Review Summary – Low Secure Cygnet Hospital Derby
Cygnet Health Care Limited

Date of Review: 04 & 05 November 2020
Editor: Kelly Rodriguez

Contents

Introduction

Cygnet Hospital Derby has successfully completed the self and peer-review components of the Quality Network for Forensic Mental Health Services' annual review cycle (a full description of the process can be found at www.qnfmhs.co.uk). The service was reviewed against Standards for Forensic Mental Health Services: Low and Medium Secure Care – Third Edition (CCQI, 2019)[1].

The main value of being a member of the Quality Network for Forensic Mental Health Services is taking part in a formative process of honest self-evaluation, supported by the involvement of peers.

At the beginning of the review cycle, the service completed a self-review whereby they rated their practices against the published standards. The service was also encouraged to distribute questionnaires to team staff, their patients, and family and friends in order to collate feedback.

This was followed by a virtual peer-review on 04 and 05 November 2020. As part of the review, information was collected through interviews with senior managers and clinicians, frontline staff, and patients. A tour of the service and a perimeter check was not conducted. The virtual review was an opportunity for the peer-review team to validate the service's self-assessment. At the end of the review, the peer-review team provided feedback to the service on their achievements and areas for improvement; suggestions for service development were also provided. The details of the visiting team are provided within the appendix (2).

This Report

This report summarises the views of the service staff, patients and the peer-review team about the service's strengths and weaknesses. It begins with a profile of the service and is followed by a summary of the key findings, identifying areas of good practice, areas for improvement and providing recommendations for service development.

Within the appendix of this report the full scoring recorded as part of the self-review and peer-review can be found (appendix 3), along with the survey responses provided by patients, service staff and family and friends (appendix 4). Also, in the appendix, where a service has previously engaged in the Network, a review summary from that cycle is available (appendix 1). An action planning template is provided to services with their final report.

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[1]https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/forensic-mental-health-services/publications-and-resources

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The full set of standards are aspirational, and it is unlikely that any service would meet all of them. To support their use, each standard has been categorised as follows:

- Type 1: Essential standards. Failure to meet these would result in a significant threat to patient safety, rights, or dignity and/or would breach the law.

- Type 2: Expected standards that all services should meet.

- Type 3: Desirable standards that high performing services should meet.

The information provided in this report is not a definitive statement of performance in any of the areas covered by the criteria. Such summative judgements could only be made by a more detailed process. All statements are presented on behalf of the peer-review team.

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About the Service

The following information has been provided by the service:

Cygnet Hospital Derby provides low secure and mental health rehabilitation care based on the Recovery Model. Our integrated male care pathway includes Litchurch ward (15 beds), our low secure ward, and the Wyvern Unit (19), our mental health rehabilitation service. Alvaston ward (16 beds), our specialist female personality disorder service, is one of the leading services of its kind in the East and West Midlands. Adapted dialectical behavioural therapy (DBT) is the prevalent psychological therapy on both our male and female wards. Mindfulness and schema are also used as required. Cygnet Derby specialises in dual diagnosis service users and care for many service users with mild learning disability, autism, and ADHD.

In March 2020, Cygnet Hospital Derby attended the coroner's court regarding a service user's death in 2017 – the outcome was misadventure with no recommendations.

Service Profile

Address of service
Cygnet Hospital Derby, City Gate, London Road, Derby, DE24 8WZ

Catchment area
UK

Names of ward included in the review
Litchurch and Alvaston

Number of beds
50 unit total, 31 Low Secure

Average length of stay (days over the last year)
642.02

Number of referrals over the last year
29 for low secure

Number of admissions over the last year
12 for low secure

Staffing information (whole time equivalent)

Staffing	WTE
Consultant psychiatry	1.32
Non-consultant medical input	2
Psychology	3.5
Occupational therapy	4
Social work	1.25
Ward manager	2
Nursing	20
Ward manager	2
Security/Control room staff	3
Education staff	0.5
Dietician	0.1
Primary healthcare	GP via service level agreement Podiatrist via service level agreement Opticians via service level agreement Dentist via service level agreement
Others (please state)	x1 Music tutor via service level agreement x1 Complimentary therapies via service level agreement

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Review Summary (Cycle 7)

Cygnet Hospital Derby fully met 87 per cent of standards for forensic mental health services.

The following graph summarises the key findings from the service's participation in cycle 7 of the review process.

