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Foreword

When I reflect on where we started and where we are now, I am genuinely proud of what this organisation has achieved in such a short space of time.

Lived Experience Partnership Working is not a new idea. The value of involving people with lived experience in shaping health and social care has been recognised for many years. But recognising something in principle and embedding it meaningfully in practice are two very different things. This report marks the point at which Priory began, in earnest, to bridge that gap.



In January 2025, we launched our Lived Experience Partnership Working strategy across Healthcare following a year of collaborative work with Experts by Experience, current service users and colleagues from across the division. In February 2026, our Adult Care division followed with its own framework, shaped in no small part by the residents themselves. In between, our Divisional Lived Experience Partners have been consistently doing remarkable things: co-delivering training, sitting on committees, shaping strategy, and bringing a perspective to our work that no amount of professional expertise alone can provide.

Reading the work captured in this report, what strikes me most is not the volume of activity, though 100+ pieces of divisional partnership working in a single year is something to celebrate, but the quality of it. The testimony from colleagues who have worked alongside our Lived Experience Partners speaks to a genuine shift in how we think and how we work. That is the kind of change that lasts.

I want to be honest, as I think this report is, about the fact that we are at the beginning of a long journey. Embedding lived experience into the fabric of an organisation takes time, sustained commitment and a willingness to keep reflecting and improving. There is more to do at local service level, more opportunities to open up across our central teams, and more to learn from the national lived experience community. We are not yet where we want to be, but we know the direction of travel and we are moving with purpose.

Most importantly, I want to extend my sincere thanks to every Lived Experience Partner who has given their time, their knowledge and their trust to this work. You are not an add-on to what Priory does. You are central to it. This report is, above all, a testament to you.

A handwritten signature in blue ink, appearing to read 'Colin Quick', written over a light blue horizontal line.

Colin Quick, Chief Quality Officer

Chief Nurse and Director of Infection Prevention and Control

Introduction

This report marks a significant milestone for Priority. It is the first time we have come together as an organisation to reflect on and celebrate the progress we have made in Lived Experience Partnership Working and the journey still ahead of us.

Over the past year, we have moved from a position where partnership working with people with lived experience was largely localised and inconsistent, to one where it is becoming embedded as a genuine strategic priority across both our Healthcare and Adult Care divisions. We have recruited Lived Experience Partners, established frameworks, built governance structures, and seen real, meaningful collaboration that has shaped services, influenced decisions, and made a difference to the people we care for and support.

This is the result of dedicated work by our Lived Experience Partners themselves, colleagues who have embraced this way of working, and leadership teams who have championed it. This report is as much a celebration of those people as it is a record of what has been achieved and our future plans.

We know that building a culture of true coproduction takes time. It requires ongoing commitment, the right infrastructure, and a willingness to keep listening, learning and improving. What this first year has shown us is that the appetite for this work is real and, that when we do it well, the impact is profound.

What is Lived Experience?

Lived experience is a term that describes anyone with lived or living experience of a range of adversities, differences or circumstances. In its broadest sense, everyone has lived experience. In health and social care systems, lived experience describes people who:

- Have accessed, used, or are currently within services across health and social care systems, including mental health services and social care services.
- Have a mental health condition, diagnosis or learning disability, or are neuro-divergent (for example, autistic individuals).
- Are family members, relatives or carers of people known to services, who navigate these systems alongside their loved ones.

Why is Lived Experience Valuable?

Lived experience as an expertise and a role in its own right has long been recognised, and is increasingly becoming an established profession across health and social care. It is a vital aspect of improving service quality, diversity and inclusion, organisational capacity, and meaningful change across services and systems.

Lived experience brings a wealth of contextual and experiential knowledge and skills that have the potential to improve everything we do. When lived experience is truly valued, it recognises service users, residents, carers and relatives as experts in their own right and their expertise as an equal form of knowledge alongside clinical or operational learning. This collective knowledge offers diverse perspectives, enriches understanding, and results in better service design and quality, empowering everyone to shape and deliver services that are genuinely centred on the needs of those we support.

Working with people with lived experience is about far more than asking for thoughts or feedback. It is about true coproduction and meaningful partnership working across every part of the organisation. Current patients, residents, families, carers and Lived Experience Partners (LEPs) are key to everything that happens at Priory, including local and divisional governance and decision-making.

Our Approach: Lived Experience Partnership Working

Our approach to Lived Experience Partnership Working is delivered through a Participation, Engagement and Coproduction framework:

- **Engagement:** Engagement is the process of reaching out to people to make sure they can give their feedback, thoughts and ideas.
- **Active Participation:** Active Participation is defined as a way of working that supports an individual's right to participate in the activities and relationships of everyday life as independently as possible. The individual is an active partner in their own care and support, rather than being passive.
- **Coproduction:** Coproduction describes when an individual is an equal, working in partnership to influence the way services are designed, commissioned and delivered.

