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Our history

Elysium Healthcare was created in December 2016 and is led by Joy Chamberlain, Chief Executive Officer. The company was formed following the divestment of 10 sites from Partnerships in Care (previously led by Joy Chamberlain) and 12 sites from the Priory Group, both of which were owned by Acadia, a US listed healthcare company.

The divestment was a result of competition issues identified by the Competition and Markets Authority. Elysium recognised the opportunity for a new market entrant that could put the individual at the heart of care delivery supported by a development of strategic care pathways across the country. This, combined with a management team with extensive experience put Elysium Healthcare firmly on the map.

Although Elysium started in the market with 22 sites, a strategic service development plan quickly grew the group to over 73 sites in five core divisions within 18 months.

Our acquisitions

- Raphael Healthcare
- Badby Group
- Stanley House
- Broadham Care
- Ann House
- Gregory House
- The Limes
- Lighthouse Healthcare
- London Care Partnership
- Aberbeeg Hospital
- St Mary’s Hospital
- All Saints Hospital
- The Chimneys

Our developments

- Jubilee House
- Victoria Gardens
- Fairmead House
- Tydfil House
- Ty Grosvenor
Our divisions

Having entered the market with specialist mental health services, the acquisitions increased the company’s strategic network and brought new service lines to the business during 2017 and 2018.

- Mental Health and Wellbeing
- Learning Disabilities and Autism
- Neurological Services
- Children and Education
- Private Patient Services
Our Mental Health & Wellbeing division has a strategic network of hospitals across England and Wales. Each service is unique with a well-defined clinical service specification giving staff, service users1 and our partners total clarity on the provision, how we deliver care and how we measure outcomes and improvements. Service users play a very active role in shaping services which is supported by our group wide Service User Network.

**Services**
- Acute services for men and women
- Psychiatric intensive care services (PICU) for men and women
- Specialist rehabilitation services for men and women
- Secure services for men and women
- Services for men and women who are Deaf

**Our key qualities**
- Established co-production
- Pathway choices and models
- Maximising potential for all service users in the workforce
- Positive risk taking
- Expert clinical teams
- Accessible Board
- RRN/BILD (ACT) Certification status
- Safewards
- New Care Model Partner (multiple sites)
- Member of the Royal College of Psychiatrists Quality Network

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1. Throughout this report, clients, patients, residents and young people are collectively referred to as service users. We have used this term to simplify the reading of the report. Each of our services choose the terminology they wish to use in collaboration with those in our care.
Part 1: Our divisions

Our Pathways

- Acute/PICU Services
- Secure Services
- Rehabilitation Services
Jubilee House – a partnership initiative

Jubilee House in Barnsley, South Yorkshire has been developed by Elysium Care Partnerships in line with Building the Right Support (October 2015), to meet the needs identified by the Yorkshire and Humber region Transforming Care Programme for specialist community based complex care services to support people to move out of hospital.

Elysium offers a range of specialist services to people with learning disabilities, autism and complex needs. We are truly passionate about the Transforming Care Agenda and ensuring that people have the choice to lead independent, meaningful lives as active members of the community. We have focused our service development and our investment on community based models of care which grow from a true partnership of working with stakeholders from the earliest point.

Services

- Community
- Rehabilitation
- Complex Care

Our key qualities

- Partnership based community living services
- Established co-production
- Maximising potential for all service users in the workforce
- Positive risk taking
- Expert clinical teams
- Accessible Board
- RRN/BILD (ACT) Certification status
- Strongly established community links
- Using digital innovation to enable service users e.g. MyQoL
- Group wide neurodevelopmental expert forum

CASE STUDY

Learning Disability & Autism

Elysium Healthcare
The service, which built on Elysium’s significant experience of working with this group and the provision of single person services in a hospital setting, is a registered care service with nursing for six people from South and West Yorkshire. It is an apartment based service designed to a high, robust specification with communal spaces including lounge, dining area, laundry and sensory room. The service is a very specific type of provision designed to support some of the most complex people who have been in hospital for many years and who remain there due to their ongoing risks and challenging behaviours but need to step down to the community.

The service was developed collaboratively by Elysium and the South Yorkshire Transforming Care Programme with the support of NHS England North Region, Transforming Care professionals.

Elysium’s greatest investment in 2018/2019 has been in the development of similar projects and the group now have 23 community based living services across England, all of which are rated Good and Outstanding by the CQC.
Investment in today's children and young people is essential for their future. Our services are young and still developing but we are committed to providing the best care possible. In the latter part of 2018 we made additional investment into our quality monitoring systems and our sites so that we can continue to develop and grow the services we provide. Our clinicians are renowned experts in their field and in a time of scarce resources in this speciality we are proud of the teams we have. We strive to give those in our care the right help at the right time in the right place and prevent children and young people from entering retracted adult mental health services. We want those in our care to be healthy, confident and happy in their community lives.

Services
- Outpatients
- Schools
- CAMHS Tier 4 (Low Secure, Eating Disorders, Neurodevelopmental, Transitional)
- Neurodevelopmental Services
- Eating Disorder Services

Our key qualities
- Specialist CAMHS trained workforce
- CAMHS Consultants and Psychologists
- CAMHS Quality Nurse Specialist
- Specialist Education Teams
- Established co-production
- Accessible Board
- Interior of services co-designed by Young People
Part 1: Our divisions

Our Pathways

Children & Education
Our specialist neurological care and rehabilitation centres provide extensive facilities to cater for the specific needs of people who have complex neurological care and rehabilitation requirements. Each of our sites are unique in relation to the provision of services but we are united in our drive to help the families of those in our care have as meaningful a role as possible on a day to day basis. We support extensive recreational and social activities across our services so we imbibe a culture of ‘family’, embracing our staff, those in our care and their families.

Each of our sites has been designed and developed to meet specific client group needs including:

- Acquired brain injuries
- Progressive neurological disorders
- Spinal cord injuries
- Peripheral neuropathy conditions
- Specialist dementia

Our key qualities

- iCare electronic records to monitor care quality
- Renowned clinical experts in the field
- Nationally recognised services of excellence
- Accessible Board
- Established family integration into services
- Pathways across England
When observing personal care I noticed how caring your staff were, especially when paying attention to the little details like asking what colour socks a resident would like to wear. Even though this is common practice, it can easily be overlooked. Especially when observing A, the staff showed a high level of professionalism. As staff got verbally and physically attacked they stayed consistent in their positive and caring approach towards A. From previous experiences I know how difficult this can be, but your staff appeared to do it at ease. Being new to Badby Park it is wonderful to see how caring and passionate staff are about their job and residents.
Elysium’s values have been developed with the input of service users, staff, management team and our Board. Shared values unify us and set the standard for how we manage our decisions and our actions as a company. Here is what the people of Elysium stand for:

**Our objectives**

1: Our objective is to make a difference in all that we do and encourage hope and optimism for the future of those in our care and our staff.

2: We will continue to provide specialist services to individuals which encompass the complete pathway creating continuity of care.

3: Our focus will always be that each and every person is unique and this will be reflected in the individualised care people receive.

4: We will continue to focus on harnessing the digital age by putting services at the cutting edge of electronic systems which can support better evidence of care and safety.

5: We will continue to create a safe, enabling environment in which those in our care can thrive.

**Our values**

- **Integrity**: because we are ethical, open, honest and transparent
- **Compassion**: we show respect, consideration and afford dignity to all
- **Innovation**: so we drive forward the standards and outcomes of care
- **Empowerment**: to encourage all to lead a meaningful life
- **Collaboration**: because in partnership we can deliver transformational care
Our sites

1 Lichfield Lane, London
13 Alexandra Gardens, London
185 Arabella Drive, London
187 Nursery Road, London
1a Upper Brighton Road, London
21b Upper Brighton Road, London
78 Park Road, London
89 Ewell Road, London
Aberbeeg
Adderley Green
Aderyn
All Saints
Ann House
Arbury Court
Badby Park
Ballington House
Bradfield House
Bradley Apartments
Bradley Complex Care
Braeburn House
Brighton & Hove Clinic
Bromley Road
Cefn Carnau
Chadwick Lodge
Chesterfield House
Crossley Manor Children’s Home
Crossley Manor School
Fairmead House
Farmfield Hospital
Felbrigg House
Field House
Gateway Recovery Centre
Gregory House
Gresham House
Healthlinc Apartments
Healthlinc House
Holkham House
Jubilee House
Martham House
Ormesby House
Phoenix House
Potters Bar Clinic
Ranworth House
Rhodes Wood Hospital
Rosebank House
School House
Spring Wood Lodge
St Mary’s Hospital
St Neots Hospital
Stanley House
Sturt House
The Bridge
The Copse
The Cottage
The Farndon Unit
The Limes
The Spinney
The Woodhouse
The Woodlands
Thornford Park
Three Valleys Hospital
Tydfil House
Ty Grosvenor
Ty Gwyn Hall
Victoria Gardens
Walcott House
Wellesley Hospital
Board statement on quality 2018/19

Our Quality Account for 2018/2019 demonstrates our continued drive and commitment to provide compassionate, safe and evidence based care that is uniquely wrapped around the needs of each individual. We have worked hard to ensure that those we care for and our people have a strong voice which resonates and leads the way we develop our services.