Figure 1: Percentage and number of criteria met, partly met and not met in each category
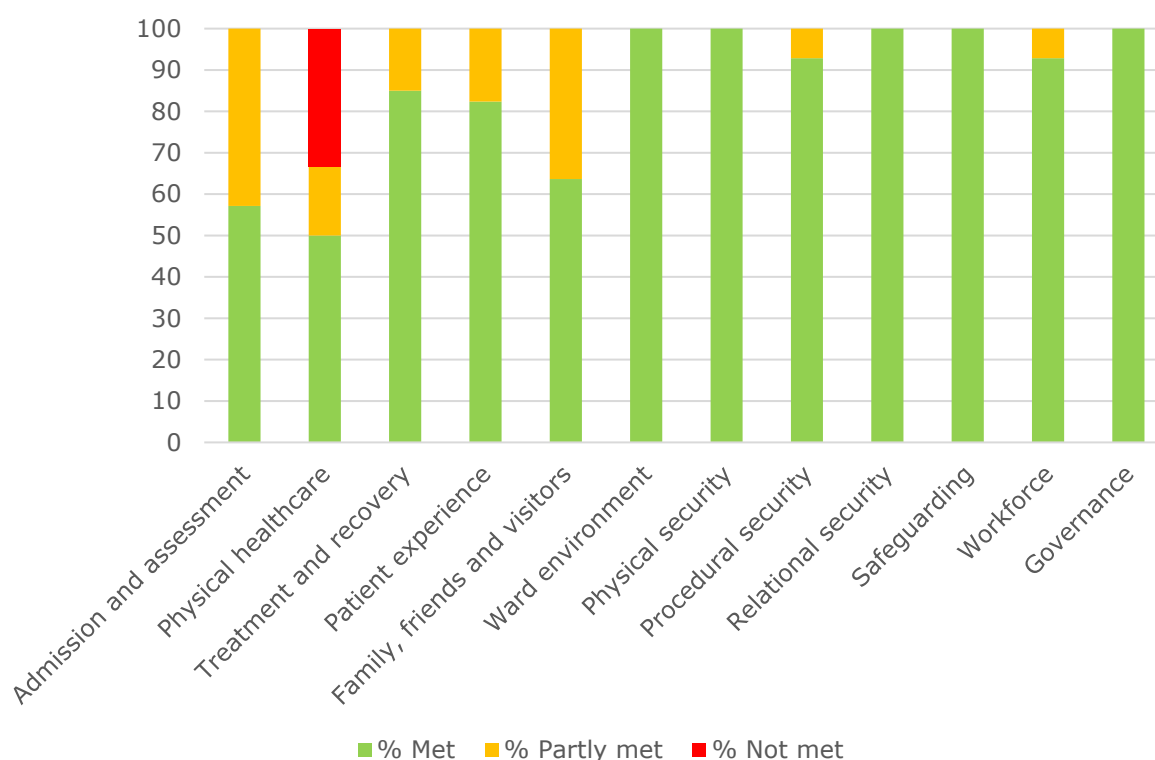
The following table reports on the total number and percentage of type 1, 2 and 3 standards and the level of compliance achieved by the service:

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A	Percentage Met
Type 1	26	25	1	0	0	96%
Type 2	114	98	14	2	0	86%
Type 3	3	2	1	0	0	67%
Total	143	125	16	2	0	87%

Areas of Good Practice

- The depth and breadth of training offered to staff is impressive. Training is tailored to the needs of patients at the service and new training is introduced as needed. Staff receive training on personality disorders, learning disabilities, autism, and gambling addiction training. Some of these are available regularly throughout the year rather than yearly. There is also a substance misuse worker employed at the service and substance misuse training is available to staff every two months.

- Staff are very well supported at the service. Monthly combined line management and clinical supervision takes place for all staff. Staff highlighted there is an open-door policy with all managers, including the hospital manager, and this is helpful if they want to raise any concerns. Staff feel their health and wellbeing is looked after by the service, with access to an employee assistance programme, which offers counselling sessions. Staff also reported if further counselling sessions are needed, these would be paid for by management. Furthermore, there is a mental health first aider in place at the service for staff to access.

- There is a robust system in place to share lessons learned. The quality assurance managers act as a bridge to ensure information is shared between the service and the board and vice versa. There is a supervision template available for staff to use which is updated regularly and it includes information about the policy of the month and lessons learned. This way, staff knowledge of policies critical to their role is kept up to date and the service ensures all staff are informed of the lessons learned.