We refer to all aspects of lived experience engagement, active participation and coproduction as Partnership Working.

What are Lived Experience Partners?

Our strategy is clear that current patients, residents and their carers or family members should always be active participants in their own care and treatment, and, wherever possible, part of informing, shaping and influencing day-to-day practices and service delivery.

Our strategy also sets out lived experience roles and career pathways across the organisation. Lived Experience Partners are people with lived experience who are employed by Priory and work in partnership to help shape, inform and influence all aspects of work at local service, sub-region, regional and divisional level. The Lived Experience Partner role is a governance-based role, working alongside colleagues across all aspects of governance and quality. This role is also available for people who are currently accessing our services, as well as carers and family members.

Our Governance and Leadership

Oversight and accountability for Lived Experience Partnership Working sits at the most senior levels of Priory. Executive-level sponsorship is provided by Colin Quick, demonstrating the importance placed on this work at board level. Across the group, this work is led by Kath Mason (Associate Director of Patient Safety and Experience), ensuring a consistent strategic direction and approach.

Within the Healthcare division, Seph Mortimer leads on the implementation of the strategy, supported by the Lived Experience Partnership Oversight Panel, which acts as a steering group to guide and monitor strategy implementation. In the Adult Care division, this work is led by Angela Slater, with a Lived Experience Strategy Steering Group supporting direction and accountability. At group level, the Lived Experience Partnership Working programme reports into the Quality Assurance Committee, with divisional reporting into Clinical Governance structures, ensuring lived experience remains embedded within our core governance frameworks.

Working towards Coproduction

At Priory, we believe that services are better when they are designed together with the people who use them. Coproduction is our ultimate goal, which describes a way of working where people with lived experience are active and equal partners alongside people with learnt experience. Coproduction is a values-led process, where all decisions, priorities and solutions are co-designed from the outset. It is, in the truest sense, 'doing with' rather than 'doing to' or 'for'.

Achieving genuine coproduction requires a shift in culture, in power, and in practice; that is why we think about coproduction as operating at three interconnected levels:



- **At an individual level** — coproducing care plans and methods of support with the people receiving that care, so that their goals, preferences and expertise shape how they are supported.
- **At a service level** — coproducing projects, ways of working and new services together, so that the design and delivery of care reflects the real experiences of those it is meant to serve.
- **At a strategic level** — coproducing how the organisation will work in the future, with people with lived experience central to decision-making that has implications at scale.

For coproduction to take root across an organisation as large and complex as Priory, there needs to be a shared understanding of what it means, what it requires, and what it looks like in practice. This year, we took an important step in building that shared foundation.

Our Coproduction Charter

In September 2025, Priory launched its Coproduction Charter, a group-wide resource developed collaboratively by people with lived and learned experience through dialogue, debate and personal testimony. The Charter defines what coproduction means at Priory, establishes the core principles and values that underpin genuine partnership working, and reflects on the challenges and gaps that still need to be addressed.

The Charter sets out that coproduction at Priory is not a single act or project, but a culture; one where lived experience is present from the very start of an idea and remains integral throughout its development. It acknowledges that achieving true coproduction requires reflection, learning and humility, and it asks everyone across the organisation to be a culture-carrier for partnership working.

The Recipe of Coproduction

Alongside the Charter, we developed the Recipe of Coproduction, a practical two-page guide that brings the values and principles of coproduction to life. The Recipe of Coproduction is designed to be accessible and useful to anyone across Priory to work towards coproduction.

Drawing on the metaphor of cooking, it sets out the essential ingredients; values such as equity, shared power, compassion, accountability and integrity, and the method; the practical steps and ways of working that make partnership working meaningful rather than tokenistic.

The Recipe of Coproduction
Making partnership working meaningful

INGREDIENTS (VALUES)

- Equity
- Accessibility
- Inclusion
- Shared power
- Reciprocity
- Compassion
- Accountability
- Transparency
- Time
- Training
- Funding
- Integrity

METHOD (PRACTICAL TIPS)

- **Step 1.** Make sure everyone is in the kitchen. Pay special attention to representation from marginalised groups.
- **Step 2.** Give a pep talk about the importance of what's being cooked: it is going to give the energy from which quality care will follow.
- **Step 3.** Carefully inspect the quality of your ingredients, making sure you aren't rushing.
- **Step 4.** Start adding ingredients carefully, communicating openly throughout about what is being added, and bring to a gentle simmer. We don't want to overboil.
- **Step 5.** After sufficient time, which will differ project to project, have a taste test!
- **Step 6.** If all tastes good, it's time to serve up.

Make sure to pay attention to who is being served. Is the service feeding those it's meant for? Are they nourished and happy with their dish? If anything has gone wrong, don't panic! Collect feedback and try again.

Coproduction matters.
Lived experience is a vital expertise.