This year we set out to further develop our pathway of services to give people a real choice. People need to access the right care, at the right time, in the right place and our network of services and specialisms provides that choice. However, we also recognise that our models of care need to be flexible enough to meet individual needs and our clinical teams have embraced this. We have also ensured that we provide a range of models of care so that people can choose the one that best meets their needs.

When delivering good healthcare it must also be backed up by good evidence of care. We have further developed our systems and platforms to ensure that we can evidence the care we deliver as well as enhance what we do. We introduced new electronic initiatives into our neurological services which have been piloted to great success. We are in the process of introducing Safewards across a number of our hospital sites and we are piloting the MyQoL communication tool in our learning disability and autism services.

We have continued to invest in our neurodevelopmental services. Our community based living division has grown strongly with a model of care that is based on ‘inclusive development’ whereby all stakeholders are partners from the concept stage to the opening and running of services. This model embraces the Transforming Care Agenda and ensures that people placed in our services have a home where they can lead meaningful and rewarding lives as active members of the community. Our clinical experts have also led quality initiatives across this division which have embedded over the course of the year and are reflected in our Care Quality Commission ratings.

Joy Chamberlain
Chief Executive Officer

Dr. Quazi Haque
Executive Medical Director
At the heart of all our services is our commitment to co-production. We value the contribution that everyone can make. By working together with our people and service users we have seen inspiring initiatives come to fruition and we have shared these with you later in the report.

The quality of the care we deliver is based on the strength and openness of our leadership and the skill and commitment of our people. We are proud of our workforce and remain dedicated to caring for their health and wellbeing and investing in them as individuals so they stay with us for their entire career.

We appreciate that working in health and social care settings can be challenging. Over the year we have invested in a number of initiatives to support our people including Health & Wellbeing Teams at sites, an appointed clinician to specifically work with the nursing workforce to ensure that we better meet their needs, further investment in Learning & Development to ensure that we can support people in their career development, a Psychology Academy to help develop the clinicians of the future, closer working with the Royal College of Nursing and closer working with the Royal College of Psychiatrists. We are also championing Staff Forums across our sites to give our staff a voice to shape the way Elysium develops.

As we close our Quality Account statement we would like to express our continued commitment to the delivery of safe, effective and well led care. We believe that everyone has the right to be treated with respect and dignity. Compassionate care is central to everything we do.

The Board is satisfied that the data presented here is of a high quality and that it evidences our second full year of operation.
How we are supporting The NHS Long Term Plan

Although The NHS Long Term Plan was published in January 2019 we have embraced the initiatives laid out in the plan and made good headway in key areas. Here, we cover Chapter 1-5 outlining the action we have taken and how we are progressing.

Chapter 1: A new service model for the 21st century

Integrated Care Systems

As an established partner to the NHS and an experienced New Care Model provider, Elysium are well placed to support the development of Integrated Care Systems (ICS). We firmly believe that collaboration and alliance is the way forward in delivering the right care, at the right time, in the right place.

Chapter 2: More NHS action on prevention and health inequalities

In 2017/2018 Elysium piloted Mission Fit, a bespoke healthy living programme which staff and service users accessed with very positive results. Over the last year we have successfully rolled this out to all of our mental health and learning disability services with high levels of staff and service user engagement. As we move into 2019/2020 we will be continuing to support this programme as a strong measure to prevent future ill health due to excessive weight and poor diet which are two of the risk factors laid out in the Global Burden of Disease study.
Chapter 3: Further progress on care quality and outcomes

Eating Disorders
With continued investment in eating disorder services part of The NHS Long Term Plan, Elysium has renewed its commitment to continue to fund research into this complex provision of care. Whilst we are an established and experienced provider of eating disorder services, we recognise the need to maintain flexible models of care which provide the best outcomes possible.

Education
The Children and Young People’s Mental Health Green Paper sets out proposals to improve mental health support in schools. In support of this, Elysium has a well-developed educational programme for staff, parents and pupils in the regions around our specialist services for children and young people.

Transition
The commitment laid out in The NHS Long Term Plan outlines how the transition of young people from their existing services into adult services will be developed. The new approach, with the age range extending to 25 years old, will improve the transition experience greatly. Over the last year, Elysium have been monitoring the transition of service users as part of a national NHS England CQUIN. We have also developed transitional services for women aged 18-25 years which facilitates a cohesive move between services providing overall support and better outcomes for the individual.
Learning Disability & Autism
Elysium implemented an eight point quality plan within our Learning Disability & Autism division which falls in line with the actions laid out in The NHS Long Term Plan. In addition to this we invested in the development of more community living placements enabling people with a learning disability and autism to lead meaningful and valued lives in the heart of the community. These services have been developed collaboratively with commissioners, service users, families and other professionals involved from the outset.

Mental Health Care
As the NHS focuses on ending out of area placements, Elysium has demonstrated through its New Care Model services that bringing service users back from out of area and treating them closer to home does have a positive impact on recovery and outcomes. Our case study later in this report shares the benefits of enabling service users to maintain local relationships with key people in their lives.

Research and innovation to drive future outcomes and improvement
Elysium actively participates in research both internally and externally. Our findings drive the way we shape our care delivery and our research table later in this report evidences our ongoing commitment to this.
**Chapter 4:**
**NHS staff will get the backing they need**

At Elysium, we recognise that our people are our greatest asset and as such we are committed to investing in their long term health, wellbeing and career development. We have already laid out in our Board Statement on Quality some of the new initiatives we have developed to support our workforce and, in addition, we have identified a new quality objective in this field for 2019/2020. Here are some of the initiatives we have taken:

| ✔ Psychology Academy to develop clinicians of the future | ✔ Nursing Apprenticeship Programme |
| ✔ Preceptorship Academy to support newly qualified nurses | ✔ Flexible rostering to give staff the work life balance they need |
| ✔ Career Pathway Mapping so staff can see the long term career prospects on offer | ✔ Zero tolerance violence strategy laid out in our quality objectives for 2019/2020 |
| ✔ Enhanced Learning & Development opportunities across the workforce to develop the skills of staff at all levels | ✔ Access to nursing courses so that we prepare our staff to join formal nurse training |
| ✔ Recruitment of nurses from overseas supported by a comprehensive training academy to enable them to achieve the Objective Structured Clinical Examination with 100% pass rate to date | ✔ Staff rotation system enabling staff to move across our group and within specialist services to give them respite and enhance their skills |
| ✔ Senior Nurse Development Conferences to grow our leaders of the future and enhance their skills | ✔ Reduction in agency staff usage with a higher level of employed staff creating greater team engagement |
| ✔ Improved communication motivating the workforce to stay and engage in a long term future with Elysium | ✔ Clinical Nursing Workforce Development Lead to work with the nursing workforce to ensure we listen, understand and meet their needs as an employer |

**Chapter 5:**
**Digitally enabled care will go mainstream across the NHS**

In our continued commitment to the digital future, Elysium will continue the implementation of iCare across our Neurological division. We are piloting MyQoL in our Learning Disability and Autism services. As a business, we are introducing Power BI giving our managers and leaders key information at their fingertips.

Over the past year we also refined and further developed our electronic records, enhancing the dashboard of information that staff and service users can access.
Elysium Healthcare and our Wellesley Hospital, Somerset are partners in the NHS led South West Secure Provider Collaborative. This is an innovative first phase pilot, new model of care that has developed into a successful whole system secure model that is clinically led, fully engaged with all providers in order to meet the needs of south west residents.

The south west programme started in April 2017. At the time, over 50% of south west secure service users were treated out of region, far from home and with extended lengths of stay. The partnership has reduced the level of out of region placements significantly, so now 79% of service users are treated within the south west. This has been a long term need, across multiple engagement events, from service users and carers to ensure local services can meet the needs for our south west population. The new hospital has significantly contributed to the collaborative success in repatriating over 55 of the 114 south west service users back into the region since the start of the programme. As well as admitting an additional 30 new cases, we have also discharged 25 people. Wellesley Hospital has successfully opened as a new service that meets the needs of service users, lowers their length of stay and has achieved a Good CQC rating.
Part 1: Working with New Care Models

Working in partnership with our NHS colleagues we have continued to support the clinical and quality development of the partnership and service, within a single point of referral, single assessment that is assured to be meeting need and a quality monitoring process that looks at all partner services. The south west is also supporting the Quality Network developing system wide quality assurance.

The partnership has also supported Wellesley to develop the provision of services to meet service user need, expectations and wishes, such as a new needs-led model of care for women that reflects the voices of service users.