- The service has made some improvements to the way they engage with carers. There is a new carers' satisfaction survey which was created based on carers' feedback. Carers' forums have been moved online to allow for carers to take part in this and patients have been given Skype accounts so they can maintain contact with their family and friends. A newsletter has been introduced, which is sent to all carers and includes updates from each ward, good news, new staff introductions, information about visits and up to date guidance form the government regarding COVID-19 and visiting. These also include links and guidance on some topics, such as domestic violence and keeping children safe. When the COVID-19 tier system was put in place, the service called each carer individually and explained the different tiers and what they meant for each carer and in relation to visiting their loved one.

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- Patients have strong relationships with the advocate. The advocate was present during the patient meeting and patients spoke highly of them. They also highlighted how helpful the advocate has been when concerns needed to be raised.

- Patients are involved in healthy lifestyle work. The service is offering healthy lifestyle education to patients and there is a patient who has taken a lead on this and is looking at ways in which other patients can be encouraged to get involved. They are also involved in discussions with the dietitian regarding food and diet.

- The induction process in place for staff was highlighted as being robust. Staff spoke highly of this process and how it ensures all staff have received the same information. This element of consistency is available as the hospital manager will personally induct all new staff members. They take the new staff around the hospital to give them a security induction and they are also involved in the policy competency assessment done during the induction process.

- The Dialectical Behaviour Therapy (DBT) programme and future plans for this are quite positive. The service is offering smaller DBT groups to patients to allow for social distancing rules and have developed exercises for patients to work through. Sessions are also available individually and there are DBT skills drop-in sessions available. The service is looking at evaluating the effectiveness of the programme by gathering feedback from patients and staff and data on incidents. When the next DBT programme is rolled out, the service is planning to have a patient co-facilitating these sessions.

Areas for Improvement

- There are some improvements regarding patient's physical healthcare that were highlighted on the day. Patients reported not having access to a GP and not being informed of their access to screening programmes. It was also highlighted that no staff members or chaperones of the same gender as patients are offered for physical examinations. The service highlighted they have recently changed their GP providers and there has been some delay in GPs visiting the service. However, it has been agreed a GP will visit the hospital once a week and patients will be able to request a visiting female GP if needed.

- Patient involvement in discussions regarding their care and treatment could be further improved. Some patients spoken to reported staff have discussions regarding patient's care and treatment before the patients enter the ward round meeting. It was felt that patients were then told about the decisions reached rather than being asked for their preferences. Patients did highlight

they could voice their opinions after being informed of the care and treatment decisions but did not feel this made a change. Further to this, patients highlighted the information they receive in writing is not easy to understand as there are large amounts of information being given to them.

- Although there are various experts by experience employed at board level, there is no peer-support worker or service available at the hospital. Accessing a peer-support service could help enhance patient's experience at the service.

- Carer engagement is still difficult at the service. No carers were spoken to on the day and two survey responses were received. These indicate an information pack is not available and information on accessing a carer's assessment is not offered. There also are mixed responses regarding the availability of carer groups.

For information about how the service performed on the previous review visits, see appendix 1.

Review Findings

Section 1: Admission and Assessment

This section explores patient admission and assessment processes, including multi-disciplinary decision-making and information provided to patients on arrival to the service.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	0	0	0	0	0
Type 2	7	4	3	0	0
Type 3	0	0	0	0	0
Total	7	4	3	0	0

Partly met criteria

No. [Type]	Standard	Recommendation
4 [2]	All information is provided in a format which is easily understood by patients. *Guidance: Information can be provided in languages other than English and in formats that are easy to use for people with sight/hearing/cognitive difficulties or learning disabilities. For example, audio and video materials, using symbols and pictures, using plain English, communication passports and signers. Information is culturally relevant.*	When information is provided to patients, ensure a member of the staff team go through it with patients.
5 [2]	Patients are given a 'welcome pack', or introductory information, at the first appropriate opportunity that contains, at a minimum, the following: • A clear description of the aims of the service; • The current programme and modes of treatment; • The service team membership;	Add information on the code of conduct and personal safety within the welcome pack.

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	• Personal safety in the service; • The code of conduct on the service; • Service facilities and the layout of the service; • What practical items can and cannot be brought in; • Clear guidance on the smoking policy in smoke-free hospitals and how to access nicotine replacement options; • Resources to meet spiritual, cultural and gender needs. *Guidance: Patients are offered a verbal explanation of the information contained in the welcome pack.*	
7 [2]	Patients are given verbal and written information on: • Their rights regarding consent to care and treatment; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to raise concerns, complaints and compliments; • How to access their own health records.	Include information on patients' rights, how to access a second opinion and how to access their own health records in the welcome pack.

