | G | G | G | 26/01/2023 |
| PSL The Shires | NR | NR | NR | NR | NR | NR | NI |
| 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 |
| Ridgecott | 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 Michael's | 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 | 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 | 10/02/2026 |
| 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 | 05/12/2025 |
| 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 |
| Victoria House | G | G | G | G | G | G | 11/07/2023 |

Continued...

| Site | Overall rating | Safe | Effective | Caring | Responsive | Well-led | Inspection date |
|---|---|---|---|---|---|---|---|
| Weir End | RI | RI | G | G | RI | RI | 15/11/2019 |
| Wells Road | G | G | G | G | G | G | 31/01/2018 |
| Westbury Lodge | RI | RI | G | G | G | RI | 23/07/2025 |
| Westfield House | G | G | G | G | G | G | 20/06/2019 |
| Westfield View | G | G | G | G | G | G | 27/06/2019 |
| Westview | 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

When an overall rating falls below 'Good', the site follows a detailed improvement plan, closely monitored by operational and central teams. If a site is rated 'Inadequate' by the CQC, it receives enhanced support to speed up and embed the required improvements.

## Care Inspectorate Scotland (CIS)

Priory Adult Care has six registered care homes in Scotland. During the reporting period between 1 April 2025 and 31 March 2026 all services were inspected. The ratings as at 31 March 2026 were as follows:

| Site | People's wellbeing | Leadership | Staff team | Setting | Care and support planned | Inspection date |
|---|---|---|---|---|---|---|
| Dunvegan-Stenhousemuir | 5-V Good | NI | NI | 4-Good | NI | 03/03/2026 |
| Kirklea | 5-V Good | NI | NI | 4-Good | NI | 05/03/2026 |
| Millburn Homes | 3 - Adequate | 3 - Adequate | 3 - Adequate | NI | NI | 05/08/2025 |
| Newhouse | 4-Good | NI | NI | 4-Good | NI | 29/07/2025 |
| PSL Scotland | 2 – Weak | 2 – Weak | 2 – Weak | NI | 2 – Weak | 03/10/2025 |
| Riddrie House | 5-V Good | 4-Good | 5-V Good | NI | NI | 16/12/2025 |

## Care Inspectorate Wales (CIW)

CIW moved to a new inspection approach in April 2025 and now rate the services. Prior to April 2025 the service would have been noted as being compliant or non-compliant. There are 13 Priory Adult Care services registered with CIW and there were five inspections between 1 April 2025 and 31 March 2026. The ratings as at 31 March 2026 were as follows:

| Site | Wellbeing | Care and support | Environment | Leadership and management | Rating prior | Inspection date |
|---|---|---|---|---|---|---|
| Avalon | Excellent | Excellent | Good | Excellent | | 16/05/2025 |
| Beechley Drive | Excellent | Excellent | Good | Excellent | | 12/06/2025 |
| Brecon Road | | | | | Compliant | 16/10/2024 |
| Brynawel | Good | Good | Good | Good | | 09/10/2024 |
| Caerlan Farm | | | | | Compliant | 20/02/2025 |
| Daffodil House | | | | | NI | NI |

## Regulation and Quality Improvement Authority (RQIA)

There are five services registered with RQIA. There were seven inspections between 1 April 2025 and 31 March 2026. Apple Mews, Bramley Cottage, Loughshore and River House were all compliant as at 31 March 2025.

## Resident stories

# Marly's story

**Marly came from a large family which was described by a sibling as "close-knit and very supportive". Despite this, Marly tended to keep to himself, often staying in his bedroom. Unfortunately he then entered into a relationship with someone who regularly used drugs.**

Following the end of that relationship, Marly's emotional wellbeing declined, and his own drug use intensified. This significantly impacted his self-esteem and confidence.

When Marly first came to Fern Lodge ketamine was his primary substance of use. Marly's heart had stopped on two occasions from use yet he initially did not feel his ketamine use was a problem.

On arrival, the team noted difficulties in communicating effectively due to his ADHD and a lack of understanding in what was socially acceptable, with difficulties reading social cues. He could feel judged in social situations, which led to disengagement.

### Shift in strategy

Colleagues accepted that ketamine was a coping mechanism for Marly and that he would continue to use until he could see a positive future and a way forward. This non-judgemental approach built trust rather than resistance.

After any incident, Marly was expected to participate in a debriefing session, which explored his feelings and emotions prior to use, as well as after, helping him develop self-awareness over time.

He began to identify triggers and coping strategies and gained an understanding of his ADHD, which allowed him to process social situations better and accept insight as helpful rather than critical, removing his anxiety in social situations.

He engaged in trauma work to help process past experiences. Colleagues supported Marly to understand how he as an individual could engage with rehabilitation and depend on reasonable adjustments to reflect his neurodiversity.

Staff focused on Marly's strengths and encouraged participation in life skills such as making his own meals – a powerful step toward independence and self-worth.

By focusing on what Marly could do rather than what he struggled with, staff helped him rebuild confidence from the ground up. Practical activities like cooking became meaningful milestones in his recovery journey.

### Strong relationships

Important to Marly's progress was the commitment of the Fern Lodge team to support him – day after day, without judgment. Reliability, honesty, and consistency were not just values, they were the daily practice that made recovery possible.