LIVED EXPERIENCE PARTNERSHIP

Together, the Charter and the Recipe represent Priory's commitment to coproduction as a practice, not just a principle. They are living resources, designed to grow and evolve as our understanding deepens and as a culture of coproduction and meaningful partnership working continues to develop across the organisation.

We will continue to support working towards coproduction through sharing best practice, case studies and celebrating the work people do to work meaningfully with lived experience. This includes launching our new Coproduction Award category as part of the annual Priory Awards, which is shortlisted by Lived Experience Partners in Adult Care and Healthcare.

Our Journey

2025–26 | A Year at a Glance

HEADLINE FIGURES



Healthcare

Jan 2024	Steering group formed with Experts by Experience and colleagues to co-design the Healthcare strategy
Jan 2025	Healthcare Lived Experience Partnership Working strategy officially launched LEP branding launched to bring together shared sense of belonging and purpose
Early 2025	14 Divisional LEPs recruited; formal roles, job descriptions and consistent remuneration established
Spring 2025	Divisional LEPs embedded into key divisional forums and projects
Summer 2025	National Lived Experience Awards; 12 Priory nominations and 6 finalists (Adult Care and Healthcare)
Autumn 2025	NAVIGATE service development begins; Divisional LEPs join project steering group and co-design multi-functional platforms including website
Winter 2025	Development of new Coproduction Award category and shortlisting for Priory Awards 2026
2025–26	100+ pieces of divisional partnership working completed across committees, projects and work streams

Adult Care

2024–25	Informal partnership working begins across Adult Care; early scoping of what a formal framework could look like with small group of current residents
Aug 2025	Lived Experience Partner Lead recruited for Adult Care; formal framework development begins
Autumn 2025	Wide staff consultation across Adult Care; current residents form a strategy and advisory group to shape the framework
Late 2025	Residents co-produce resources and contribute to live projects and work streams ahead of formal launch
Feb 2026	Adult Care LEP Framework officially launched, establishing Divisional and Regional LEP roles across the division
2026 ahead	Ambition to expand LEP activity across every sub-region, feeding into all networks and projects that affect Adult Care residents

Healthcare

Where We Started

Prior to the development and launch of the Lived Experience Partnership Working strategy across the Healthcare division in January 2025, working with lived experience remained a largely localised and inconsistent initiative. Whilst there were pockets of good practice at local service level and through Service Networks at a divisional level with Experts by Experience, there was significant variation in how consistently and meaningfully partnership working was embedded across the organisation.

At a divisional level, lived experience had not yet been harnessed in the way it deserved to be. Strategic developments and decision-making across central teams were being shaped without lived experience involvement or influence. This was a clear gap that the strategy set out to address, recognising the untapped potential of partnership working at scale.

Healthcare Strategy

Priory launched its Lived Experience Partnership Working strategy across Healthcare in January 2025, following a year-long steering group that brought together Experts by Experience, current service users and colleagues from across the division. The strategy reflects a fundamental shift in ambition to move beyond seeking feedback or consultation, towards people with lived experience being active and equal partners in how Priory services are designed, monitored and delivered.

The strategy builds on pre-existing areas of lived experience involvement in governance and quality, creating greater consistency and forming stable foundations from which to strengthen and develop partnership working across the organisation. Through this process, the new role of Lived Experience Partner was created, a role that includes current and former patients, as well as carers and family members. This title reflects what this work is truly about; working in partnership. Formal recruitment processes were also developed, ensuring fair and consistent remuneration for individuals working with Priory.

Our 2024–27 Healthcare Strategy Sets Out to:

- Strengthen existing partnership working across the Healthcare division.
- Align to national best practice around working with people with lived experience.
- Build the infrastructure needed to meaningfully and sustainably embed partnership working across the division.
- Ensure consistent remuneration of people with lived experience, with established roles, job descriptions and the beginnings of a lived experience career pathway at Priory.

The Lived Experience Strategy in Healthcare takes a two-tier approach, ensuring consistency of recruitment, remuneration and support for people with lived experience.

To support the implementation of the strategy and recruitment of Lived Experience Partners, a growing bank of resources have been developed, including LEP role handbook, induction resources, intranet toolkits including self-assessment tools and Frequently Asked Questions.

'BIG Conversations', a best practice video series, was also developed to capture stories of working in meaningful partnership with lived experience and share learning and impact across the organisation.



Framework at a Local Level

The first tier of our strategy guides and supports individual services to develop partnership working across all aspects of governance, quality and service design. This includes the recruitment of Local Lived Experience Partners, who work collaboratively alongside colleagues to influence local decision-making, service provision and developments. A framework has been developed to support a range of levels of partnership working from individual care and treatment, to participation in site-wide activities, to coproducing alongside colleagues in areas such as Quality Improvement, Governance, and shaping workforce culture through recruitment, training and induction.