**Patrick Neville**  
Strategic Development Director  
Elysium Healthcare

**Anne Forbes**  
Programme Director for New Care Models  
for Devon Partnership NHS Trust

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**Strategic Partnerships**

Here are the partners we work with:

- Devon NHS Foundation Trust
- East Midlands New Care Model (IMPACT)
- South East New Care Model
- South West New Care Model
- Prospect Partnership North West
- Greater Manchester Provider Collaboration
Our quality objectives for 2019/2020

We have selected our quality objectives for 2019/2020 based on discussions with our key stakeholders including staff, service users, NHS England, Clinical Commissioning Groups, our peer network, the Care Quality Commission (CQC), Care Inspectorate Wales and the Healthcare Inspectorate Wales. We have also reflected on the priorities set by the Department of Health.

We can only deliver good care with a good workforce. Later in this report we share the ways in which we support, retain and develop our staff.

All Services

<table>
<thead>
<tr>
<th>Action</th>
<th>Objective</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>To set up a workforce violence project group including representation from HR (Wellbeing).</td>
<td>To promote a culture of zero tolerance towards staff assaults.</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>To continue to develop My Elysium Learning (MEL) as the platform for learning and development.</td>
<td>To improve the workforce capability across the group.</td>
</tr>
<tr>
<td>Experience</td>
<td>To promote the least restrictive principle as a benchmark for clinical practice.</td>
<td>To promote and implement least restrictive principles.</td>
</tr>
</tbody>
</table>

Neurological Specialist Care Centres

<table>
<thead>
<tr>
<th>Action</th>
<th>Objective</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Consolidate practice surrounding the use of National Early Warning Score 2. Develop and implement a specialised staff induction for complex neurological services.</td>
<td>To improve the detection of and response to clinical deterioration in adult patients. To improve the workforce capability across the service line.</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Continue to develop and roll out the iCare platform for contemporaneous digital notes evidencing care delivery. Agree, implement and monitor performance against standard outcome measures.</td>
<td>Improved access to real time care data through digitalisation of our neurological care homes. To measure effectiveness of the service line by introducing standard outcome measures.</td>
</tr>
<tr>
<td>Experience</td>
<td>To co-produce service information leaflets with service users and their carers.</td>
<td>To co-produce information for service users and their carers.</td>
</tr>
</tbody>
</table>
# Part 2: Our quality objectives

## Children & Education

<table>
<thead>
<tr>
<th></th>
<th>Action</th>
<th>Objective</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effectiveness</strong></td>
<td>To develop a co-production model with families and young people for complaints and how they are managed.</td>
<td>To implement the new complaints policy.</td>
<td>Audits.</td>
</tr>
<tr>
<td><strong>Experience</strong></td>
<td>To implement the family based principles developed in 2018.</td>
<td>To support both young people and their families in their experience of care.</td>
<td>Service User and Family &amp; Carer Surveys.</td>
</tr>
</tbody>
</table>

## Hospitals

<table>
<thead>
<tr>
<th></th>
<th>Action</th>
<th>Objective</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
<td>Consolidating practice surrounding the use of National Early Warning Score 2.</td>
<td>To improve the detection of and response to clinical deterioration in adult patients.</td>
<td>Audits. Quality dashboard &amp; outcome scores.</td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
<td>To continue to develop and implement the Mission Fit programme. To implement a co-produced healthy living campaign.</td>
<td>To promote healthier lifestyles and wellbeing.</td>
<td>Service Evaluation including Patient Reported Outcomes Measures.</td>
</tr>
<tr>
<td><strong>Experience</strong></td>
<td>To co-produce Care Programme Approach (CPA) standards and supporting documentation.</td>
<td>Improved access to CPA information for service users and their carers.</td>
<td>Revised CPA policy, standards and document.</td>
</tr>
</tbody>
</table>
Statement of assurance from the Board

During the year ending 31 March 2019 Elysium Healthcare provided five types of services on behalf of the NHS. Elysium has reviewed all the data available to us on the quality of care in all five of these NHS services. The income generated by the NHS services reviewed in the year ending 31 March 2019 represents 100 per cent of the total income generated from the provision of NHS services by Elysium Healthcare for the year ending 31 March 2019.
Participation in national clinical audits

During the year ending 31 March 2019, no national clinical audits and one national confidential inquiry covered NHS services that Elysium Healthcare provides.

The national confidential inquiry we participated in was:

**National Confidential Inquiry into Suicide and Safety in Mental Health**

The clinical audits we were eligible to participate in for the year ending 31 March 2019 were:

**Prescribing Observatory for Mental Health (POMH-UK)**

- **Topic 18a**  *The use of clozapine*
- **Topic 16b**  *Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour*
- **Topic 15b**  *Prescribing valproate for bi-polar disorder*

Participation in NHS England Audits

Elysium participated in the following NHS England audits:

<table>
<thead>
<tr>
<th>Audit</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Patient Related Outcome Measures</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Workforce Race Equality Audit</td>
<td>Annual</td>
</tr>
<tr>
<td>Inpatient Transition CQUIN (CAMHS)</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Friends &amp; Family Test</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Service Specification (specialised services)</td>
<td>Annual</td>
</tr>
</tbody>
</table>

Participation in Clinical Commissioning Group Audits

<table>
<thead>
<tr>
<th>Audit</th>
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<tbody>
<tr>
<td>Infection, Prevention &amp; Control Audit</td>
</tr>
<tr>
<td>Infection, Prevention &amp; Control Self Audit</td>
</tr>
<tr>
<td>Safe Care, End of Life, Medication Errors &amp; Nutrition Assessment</td>
</tr>
<tr>
<td>Preventing Ill Health by Risky Behaviours</td>
</tr>
<tr>
<td>Average Length of Stay</td>
</tr>
<tr>
<td>Physical Healthcare</td>
</tr>
<tr>
<td>Self-Assessment Quality Monitoring Tool</td>
</tr>
<tr>
<td>Care Planning &amp; Risk Assessment Tool</td>
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<tr>
<td>Improving Physical Healthcare</td>
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<tr>
<td>Safeguarding Audit</td>
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<tr>
<td>Collaborative Risk Assessment</td>
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<tr>
<td>Care Programme Approach</td>
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<tr>
<td>Reducing Social Exclusion</td>
</tr>
<tr>
<td>Data &amp; Security Protection Toolkit</td>
</tr>
<tr>
<td>Care Home Care Plan Audit &amp; Quality Schedule</td>
</tr>
<tr>
<td>Workforce, Race Equality Standard Audit</td>
</tr>
</tbody>
</table>
Participation in clinical research

Elysium actively participate in research to ensure that we stay at the forefront of innovative healthcare delivery. Our papers inform the way we work and actively flow through to care delivery.

All research involving service users receiving care within Elysium is subject to approval as described in the Elysium Research Policy which provides details on ethical approval and data security.

Neurological

<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
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### Mental Health

<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk rules: A practical guide to structured professional judgement and violence prevention.</td>
<td>Edited by Derek Eaves, Christopher D. Webster, Quazi Haque &amp; Joanne Eaves-Thalken.</td>
</tr>
</tbody>
</table>

### Children & Young People

<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
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</table>
Mortality Surveillance and Prevention

Elysium operates according to best practice standards identified by the CQC, National Quality Board and NHS Improvement (Learning from Deaths in the NHS, 2017). Our Mortality Surveillance and Prevention Group chaired by the Executive Medical Director ensures that there is a robust approach toward the investigation of all deaths. In the vast majority, deaths relate to known, managed, long-term physical healthcare conditions associated with shortened life expectancy. Throughout the year we have further embedded the following initiatives across services to minimise the likelihood of avoidable deaths:

- Embed NEWS (National Early Warning Scores) to support early detection of physical healthcare problems
- Winter influenza vaccine campaigns for staff and service users
- Robust monitoring of physical health vital signs and metabolic indicators for service users treated with emergency or continuing psychotropic medication
- Comprehensive physical healthcare screening for adults and young people alongside responsive access to primary and specialist secondary care
- Targeted campaigns to address underlying risk factors associated with physical health morbidity (Smoking cessation, Mission Fit, Reducing Falls and Deep Vein Thrombosis)

Use of CQUIN
(Commissioning for Quality & Innovation)

The CQUIN framework aims to support operational improvements in the quality of services commissioned by NHS England. We are proud of our achievements and can confirm that all our actions have been verified by NHS England.

A proportion of Elysium’s income in the year ending 31 March 2018 was conditional on achieving quality improvement and innovation goals.

| Adult CQUIN |
|-----------------|-------------------|
| Reducing length of stay in specialist mental health | ✔ |

| Deaf Services CQUIN |
|----------------------|-------------------|
| Using communication assessments to enhance care pathways in Deaf services | ✔ |

| CAMHS CQUIN |
|-------------|-------------------|
| Inpatient transition to adult care | ✔ |

We believe that these CQUIN initiatives have made a demonstratively positive impact across our services.
Statement from the Care Quality Commission, Healthcare Inspectorate Wales and Care Inspectorate Wales

Elysium is required to register with the Care Quality Commission and its current registration status is fully registered. There are conditions on one registration (Potters Bar Clinic) at the time of this report. Elysium’s Welsh sites are required to register with the Healthcare Inspectorate Wales and Care Inspectorate Wales. All sites are fully registered and there are no conditions on registration at the time of this report.

Data Quality

Elysium was not required to submit records during 2018/2019 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Data security and protection

Elysium has met the standards of the Data Security and Protection Toolkit.

