



# Elysium Healthcare

Jo Sherman- Hospital Director/ Steve Conway- Operations Director



# Elysium Operational Board



**Joy Chamberlain**  
*Chief Executive Officer*



**Keith Browner**  
*Chief Financial Officer*



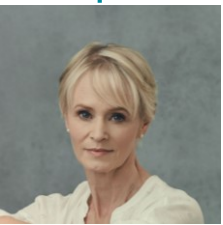
**Prof. Quazi Haque**  
*Executive Medical Director*



**Kath Murphy**  
*Director of Policy & Regulation*



**Michele Paley**  
*Group Director of Nursing*



**Zsara Thomas**  
*Commercial & Communications Director*



**Gareth Green**  
*HR Director*



**John Rowland**  
*Legal Director*

Operations Directors

Registered facilities



# Elysium's evolution



**11 Hospitals**  
**PRIORY**

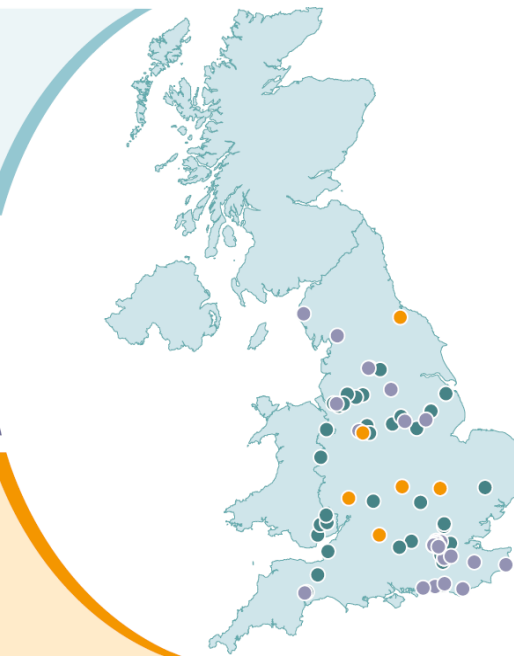
**1<sup>st</sup> December 2016**  
**2500** staff  
**802** service users  
**18** sites registered with CQC  
**3** sites registered with HIW  
**PiC Senior Management Team**

**10 Hospitals**  
**Partnerships in care**  
*Changing lives for the better*

Mental Health

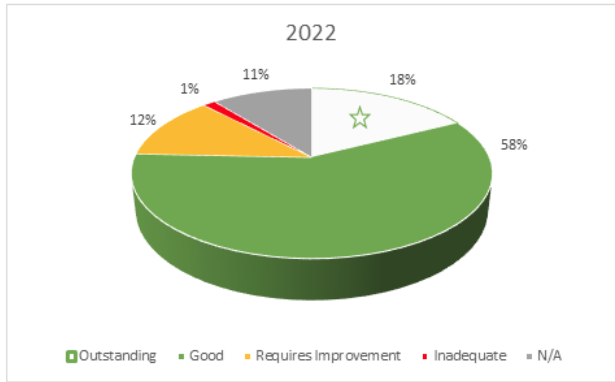
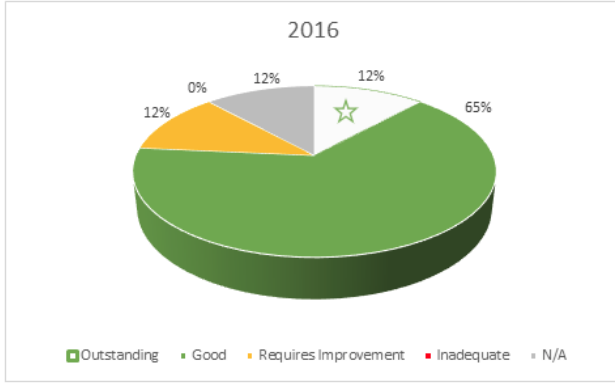
Complex Care

Neurological



**April 2022**

- **7200** staff
- **1801** service users
- **73** sites registered with CQC
- **5** sites registered with HIW
- **2** sites registered with CIW
- **255** Funders
- **23** Provider Collaboratives
- **233** CCGs, MHT, LA, etc.
- **1460** Hospital beds
- **604** Care home beds



