



Quality **Account** **2017** | **2018**



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Part 1



Board statement on quality 2017/18

Our Quality Account for 2017/2018 reflects a year of development as a result of having formed the company at the end of 2016. The year gave us the opportunity to harmonise our sites and services giving clarity of provision, governance, policies, systems and quality of care.

We are pleased to report that at the end of our first full year of operation the harmonisation plan has been very successful and this is evidenced throughout our Quality Account. We are also pleased to report that the quality of our services is also evidenced through our status with the Care Quality Commission (CQC).

In harmonising our sites and services we have assessed numerous IT systems and platforms. This enabled us to develop bespoke systems which fully support the delivery of safe and effective care. We have rolled out a Virtual Desktop Environment, developed and extended our CareNotes electronic records system, developed a bespoke system for our children's services and in the next year we will introduce iCare within our neurological care homes. Our focus on safety has also seen the successful roll out of IRIS (Incident Reporting Incident System) whilst still maintaining other systems to ensure no data was lost.

As a provider of specialist health and care services we are acutely aware that we must always strive to move forward, embrace innovation and deliver the best care that we can for our Service Users. In acquiring new service streams we have looked hard at what they

deliver and undertaken a detailed review of our clinical service specifications. This has been a helpful exercise that has enabled us to identify opportunities to improve services so they are cutting edge and meet the latest clinical and government directives.

Our commitment to innovate and drive forward evidence based care has led us to be selected as a partner of choice in New Care Models as laid out in the Five Year Forward View. UK commissioning bodies choose to work with Elysium. This has been evidenced recently when Devon Partnership NHS Trust and Elysium Healthcare won the Health Service Journal Value Award for Mental Health against fierce competition.

Throughout the year we have been extremely proud of our workforce. They have coped with immense change but what stands out, above all else, is the commitment and passion of staff at every level. As our core asset we recognised that we wanted to give staff a long term future with Elysium. We developed a new Preceptorship Nursing Academy and a Career Advancement Programme for Healthcare Assistants to support their career development. We also took the decision to further invest in staff welfare and launched a new Health and Wellbeing Service for staff across the group. We launched the Elysium Service Users Conference in recognition of the tremendous success of our Service Users. This was developed by Service Users in its entirety. The Services Users, their families and the stakeholders who attended applauded the success of the event and to this end, the

event will become an annual feature for those in our care. We also look forward to sharing our Service User Strategic Plan in next year's Quality Account.

The Board is satisfied that the data presented here is of a high quality and that it evidences our first full year of operation.



Joy Chamberlain
Chief Executive Officer



Dr. Quazi Haque
Executive Medical Director



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 Healthcare, 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 entered the market with 22 sites, a strategic acquisition plan quickly grew the group to over 50 sites in five core divisions.

Our acquisitions

Raphael Healthcare

Badby Group

Stanley House

Broadham Care

Ann House

Gregory House

The Limes

Lighthouse Healthcare

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.



Mental Health
and Wellbeing



Learning Disabilities
and Autism



Neurological
Services



Children
and Education



Private Patient
Services





Mental Health & Wellbeing

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 Users and our partners' total clarity on the provision, how we deliver care and how we measure outcomes and improvements. Our Service Users play a very active role in shaping services which is supported by our group wide Service User Network.

Services

- Specialist rehabilitation services
- Secure services for men and women

CASE STUDY



New Care Models

The Five Year Forward View published by NHS England promised to deliver solutions to the huge challenges for the sustainability of the NHS. Covering prevention, efficiency gains and funding issues the report lays out plans for how to manage a health economy with continued growth and a predicted multibillion funding gap predicted by 2020.

winnerof HSJ Value Award
for Mental Health**2018**

The NHS England Mental Health Taskforce report (2015) set out the rationale for developing New Care Models for mental health. This was supported by the NHS England Five Year Forward View to achieve three main new model recommendations:

1. Promoting innovation in service commissioning, design and provision that joins up care across in-patient and community pathways (reaching across and beyond the NHS)
2. Making measureable improvements to the outcomes for people of all ages and delivering efficiencies on the basis of good quality data
3. Eliminating costly and avoidable out of area placements and providing high quality treatment and care in the least restrictive setting, close to home

Wellesley Hospital's role

As a provider in the South West, Elysium worked with NHS England and Devon Partnership NHS Trust to build and open dedicated South West secure services to specifically meet the needs of patients from that regional area. This provided a solution to the longstanding inequitable access to care for South West service users and enabled them to be repatriated back to their home area.

Wellesley Hospital has met a core aim of the South West New Care Model – to reduce out of area placements and reduce the travel time for patients and families.

In providing local capacity it is supporting the delivery of a plan to reduce out of area use and replace that with fewer more effective beds.

Patrick Neville

Strategic Development Director





Learning Disability & Autism

Elysium offers a range of specialist services to people with learning disabilities, autism and complex needs.




Our community based services provide specialist care that meets Transforming Care priorities and is tailored to the individual's needs, enabling people to lead independent, meaningful lives as active members of the community.

Our enhanced community based services provide a robust, structured setting that may suit those who are stepping down from hospital or avoiding an inappropriate hospital admission.

Our longer stay community services provide specialist support to young people transitioning out of children's services into adult services and are also specialists in working with epilepsy and complex needs.

We also provide a pathway of integrated care through our Complex Hospital Care model. These services provide timely, outcomes focused individually tailored specialist treatment and rehabilitation hospital placements that are linked to our community based support services.

Services

-  Community
-  Rehabilitation
-  Complex Care

CASE STUDY



Empower clients in their service with the Learning Disability & Autism division

Celebrating CQC Outstanding and Good status across eight community learning disability services a manager and a client shared one initiative that really makes a difference when it comes to being involved in service delivery.

Elysium Broadham Care created positions in all 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.

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 8th 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 show each stage of the process he went through.





Children & Education

We believe that children and young people are our future and value their social and emotional development as highly as their academic achievements. Our services aim to work in support of policy driven forth through the Five Year Forward View by ensuring that we give children and young people the right care at the right time in the right place. By adhering to these principals we aim to prevent children and young people from entering retracted adult mental health services and help them lead meaningful and fulfilling lives.

We have developed a wide range of services, across health, education and care, to support and enable those of our young people who need additional help. Our objective is to enable children and young people to be healthy, confident and happy living in their community.

Services

- Outpatients
- Schools
- Children's homes
- CAMHS Tier 4
(Low Secure, Eating Disorders, Neurodevelopmental, Transitional)



CASE STUDY



Introduction

I am Sam.

The Geese Theatre Company is a team of theatre practitioners who present interactive theatre and facilitate drama-based groupwork, staff training and consultation for the probation service, prisons, young offender institutions, youth offending teams, secure hospitals and related agencies throughout the UK and abroad. Here's what happened when they were commissioned by Rhodes Wood Hospital, a CAMHS service.

The Geese Theatre Company were commissioned by Rhodes Wood Hospital Patient Council to work with a voluntary group of Services Users over the summer of 2017 to produce a film of the journey from admission to discharge of 'Samantha' a pseudo patient. The film was created to provide indirect patient-led staff training for the Eating Disorder service.

Achievement

'*I am Sam*' empowered the Service Users to give them confidence and skills which they could use in their futures. After the making of the film staff reported an increase in the confidence of Service Users and decrease in self harming behaviours.

Benefit & Outcome

The film was also presented at Elysium Healthcare's Service User Conference 2017 and at the Eating Disorder International Conference in 2018. Today the film is used by the Patient Support Worker to facilitate

discussions with new Service Users within the Patient Council and with carers and family support groups. A training module has been created to be delivered to new staff members as part of their induction.