Clinical coding error rate

Elysium was not subject to the Payments by Results clinical coding audit during 2018/2019 by the Audit Commission.

Governance

Quality governance combines evidence-based care, professionalism, effective compliance and assurance to ensure that service users receive high quality care. This is achieved in partnership with service users, their friends and family, regulators, commissioners and experts by experience.

Ways in which we monitor our services:

- Audits
- Policy and procedure
- Proven clinical treatments
- Executive Team visits to sites
- Attendance at Community Meetings by Executives
- Service to Board/Board to Service
- Internal and external inspections
- Risk registers
- Complaints and whistleblowing
- Listening and responding to feedback
- Continuous learning and development
- Ward quality monitoring by staff and service users
- Staff appraisals
- Staff Forums
- Service User Network Forums
- Service User/Staff Community Meetings
- Patient Experience Lead visits
- Expert by Experience visits

Everybody has a part to play in quality governance. Our Quality Governance Guide for staff clearly outlines our expectations from staff and from the company in supporting staff.
Examples of Quality Governance initiatives 2018/2019

- We have rolled out our updated Dealing with Medical Emergencies Policy across the group along with standardising medical emergency response bags and contents. We continue to work with a national training provider ensuring any lessons learned are communicated widely.

- We have signed up to the Zero Suicide Alliance (ZSA), a coalition of like-minded partners determined to work together and share best practice to help rid the UK of suicide. The ZSA has attracted substantial support and membership from across the mental health system from both public and private providers.

- 76 Infection Prevention Control audits were carried out across 42 facilities by independent Infection Prevention Control Nurses and 93% were rated as good or satisfactory.

- We have introduced a policy on sexual safety and refined incident reporting systems. We have also produced a leaflet on sexual safety for service users, their friends and family.

- Over the summer we carried out a deep dive audit on our policy on Safe and Supportive Observations and NICE guidelines NG10 Violence and aggression: short-term management in mental health, health and community settings. One outcome has been updating our eLearning to ensure staff are aware how correct clinical note entries should be made.

- In the spring we carried out a review of safeguarding practices across the group. We have now harmonised policies and all services were found to have systems in place to ensure safeguarding incidents are logged, investigated and reported in line with local authority policy.
Our Quality Framework
The Elysium Quality Governance Framework enables us to deliver transparent, effective and responsive care and clarity of reporting throughout our services. The Corporate Clinical Governance and Corporate Management Committees meet monthly and are chaired by Dr Quazi Haque, Executive Medical Director and Joy Chamberlain, Chief Executive Officer respectively. The meetings are attended by the Operations Directors and the operational and clinical leads of all of our service lines. At the meetings, monthly quality reporting information from each site or service is reviewed.

Freedom to speak up
We want staff to carry out their roles to the best of their ability and ensure that those we care for receive the best possible care. Service user and staff safety and wellbeing is at the heart of everything we do. It is very important to us that any concerns relating to the safety or wellbeing of staff or service users are raised. There are six different ways people can raise concerns, each offering a different route depending on what is most comfortable for the person raising the concern.

At Elysium you can speak up by raising a concern with:

1. the Line Manager
2. the Registered Manager
3. the Operational Director
4. the Elysium Board
   (direct access to the Board by email)
5. the nominated company Speak Up Guardian
6. our Staff Concern Line
   which is operated by an independent company
7. We will be introducing a seventh Speak Up option in the summer of 2019 which will enable staff to raise concerns online to an independent company.
Part 3
Review of performance

Our quality objectives for 2018 | 2019 focused on the domains of Safety, Effectiveness and Experience.

Our results

<table>
<thead>
<tr>
<th>Neurological Services</th>
<th>Result</th>
</tr>
</thead>
</table>
| Safety                | Implement the National Early Warning Score 2  
|                       | Implement The Classic Safety Thermometer |
| Effectiveness         | Develop and implement iCare  
|                       | iCare has been piloted with successful results and will be rolled out this year. |
| Experience            | Implement the ReSPECT framework |

<table>
<thead>
<tr>
<th>Children &amp; Education</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Maintain Quality Network for Inpatient CAMHS status</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Implement Cognitive Remediation Treatment (CRT)</td>
</tr>
<tr>
<td>Experience</td>
<td>Develop family based principles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Result</th>
</tr>
</thead>
</table>
| Safety               | Implement the Safewards model  
|                       | Safewards has been piloted in nine initial sites and will be rolled out further this year. |
| Effectiveness        | Promote healthier lifestyles |
| Experience           | WISHE Framework  
|                       | WISHE has been implemented in set sites as a pilot and will be further extended this year. |
CASE STUDY

Our quality initiatives for learning disability and autism services in 2018/2019

1. We set up a neurodevelopmental network. This brings staff from Learning Disability and Autistic Spectrum Disorder services (including our community services – Elysium Care Partnerships) together. The work from this forum feeds into our Governance Network and through Corporate Clinical Governance. It is an excellent platform to share good practice and provide professional peer support and learning.

2. Elysium’s learning disability and autism services have signed up to STOMP which stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.

3. The Green Light Toolkit, developed by the National Development Team has been implemented across our learning disability and autism sites. The materials in the toolkit are designed to help improve the quality of mental health services for adults with learning disabilities and/or autism.

4. We introduced epilepsy recording and risk assessments which we cascaded to all learning disability and autism services for implementation.

5. We have developed better Clinical Treatment Review documentation through the sharing of good practice.

6. We created a new dashboard for Care Programme Approach (CPA) and Clinical Treatment Reviews (CTRs). This was developed by our Information Management Team in tandem with the re-development of our Clinical Treatment Review documentation.

7. We are piloting My QoL- a sensory software (and hardware) solution which is aimed at supporting people to have a better experience of care and provides individualised sensory therapy.

8. We have reviewed Positive Behavioural Support across our learning disability and autism services.

Dr Harinder Bains
Clinical Director for Neurodevelopmental Services

Dr Harinder Bains worked with NHS England throughout 2018 to develop a quality therapeutically driven service specification for Autistic Spectrum Disorder provision in a hospital setting. He is also co-opted by the Royal College of Psychiatrists Intellectual Disability Faculty onto the Executive Committee as a representative of the Independent Sector.
Safewards

Safewards is a model of care designed to reduce conflict and containment in the ward environment. This year we piloted Safewards across nine of our sites. Sarah McKee is a Clinical Lead Nurse at Ty Grosvenor in Wales. She explains how she went about implementing Safewards at her hospital.

When staff came on induction at Ty Grosvenor I was able to teach Safewards right from day one. This meant that in a brand new hospital, every single person that stepped through the door had the right training on Safewards at the right time creating a really positive impetus and culture.

I found that to be able to embed and implement Safewards, the whole Multidisciplinary Team (MDT) must come on board and approve the model.

I then recruited two Safewards Champions (one on each shift) who are Recovery Workers. I feel that this empowers the Recovery Workers to be role models and get the best out of their team. The Safewards Champions have one day off the ward each month to complete Safewards work, audit and implement new interventions.

I firmly believe that with passion and support from the MDT and Ward Manager, Safewards is not so hard to implement and the results are significant.

Sarah McKee, Clinical Lead Nurse, Ty Grosvenor

As a TMVA (Therapeutic Management of Violence and Aggression) tutor and a nurse I am very passionate about reducing conflict and containment in mental health settings.

When I heard about Safewards, I believed that if this was implemented correctly then this would be extremely effective.

Initially, I tried to embed this myself within a PICU setting and it proved extremely difficult with time and training. However, I was given a promotion in a brand new hospital and believed that this was the time to implement and embed Safewards.

Dr Michelle Rydon-Grange

My Relaxation Tool Box

We all have a baseline behaviour, and for the majority of us, this is not aggressive. However when we feel upset, our emotions may lead to anger. When you feel angry you and others will start to identify this. This may be by your facial expressions, tone of voice, body language/movement.

Medication upon request may be effective at times, however to ensure that you use your own coping strategies to the best of your ability, we offer a number of objects, cue cards or other tools that may help you.

Below is a number of tools for you which may help you at times when you or staff identify an escalation in behaviour. Please tick the boxes which you think will help you, and if there is anything else to add them please document this and we will try our best to provide this.

You can ask for these before you use PRN medication.

- A cup of tea
- Stress management balls
- Massage balls
- 1:1 sessions
- Ward relaxation
- Comfort
- A walk outside
- Hot chocolate
- Mindfulness art
- Sensory sand
- Music
- Quiet time

Our staff will ask you, your family and/or your carers a series of questions to allow us to get to know you better.

These questions will include your likes, dislikes, hobbies, interests. In fact, when we find out about Service Users interests, this information is often passed around the team so that we can all use it to engage the Service User.

About Me

Getting to know you

Things I like - this can include things like cooking, baking etc

What I dislike - this can include spiders, boredom etc

My hobbies and interests

My favourite TV programmes and films
Clinical Tools used within Elysium

Elysium use a range of tools to measure and monitor services and treatment. These tools also evidence our outcomes. This table details the core tools that we use.