Since launch in January 2025, 14 sites have recruited **17 Local Lived Experience Partners** as either bank workers or volunteers. These may be former service users, carers and relatives, or individuals with lived experience known through local systems such as NHS Provider Collaboratives or third sector organisations. Sites are also working with current service users who carry out the role through Real Work Opportunities on a paid or voluntary basis.

Framework at a Divisional Level

The second tier of our strategy focuses on the opportunities at divisional and strategic level to ensure that lived experience meaningfully influences and leads developments that have implications for multiple sites, service lines and the division as a whole. At this level, we have a team of 14 Divisional Lived Experience Partners (DLEPs) from service user and carer perspectives working in partnership with central teams across a wide range of committees, working groups and projects.

Partnership Working in Numbers

In just a year, we have seen an incredible appetite for partnership working across our Healthcare central teams. Between January 2025 and March 2026, there were 100+ pieces of partnership working at a divisional level in Healthcare, ranging from one-off advice and consultation, to full

membership of core project groups developing significant changes and improvements across the division.

This equates to approximately **1,925 hours of Divisional LEP working activity** across various work streams during this period. *Below are examples of partnership working that have taken place at a divisional level.*

Service Networks	Projects	Divisional Committees & Working Groups (Ongoing)	Projects	Projects
Eating Disorders x2 Div LEP	DLEP role pilot ED e-learning 2 Day ED training co-facilitation	Safeguarding Committee RRP Committee PCREF Taskforce	MHAA QI Projects (x4) Reverse mentorship pilot (CQ) RRIT Train the Trainer & Upskill courses- LEP session	'The 5Rs of Lived Experience' Partnership Working request process refresh ED strategy- Autism Pathway pilot
CAMHS X2 Div LEPs		Mobile Care Records steering group Peer Reviews 27 HC sites	Priory logo redevelopment Near to Discharge Deaths working group	Closed Culture Audit & training development Nursing tribunal training
R&R X1 Div LEP		Sexual Safety Trauma Informed Care forum	NAVIGATE service development Carer Strategy – South Pilot	Autism and self-harm guide Documentation training
Forensic x1 Div LEP		Transitional Safeguarding IPC Leads Regional forums	CoC- Meaningful activities & therapeutic relationships Coproduction Charter & Award development	Self-harm training development Learning Lounge- Grief Awareness Clinical Director interviews - Private
Acute X2 Div LEP	Lithium toxicity poster	Smoking Cessation	Quality Training- LEP session Autism Strategy Development	Speciality Doctor Lead interviews Professional Nurse Specialist interviews - RRP & Autism
PICU X1 Div LEP		Priory Fresh ED menu project Research Network Advisory Group	Care as a Career (Autism Specialist Leads) Innovation- TikTok MHA Made Simple	IPC Leads Sessions & Quick Win Card development Relational Security Training development
BTP X1 Div LEP			Coproduction e-learning development	Private CYP assessment pathway
PD X1 Div LEP				

IMPACT Stories

Local Hospital Level

Shared Themes

- Lived experience insight redirected and improved service design
- LEPs strengthened communication, documentation and patient information
- Partnership working fostered a more compassionate, patient-centred culture
- Early-stage roles are already generating meaningful change
- Embedding LEPs in governance strengthened accountability and quality

Service Design & Patient Communication - LEPs at local sites have made a tangible difference to how information is created and shared with patients. At one hospital, patient safety meetings revealed that patients struggled to understand observation processes; in response, the LEP created accessible ward posters, a seclusion poster, an information pamphlet, and revised community meeting documents. The LEP is also developing an interactive QR code to help patient's access information in different languages and formats. As one Hospital Director reflected, the LEP *"helped us to adapt how we share and display information which will be processed easier by others."*

Redirecting the Focus of Work - In several instances, LEP involvement shifted the direction of projects in ways that professionals hadn't anticipated. At one forensic site, what began as a conversation about refreshing a family room evolved into the co-production of formal guidelines for supervising family visits. These guidelines were ratified through clinical governance and embedded into ward inductions. The flexibility to follow the conversation, rather than the original agenda, was key to that success.

Governance & Cultural Shift - LEPs are now embedded in patient safety meetings, clinical governance, peer reviews and interview panels across local sites. At one hospital, patient feedback from interview panels is formally respected in offer decisions. As one site noted: *"LEP can gradually foster a more compassionate organisational culture toward people with severe mental illness."*

Growing Momentum - Several sites are in the early stages of establishing their LEP roles, and even within the first few months, impact is already visible. One site described the importance of allowing LEPs to choose which projects they wanted to engage with, creating genuine investment from the outset. Across sites, teams expressed a shared desire to do more, including involving LEPs in regional governance, peer reviews at other sites, and further developing patient-facing "You Said, We Did" boards.