Quote:

"Being part of the Geese film project was an amazing experience as, not only was it great fun, but it also strengthened relationships between staff and young people and we all felt like we were contributing something of huge value. It was a privilege to watch the Service Users develop skills and make progress in their own journeys as a result of the project, and to watch the comradery grow from start to finish. I hope we will be able to offer more initiatives like this in the future."





Neurological

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 site 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.



CASE STUDY



'Come out into the garden'

Elysium
Neurological
introduces *for residents and families*

Lesley Collins, Care Centre Director, Badby Park shares how a new concept at Badby Park brought staff, residents and families closer together.

"We wanted to look at a new initiative to bring our residents, our staff and their families together. We all work together but there was more we could do to build relationships and explore different experiences together."

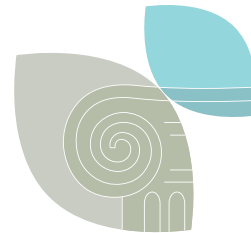
Badby Park launched Dementia friendly training to support a new scheme which encouraged a gardening group for residents and families, supported by staff. Not only did it deliver education and sensory experiences but it also

triggered a wider interest in social activities which now include increased trips out to visit gardens and places of interest.

The concept was initially suggested by a Carer as something that could benefit all and included specific dementia gardening training for increased awareness attended by four staff. It has been so successful that there is now an ongoing project to use the ideas which were learned on the training to benefit the residents and their families in many different ways.

Lesley said:

"This initiative has encouraged much greater family involvement and the work undertaken by the gardening group enhances the environment for the residents. We have noticed a positive impact on our residents' well-being so everyone is benefiting from spending much more time in the garden and going on visits"



Private Health

Elysium provides a range of outpatient services for children and adults from its services in Sussex, in the South East.



Our objectives

- 1:** Our objective is to make a difference in all that we do and encourage hope and optimism for the future of our staff and those in our care.
- 2:** We will 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 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 create a safe, enabling environment in which those in our care can thrive.

Our values

Elysium's values have been developed with the input of our 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:

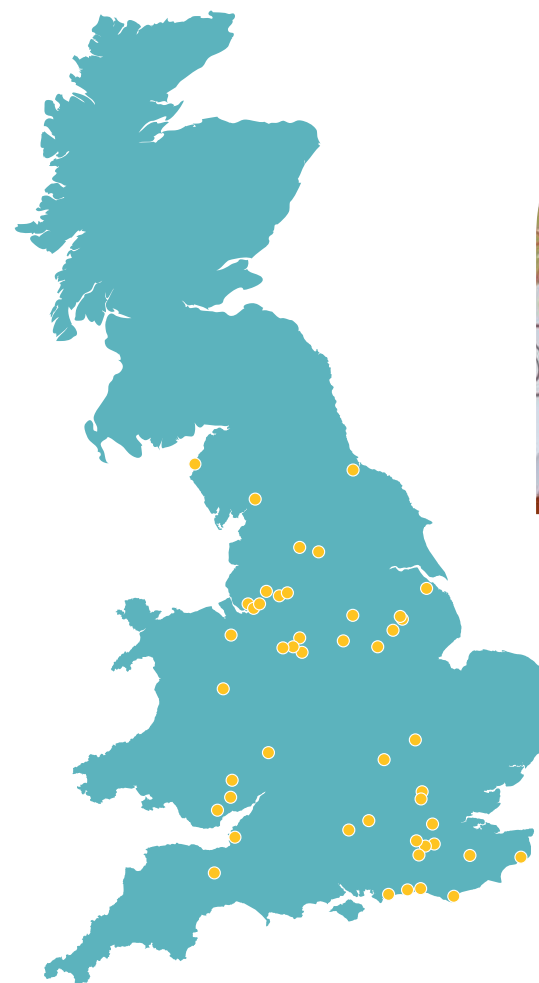


Our sites

Aderyn
Adderley Green
Ann House
Arbury Court
Badby Park
Ballington House
Bradfield House
Bradley Apartments
Bradley Complex Care
Braeburn House
Brighton and Hove Clinic
Bromley Road
Cefn Carnau
Chadwick Lodge & Eaglestone View
Chesterfield House
Crossley Manor School
Crossley Manor Children's Home
Farmfield
Felbrigg House

Field House
Gateway Recovery Centre
Gregory House
Gresham House
Healthlinc Apartments
Healthlinc House
Holkham House
Hope House & Isla House
Martham House
Ormesby House
Phoenix House
Potters Bar Clinic
Ranworth House
Rhodes Wood Hospital
Rosebank House
Spring Wood Lodge
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
Ty Grosvenor
Ty Gwyn Hall
Walcott House
Wellesley







Part 2

Our quality objectives for 2018/2019

In selecting our quality objectives for 2018 / 2019 we have reflected on feedback from our key stakeholders including staff, Service Users, NHS England, our peer network, the Care Quality Commission (CQC) and Healthcare Inspectorate Wales.

As a group providing complex specialist health and care services over a range of settings we have developed our quality objectives in three core areas: Neurological Specialist Care Centres, Children & Education and Hospitals.

Neurological Specialist Care Centres



| | Action | Objective | Measurement |
|---------------|--|---|--|
| Safety | Implement the National Early Warning Score 2 | To improve the detection and response to clinical deterioration in adult patients | Quality dashboard & outcome scores |
| | Implement The Classic Safety Thermometer | To prevent the four most commonly occurring harms in healthcare: pressure ulcers, falls, Urinary Tract Infection and VTEs | Quality dashboard & outcome scores |
| Effectiveness | iCare Develop and implement iCare to support the digitalisation of our neurological care homes | Contemporaneous digital notes which evidence the delivery of care | Data integrity audits |
| Experience | Implement the ReSPECT framework | To provide an alternative process for discussing, making and recording recommendations about future emergency care and treatment, including CPR | Quality dashboard & outcome scores iCare Audits |

Children & Education

| | Action | Objective | Measurement |
|----------------------|---|---|--|
| Safety | Maintain Quality Network for Inpatient CAMHS status | To meet national standards | Quality Network for Inpatient CAMHS Report |
| Effectiveness | Implement Cognitive Remediation Treatment | Embed CRT in our Eating Disorder services to improve outcomes | Quality dashboard & outcome scores |
| Experience | Develop family based principles | To support both young people and their families in their experience of care | Service User and Family & Carer Surveys |



Hospitals

| | Action | Objective | Measurement |
|----------------------|-------------------------------|---|--|
| Safety | Implement the Safewards model | To have safer wards where Service Users and staff feel supported | Incident rates and Patient Reported Outcome Measures (PROMs) |
| Effectiveness | Promote healthier lifestyles | To implement a group wide health and fitness programme for staff and Service Users | Physical health outcome checks |
| Experience | PathNav WISHE Framework | Further development of PathNav for secure services Implementation of the WISHE Framework for rehabilitation services | Quality dashboard & outcome scores Quality dashboard & outcome scores |



CASE STUDY



Transforming rehabilitation services

Putting Service Users at the heart of their care is one of the key elements that underpins how Elysium develop and deliver services. Over 2017 / 2018 we consulted with Service Users, staff, families and our stakeholders on how we could deliver a more user led service within rehabilitation.

A theoretical evidence base was used to inform the introduction of each consultation meeting to facilitate discussion on what

elements high quality and effective rehabilitation and recovery services should have.

The results of the consultation have informed a new framework which puts the Service User in control right at the heart of the programme. Our aim is to continue our research, develop training and together with the Service Users, roll the framework out to rehabilitation services across the group.