### Adult Services

<table>
<thead>
<tr>
<th>Tool Description</th>
<th>Tool Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health of the Nation Outcomes Scales (HoNOS) was developed by the Royal College of Psychiatry as a measure of the health and social functioning of people with severe mental illness.</td>
<td>My Shared Pathway was developed with the Royal College of Psychiatry. It is a recovery and outcome focused model.</td>
</tr>
<tr>
<td>The START is a concise clinical guide for the dynamic assessment of short-term (i.e. weeks to months) risk for violence (to self and others) and treatability. START guides clinicians toward an integrated, balanced opinion to evaluate the service user’s risk across seven domains.</td>
<td>EQ-SD (EuroQol) Applicable to a wide range of health conditions and treatments, it provides a simple descriptive profile and a single index value for health status.</td>
</tr>
<tr>
<td>The Historical Clinical Risk Management-20, Version 3, is a comprehensive set of professional guidelines for the assessment and management of violence risk.</td>
<td>The Recovery Star, developed by the Mental Health Providers Forum, is an outcomes measure which enables people using services to measure their own recovery progress, with the help of mental health workers or others. There are a number of stars which service users can choose to work with.</td>
</tr>
<tr>
<td>This was developed in collaboration with the Welsh Government in response to a series of homicide enquiries. WARRN risk assessment is now used in all Health Boards in Wales covering mental health, forensic services and CAMHS services along with their associated Local Authorities.</td>
<td>The Lester Positive Cardiometabolic Health Resource is an intervention framework for adults with psychosis on antipsychotic medication.</td>
</tr>
<tr>
<td>The SAPROF is a violence risk assessment tool specifically developed for the assessment of protective factors for adult offenders. The tool was intended to be used in addition to risk focused Structured Professional Judgment assessment tools, such as the HCR-20 or the HCR-20v3.</td>
<td>This is a malnutrition assessment tool, designed to help identify adults who are underweight and at risk of malnutrition, as well as those who are obese.</td>
</tr>
<tr>
<td>The RSVP is a sex offender risk assessment tool that follows the structured professional judgement approach to the assessment and management of sexual violence risk.</td>
<td>These are a national requirement for adults with a learning disability.</td>
</tr>
<tr>
<td></td>
<td>NEWS (National Early Warning Score) This is a standardised national tool across service providers. It tracks six physiological parameters and alerts the nurse who is taking physical observations when a parameter varies from the norm and that intervention is required.</td>
</tr>
<tr>
<td></td>
<td>QRISK3 This is a national tool for working out the risk of a heart attack or stroke over the next ten years.</td>
</tr>
</tbody>
</table>
## Part 3: Review of performance

### CAMHS

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HoNOSCA</td>
<td>Health of the Nation Outcome Scale for Children and Adolescents (patient version) is a 13-item questionnaire to score the behaviour, impairments, symptoms and social functioning of children and young people with mental health problems and indicates the severity of each problem on a scale of 1-4.</td>
</tr>
<tr>
<td>SDQ</td>
<td>The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire and includes 25 items which are divided between five scales.</td>
</tr>
<tr>
<td>EDE-Q</td>
<td>The Eating Disorders Examination Questionnaire (EDE-Q) is a 41-item self-report questionnaire. It includes four subscales (Restrain, Eating concern, Shape concern and Weight concern), a global score and behaviours over a 28-day time period.</td>
</tr>
<tr>
<td>P-CAN</td>
<td>The Pros and Cons of Anorexia Nervosa (P-CAN) Scale is a quantitative measure of both positive (valued) and negative aspects of Anorexia Nervosa.</td>
</tr>
<tr>
<td>MSCARED</td>
<td>The Motivational Stages of Change for Adolescents Recovering from an Eating Disorder (MSCARED) is a brief questionnaire designed for adolescents.</td>
</tr>
<tr>
<td>CET</td>
<td>The Compulsive Exercise Test (CET) is a measure of problematic exercise that has been developed specifically for use in eating disorder research and assessment, and within a cognitive-behavioural framework.</td>
</tr>
<tr>
<td>STAI</td>
<td>The State-Trait Anxiety Inventory (STAI) is a commonly used measure of trait and state anxiety.</td>
</tr>
<tr>
<td>ChOCI</td>
<td>The Childhood Obsessive Compulsive Inventory (ChOCI) consists of two sections (obsessions and compulsions), each comprising 16 questions.</td>
</tr>
<tr>
<td>CDI</td>
<td>The Children's Depression Inventory (CDI) is a reliable and well tested symptom-oriented scale that measures symptoms of depression in young people.</td>
</tr>
<tr>
<td>Beck Youth Inventory</td>
<td>The Beck Youth Inventory (BYI) is a 100-item self-report measure comprising five self-report inventories that can be used separately or in combination to assess symptoms of depression, anxiety, anger, disruptive behaviour, and self-concept.</td>
</tr>
<tr>
<td>Recovery Star</td>
<td>The Recovery Star, developed by the Mental Health Providers Forum, is an outcomes measure which enables people using services to measure their own recovery progress, with the help of mental health workers or others. There are a number of stars which service users can choose to work with.</td>
</tr>
</tbody>
</table>
### CAMHS

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADOS</td>
<td>The Autism Diagnostic Observation Schedule (ADOS) is a semi-structured assessment of communication, social interaction, and play (or imaginative use of materials) for individuals thought to be living with autism or other pervasive developmental disorders.</td>
</tr>
<tr>
<td>ADI/3DI</td>
<td>The Autism Diagnostic Interview-Revised (ADI-R) is a structured interview conducted with the parents of individuals who have been referred for the evaluation of possible autism or autism spectrum disorders.</td>
</tr>
<tr>
<td>CGAS</td>
<td>The Children’s Global Assessment Scale (CGAS) is a numeric scale used by mental health clinicians to rate the general functioning of young people under the age of 18. Scores range from 1 to 90 or 1 to 100, with high scores indicating better functioning.</td>
</tr>
<tr>
<td>SCQ</td>
<td>The Social Communication Questionnaire (SCQ) is an instrument for screening for autism in individuals over the age of four with a mental age over two years. The SCQ contains 40 yes/no items, which can be completed in less than ten minutes by a parent or other caregiver. The SCQ has two forms: the Lifetime Form, which focuses on behaviour throughout development, and the Current Form, which focuses on behaviour during the most recent three months. The instrument yields a total score for comparison to defined cut-off points.</td>
</tr>
<tr>
<td>SNAP-IV</td>
<td>The Swanson, Nolan and Pelham Teacher and Parent Rating Scale (SNAP), developed by James Swanson, Edith Nolan and William Pelham, is a 90-question self-report inventory designed to measure Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD) symptoms in children and young adults. Each question measures the frequency of a variety of symptoms or behaviours, in which the respondent indicates whether the behaviours occur “not at all”, “just a little”, “quite a bit”, or “very much”. The questionnaire takes about ten minutes to complete and is designed for use with children and young adults aged 6–18.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASI</td>
<td>The Wechsler Adult Scale of Intelligence (WASI) is an IQ test designed to measure intelligence and cognitive ability in adults and older adolescents.</td>
</tr>
<tr>
<td>MACI</td>
<td>Developed specifically for teens, the Millon Adolescent Clinical Inventory (MACI) evaluates concerns, demands, and conditions that teens encounter. For example, the MACI measures emotional patterns, clinical symptoms, and apprehensions in teen life. Common uses for this instrument are with psychologists, psychiatrists, juvenile justice professionals, and school mental health professionals. Participants are asked to respond to 160 true/false items. Approximately 25 to 30 minutes is required for completing the test and it can be taken by paper and pencil, CD, or with a computer. The recommended age for participants is 13 to 19 years old.</td>
</tr>
<tr>
<td>CRIES-8</td>
<td>Children’s Revised Impact of Event Scale (CRIES) 8 is a widely used screening tool measuring children at risk for post-traumatic stress symptoms, and is designed to be used in children aged eight and above. It has been applied in a variety of cultures as post-traumatic stress symptoms in children are more similar than they are different from one culture to the other.</td>
</tr>
<tr>
<td>CATS</td>
<td>The Child &amp; Adolescent Trauma Screen (CATS) questionnaire is a short freely accessible screening instrument directly based on the DSM-5 criteria for Post-Traumatic Stress Disorder (PTSD). It is a measure of potentially traumatic events and of post-traumatic stress symptoms.</td>
</tr>
</tbody>
</table>
### CAMHS