IMPACT Stories

Healthcare Divisional Level

Shared Themes

- Lived experience fundamentally reframed the purpose and direction of key projects
- LEP involvement challenged professional assumptions and deepened reflective practice
- Co-production produced more authentic, human-centred outputs
- Partnership working has been personally transformative for LEPs themselves
- Structural and cultural barriers remain, but progress is real and evidenced

Reframing the Work - Across divisional projects, partnership working has shifted the focus from process to human experience. In the development of Priory's new Navigate service, an innovative service user information, advice and support service, early discovery workshops with patients and LEPs revealed that what people most needed was to feel listened to, taken seriously, and not passed around. Divisional LEPs have been central to the development of this service from the outset, shaping the model and ensuring it's development stays true to the needs of service users.

As one Projects Manager described: *"Instead of focusing on how the service works, we focused much more on how it feels to use it."* That shift shaped everything from website tone to helpline design.

Similarly, in eating disorder training development, having lived experience shaping the content from the beginning has supported the training to move away from a diagnosis-led to needs-led approach, ensuring that lived experience and trauma-informed care are a 'golden thread' throughout the training.

Challenging Assumptions & Strengthening Practice - For divisional colleagues, partnership working has been genuinely developmental. A central nursing session, designed and facilitated by Divisional LEPs, helped nurses reflect on their values around patient and family involvement, in ways that felt safe enough to be honest. One colleague reflected that it *"is very hard to achieve as it can be uncomfortable to challenge ideas you hold as core."*

A Reducing Restrictive Interventions trainer described how embedded lived experience interviews into the core training syllabus have given instructors a deeper sense of purpose, and has supported the success of the training's BILD Act accreditation.

Personal & Professional Transformation for LEPs - For Divisional LEPs, the impact has been profound. Several described the work as personally transformative; rebuilding confidence, reframing past experiences as strengths, and finding purpose in what had previously felt like pain.

One Divisional LEP reflected: *"It has shifted my perspective on my own journey by allowing me to share my knowledge and experience to truly transform the quality of care."* Another described a significant personal breakthrough in understanding their own trauma responses through conversations with fellow Divisional LEPs. The role has also supported professional development, with Divisional LEPs gaining exposure to quality improvement, service design, and strategic leadership spaces that are shaping their career pathways.

What Makes It Work, and What Needs Strengthening - Across all feedback, the conditions for effective partnership were consistent: involving LEPs from the very start of a project, being transparent about where they can influence decisions, and always closing the loop. The most commonly cited challenges were capacity, time, and the risk of defaulting back to professional decision-making. Looking ahead, colleagues highlighted the need for permanent contracted LEP roles, protected time for collaboration, and clear career pathways within the organisation.

Learning and Looking Ahead

What the Feedback Tells Us

At both local divisional level, this year's feedback paints a clear and consistent picture: partnership working is making a real difference to the quality of services, to the culture of the organisation, and to the people involved.

- Lived experience insight redirected, deepened and humanised key pieces of work
- LEPs brought perspectives that professionals could not have generated alone
- Co-production has resulted in accessible, authentic and meaningful outputs
- Partnership working strengthened reflective practice and professional development
- For LEPs themselves, the work has been personally significant
- Momentum is growing, but sustainability requires structural investment

What We Are Learning

The clearest learning from this year is the difference between involving people and genuinely working in partnership. When lived experience is present from the very start, shaping the question, not just reviewing the answer, it changes things. It keeps work grounded in what actually matters to the people services are designed for, and it challenges the assumptions that can otherwise go unnoticed.

We have also learned that this way of working takes care to sustain. It requires protected time, psychological safety, honest communication about scope and influence, and a commitment to feeding back on what has happened as a result of people's contributions. Where those conditions have been in place this year, the outcomes have been striking.

The Year Ahead

This first year has been one of significant progress, and it has also provided us with valuable learning about how to continue strengthening partnership working in Healthcare. As we look ahead, our focus is on building on strong foundations and deepening the reach and impact of this work.

That includes developing clearer career pathways for LEPs, expanding involvement into more governance spaces, and ensuring that partnership working is valued across the whole organisation, not just by those already committed to it.

Widening Our Reach

One of the most exciting opportunities ahead is to expand partnership working into areas of the organisation that have not yet been fully explored. Teams such as HR, Finance, Estates, Learning and Organisational Development, and Marketing all have the potential to benefit from working with lived experience, and we will scope and create meaningful opportunities for partnership working across these areas in the coming year.

Strengthening Infrastructure at a Local Level

Whilst some sites have made excellent progress in embedding local-level partnership working, often driven by strong leadership, there is more to do to ensure a consistent approach across all services.

Building regional networks and providing more structured support for local implementation will be a priority, enabling sites to learn from each other and build confidence in this way of working.

Adult Care

Where We Started

In Adult Care, the journey towards formal Lived Experience Partnership Working began a little later than in Healthcare. Whilst the Healthcare division formally launched its strategy in January 2025, Adult Care's Lived Experience Partner Lead was recruited in August 2025. Before that, there had been valuable informal partnership working taking place across parts of the division, including early scoping work exploring what a more structured approach could look like. These early efforts demonstrated real enthusiasm and examples of best practice, even without a formal framework to support or sustain them.