CASE STUDY



Helping Service Users embrace digitalisation

Pathnav is a unique software application written to create a visual journey of care. It promotes genuine collaboration between clinicians and the Service Users and enables the Service User to be a true partner in their care.

The application focuses on care pathway outcomes and maps each stage of the recovery journey so the Service Users can see where they were, where they are now and what is on the horizon for the future, promoting hope for recovery. The intense focus aides the service n services across the group.



"PathNav means a lot to me because I can express my thoughts and opinions to the Multidisciplinary Team"

"With the PathNav system I have a clear view in front of me so I can identify any requests that will help with my recovery"

"I have never used a computer before and now I am planning my own care on a laptop. I never thought this could happen"



CASE STUDY



Improving Physical Health within secure mental health services

Working together to address obesity in adult mental health secure units by Public Health England and The University of Sheffield was published in February 2017. This report links to the fact that the recognised life expectancy of people living with serious mental illness is 15–20 years less than the general population.

Elysium developed a programme called Mission Fit which was trialled in two of its mental health secure units during 2017 / 2018. The focus on weight management, healthy lifestyle advice, exercise and smoking cessation were broken down into a thirteen week programme.

Mission Fit was given a high profile within the services with staff playing a key role in encouraging Service User participation.



Methods of encouraging participation

Exercise challenges

Service User input in sessions

Incentives

Weekly goal setting

Mission Fit Champions
(Staff role)

Positivity and Service User
empowerment sessions

Regular feedback on
progress

Flexibility of instructors
availability

Results

Service Users who participated in the trial courses commented that they felt healthier and more active. Staff engagement was critical and this acted as a real motivator for Service Users to continue when they felt low. The overall results from the first course show a significant weight loss amongst the participants.

| Site | Number of Participants | Participants who lost weight during the course | Most weight lost per participant | Total weight loss per site |
|--------------------------------|------------------------|--|----------------------------------|----------------------------|
| Arbury Court Female Service | 21 | 9 | 10.4kg | 33.3kg |
| Spinney Male Service | 21 | 9 | 5.9 | 31.8kg |

Next Steps

The drive to help our Service Users lead a healthier lifestyle whilst they are in hospital will continue as a core priority for 2018 / 2019 as we plan to roll the Mission Fit programme out across our Mental Health & Wellbeing and Learning Disability & Autism divisions. There will be one key difference in the programme this year and that is that the course will not only be available to Service Users but also to our staff who will participate side by side with Service Users.

We will report on our success with the programme in next year's Quality Account.



Statement of assurance from the Board

During the year ending 31 March 2018 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 2018 represents 100 per cent of the total income generated from the provision of NHS services by Elysium Healthcare for the year ending 31st March 2018.

Participation in national clinical audits

During the year ended 31 March 2018, no national clinical audits and no national confidential inquiry covered NHS services that Elysium Healthcare provides.

The clinical audits we were eligible to participate in for the year ended 31st March 2018 were:

Prescribing Observatory for Mental Health (POMH-UK)

- Topic 6a

Assessment of the side effects of depot antipsychotics

- Topic 15

Prescribing valproate for bi-polar disorder

- Topic 16a

Rapid tranquillisation in the context of pharmacological management of acutely disturbed behaviour

- Topic 17a

The use of depot / long acting injectable (LAI) anti-psychotic medication for relapse prevention

In addition to the above Elysium commissioned the following audits:

- Longer term management of self-harm
- Ligature Audit
- Infection control in care home settings
- Service User satisfaction survey
- Family and carer satisfaction survey




Participation in clinical research

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.


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.

Mental Health

|  Title | Authors |
|---|--|
| Schizophrenia moderates the relationship between white matter integrity and cognition. | <i>"Castro-de-Araujo LFS, Allin M, Picchioni MM, McDonald C, Pantelis C, Kanaan RAA. Schizophr Res."</i> |
| Predictive validity of the Short-Term Assessment of Risk and Treatability (START) for multiple adverse outcomes: The effect of diagnosis. | <i>Marriott R, O'Shea LE, Picchioni MM, Dickens GL.</i> |
| Effects of risk for bipolar disorder on brain function: A twin and family study | <i>Sugihara G, Kane F, Picchioni MM, Chaddock CA, Kravariti E, Kalidindi S, Rijdsdijk F, Touloupoulou T, Curtis VA, McDonald C, Murray RM, McGuire P.</i> |
| White matter deficits in schizophrenia are global and don't progress with age | <i>Kanaan RA, Picchioni MM, McDonald C, Shergill SS, McGuire PK.</i> |
| Familial and environmental influences on brain volumes in twins with schizophrenia | <i>Picchioni MM, Rijdsdijk F, Touloupoulou T, Chaddock C, Cole JH, Ettinger U, Oses A, Metcalfe H, Murray RM, McGuire P.</i> |
| The impact of CACNA1C gene, and its epistasis with ZNF804A, on white matter microstructure in health, schizophrenia and bipolar disorder ¹ | <i>"Mallas E, Carletti F, Chaddock CA, Shergill S, Woolley J, Picchioni MM, McDonald C, Touloupoulou T, Kravariti E, Kalidindi S, Bramon E, Murray R, Barker GJ, Prata DP. Genes Brain Behav."</i> |
| Using the SAPAS to identify risk for personality disorders among psychiatric outpatients in India: A feasibility study. | <i>Innocent S., Podder P., Ram J.R., Barnicot K., and Sen P.</i> |
| Mental health morbidity among people subject to immigration detention in the UK: a feasibility study | <i>Sen, P., Arugnanaseelan, J., Connell, E., Katona, C., Khan, A.A., Moran, P., Robjant, K., Slade, K., Tan, J., Widyaratna, K., Youd, J., and Forrester, A.</i> |
| A systematic review of the heritability of specific psychopathic traits using Hare's two-factor model of psychopathy | <i>Sapna., S., Kumari, V., Puri, B., Treasaden I., Young, S. and Sen, P. (2018). A systematic review of the heritability of specific psychopathic traits using Hare's two-factor model of psychopathy.</i> |
| The UK Private Sector in Forensic Psychiatry | <i>Sen P & Sugarman P</i> |
| Environmental and Behavioral Management. | <i>Alderman, N., Wood, R.LI. and Worthington, A.</i> |