# Our **PURPOSE,** **20** Our **PLAN,** **22** Our **FUTURE**

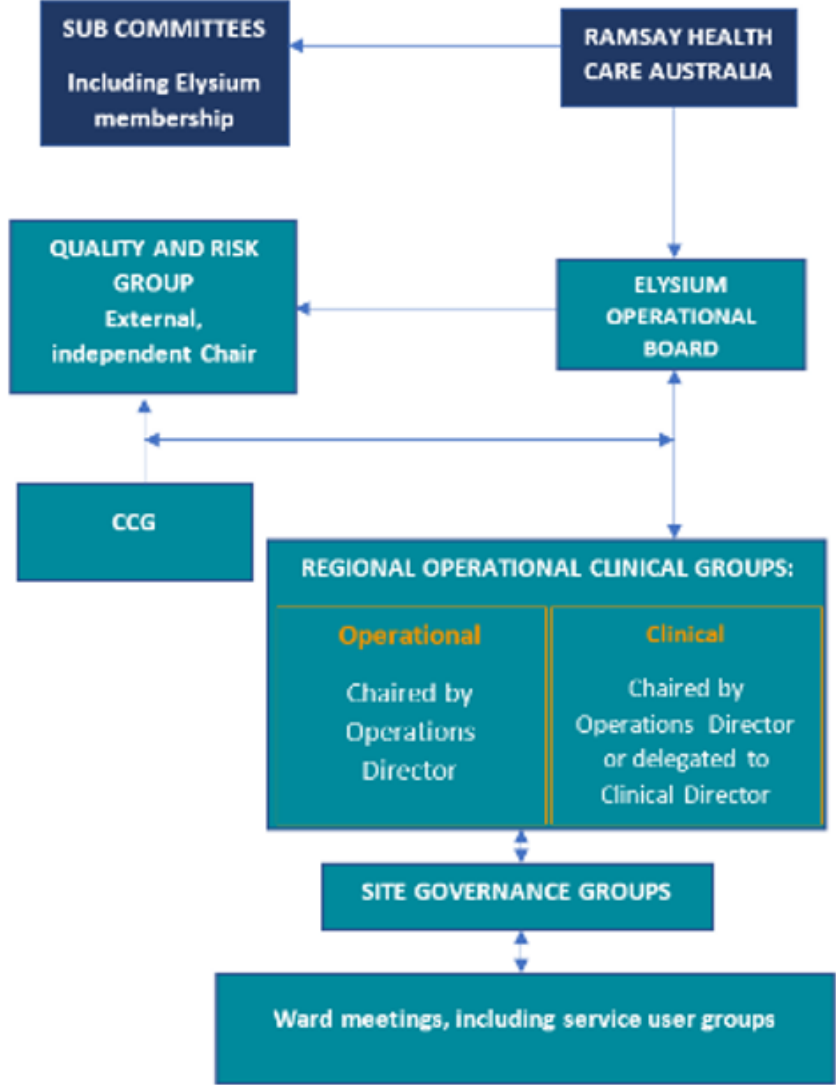


## Our strategic aims

- First choice provider
- Service users at the heart of what we do
- Championing service user rights
- Employer of choice
- Robust governance
- Improvement and learning via supportive culture
- Utilise technology for all
- Environmentally friendly
- Shared knowledge and expertise, shared growth
- To adapt and develop our services to meet need

To deliver on our strategic objectives we must deliver the **Best Care**, provided by the **Best People** in the **Best Place** which meet the needs of the population.

# Our governance structure



Decisions made as close to the service user as possible



# Top priorities – Best Care



## Supporting Our Service users

- Creation of Service User Advisory Group
- 2022 Service User Conference

## Supporting the Transforming Care Agenda

- Continue to develop high quality local, community provision
- Review of out of area capacity

## Safety

- New suite of Safety Initiatives launched

## Quality Improvement Programme

- Improvement Advisor Development Programme
- Good practice Hub
- Good Practice Bulletin
- Support of R&D