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPRS-C</td>
<td>The Brief Psychiatric Rating Scale for Children (BPRS-C) provides quantitative representation of seven major dimensions of psychopathology, separating some 18 DSM-III child and adolescent diagnostic groups. The BPRS-C is similar to the Brief Psychiatric Rating Scale (BPRS) for adults in providing a format for rating the presence and severity of 21 symptoms on an individual seven-point scale ranging from 'not present' to 'extremely severe'.</td>
</tr>
<tr>
<td>DAWBA</td>
<td>The Development and Well-Being Assessment (DAWBA) is a novel package of questionnaires, interviews, and rating techniques designed to generate ICD-10 and DSM-IV psychiatric diagnoses on 5-16-year-olds.</td>
</tr>
<tr>
<td>Rosenberg</td>
<td>The Rosenberg self-esteem scale (RSES), developed by sociologist Dr. Morris Rosenberg, is a self-esteem measure widely used in social-science research. It uses a scale of 0-40 where a score less than 15 may indicate problematic low self-esteem.</td>
</tr>
<tr>
<td>SCORE-15</td>
<td>The SCORE-15 is one of a group of self-report measures of family processes derived from the original SCORE-40 (Stratton et al, 2010). These measures are designed to indicate aspects of family life and relationships that are relevant to therapy and for therapeutic change. The SCORE-15 has 15 Likert scale items, and six separate indicators, three of them qualitative, plus demographic information. It records perceptions of the family from each member over the age of 11 years. A version for younger children (8-11 years) is also available and translated versions are being developed and tested.</td>
</tr>
</tbody>
</table>

### Neurological

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWS (National Early Warning Score)</td>
<td>This is a standardised national tool across service providers. It tracks six physiological parameters and alerts the nurse who is taking physical observations when a parameter varies from the norm and that intervention is required.</td>
</tr>
<tr>
<td>Gold Standards Framework</td>
<td>The National Gold Standards Framework (GSF) is a systematic, evidence-based approach to optimising care for all patients approaching the end of life, delivered by generalist frontline care providers.</td>
</tr>
<tr>
<td>The Rosenberg</td>
<td>The Rosenberg self-esteem scale (RSES), developed by sociologist Dr. Morris Rosenberg, is a self-esteem measure widely used in social-science research. It uses a scale of 0-40 where a score less than 15 may indicate problematic low self-esteem.</td>
</tr>
</tbody>
</table>
Benchmarking through peer review

Elysium is committed to reporting clinical performance in a way that will support the creation of aligned national frameworks to permit comparison across NHS and independent service providers. We participate in peer review networks which enable our performance to be reviewed in an independent and transparent way. We learn from peer reviews and they help us make policy and procedural changes which support the mandate for greater service user involvement and engagement.

All hospitals scored highly with The Spinney achieving a score of 96% against the standards in Low Secure Care and 97% for Medium Secure Care.

<table>
<thead>
<tr>
<th>Site</th>
<th>Location</th>
<th>Low Secure Score</th>
<th>Medium Secure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arbury Court (2017)</td>
<td>Cheshire</td>
<td>78%</td>
<td>87%</td>
</tr>
<tr>
<td>Chadwick Lodge (2017)</td>
<td>Buckinghamshire</td>
<td>78%</td>
<td>84%</td>
</tr>
<tr>
<td>Farmfield (2017)</td>
<td>Surrey</td>
<td>77%</td>
<td>77%</td>
</tr>
<tr>
<td>The Spinney (2016)</td>
<td>Manchester</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>Thornford Park (2017)</td>
<td>Berkshire</td>
<td>86%</td>
<td>87%</td>
</tr>
<tr>
<td>The Farndon Unit (2018)</td>
<td>Nottinghamshire</td>
<td>72%</td>
<td>NA</td>
</tr>
</tbody>
</table>

There are positive relationships in place between staff and service users and feedback from service users reflected this. Service users feel that staff listen to and understand them and appreciate the level of involvement that they are given such as providing their feedback during regular community meetings.

Arbury Court Peer Review

Staff of all levels are positive about the service and are proud to be working there. Senior staff are well invested in the quality improvement process and were keen to inform the review team of their successes and proposed future developments, as well as share areas of challenge for further discussion.

Chadwick Lodge Peer Review
### Quality Network for Inpatient CAMHS

<table>
<thead>
<tr>
<th>Site Location</th>
<th>% of Standards Met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ridgeway Unit (2017)</strong></td>
<td></td>
</tr>
<tr>
<td>Environment &amp; Facilities</td>
<td>93%</td>
</tr>
<tr>
<td>Staffing &amp; Training</td>
<td>98%</td>
</tr>
<tr>
<td>Access, Admission and Discharge</td>
<td>99%</td>
</tr>
<tr>
<td>Care &amp; Treatment</td>
<td>100%</td>
</tr>
<tr>
<td>Information, Consent &amp; Confidentiality</td>
<td>100%</td>
</tr>
<tr>
<td>Young People’s Rights &amp; Safeguarding Children</td>
<td>100%</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>99%</td>
</tr>
</tbody>
</table>

### Mission Fit

Mission Fit is a 13 week modular programme that uses physical exercise to support education on the NHS Eat Well Guide. We rolled this out across our secure and rehabilitation services and 73 service users completed the programme in cohort one. There was a wide range of activities covered including community football, badminton, swimming, Zumba, street dance, cheerleading, boxercise, walking, Tai Chi, cycling sessions and other activities. 52 service users lost weight with a total weight loss of 142.5kgs (22 stone 6lb) between them. The programme and our outcomes were presented to the Quality Network in Forensic Mental Health and generated interest from many services.
Evaluating care

One of the most important measures in evaluating care is the feedback from service users. This year we held consultation workshops across the group to discuss the existing service user survey to see if, together with our staff and service users, we could develop better, more accessible surveys that gathered meaningful information.

Here is the main feedback from our new surveys:

<table>
<thead>
<tr>
<th>Service User Satisfaction Survey 2019</th>
<th>Adult</th>
<th>Key strengths</th>
<th>Areas for us to develop</th>
<th>CAMHS</th>
<th>Key strengths</th>
<th>Areas for us to develop</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Feeling welcomed and supported when arriving on the ward for the first time</td>
<td>Enhance activities at evenings and weekends</td>
<td></td>
<td>Feeling welcomed when arriving at the service</td>
<td>Clearly explain the rules on the unit and why these exist when a young person is admitted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Being clear about what I need to achieve to move on</td>
<td>Improve access to computers and the internet</td>
<td></td>
<td>Involving family and carers in planning care</td>
<td>Clearly explain observation levels and how these are used to support young people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Having confidence and trust in the clinical team</td>
<td>Improving access to information on the side effects of medicines</td>
<td></td>
<td>Access to education</td>
<td>Improving access to information on the side effects of medicines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Being treated with respect and dignity</td>
<td></td>
<td></td>
<td>Knowing how to raise a concern and access advocacy</td>
<td>Clearer communication surrounding the planning of CPAs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attending and being listened to in community meetings</td>
<td></td>
<td></td>
<td>Having individual needs met</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Knowing how to make a complaint</td>
<td></td>
<td></td>
<td>Feeling comfortable in approaching staff</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Helping people to keep in touch with their family and friends</td>
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</tbody>
</table>

“I have a voice with the Consultants”

“Staff are friendly and good to talk to”

“Food is OK most of the time”

“When I arrived I had everything explained to me and I was introduced to other patients”
This toolkit has been developed by NHS England in partnership with UCLAN (The University of Central Lancashire). It has been co-produced by a steering group, involving a wide range of experience and expertise, most importantly carers themselves. In addition to the contributions of the steering group there has been wide involvement from a range of carers, service users, commissioners and service providers. The toolkit is based both on previous research, including a recent Scottish Study (Ridley et al. 2014), and a new study into how carers’ needs are met within secure services in England. A separate report outlining the results of this new study has also been produced.

The accompanying short films were similarly produced using participatory methods, led by the Flexible Films team who are film-makers with lived experience of mental health care.

### Developing the toolkit

This toolkit is meant to be used in any way that is most helpful. You can find your way through the document by clicking through the pages or going directly to content that interests you by following links.

This document is only compatible with Adobe Acrobat and some elements will not display/function correctly whilst using other PDF viewers. Click here to download the latest version.

### Learning Disability & Autism

<table>
<thead>
<tr>
<th>Key strengths</th>
<th>Areas for us to develop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doing well or making progress with eating a healthy diet</td>
<td>Learning to manage money</td>
</tr>
<tr>
<td>Learning new skills and taking part in activities that will help me be more independent</td>
<td>Having help in learning to cook meals</td>
</tr>
<tr>
<td>Feeling safe and looked after where I am</td>
<td>Promoting exercise</td>
</tr>
<tr>
<td>Staff helping me change behaviours to make everyone safe</td>
<td></td>
</tr>
<tr>
<td>Recommended to friends and family if they need similar care and support</td>
<td></td>
</tr>
</tbody>
</table>

**“Staff challenge my eating disorder”**
**“Staff made me feel welcome”**

**“You are able to talk to your primary nurse”**
**“Nice rooms they are comfortable and calming”**
**“Progress has been made”**

### Carers Toolkit

We have audited our services against the toolkit and we are committed to fully supporting its implementation in the coming year.
Co-production

Co-production is firmly embedded in the culture of our people and those we care for. Over the last year we have seen exciting results from this partnership.