Neurological

|  | Title | Authors |
|---|---|--|
| | The Genetics of Endophenotypes of Neurofunction to Understand Schizophrenia (GENUS) consortium: A collaborative cognitive and neuroimaging genetics project. | Blokland GAM, Del Re EC, Mesholam-Gately RI, Jovicich J, Trampush JW, Keshavan MS, DeLisi LE, Walters JTR, Turner JA, Malhotra AK, Lencz T, Shenton ME, Voineskos AN, Rujescu D, Giegling I, Kahn RS, Roffman JL, Holt DJ, Ehrlich S, Kikinis Z, Dazzan P, Murray RM, Di Forti M, Lee J, Sim K, Lam M, Wolthausen RPF, de Zwarte SMC, Walton E, Cosgrove D, Kelly S, Maleki N, Osiecki L, Picchioni MM, Bramon E, Russo M, David AS, Mondelli V, Reinders AATS, Falcone MA, Hartmann AM, Konte B, Morris DW, Gill M, Corvin AP, Cahn W, Ho NF, Liu JJ, Keefe RSE, Gollub RL, Manoach DS, Calhoun VD, Schulz SC, Sponheim SR, Goff DC, Buka SL, Cherkertzian S, Thermenos HW, Kubicki M, Nestor PG, Dickie EW, Vassos E, Ciufolini S, Reis Marques T, Crossley NA, Purcell SM, Smoller JW, van Haren NEM, Touloupoulou T, Donohoe G, Goldstein JM, Seidman LJ, McCarley RW, Petryshen TL. |
| | Measuring social handicap following acquired brain injury: comprehensive revision of the St Andrew's-Swansea Neurobehavioural Outcomes Scale (SASNOS-R). | Alderman, N., Williams, C. and Wood, R.LL. |
| | What can structured professional judgement tools contribute to management of neurobehavioural disability? Predictive validity of the Short-Term Assessment of Risk and Treatability (START) in acquired brain injury. | Alderman, N., Major, G. and Brooks, J. |
| | Therapy for acquired brain injury. | Alderman, N., Knight, C. and Brooks, J. |
| | When normal scores don't equate to independence: Recalibrating ratings of neurobehavioural disability from the 'St Andrew's – Swansea Neurobehavioural Outcome Scale' to reflect context-dependent support. | Alderman, N., Williams, C. and Wood, R.LL. |
| | Interventions for Challenging Behaviour. | Alderman, N. |
| | Measuring change in symptoms of neurobehavioural disability: responsiveness of the St Andrew's – Swansea Neurobehavioural Outcomes Scale (SASNOS) | Alderman, N., Williams, C., Knight, C. and Wood, R.LL. |
| | Managing disorders of social and behavioural control and disorders of apathy | Alderman, N. and Knight, C. |
| | Keeping the 'scientist-practitioner' model alive and kicking through service-based evaluation and research: examples from neurobehavioural rehabilitation. | Alderman, N. and Knight, C. |
| | Measuring neurobehavioural disability using the SASNOS: applications and new developments. | Alderman, N., Williams, C. and Wood, R.LL. |
| | Neurobehavioural Rehabilitation: an evolving paradigm. | Worthington, A. and Alderman, N. |
| | Neurobehavioural rehabilitation. | Wood, R.LL., Alderman, N. and Worthington, A. |
| | Empathic functioning in brain injury: development and validation of a new test instrument. | Howe, J., Ward, A. and Alderman, N. |
| | When normal scores don't equate to independence: Recalibrating ratings of neurobehavioural disability from the 'St Andrew's – Swansea Neurobehavioural Outcome Scale' to reflect context-dependent support | Alderman, N., Williams, C. and Wood, R.LL. |



Publication details can be provided on request

Children & Education

|  Title | Authors |
|---|---|
| Young people's experience of individual Cognitive Remediation Therapy (CRT) in an inpatient eating disorder service: a qualitative study. Eating and Weight Disorders – Studies on Anorexia, Bulimia and Obesity | <i>Giombini, L., Nesbitt, S., Finazzi, E., Waples, L., Abigail, E., Tchanturia, K. (2017)</i> |
| Evaluation of individual cognitive remediation therapy (CRT) for the treatment of young people with anorexia nervosa. Eating and Weight Disorders – Studies on Anorexia, Bulimia and Obesity, DOI 10.1007/s40519-016-0322-4. | <i>Giombini, L., Moynihan, J., Turco, M., Nesbitt, S. (2016).</i> |
| The use of Cognitive Remediation Therapy on a child adolescent eating disorder unit: Patients and Therapist Perspectives. Clinical Child Psychology and Psychiatry, 1–13. | <i>Giombini, L., Turton, R., Turco, M., Nesbitt, S., Lask, B. (2016).</i> |
| Workshops/Papers presented at National and International Meetings | |
| A systematic Evaluation of Cognitive Remediation Therapy (CRT) for the treatment of children and adolescents with Anorexia Nervosa. Short paper presentation, Eating Disorders International Conference, 17-20 March 2016, London. | <i>Moynihan, J., Giombini, L., Nesbitt. (2016).</i> |
| The systematic implementation of Cognitive Remediation Therapy on an eating disorders inpatient unit. Workshop presented at The 12th London International Eating Disorders Conference, London, England. | <i>Giombini, L., Turton, R., Turco, M. (2015).</i> |
| Fun and Challenges of delivering Cognitive Remediation Therapy (CRT) in an eating disorders inpatient unit. Paper presented at Ravello & CRT meeting, Ravello, Italy. | <i>Giombini, L., Turco, M., Turton, R. (2014).</i> |
| Expert by Experience/Peer Support Worker Project | |
| Developing and Implementing and Expert by Experience Post in a Specialist Unit for Children and Young People with Eating Disorders, Workshop presented at The 14th London International Eating Disorders Conference, London, England. | <i>Lucas, A., and Nesbitt, S. (2017).</i> |
| Developing and Implementing and Expert by Experience Post in a Specialist Unit for Children and Young People with Eating Disorders, Best Practice Conference. Elysium Healthcare. | <i>Lucas, A, Nesbitt, S and Donaldson. (2017)</i> |
| Peer Support Work in an inpatient unit for children and young people with eating disorders; can the value outweigh the risk? Poster Presentation at the British Psychological Society Conference for Children and Young People. | <i>Lucas, A. (2017)</i> |
| Peer Support Work in an inpatient unit for children and young people with eating disorders; can the value outweigh the risk? British Journal of Clinical Psychology (in submission). | <i>Lucas, A., and Nesbitt, S. (2017)</i> |

CASE STUDY



Rhodes Wood

Evaluation of Cognitive Remediation Therapy in a specialist inpatient eating disorder services for children and adolescents


Sponsor:

Institute of Psychiatry,
Psychology and Neuroscience,
King's College, London (UK).
Eating Disorders section.


Funder:

Elysium Healthcare, Rhodes
Wood Hospital



The present study will be a Pilot Randomized Controlled Trial of Cognitive Remediation Therapy in a specialist inpatient eating disorder services for children and adolescents. The structure of the CRT is based on the CRT Manual developed by Tchanturia et al. (Tchanturia et al., 2010) and newly developed manual from the Maudsley group for young people (Maiden et al., 2014).

It aims to evaluate the feasibility of individual CRT delivered in an inpatient setting to young people aged ten to 18 years old who suffer from AN, and to assess methods. A second aim of the study is to qualitatively examine service users' experience of participating in CRT and parents'/carers'/guardians' views and attitudes toward the intervention using a systematic and thorough approach. The data will inform directions of further development of the intervention.



CASE STUDY



Empowering Service Users with the Positive Behavioural Support Model

In line with Elysium Healthcare's ethos and values; *compassion, collaboration, innovation, empowerment* and *integrity*, the use of an underpinning psychological model that pulled all of these together across all different services of care was looked at. A number of different models were evaluated against the above and the best fit was the Positive Behaviour Support model (PBS).

PBS is a multidimensional framework which aims to increase understanding of the function of a person's behaviour. This consequently helps develop effective support and risk management strategies (Allen et al., 2012; Carr et al., 1999). PBS is an evidence based collaborative approach with the main objective of improving a person's quality of life. The secondary objective is to reduce the rate of occurrence and severity of an individual's challenging and/or problematic behaviours. In turn, this supports a reduction in the frequency of the use of more restrictive interventions (e.g. physical restraints) which is in line with the best practice guidelines (Department of Health, 2014; Mind, 2012).

PBS is a model that allows Service Users to identify their own individual support strategies and allows staff to provide more individualised care. It looks at how to support people at each of the stages of arousal via a collaborative colour coded, easy and quick to use personalised support plan. This allows Service Users and staff to work collaboratively prior to incidents of crisis arising, by identifying 'typical behaviour' (green), which progresses to a level that indicates that problems are about to occur (amber) prior to the occurrence of the behaviour itself (red). 'After the problematic behaviour' is denoted as (blue). This format enables staff to more easily identify when they could intervene in order to prevent behaviour escalating into an episode of challenging behaviour, wherever possible, by helping staff and Service Users identify warning signs to feeling distressed. Personalised plans provides guidance for staff to help Service Users during this time.