"Marly's journey has been a testament to what is possible when a young person is met with genuine compassion and the right support. Watching him grow in confidence and begin to imagine a future for himself has been truly inspiring." – Social worker

Marly now enjoys watching YouTube, playing video games, and has a strong affection for dogs. He is also very close to his friends, some of whom are currently travelling in Thailand, while another is expecting a baby, which Marly is particularly excited about.Our approach prioritizes the development of personal skills and the pursuit of individual interests, ensuring that each person is supported in achieving their personal goals. By fostering an environment that encourages growth and independence, we ensure that individuals can take pride in their home and feel secure in knowing they are supported by a proactive and dedicated team.

We also work to ensure individuals have access to the appropriate healthcare pathways, connecting them with necessary services to maintain and improve their health and well-being. Through this holistic, team-based approach, we are committed to delivering the highest quality support and care to those we serve.

*Image changed to protect identity

# Appendices

## Statement of assurance from our lead commissioner

NHS England is the national lead commissioner for specialised mental health services contracted with Priory, including services provided by Priory Healthcare Limited and Partnerships in Care Limited.

During 2025-26, NHS England commissioners, lead providers and wider system partners, have continued to provide local, regional and national oversight of these services. This has included routine contract management, quality monitoring, review of performance and assurance information, and engagement with providers to support continued improvement, strengthen governance, and ensure that learning is identified and embedded.

Priory continues to operate within an established quality governance framework that supports the delivery of safe, effective and person-centred care. Its specialised mental health services remain engaged in relevant quality assurance processes, including participation in Royal College of Psychiatrists Quality Networks where applicable, alongside ongoing review of accreditation, peer review outcomes and improvement action plans. By the end of the 2025-26 contracting year, 90% of Priory's specialised mental health services were rated `Good' or above by the Care Quality Commission or received an equivalent rating from the relevant healthcare regulatory body.

Quality oversight has also included consideration of patient safety incidents, safeguarding, patient and carer experience, complaints and compliments, workforce matters, training compliance, and relevant service quality indicators.

Commissioners have continued to work collaboratively with Priory and lead providers to review quality information, identify areas requiring further assurance, and monitor the delivery of agreed actions where improvement has been required. This includes oversight of exception reporting, specialised services quality dashboard information, key performance indicators and any areas where further assurance or action plans have been requested. Where issues have been identified, NHS England and lead providers have sought evidence of appropriate response, escalation, learning and sustained improvement through established governance and contract monitoring routes.

The healthcare system in England has continued to experience significant operational pressures during 2025-26, including workforce capacity, acuity of need, and demand for services. Within this context, Priory has continued to engage constructively with commissioners, lead providers and wider stakeholders, and has remained responsive in adapting service provision to meet individualised patient needs. The organisation has also continued to support national mental health programme priorities and partnership working across specialised mental health pathways.

NHS England is undergoing its most significant restructuring in recent years, but is committed to continuing to work with Priory, to support safe, effective, high-quality and person-centred care for service users, their families and carers.

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

# Appendices

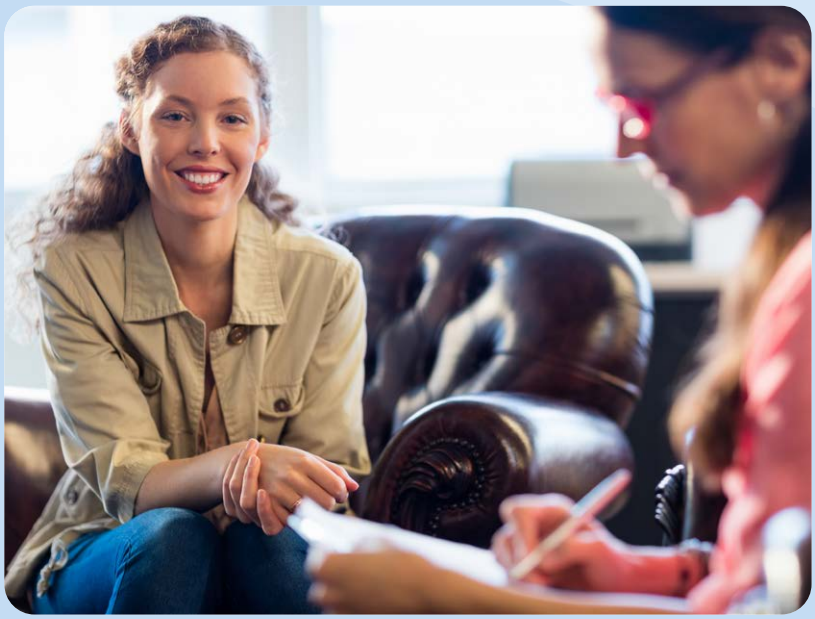
## Accountability statement

Directors of organisations providing hospital services have an obligation under the 2009 Health Act, National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts) Amendment Regulation (2011), to prepare a Quality Account for each financial year. This report has been prepared based on the guidance issued by the Department of Health setting out these legal requirements.

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

**By order of the operating board**

**Rebekah Cresswell,**
Chief Executive Officer
Priory
June 2026



## Contact us

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Part of
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