Service User Conference

Our Service User Conference 2018 was a great success. It was co-produced by service users and families which included:
- The development of content for the main conference programme
- The design of a conference logo
- Delegate bag contents
- The running order
- Choosing the venue and catering
- Appointing external speakers

On the day:
- Service users managed the registration and delegate bag management
- SU Conference Committee welcomed and helped people on arrival
- We held an Art Exhibition of service user work including static artwork, sculpture and poetry from across all our sites
- We ‘streamed’ performances, more artwork, time lapse videos and poetry
- We held a ‘Buskers Corner’ where service users sang covers and songs they had written
- Service users managed the roaming mics for Q&As
- Supported one another
- Each performance or presentation became part of a graphic facilitation created throughout the day

Feedback from the day:

Logo designed by Service Users

#SUConf18
A film celebrating this event can be seen on our website

https://www.elysiumhealthcare.co.uk/blog/suconf18/
Service User Network

Elysium has proved that working closely with service users can produce truly inspirational results. We have seen evidence of this in our Service User Conference and co-production of Geese projects just to name two. Our Service User Network, led by service users, ensures that their voice can be heard in how we develop our services, how we operate our services and how we plan co-produced work.

CASE STUDY

Service User Network initiatives – The buddy scheme at Wellesley

Wellesley Hospital launched the ‘buddy’ scheme for service users and staff. We identified that a number of the staff we were recruiting wanted to better understand what it’s like to be in the service users’ position. Service users were given the opportunity to mentor our team of carers on how to communicate more effectively with them within the given environment.
Achievement
Martha Owen, Assistant Psychologist said:

"The buddy scheme is now part of our Recovery College. Service users can choose to sign up to the buddy scheme where they pair with a member of staff of their choice".

Outcome
Our buddy scheme enables service users and staff to build respect and a rapport. It strengthens the opportunity to engage and is really appreciated by staff and service users alike.

One individual using the scheme said:

"I feel listened to, and my views and past experiences have been acknowledged in a positive way".

As the service at Wellesley grows, the project will continue to grow and develop. The initiative is also being shared with other services across the Elysium group.

"Since introducing the buddy scheme the service users have felt more engaged and motivated to want to communicate with staff openly regarding their experiences with their own mental health. The scheme is proving to increase levels of self-esteem with the service users as they feel their personal experiences are being listened to and valued. Staff feel that they have gained more insight into the emotive side for each service user and this has positively improved and impacted their daily practice".

Gerry Graham
Hospital Director, Wellesley Hospital
Care Programme Approach (CPA) Patient Related Outcome Measure (PROM)

Over the course of 2018/2019 we worked with service users to identify a quality measure that would be meaningful from their perspective. Service users chose to base the quality measure on the Care Programme Approach because it is such an important part of reviewing where they are in their pathway and future plans.

How it works:
- The service user receives a printed postcard which enables them to grade their CPA meeting between one and five.
- They can use a tick box to indicate where the main areas of concern are and write free text.
- The data from the postcards is entered in our electronic records and discussed with the clinical team to see what we can learn from the feedback and improve future CPAs.
- The service user keeps the postcard in their portfolio so they have a record of each meeting and can track how satisfied they are.

This initiative is a real opportunity for service users to express their feelings about their CPA. It is also an opportunity for clinical teams to review each CPA in light of the feedback provided by the service user. We look forward to reporting on the success of this initiative in next year’s Quality Account.

Real work opportunities for service users

Providing meaningful work opportunities for service users is an integral part of the rehabilitation experience at Elysium.

What we have in place
- Elysium-wide awareness of the therapeutic use of work
- Consistent payment protocols for service users
- Local action plans to support work opportunities
- Annual reviews to reflect on achievements
- Designated local Work Opportunity Champions
- Expert by Experience roles
- Guidance and support packs for service users
Application forms and references from various activities that the clients attended on a weekly basis were sourced and completed and clients brought these along to their interviews. Clients dressed up professionally for the interviews.

Tina Read of Ormesby House said “On hearing the news that Kenny had been successful in achieving the position of a Quality Checker he cried and emotionally said:

“I have never had a job and I am so happy.”

Tina said “I am in my eighth year of working at Ormesby House and I have to say that this was one of the most rewarding times for me. Just to see this man empowered and totally full of pride for what he had just achieved.”

Kenny proudly tells everyone that visits Ormesby House about his job and his role and shows them his Quality Checkers badge. To help remind Kenny of the journey of applying for the role he has developed a folder which shows each stage of the process he went through.

Tina Read, Manager and Kenny, Quality Checker, Ormesby House

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**CASE STUDY**

**Empowering clients in their services within Elysium Care Partnerships**

Celebrating CQC Outstanding and Good status across all Elysium Care Partnership services, a Community Learning Disability Services Manager and a client shared one initiative that really makes a difference when it comes to being involved in service delivery.

Elysium Care Partnerships created positions in eight homes for clients to apply for the roles of Quality Checkers. The job and the role would involve visiting other homes on a monthly basis and checking all areas of health and safety, food quality and activities. A picture symbol tick list document was created to help support clients to fulfil this role. The positions were advertised within the homes for clients to apply. They were encouraged and supported by staff.
**Investment in our workforce**

Our people are our greatest asset and their training, health and wellbeing are very important to us. The settings in which our teams work are highly specialist and we have developed our training matrix to support this. We have also invested in our induction programme to help better prepare new staff for their roles in the care sector.

We have a well-developed Preceptorship Programme to support newly registered nurses and as we move into 2019/2020 we will extend this so their training can continue.

As we talk to our people and listen to the challenges they face and the work life balance they are seeking to achieve we are always looking for new ways to develop and support staff. This year we introduced a Workforce and Nursing Solutions role to develop a strategy to support our clinical workforce and as we move through 2019 we will see this strategy implemented.
Elysium Psychology Graduates Academy Programme

The Elysium Psychology Academy was developed by Joy Chamberlain, Chief Executive Officer and Professor Nick Alderman, Clinical Director, Neurobehavioural Rehabilitation Services to attract skilled Psychology Graduates to Elysium services and invest in their career development as the clinical stars of the future.

Experience gained by graduates who are employed and placed in the academy is invaluable. They gain experience working on the clinical frontlines and amass skills and experience that will benefit any future clinical profession.

Graduates learn important skills including how to work as a member of a team; acquire confidence in working with populations that may challenge; appreciate what the different healthcare disciplines bring in meeting the needs of service users; and have the opportunity to fully appreciate whether a career in applied psychology in healthcare settings is the right career choice for them.
Preceptorship Programme and Preceptorship Academy

Elysium is committed to the development of newly registered nurses and supports this with a fully structured and researched Preceptorship Programme, completed within the services of the organisation. In addition to the Preceptorship Programme, Elysium also provide a Preceptorship Academy for all newly qualified nurses to gain extra support and training over a 12 month period.

Assistant Practitioner Apprenticeship programme

The Assistant Practitioner apprenticeship prepares the Healthcare Workers to become Assistant Practitioners and they qualify with a Level 5 Foundation Degree (or Diploma). The Assistant Practitioner is a highly trained Senior Support Worker who takes on extra responsibility in the care of the service user group and they gain many new skills including those associated with physical health.

Skills Development Programme

The Skills Development Programme is a 12-month education programme for Healthcare Workers (HCW). The programme supports those who are hoping to go on and undertake a more senior HCW role within their service where they will be given added responsibility in either leading in a specific area of their ward/unit’s work activities or for those who wish to go on and apply to undertake their nurse training with support from Elysium.

The four educational themes of the programme include:

1. Therapeutic interventions
2. Physical healthcare
3. Mentoring and supervising junior staff
4. Personal development

<table>
<thead>
<tr>
<th>Programme</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Degree Apprentices</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Associate Apprentices</td>
<td>11</td>
</tr>
<tr>
<td>Assistant Practitioner Apprentices in training</td>
<td>14</td>
</tr>
<tr>
<td>Assistant Practitioner Apprentice applications for next cohort</td>
<td>18</td>
</tr>
<tr>
<td>Preceptorship nurses through Preceptorship Academy</td>
<td>145</td>
</tr>
</tbody>
</table>
Part 3: Review of performance

Overseas Nurses

A national shortage of nurses means there are more vacancies than candidates. Elysium are actively looking overseas to attract high quality nurses to ensure safe staffing levels for service users.

It’s anticipated 300 overseas nurses will join Elysium between now and the end of 2021. We have developed an OSCE project team to support nurses coming to us and we run training courses every month to support them.

What is OSCE?

The Objective Structured Clinical Examination (OSCE) is a modern assessment method based on a student’s performance designed to test clinical ability, performance and competence in skills such as communication, nursing procedures and recording of accurate documentation.

Once our overseas nurse has safely landed in the UK and settled in, they attend the Elysium pre-OSCE Training Programme consisting of a five-day course covering all clinical skills needed to pass the OSCE exam. They complete a mock exam on the fifth day in line with the exam conditions of those set out in the NMC OSCE exam.

Upon successfully passing the OSCE exam they will be registered on the NMC register to enable them to practice as a nurse in the UK.

Following the great success of the project, the OSCE team are setting up a simulated test centre at Victoria Gardens to enable Elysium to replicate the current Competency Test Centre at Ulster University in Derry, Northern Ireland.
Health & wellbeing of our people

At Elysium, the health and wellbeing of those who work for us is key. Last year we introduced a Health & Wellbeing Team who visited staff at sites to listen to their needs, provide healthy advice and some key relaxation techniques. This year we increased the size of the team to provide even more support.