"Service Users identified having the PBS plans gave them more ownership of difficulties and how they would be supported by staff, by allowing a shared language and understanding."

"Staff feel more involved in planning and delivering activities to Service Users on the ward, creating a more inclusive model of care. "

Phil Coombes

Clinical Director
The Farndon Unit



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 2017 / 2018 we have implemented the following initiatives which have been embedded across services to minimise the likelihood of avoidable deaths:

- Implementation of 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 and Clinical Commissioning Groups. 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 31st March 2018 was conditional on achieving quality improvement and innovation goals.

Adult CQUIN

Discharge & Resettlement

The Discharge and Resettlement CQUIN primarily focused on improving the Service Users' experience and expectations in relation to expected discharge and length of stay. Through joint working with all stakeholders innovative solutions were implemented to drive down length of stay across set secure mental health services.

| Discharge & Resettlement (Secure Mental Health Services) | Achievement |
|--|-------------|
| Establish system for specifying and recording estimated discharge dates for all admissions | ✓ |
| Create a system to plan discharge in advance of expected discharge date | ✓ |
| Create a system to review each delay if not resolved within 4 weeks | ✓ |
| Create a fund to be used to reduce delays caused by issues of minimal expenditure | ✓ |

Year 1 data

Reducing Restrictive Practice

This CQUIN supports the reduction of restrictive practice in secure mental health services. It focuses the services on meeting national guidance in an innovative and systematic way by producing and implementing a framework to reduce restrictive interventions, restrictive practices and blanket restrictions in a number of domains.

The overall aim is to develop an ethos in which people with mental health problems are able to fully participate in formulating plans for their well-being, risk management and care in a collaborative manner. As a consequence, more positive and collaborative service cultures develop reducing the need for restrictive interventions.

This CQUIN is a two year programme and Elysium have services who are in Year 1 and Year 2 of their programmes due to the formation date of the company.

Year 1

| Reducing Restrictive Practice | Achievement |
|--|-------------|
| Establishment of a Multidisciplinary Team and Service User working group | ✓ |
| Development of framework to support reduction | ✓ |
| Implementation and review of relevant policies to reflect best practice | ✓ |
| Monitoring of information and outcomes | ✓ |
| Evaluation of action | ✓ |

Services participating in Year 1 include: Chadwick Lodge, Farmfield, Thornford Park and Wellesley

Chadwick Lodge evaluation extract

Therapeutic Management of Violence and aggression (TMVA)

In September 2017 we started rolling out a change in the programme of restraint that we used in

the hospital. The previous training was a 2 day course, which focused on the use of restraint, and enabled staff to restrain Service Users safely when required. In September we started a new programme of 'General Services Association' TMVA and have been going through the process of training all frontline staff in this. TMVA focusses a lot more around prevention, de-escalation and conflict resolution. It teaches and supports staff with interventions to use prior to the escalation of violent or self-harm behaviours, but also equips them with safe techniques to use if it escalates passed the preventative requirements. This has had a positive impact on the confidence of the staff to intervene without restraint in certain situations and all staff and Service Users' experience of the new techniques has been very positive.

There has additionally been a reduction injuries sustained during restraints amongst staff and Service Users since the roll out of the new programme.



Year 2

| Reducing Restrictive Practice | Achievement |
|--|-------------|
| Provide an update against the strategy and subsequent action plan in place | ✓ |
| Provide a summary report analysing the dashboard data and reflecting on the effectiveness of the strategy in place and considering further improvements | ✓ |
| Write a joint report with Service Users evidencing the successes of the framework, including a description of the initiatives that have changed the way the service is delivered | ✓ |

Services participating in Year 2 include: Arbury Court, The Farndon Unit, The Spinney

Reducing Restrictive Practice Progress Bi Annual Update



Recovery College

This CQUIN supports the establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure mental health services. Recovery Colleges deliver peer-led education & training programmes. Courses are co-devised and co-delivered by people with 'lived' experience of mental illness and by mental health professionals and are based on recovery principles.

The Recovery College CQUIN is a two year programme and Elysium have sites at Year 1 and Year 2 stages due to the formation date of the company.

Year 1

| Recovery College Objectives | Achievement |
|--|-------------|
| Agree clinical outcome tools to assess the effectiveness of the Recovery College | ✓ |
| Report how data from the outcome tools will be represented to demonstrate the impact of the Recovery College on engagement | ✓ |
| Produce a satisfaction questionnaire for the Recovery College | ✓ |
| Produce a Recovery College prospectus | ✓ |
| Report proportion of target patient group enrolled and participating in courses | ✓ |

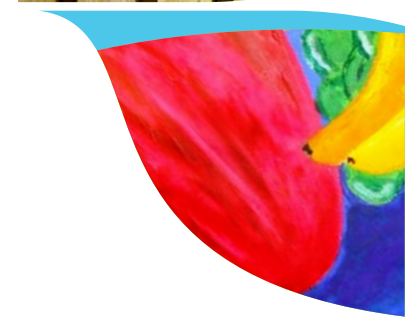
Services participating in Year 1 include: Chadwick Lodge, Farmfield, Thornford Park & Wellesley



Year 2

| Recovery College Objectives | Achievement |
|---|-------------|
| Develop and implement a Recovery College Strategy | ✓ |
| Evaluate and report outcome data | ✓ |
| Publish a course Prospectus | ✓ |
| Provide data on number of patients participating in courses | ✓ |

Services participating in Year 2 include: Arbury Court, The Farndon Unit and The Spinney



CASE STUDY



Snapshot from *The Farndon Unit Recovery College*

Skills4Life Course

The Skills for Life/Recovery College workshops have been particularly well received this period most notably from those Service Users who are near discharge. A focus this period has been on identifying and exploring those skills that may be overlooked such as ordering or making appointments using a telephone and practical money management.

Workshops which have focused on practical vocational related skills such as interview skills (including continuing opportunity to be part of the selection process for new staff) and opportunity to enhance social skills and confidence continue to receive positive feedback from participants.

Workshops which have involved external speakers (healthy lifestyles, and fitness, staying safe online) were also identified to have been valuable and it was requested that further opportunities should be explored within the next term.

Within feedback participants expressed that the 'Skills for Life Passport', co-developed to help keep track of attendance within the differing workshops continues to be a useful aid and encourages regular engagement.

| Evaluation Feedback | Yes | Somewhat | No |
|---|------|----------|----|
| Do you feel the workshop met your learning outcomes | 100% | 0% | 0% |
| Were you satisfied with the content of the overall workshop? | 100% | 0% | 0% |
| Were you satisfied with the facilitation of the workshop overall? | 100% | 0% | 0% |
| Would you recommend this workshop to a peer? | 100% | 0% | 0% |

What Service Users said:

"This is such a good group I'm bringing more people with me on the next one"

"This is what all the groups should be like – it was really interesting"

Publication details can be provided on request


PathNav

This CQUIN builds upon the objectives of the Health & Social Care Act 2012 to allow Service Users to be partners in their care, to have clear involvement in planning at both individual and service levels and to have genuine treatment choices made available to them. PathNav facilitates this.

Pathnav is a unique software application developed by staff to create a visual journey of care. It promotes genuine collaboration between clinicians and the Service User and enables the Service User to be a true partner in their care. The application focuses on care pathway outcomes and maps each stage of the recovery journey so the Service User can see where they were, where they are now and what is on the horizon for the future, promoting hope for recovery.