Following the appointment of the Lived Experience Partner Lead for Adult Care, work began to develop a framework that reflected the unique setup, opportunities and challenges of the division, while maintaining equivalency with the approach established in Healthcare. This involved wide consultation with staff across Adult Care, and the response was clear; there is strong commitment and appetite for this work right across the division.

Central to the development of the framework were the current residents in Adult Care, who formed a strategy and advisory group. Their input shaped the framework itself, contributed to several key resources that will underpin the LEP programme, and informed a number of projects and work streams requiring lived experience input ahead of the formal launch. Residents involved in this process shared that taking part had built their confidence, helped them find their voice, and given them a real sense of pride in contributing their ideas and experiences.

Alongside this work these residents have also been shaping various other projects in Adult Care including infection control cards, documents for transitioning from children's to adult's services, and outcomes in Adult Care.

The Adult Care Framework

In February 2026, Priory officially launched the completed Lived Experience Partnership Working Framework for Adult Care. The framework works at two levels: Regional (including sub-regions) and Divisional. It defines the key roles that Lived Experience Partners play at each level, and establishes the foundations for consistent, meaningful and sustainable partnership working across Adult Care.

ADULT CARE - Lived Experience Partnership Working						
Partnership Working & Coproduction <i>Individuals working in equal partnership to influence the way that services are designed, commissioned and delivered</i>	DIVISIONAL APPROACH					
	Oversight & Accountability	Activities			Payment Level	Source of Payment
	Lived Experience Partner Lead	Service Design & Quality Improvement -Co-design of new services -Involvement in procurement -Co-production of service developments from start through to due diligence visits	Adult Care Governance Meetings -LEP Steering/governance group -New Care Networks -Safeguarding committee working groups	Project Development -Writing/reviewing strategies & policies -Input in to relevant projects and groups	C	Divisional Budget/training budget
OD's	Developing & Delivering Training -Contribution to, or co-design of relevant staff training -Contributing to reviewing relevant training -Co-delivering lived experience training & community of practise	Leadership Roles Recruitment MD levels upwards where working with LEP's or work requires significant LEP input This may include: -Being a member of a recruitment panel & advising on interview questions -Participation in staff induction	Comms & Social Media -Membership of Priory LEP group-wide Creative Council -Creating Content for LEP LinkedIn Page			
REGIONAL (INCLUDING SUB-REGION)						
Engagement & Active participation <i>The process of ensuring people can give their feedback, thoughts, and ideas. Supporting individual's to being an active partner in their own care and support.</i>	Quality Assurance -Involvement in a range of quality related site visits -Involvement in quality improvement projects -Working group representation e.g. Nourish -Involvement in local pilots, audits and developments -Involvement in the review of relevant local policies, procedures and ways of working	Our Voice Co-producing Our Voice meetings at sub-region and region, including: -Planning and chairing / co-chairing regional and sub-regional Our Voice meetings -Creating standards and values for Our Voice meetings & audit framework -Taking part in audits of Our Voice meetings based on these standards and values	Staff Recruitment, Induction & Training Participating in the recruitment, induction and training of new Priory employees regionally/sub-regionally. This may include: -Being a member of a recruitment panel & advising on interview questions -Participation in staff induction -Sharing lived experience in relevant staff training	B	Regional Budget	
CARE HOME / LOCAL SERVICE FRAMEWORK						
Site Managers	Feedback & Evaluation -Service User Satisfaction Survey -Relatives Survey -Professionals Survey (External Partners)	Site Governance -Attend on site Our Voice meetings -Representatives at sub-region Our Voice meetings -Staff recruitment -Staff inductions	MDT Meetings Care Reviews -Standard invitation of Residents / carers / relatives to meetings & discharge planning -All care plans to be coproduced and reviewed regularly with residents	A	N/A	

The framework also recognises the fundamental importance of coproduction and partnership working at site level. Residents are expected to be active partners in their own care, coproducing their own care plans and having a genuine say in shaping the environment in which they live. Whilst this does not sit within the formal paid LEP structure, it is the bedrock on which everything else is built.

To support the implementation of the strategy and recruitment of Lived Experience Partners, a growing bank of resources have been developed, including LEP role descriptions, induction resources, LEP Passports, benefits information and a range of Frequently Asked Questions documents (FAQs) for prospective LEP's, Relatives and carers and Priory Staff. Relevant documents are also available in Easy Read format.

Our Divisional Lived Experience Partnership Approach

Divisional Lived Experience Partners in Adult Care are current residents, former residents, or relatives and carers of people with experience of living in Adult Care services. They bring that personal experience to bear in advising and supporting Priory on the shape and quality of its Adult Care services, and are managed by the Lived Experience Partner Lead for Adult Care.