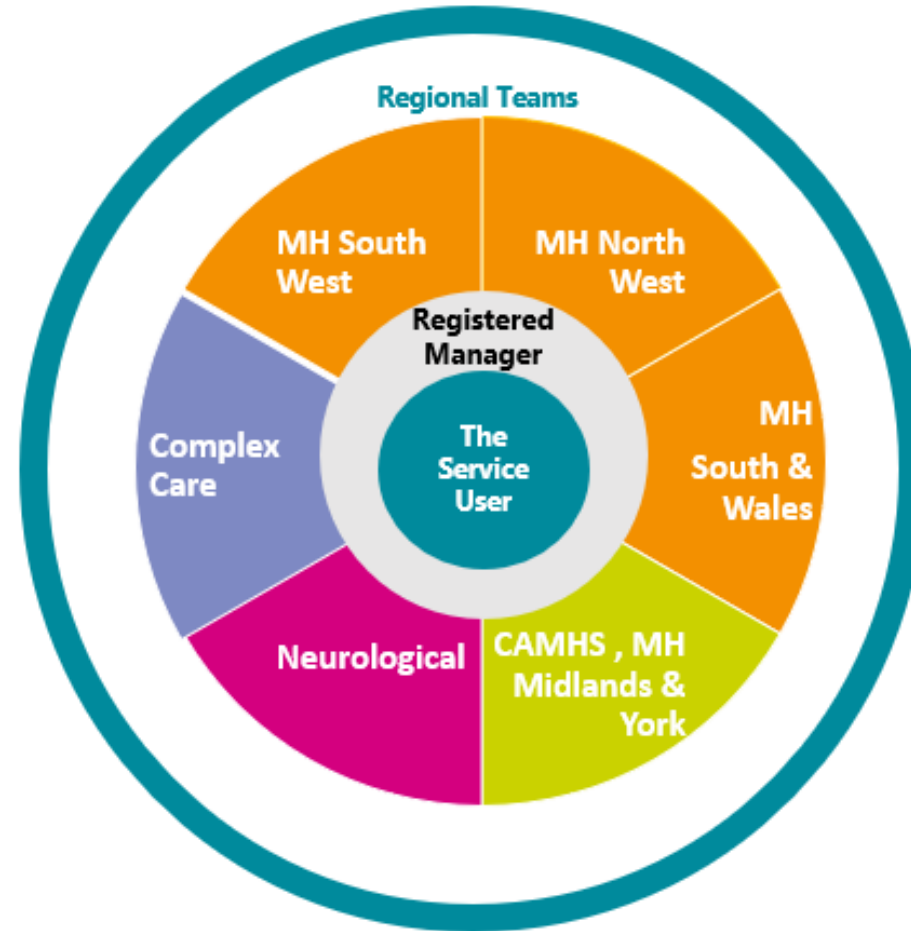
## Assurance Systems

- Increased expertise for corporate oversight to support local delivery

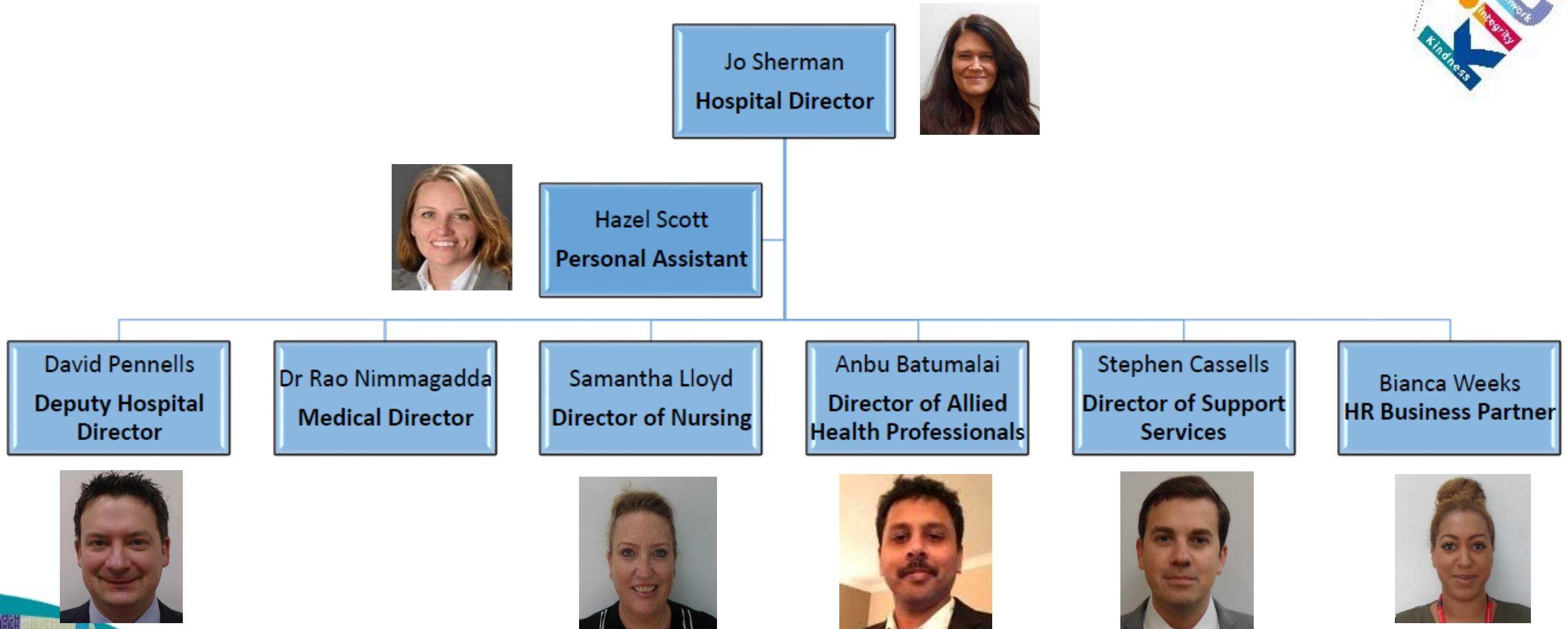
# Regional Structure



**Steve Conway**  
*Operations Director South*



# Thornford Park Hospital Structure - SMT





# Thornford Park Hospital

- 143 Registered Beds
- 11 Wards
- 3 MSU Male Wards ( 1x acute, 1x Rehabilitation and 1x LD)
- 1 Integrated Female MSU and LSU LD Ward
- 5 LSU Male Wards ( 1x Autism ward, 1x Older Persons ward, 1x Enhanced LSU)
- 1 PICU Male Ward
- 1 PICU Female Ward

## Commissioning Pathway

- NHS England
- CCG





## CQC Action Plan

- *Regulation 9: The provider did not ensure that a range of therapeutic activities were available to meet patients' needs in the PICUs in accordance with guidance from the National Institute of Health and Care Excellence.*
- Director of Allied Health Professions reviewed the hospital therapeutic programme. Revised programme now in situ. Audits have been carried out and monitored within Clinical Governance



## CQC Action Plan Continued

*Regulation 17: The provider did not ensure that care records on the forensic and PICU wards were of a consistently good quality and that they included the patient voice. Some identified risks did not have clear mitigation plans in place. The provider did not ensure that there were robust systems in place to ensure it was clear for staff which medications had been authorised for patients on the forensic wards.*

*The provider did not ensure that it was consistently recorded what action has been taken when it was indicated that a NEWS2 score should be escalated on the forensic and PICU wards.*