PathNav engagement across our secure mental health services

|  PathNav Milestones | Arbury Court | Chadwick Lodge | Farmfield | The Farndon Unit | The Spinney | Thornford Park | Wellesley |
|--|--------------|----------------|-----------|------------------|-------------|----------------|-----------|
| Moving into the service | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Formulation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| My profile | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Top three priorities | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| My profile | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| My pathway | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Multidisciplinary team progress notes | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Timeframe for my journey | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |



Child & Adolescent Mental Health CQUIN

CAMHS Inpatient Transition

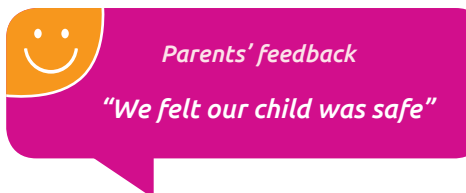
The transition from CAMHS (Child & Adolescent Mental Health Services) to adult services are recognised as a point of potential upheaval for children and young people. This CQUIN promotes a coordinated multi-agency approach to transition planning which is widely recognised as the key to a successful transition. During the qualifying period Elysium had one service which participated in this CQUIN.

| CAMHS Inpatient Transition | Achievement |
|---|-------------|
| Planning for discharge/transition at the point of admission | ✓ |
| Involvement of the young person in all discussions and decisions | ✓ |
| Involvement of the family/carers in all discussions and decisions | ✓ |
| Liaise early with other agencies, i.e. children's/adult social care, CAMHS/AMH, Education | ✓ |
| Report numbers of delayed discharges | ✓ |
| Provide a summary report analysing the dashboard data and reflecting on the effectiveness of the strategy in place and considering further improvements | ✓ |



CAMHS Service User feedback

"I had good, experienced staff as my key people who I felt able to talk to when needed"



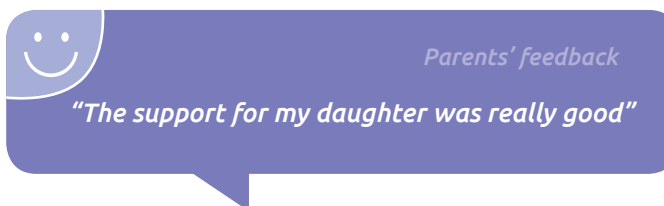
Parents' feedback

"We felt our child was safe"



Parents' feedback

"We felt that all staff were working hard and had our daughter's best interests at heart"

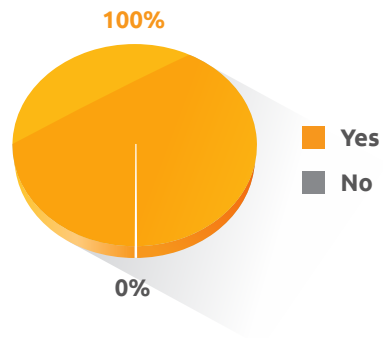


Parents' feedback

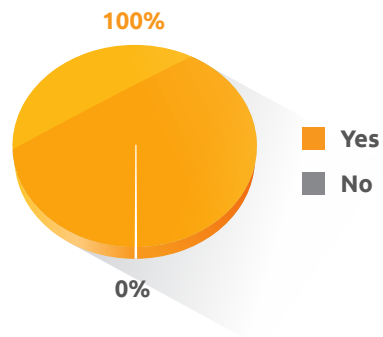
"The support for my daughter was really good"

Key facts

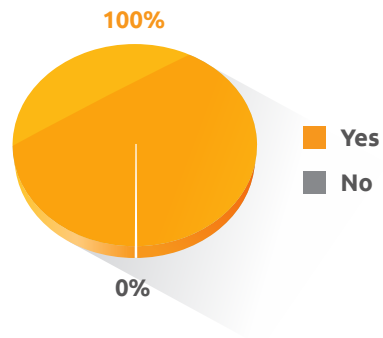
Was the Young Person involved in their care and discharge/transition plan?



Has the Young Person signed their care and discharge/transition plan?



Number of CPAs where discharge/transition plans were reviewed and discussed



CAMHS Service User feedback
"I look and mentally feel a lot better about my illness and controlling it now than when I first came 12 weeks ago"

Parents' feedback
"Staff very kind and always willing to listen"

CAMHS Service User feedback
"The therapy offered here was very supportive and helped me to uncover so many things in which I felt I could never open up about"



Statement from the Care Quality Commission and Healthcare Inspectorate Wales

Elysium is required to register with the Care Quality Commission and its current registration status is fully registered. There were conditions on one site at the time of this report.

Spring Wood Hospital was rated as inadequate by the CQC with conditions applied. All required actions were completed within an agreed timeframe.

Elysium's Welsh sites are required to register with the Healthcare 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 2017/2018 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance Toolkit

Elysium's Information Governance Assessment Report overall score for the year ended 31 March 2018 was Level 2.

Clinical coding error rate

Elysium was not subject to the Payments by Results clinical coding audit during 2016/17 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.



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.

Elements of Quality Governance

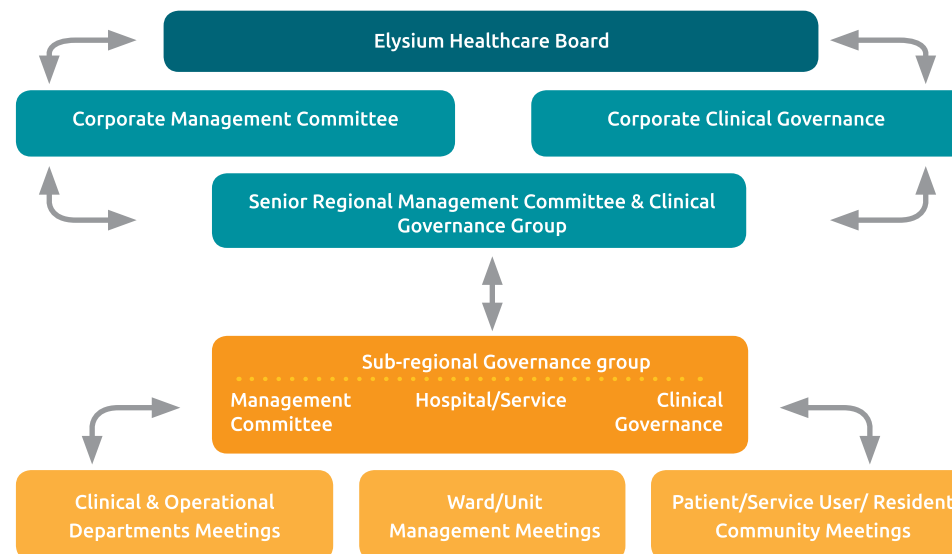
- Delivering care safely and with compassion including safe staffing principles
- Quality monitoring from Ward to Board
- Listening to:
 - Service Users
 - Staff
 - Families and friends
 - Commissioners
 - Regulators
- Internal assurance through our compliance visits
- Audits
- Proven treatments (clinical strategy)
- Doing as we should (policy and procedure)
- Clear roles, responsibilities and expectations (job description, supervision and appraisals)
- Values based recruitment and training

Ways in which we monitor our services:

- Audits
- Policy and procedure
- Proven clinical treatments
- Ward to Board /Board to Ward
- Internal and external inspections
- Risk Registers
- Complaints and whistleblowing
- Listening and responding to feedback
- Continuous learning and development
- Ward quality monitoring by staff and patients
- Staff appraisals
- Patient / Staff Community Meetings
- Patient Experience Lead Visits
- Expert by Experience Visits

Our Ward to Board Quality Framework

The Elysium Ward to Board 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.