Divisional LEPs play a vital role in helping Priory understand what it truly feels like to live in its services, or to support someone who does. They are key partners in shaping and continuously improving the quality and safety of care provided. The role spans policy and strategy review,

communications development, the development of governance processes, and membership of a dedicated lived experience governance group for Adult Care.

Our Regional Lived Experience Partnership Approach

Regional Lived Experience Partners are current or former residents of Priority services, or individuals with experience of residential social care, alongside their relatives and carers. They bring their personal experience to bear in advising and supporting Priority at a regional or sub-regional level.

Regional LEPs work directly alongside Operational Directors to support service review, design and development. Their activities include site visits, involvement in staff recruitment, and delivering regional and sub-regional Our Voice meetings. Through this work, they play an active role in shaping services in their region and driving continuous improvement in the quality and safety of care. We have developed a formal role with accompanying paperwork for Regional Lived Experience Partnership in the Site Peer-Review process. Regional LEP's will review services in their region on the areas of environment, meaningful activities and Lived Experience Partnership Working.

Coproduction at Adult Care sites

While our framework focuses mainly on formal Lived Experience Partner Roles it is important that this work recognises the importance of working towards ensuring that all residents (and where appropriate their carer's and relatives) are a partner in their own care, and in the sites where they live. This could include being supported and encouraged to attend site meetings or feed in in alternative ways, deciding activities, being part of the recruitment and induction for staff who will support them, and coproducing events and celebrations. This is an essential foundation to truly ensuring people have a voice in shaping and improving the services that support them. This will be encouraged and supported where ever possible.

IMPACT Stories

Outcome for individual involved our in Lived Experience

Partnership work

One activity that the group of residents who have been shaping this work were part of involved discussing how people keep safe when visiting other services as Lived Experience Partners, and discussing the easy read ProactScipUK[®] document. Following this meeting one group member opened up about historical abuse which she experienced when living in a children's service. The document had triggered something in her and she felt safe enough to disclose what had happened to her. Not only did she feel able go into detail, this has also supported her in not wearing waterproof clothing in bed and removing her waterproof sleeping bags. She had not worn pyjamas in three years and now has four different pairs which she is excited to wear for bed.

The staff are all very proud of her as these have been her 'comforts' for many years even before living at that site. It had been suspected by staff something had happened to her in the past and discussing safety has allowed her to open up, and staff feel this may not have happened if she wasn't part of having conversations about safety with the group. This highlights that lived experience involvement should be beneficial not just to Priority but to the individual that are involved, and that

involving people in conversations that affect them can sometimes lead to unexpected outcomes, and it is important to also capture these.

Blake's Site Assessment Visit

Earlier in 2026 Blake who lives at Dunvegan visited another Priority site nearby to complete a Lived Experience Partner walk round. Blake is a member of the Lived Experience Partnership group that has been shaping Lived Experience Partnership work for Adult Care. This visit was designed to understand the perspective of a new resident coming to the home and, where possible, understand the current service users' experience of the home.

Blake shared his own experience moving to a new home and provided observations on things he felt worked well and things that could be improved in the different buildings and grounds, such as:

- Blake felt the home could develop a welcome pack for new residents.
- Blake noted a couple of areas where the wallpaper could be made to feel more homely, walls of brick and book wallpaper made it feel like you were in the hallway to a block of flats, however he did like the coloured doors and felt these were really useful in helping people know where their rooms were.
- Blake felt that the activity room was cluttered and untidy, staff coats and bags were on a settee and he suggested some coat hangers and small cupboards in the corner for them.
- Blake noticed that there was no rear fence to the property, there were posts were one had been however there was just a patch of thick brambles between the bungalows and the other property which could cause a risk to someone who went in the area or fell in there.
- Blake liked the activities noticeboard and felt these were good choices, also he liked the pictures of the people who lived there on the wall. He did say he would like to see a weekly meal planner on display.

The service manager of the site visited was very impressed with Blake and said that he showed a lot of potential. He welcomed the feedback, and said that he felt like the observations and feedback was accurate and very useful, and he was looking to record it all on Nourish. Blake was proud of his achievement and is becoming a paid Regional Lived Experience Partners to do these types of visits more regularly.

Our Adult Care Journey

Over the last eighteen months in Adult Care we have co-produced our Lived Experience Partner Framework supporting paid roles for Regional and Divisional Adult Care LEP's. We have worked together to promote a culture where people with lived experience, including families are routinely included in the delivery, review and development of services. This level of meaningful involvement, ensures inclusivity and enhances accountability.

Our LEP's have been part our policy and strategy development, presented at Quality and Leadership conference and worked at site level speaking with service users and bringing new ideas for the homes. Future opportunities are blossoming whereby all levels of the organisation and infrastructure can benefit from our LEP's understanding of our Priority system and how we can improve services and support, leading to positive outcomes for all. Through seeing things from the perspective of someone whom the organisation revolves around as they live their lives helps to focus attention on "What works" principles.