*The provider did not ensure that emergency equipment audits were carried out on Curridge ward.*

*The provider did not ensure that the reducing restrictive practices policy was followed and understood by the staff teams on the PICU wards.*

- Further coaching sessions delivered to MDT's regarding patient involvement within care planning
- Further NEWS2 coaching delivered to ward staff. Regular audits to monitor quality of documentation and reviewed within clinical governance
- Additional weekly audits of emergency equipment within Curridge ward, monitoring by Lead Nurse
- Quarterly audits to be undertaken by Lead Nurse regarding restrictive practice

# Thornford Park Hospital



## CQC Action Plan Continued

### *Regulation 18:*

The provider did not ensure that there were sufficient staff to facilitate leave for patients on the forensic wards.  
The provider did not ensure that supervision was consistently managed on the PICUs.

- Monthly auditing of cancelled leave through hospital clinical governance
- Monitoring of feedback through monthly patient forums
- Audit of supervision through hospital clinical governance

# Thornford Park Hospital



## External Audit / Governance of the Hospital

- NHS England
- Provider Collaborative
- NHS Wales
- CCG
- Local Authority
- Advocacy

# Thornford Park Hospital



## Areas of Achievement

- Promotion of least restrictive practice in enhancing access to leave



# Thornford Park Hospital



## Areas of Achievement

- Collaborative working with External Stakeholders
- Development of Specialised Services that meet the needs of the health economy
- Management of COVID



# Thornford Park Hospital



## Areas of Achievement

- Promotion of least restrictive practices that enhance shorter length of stay