Part 3





Review of performance

Our quality objectives for **2017 / 2018** focused on three core areas.



Priority 1

Delivering the service



Priority 2

Improving what we do



Priority 3

Knowing how we are doing



Priority 1

Result

Complete company harmonisation **Achieved**

Embed governance **Achieved**

Harmonise practice and policies **Achieved**



Priority 2

Result

Consolidation of IT systems **Achieved**

Creation of best practice networks **Achieved**

Implementation of quality improvement objectives (CQUIN) **Achieved**

Updating of clinical models **Achieved**



Priority 3

Result


Compliance with regulatory standards **Achieved**

Implementation of the Elysium Quality Governance Strategy **Achieved**



Clinical Tools used within Elysium


Elysium use a range of tools to measure and monitor services and treatment. This table details the core tools that we use and groups them by the three core domains of Safety related, Experience related or Effective related although we note that some cover more than one domain.

|  Domain | Tool | Description |
|--|--|--|
| Effectiveness | HONOS Secure / LD | 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. |
| Safety | START (Short-Term Assessment of Risk and Treatability) | 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 patient's risk across seven domains. |
| Safety | HCR-20v3 | The Historical Clinical Risk Management-20, Version 3, is a comprehensive set of professional guidelines for the assessment and management of violence risk. |
| Safety | The Wales Applied Risk Research Network (WARRN) | This was developed in collaboration with 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. |
| Effectiveness | SAPROF | 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. |
| Safety | RSVP | 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. |
| Experience | PathNAV | PathNAV is a bespoke electronic tool that facilitates discussion between clinicians and Service Users helping them to plan the care pathway focusing on the person's goals, achievements and next steps within set timelines. |

| Domain | Tool | Description |
|---------------|-------------------------------------|---|
| Experience | My Shared Pathway | My Shared Pathway was developed with the Royal College of Psychiatry. It is a recovery and outcome focused model. |
| Experience | EQ-5D (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. |
| Experience | Recovery Star | 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. |
| Safety | The Lester Tool | The Lester Positive Cardiometabolic Health Resource is an intervention framework for adults with psychosis on antipsychotic medication. |
| Effectiveness | MUST | Malnutrition assessment tools are designed to help identify adults who are underweight and at risk of malnutrition, as well as those who are obese. |
| Experience | Health Action Plans | National requirement for adults with a learning disability. |
| Safety | NEWS (National Early Warning Score) | This is a standardised national tool across service providers. It tracks 6 physiological parameters and alerts the nurse who is taking physical observations when a parameter varies from the norm and that intervention is required. |
| Effectiveness | QRISK3 | A national tool for working out the risk of a heart attack or stroke over the next 10 years. |



CAMHS

|  Domain | Tool | Description |
|--|---------|--|
| Effectiveness | HONOSCA | 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 indicate severity of each problem, on scale of 0-4. |
| Effectiveness | SDQ | The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire and includes 25 items which are divided between 5 scales |
| Effectiveness | EDE-Q | The Eating Disorders Examination Questionnaire (EDE-Q) is a 41 item self-report questionnaire. It includes 4 subscales (Restraint, Eating concern, Shape concern and Weight concern), a global score and behaviours over a 28-day time period. |
| Experience | P-CAN | The Pros and Cons of Anorexia Nervosa (P-CAN) Scale is a quantitative measure of both positive (valued) and negative aspects of AN. |
| Effectiveness | MSCARED | The Motivational Stages of Change for Adolescents Recovering from an Eating Disorder (MSCARED) is a brief questionnaire designed for adolescents. |
| Effectiveness | CET | The Compulsive Exercise Test (CET) is a measure of problematic exercise that has been developed specifically for use in eating disorders research and assessment, and within a cognitive-behavioural framework. |
| Effectiveness | STAI | The State-Trait Anxiety Inventory (STAI) is a commonly used measure of trait and state anxiety. |
| Effectiveness | CET | The Compulsive Exercise Test (CET) is a measure of problematic exercise that has been developed specifically for use in eating disorders research and assessment, and within a cognitive-behavioural framework. |
| Effectiveness | STAI | The State-Trait Anxiety Inventory (STAI) is a commonly used measure of trait and state anxiety. |

CASE STUDY



Rhodes Wood Outcome Measures (2017)

Average self-report scores
for young people who were
admitted and discharged
after having completed
the programme in 2017

| Outcome Measure | Admission | Discharge |
|---|-----------|-----------|
| Health of the Nation Outcome Scale for Children and Adolescents (Patient Version) (HONOSCA) | | |
| Health of the Nation Outcome Scale for Children and Adolescents (Patient Version) (HONOSCA) | 20.92 | 13.38 |
| Strengths and Difficulties Questionnaire (SDQ) total difficulties | | |
| Strengths and Difficulties Questionnaire (SDQ) total difficulties | 17.44 | 14.34 |



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 procedure change which supports the mandate for greater patient involvement and engagement.

Over the course of 2017/2018 five hospitals providing services for medium and low secure patients participated in peer reviews. 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.

Quality Network for Forensic Mental Health Services

| Site | Location | Low Secure Score % of standards met | Medium Secure Score % of standards met |
|-------------------------|-----------------|--|---|
| Arbury Court (2017) | Cheshire | 78% | 75% |
| Chadwick Lodge (2017) | Buckinghamshire | 78% | 76% |
| Farmfield (2017) | Surrey | 73% | 77% |
| The Spinney (2016) | Manchester | 96% | 97% |
| Thornford Park (2017) | Berkshire | 86% | 87% |
| The Farndon Unit (2018) | Nottinghamshire | 72% | NA |

Carers said they felt their loved ones were making progress at the service and have seen improvements above and beyond that of other hospitals

Chadwick Lodge Peer Review Team comment

Patients are actively involved in governance at various levels

*The Spinney Peer Review
Team comment*

■ Patients are placed at the centre of their care and are actively involved in developing care plans and reviewing progress against their recovery goals ■

Thornford Park Peer Review Team comment

■ A robust clinical model is in place at The Farndon Unit. The service uses the positive behaviour support model, which places an emphasis on de-escalation techniques that have been identified by staff and patients to support them when challenging situations arise. Staff are well trained in managing risk, which results in no use of seclusion ■

The Farndon Unit Peer Review Team comment

■ Staff members commended the leadership structure in place and felt supported in their roles. They stated management have an open door policy and feel comfortable to approach management as and when needed ■


Arbury Court Peer Review Team comment

■ Frontline staff spoke of receiving a good quality induction period that incorporates classroom, PMVA and supernumery training. It was particularly positive to find that patients are involved by delivering presentations about themselves during this process. This provides new starters with a good introduction to a patient's perspective ■

Farmfield Hospital Peer Review Team comment



Quality Network for Inpatient CAMHS

|  Rhodes Wood | Eating Disorder Service % of Standards Met |
|---|---|
| Environment & Facilities | 93% |
| Staffing & Training | 98% |
| Access, Admission and Discharge | 99% |
| Care & Treatment | 100% |
| Information, Consent & Confidentiality | 100% |
| Young People's Rights & Safeguarding Children | 100% |
| Clinical Governance | 99% |

“ There was a real sense of positive, dynamic and authentic leadership. The staff team were open and honest and looking to improve the service wherever possible to provide the best possible experience for patients and families. ”

Rhodes Wood Peer Review Team comment

Evaluating care

One of the most important measures in evaluating care is the feedback from our Service Users.