For me being a part of a team where LEP's have real decision-making power supports a truly innovative, equal way of working. Quality improvement change in services is important for all of us, but is most intimately felt by those who use them. Involving and listening to our LEP's enables a more complete approach based on the knowledge and expertise of people who use services.

Associate Director of Quality, Adult Care.

Learning and Looking Ahead

The launch of the Adult Care framework marks the beginning of an exciting new chapter. We are genuinely enthusiastic about the potential of Lived Experience Partnership Working in Adult Care — not only as a means of continuously improving the quality of our services, but as an opportunity to offer current residents and others with lived experience a chance to develop valuable skills, grow in confidence, and build towards their futures.

Our ambition regionally is to have active lived experience involvement across every region and sub-region in Adult Care, including shaping and improving Our Voice meetings and structures, recruiting and training staff and playing an equal role in our site visits including peer-review visits. Divisionally we want to see Divisional Lived Experience Partners forming an LEP governance group for Adult Care, as part of Adult Care networks, governance, projects and working groups that affect the people who live in our services including the autism strategy work, PBS work, the Brain Injury network and the creative council for LEP communications.

Where We Want to Go

We are proud of the progress made in this first year, and acknowledge how much more there is to do. Building a culture of genuine and meaningful partnership working is a long-term endeavour that requires sustained commitment, the right infrastructure, and a willingness to do things differently so that lived experience is in the driving seat of change and improvement.

Across the organisation, our ambition is to move ever closer to true coproduction; a way of working where people with lived experience are not consulted after decisions have been made, but are active partners in shaping them from the outset. This ambition sits at the heart of the new Priority Plan 2026–30, which sets out an explicit commitment to expanding the our strategy year on year, and to lived experience playing a pivotal role in how Priority designs and delivers services. This report marks the beginning of that journey, and the work ahead will be guided by the same principles that have shaped this first year: partnership, equity of voice, and a genuine belief that services are better when the people who use them help to shape them.

Our Strategic Priorities

Looking ahead, our focus is on five interconnected themes that will drive the next phase of strategy implementation across both divisions.

Embedding lived experience into the fabric of the organisation - Our priority is to move partnership working from a programme into a practice, and something that is woven into governance, quality improvement, and service design and workforce development as a matter of course. This means deepening integration with Clinical Networks, Quality Improvement initiatives, ensuring LEP involvement is built into new services such as Navigate from the outset, and strengthening the infrastructure that supports both local and divisional partnership working. The Priory Plan commits Priory to co-producing care plans with patients, residents and families, and to expanding listening and coproduction mechanisms across all services; our LEP strategy is central to delivering on that commitment.

Developing lived experience as a career pathway - The Priory Plan is explicit that creating career pathways for LEPs, with more people moving into full employment with Priory each year, is a measurable strategic goal. Building on this, we will continue to develop the LEP role, creating structured development opportunities, strengthening the Local LEP Lead pathway, and exploring how lived experience expertise can be recognised and progressed as a genuine career at Priory. This connects directly to the organisation's wider ambition to be the employer of choice in health and social care, and to its Care as a Career agenda which has the potential to support the infrastructure of our LEP strategy so that we can continue to grow and sustain.

Building a shared culture of partnership - Meaningful partnership working requires cultural as well as structural change. We will invest in visibility, communication and shared learning through cross-divisional campaigns, a Creative Council, regular publications, and virtual learning events to build a culture where partnership working is celebrated and expected at every level of the organisation. The Priory Plan's commitment to embedding a culture of openness, inclusion and trust makes this a shared organisational goal, not just a programme priority.

Connecting to the wider system - Priory's new strategy recognises the importance of coproduction and partnership working with patients and communities as a key component of delivering on the NHS 10-Year Plan. As we look ahead, we will strengthen our connections with the national lived experience landscape, including NHS Provider Collaborative and national coproduction networks — to ensure our approach reflects best practice and contributes to the wider movement for change across health and social care.

Design and implement a Lived Experience Impact framework - In order to ensure that what we are doing has real impact and evidence the ongoing need for this work, we will develop an impact framework that spans across lived experience to continuously monitor and evaluate our lived experience work from multiple perspectives.

Priory

Key Moments

We will mark progress through key moments in the year, including submissions to the National Lived Experience Awards, Coproduction Award as part of the Priory Awards, and celebrating National Coproduction Week.

We will use these as opportunities to celebrate what has been achieved, share learning, and recommit to the journey ahead.

Here I am. We know what works. Arm in arm. Knowing me. My story matters. I can speak too. Arm in arm. We know what works. Knowing me. Meeting my need. Here I am. Meeting my need. Arm in arm. I can speak too. We know what works. My story matters. Meeting my need. Arm in arm. I can speak too. Listening to me. Meeting my need. I can speak too. Meeting my need. I can speak too. We know what works. Here I am. My story matters. Arm in arm. I can speak too.