Here’s what happened at one of our sites:

What did we provide?

- Education session on “What is Wellbeing?”
- Mindful Morning
- Indian Head Massage
- VIP Experience Photoshoot
- Energy Therapy Fruit Bowls
- Friendship Wall
- Neck Back & Shoulder Massage
- Positive Intention Talks
- Herbal Tea
- Mission Fit Introduction
What was the feedback from our people?

- **100%** said the sessions were a positive experience
- **93%** said the sessions had a positive impact on the workplace environment
- **90%** said the sessions helped them feel more motivated
- **100%** said the treatments will help reduce workplace stress
- **93%** said the sessions made them feel more valued in the workplace
- **90%** said the sessions had shown them ways to help raise their own level of wellbeing in the future
- **100%** would like staff wellbeing days offered on a regular basis

What did they say about the sessions?

"10/10 FAB"
"You're spoiling us!"
"Thank you, it was lovely to have 'me' time for half an hour. It was lovely going back to work feeling relaxed"
"Please do this again"
"I felt fabulous. Very calm. Literally as if a weight has been lifted off my shoulders"
"Refreshed, energised, alert"
"Relaxed, peaceful - ready for the task in hand"
"Very relaxed, comfortable, stress free"
"Relaxed. New perspective on things"
"Less anxious and more relaxed"
"Thank you for this"
"Brilliant"
Revalidation for Nurses

Introduced by the Nursing & Midwifery Council (NMC) in April 2016, revalidation is the new process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC. It helps our nurses demonstrate their practice is safe and effective. It encourages nurses to reflect on the role of the NMC Code of Practice (The Code) in their practice.

All nurses need to revalidate every three years to renew their registration. The documentation for revalidation can be found on the Elysium learning platform and professional support is offered on an individual or service level by the Chief Nurse. The HR department run annual checks to ensure all nurses are up to date with their revalidation and therefore have an active PIN to allow them to practice.

Revalidation for Doctors

Revalidation for doctors is a requirement of the General Medical Council. It supports doctors to develop their practice, drives improvements in clinical governance and gives the patients confidence that doctors are up to date with practice. The following measures are in place to support this process:

- Implementation of national policy and reporting requirements
- Adherence to the annual appraisal system
- Nominated Responsible Person
- Oversight of Clinical Governance
- Completion of revalidation recommendation submissions
- A culture of support for doctors with their personal development and appraisal needs

Regulation & Inspection

We welcome the regulatory inspection programmes of the Care Quality Commission (CQC), Healthcare Inspectorate Wales, Care Inspectorate Wales and OFSTED. In addition to inspection by these bodies many of our services undergo external peer reviews. We also report to the NHS and the General Medical Council with respect to the revalidation of all our doctors and to the NMC in respect of our nurses.

Our Hospital Directors, Managers, Care Centre Directors and clinical teams also work closely at local level to liaise with safeguarding teams, community teams, police and medical health organisations.

Care Quality Commission Inspections

At the time of this report Elysium has 64 services registered with the Care Quality Commission. 29 services were inspected during the year.

CQC Status

Outstanding: 24%
Good: 59%
Requires Improvement: 17%

CQC Status
Healthcare Inspectorate Wales and the Care Inspectorate Wales

Elysium has six services registered with Healthcare Inspectorate Wales, two of which were inspected during the reporting year. There is one service registered with the Care Inspectorate Wales. Although there is no comparable rating system all of our services deliver good care and there are no issues with any registration. We also work very closely with the Local Health Boards to ensure that we meet quality standards on the core framework agreements.
Department of Health mandatory indicators

The NHS (Quality Accounts) Amendment Regulations 2012 set out a core set of quality indicators, which we are required to report against in our Quality Account. We have reviewed the indicators and are pleased to provide our status against them.

Ensuring that people have a positive experience of care: staff survey

- the percentage of our workforce who would recommend Elysium to family and friends if they needed care or treatment: 67%
- the percentage of our workforce that would recommend Elysium as a good place to work: 65%
- the percentage of our workforce that get satisfaction from the work they do: 78%
- the percentage of our workforce who say Elysium has a positive culture: 70%

Staff Survey 2018

Ensuring that people have a positive experience of care: service user view

- the percentage of our service users who would recommend Elysium to family and friends if they needed care or treatment: 67%

Service User Survey as of 31st March 2019

Treating and caring for people in a safe environment and protecting them from avoidable harm:

Patient safety incidents, the number and where available, rate of patient safety incidents reported and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Patient safety incident statistics

When Elysium was formed it brought 22 hospitals together which used two different incident management systems. A plan was put in place to move all original sites to the Incident Recording Investigation System (IRIS) which we successfully achieved. IRIS feeds through to live dashboards giving real time information into incidents which is invaluable for clinical teams.

Over the year we acquired new sites which diversified our service streams adding neurological services, learning disability and autism services and young people’s services. We focused on establishing our culture of ‘openness and transparency’ and actively encourage staff to report all incidents through IRIS.

Our overall results for the Quality Account detail incidents for the entire group and should not be looked at in isolation due to the nature of the services and the point at which they aligned with the IRIS system.

| Total incidents for Group per 1000 days | 99.06 |
| Patient safety incidents per 1000 days | 77.09 |
Extract from incident reporting

Our reports show that 43.26% of incidents are reported from five services. When we look at the same data in terms of the outcome of the incident we see that the largest group is Level 1 – No Harm with 95.95 incidents per 1,000 occupied bed days followed by Level 2 – Low at 237.12 incidents per 1,000 occupied bed days. Collectively these account for the outcome of 95% of incidents.

<table>
<thead>
<tr>
<th>Severity level</th>
<th>Per 1000 bed days</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 - No harm</td>
<td>59.99</td>
<td>64%</td>
</tr>
<tr>
<td>Level 2 - Low harm</td>
<td>28.11</td>
<td>30%</td>
</tr>
<tr>
<td>Level 3 – Moderate harm</td>
<td>4.12</td>
<td>4%</td>
</tr>
<tr>
<td>Level 4 – High harm</td>
<td>0.88</td>
<td>1%</td>
</tr>
<tr>
<td>Level 5 – Severe harm</td>
<td>0.09</td>
<td>1%</td>
</tr>
<tr>
<td>No severity</td>
<td>0.09</td>
<td>0%</td>
</tr>
</tbody>
</table>

The category physical assaults (30%) has the highest number of incidents this year which has taken over the category of self-harm (29%) from 2018/2019. CAMHS and learning disability and ASD services have the highest incidents of service user on service user and service user on staff assaults. Moving forward we have included in our objectives our aim of working to promote a culture of zero tolerance towards violence.
Elysium drives forward new standards in the therapeutic management of violence and aggression

Elysium Healthcare have gained the new recognised status for our therapeutic management of violence and aggression and challenging behaviour from the Restraint Reduction Network (RRN) and The British Institute of Learning Disabilities (BILD) Association of Certified Training.

The new standards were developed and agreed in 2018 in support of NHS England and NHS Improvement who are leading on a significant national programme which is focused on reducing restrictive practices. A pilot implementation project, with a small group of providers which included Elysium was then commissioned to provide a critical review of the new standards in practice within a care setting before their official launch in April 2019.

The RRN Training Standards, endorsed by a wide range of professional bodies and leading experts focus on the fundamental principles of best practice in supporting vulnerable people when they are distressed and apply to people with mental health conditions, learning disabilities or dementia across education, health and care settings.

The stringent accreditation process recognised Elysium’s leading approach in managing violence and aggression is safe, evidenced based, humane and governed to the highest standards. Elysium is amongst a very small group of providers to be awarded the certification.
Complaints
Over the past year we have harmonised complaint management systems and policies across our sites. This was necessary due to the formation of the company and the acquisitions during the year. We followed this up in the autumn with a detailed audit and our reporting captures a benchmark from which to measure going forward.

We want to ensure that our staff, service users and our stakeholders feel confident and comfortable to raise concerns or complaints with us at any time. Over the next year we will further develop our supportive culture around making complaints.

Key facts:
97% of complaints were acknowledged in writing within two working days of receipt.
81% of complaints were resolved in under 25 working days.

Mandatory Indicators
There are 16 mandatory indicators for NHS Trusts which must be reported on in the Quality Account. These indicators are not applicable to Elysium Healthcare as it is not an NHS Trust, however, there are three indicators which are included in our report.
External Review

“We are pleased that currently all Elysium Units on our National Collaborative Framework have our 3Q rating. We know they strive to be a quality provider to NHS Wales.”

Shane Mills
Director of Quality and Patient Experience / Cyfarwyddwr Ansawdd a Phrofiad y Claf
National Collaborative Commissioning Unit / Uned Gomisiynu Cenedlaethol
Notes...
We welcome feedback on our Quality Account.
Please contact us using the details below,
or call our head office:

020 8327 1800
Email us on: info@elysiumhealthcare.co.uk
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