Here are some of the key strengths they highlighted and areas we are working on developing:

Adult services – common themes

| Key strengths | Areas for us to develop |
|---|--|
| Feeling involved in the planning of their goals | Enhanced activities in the evening and at weekends |
| Feeling supported when arriving on the ward for the first time | Greater access to computers and the internet |
| Confidence in the multidisciplinary team and talking to them about their care | Better information on the service prior to admission |
| Being treated with dignity and respect | Quality and choice of food |
| Having the right people attend their CPA meeting | Peer buddy scheme on admission |
| Care rated overall good | |
| Physical healthcare needs met | |

Children & Education – common themes

| Key strengths | Areas for us to develop |
|---|--|
| Feeling welcomed on admission | Listening groups for young people to share their concerns with staff |
| Being involved in writing their care plan | Choice as to who they choose to have at their CPA meeting |
| Being able to continue with their school and chosen exam path | Written documents which have a child friendly version. |
| The range of 1:1 and group therapy sessions | |



The role of the family and carer

At Elysium we embrace the positive role that family members and carers play in the care journey for each individual. This year we invited key family members to talk with staff about what it feels like to be a carer and to look at how we can better support them.



63%

of **families** and **carers**
felt involved in their
loved one's care

Keeping in touch with loved one's was through visiting, home visits, skype, video conferencing and telephone

Families and carers felt supported when home visits were planned and pre discharge planning meetings were very effective.

Family members and carers were able to talk with a whole range of staff when needed including doctors, nurses, social workers, physios and occupational therapists

Relative & Carer Survey 2017

Real work opportunities for Service Users in mental health services

Providing meaningful work opportunities for Service Users is an integral part of the rehabilitation experience at Elysium. Over the past year we have audited the work opportunities in place and made recommendations to enhance this service across the group.

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

Investment in our workforce

Our staff are important and we talk their training, health and wellbeing very seriously. Here are some of the initiatives we have introduced in the last year.

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 organization. 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.

In the past 12 months
98 preceptors
have graduated from
the Elysium Academy.

Career Advancement Programme for Healthcare Workers

The Career Advancement Programme is a new 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

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 that they practise safely and effectively. 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 patients confidence 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 programme of both the Care Quality Commission (CQC) and the Healthcare Inspectorate Wales.

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 47 services registered with the Care Quality Commission. Twenty nine services were inspected during the year. We are proud to share that we have six services rated as Outstanding, thirty one rated Good, four that Require Improvement and one rated Inadequate. Here is a snapshot of the CQC ratings across our group.

CQC Ratings



Outstanding services

| | |
|-------------------------|------------------------------|
| Ballington House | Mental Health & Wellbeing |
| The Spinney | Mental Health & Wellbeing |
| Gresham House | Learning Disability & Autism |
| Martham House | Learning Disability & Autism |
| Ormesby House | Learning Disability & Autism |
| Ranworth House | Learning Disability & Autism |

Healthcare Inspectorate Wales

Elysium has five services registered with Healthcare Inspectorate Wales one of which was inspected during the reporting year. 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 that get satisfaction from the work they do

Relative & Carer Survey 2017

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

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.

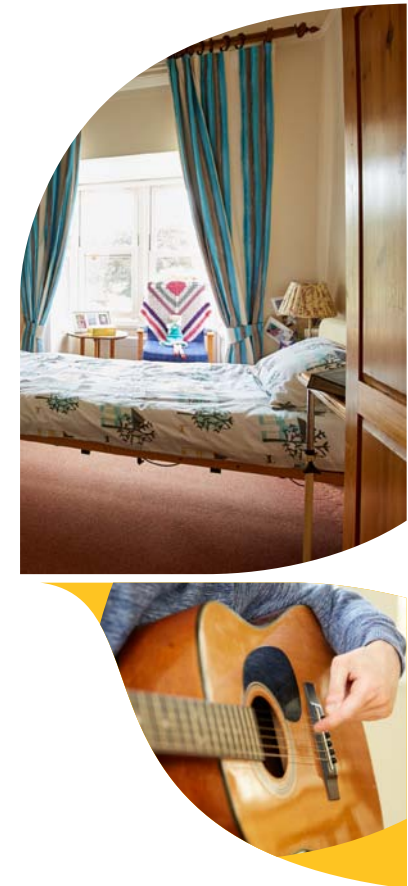
Patient safety incident statistics

When Elysium was formed it brought twenty two hospitals together which used two differing incident management systems. A plan was put in place to move all original sites to the Incident Recording Incident 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 services. We focused on establishing our culture of 'openness and transparency' and this promoted a positive ethos in relation to incident reporting.

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

| | |
|---|-------|
| Total incidents for Group per 1000 days | 64.43 |
| Patient safety incidents per 1000 days | 61.01 |



CASE STUDY



Extract from incident reporting

Our reports show that **48.89%** of incidents are reported from five core services which provide low and medium secure mental health services and mental health rehabilitation 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 **44.31** incidents per 1,000 occupied bed days followed by Level 2 – Low at **20.77** incidents per 1,000 occupied bed days. Collectively these account for the outcome of **93.5%** of incidents. When we look at trends for reporting Level 1 – No Harm remains stable month on month with a slight increase for Level 2 – Low, although a reducing trend for Level 3 – Moderate.

| Unit | Per 1000 bed days | % |
|-------------------------|-------------------|-----|
| Level 1 - No harm | 42.52 | 64% |
| Level 2 - Low harm | 19.93 | 30% |
| Level 3 – Moderate harm | 3.09 | 5% |
| Level 4 – High harm | 1.06 | 2% |
| Level 5 – Severe harm | 0.10 | 0% |
| No severity | 0.09 | 0% |

Elysium Healthcare Annual Incident Summary Report 2017 / 2018

Publication details can be provided on request

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. Our reporting therefore captures a benchmark from which to measure going forward.

Key facts:

97% of complaints were acknowledged in writing within two working days of receipts.

81% of complaints were resolved in under twenty five working days

Mandatory Indicators

There are sixteen 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 two indicators which are included in our report.

| Total incidents for Group per 1000 days | Applicable / not applicable to Elysium | |
|---|--|---|
| Domain 1 Preventing people from dying prematurely <ul style="list-style-type: none"> Summary Hospital-level Mortality Indicator (SHMI) Patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient stay Category A telephone calls (Red 1 and Red 2 calls) ; emergency response within 8 minutes Category A telephone calls; ambulance response within 19 minutes Patients with suspected ST elevation myocardial infarction who received an appropriate care bundle (Domain 1 and 3) Patients with suspected stroke assessed face to face who received an appropriate care bundle | X | |
| Domain 2 Enhancing quality of life for people with long-term conditions <ul style="list-style-type: none"> Admissions to acute wards where the Crisis Resolution Home Treatment Team were gate keepers | X | |
| Domain 3 Helping people to recover from episodes of ill health or following injury <ul style="list-style-type: none"> PROMS; patient reported outcome measures Patients readmitted to a hospital within 28 days of being discharged | X | |
| Domain 4 Ensuring people have a positive experience of care <ul style="list-style-type: none"> Responsiveness to the personal needs of patients Staff who would recommend the trust to their family or friends Patients who would recommend the trust to their family or friends Patient experience of community mental health services | X | ✓ |
| Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm <ul style="list-style-type: none"> Patients admitted to hospital who were risk assessed for venous thromboembolism Rate of C.difficile infection Patient safety incidents and the percentage that resulted in severe harm or death | X | |





External review









We welcome feedback on our Quality Account.

Please contact us using the details below,
or call our head office:

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Email us on:

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