Met criteria with recommendation

No. [Type]	Standard	Recommendation
6 [2]	Clear information is made available, in paper and/or electronic format, to patients, carers and healthcare practitioners on: • Admission criteria; • Clinical pathways describing access and discharge; • How the service involves patients and their carers; • Contact details for the service.	Include information on how patients and carers are involved at the service within the welcome pack or secure environments brochure.

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Section 2: Physical Healthcare

This section reports on physical healthcare assessments, needs and interventions.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	2	2	0	0	0
Type 2	4	1	1	2	0
Type 3	0	0	0	0	0
Total	6	3	1	2	0

Not met criteria

No. [Type]	Standard	Recommendation
9 [2]	Patients are offered a staff member of the same gender as them, and/or a chaperone of the same gender, for physical examinations.	Offer patients a staff member of the same gender as them or a chaperone prior to physical examinations taking place.
12 [2]	Patients are informed of and supported to access screening programmes available in line with those available to the general population with the aim of ensuring early diagnosis and prevention of further ill health. *Guidance: Patients are informed of the higher physical health risks for patients in secure mental health, such as diabetes, dyslipidaemia, hypertension, epilepsy, asthma etc. and gender-specific needs.*	Inform patients when the GP will be visiting the service. Liaise with the GP to ensure they support patients to access screening programmes. Consider introducing a well man or well woman forum.

Partly met criteria

No. [Type]	Standard	Recommendation
11 [2]	Care plans consider physical health outcomes and interventions in the following areas: • Health awareness; • Weight management; • Smoking; • Diet and nutrition; • Exercise; • Dental and optical needs; • Any patient specific items. *Guidance: For patients who have not successfully reached their physical health targets after 3 months of following lifestyle advice, the team discusses further intervention.*	Ensure care plans consider outcomes and intervention on smoking, dental and optical needs.

Section 3: Treatment and Recovery

This section focuses on care planning, multi-disciplinary review processes, and interventions, activities and therapies in relation to patient outcomes.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	3	2	1	0	0
Type 2	17	15	2	0	0
Type 3	0	0	0	0	0
Total	20	17	3	0	0

Partly met criteria

No. [Type]	Standard	Recommendation
14 [1]	Every patient has a written care plan reflecting their individual needs, including: • Any agreed treatment for physical and mental health; • Positive behavioural support plans; • Advance directives; • Specific personal care arrangements; • Reducing risk and risk of reoffending; • Specific safety and security arrangements; • Medication management; • Management of physical health conditions.	Include information on positive behavioural support plans, advance directives, personal care arrangements, reducing risk and risk of reoffending, safety and security arrangements and physical health conditions management in patient's care plans.
17 [2]	The patient and their carer are involved in discussions about the patient's care and treatment planning and they are offered a copy of the care plan and the opportunity to review this.	Involve patients in the discussions that take place regarding their care and treatment as early as possible.

| 25 [2] | The team develops a leave plan jointly with the patient that includes:
• The aim and purpose of section 17 leave;
• Conditions of the leave and the therapeutic purpose;
• A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave;
• Contact details of the service;
• Expectations on return from leave e.g. searching;
• MAPPA requirements and victim issues, where relevant. | Include within the leave care plans information on the aims of the leave, conditions, service contact details, expectations from leave and MAPPA requirements, if applicable. |

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Section 4: Patient Experience

This section focuses on the experience of patients at the service, including communication, respect and co-production.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	1	1	0	0	0
Type 2	15	13	2	0	0
Type 3	1	0	1	0	0
Total	17	14	3	0	0

Partly met criteria

No. [Type]	Standard	Recommendation
35 [2]	Patients and their carers are offered written and verbal information about the patient's mental illness and any physical health conditions.	Provide patients with written information on their mental illness and physical health conditions. Offer carers, with consent, written and verbal information on their loved one's mental illness and physical health condition.
41 [2]	Patients' preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible.	As far as possible, take patients' preferences into account when selecting medication and therapies. When this is not possible, explain the reasons to patients.
47 [3]	The service facilitates access to a peer support service.	Appoint a peer-support worker as a member of staff or explore organisations who offer peer-support services which patients can access.

Met criteria with recommendation

No. [Type]	Standard	Recommendation
43 [2]	There is a clear and well understood route for patient communication to the organisation's board, and from the board back to patients on the wards. Patients are given the opportunity to communicate their feedback and experiences of using the service in a variety of forms, including feedback surveys, focus groups, community meetings and patient representatives.	Add feedback to the community meeting agendas and explain to patients what has not been able to be actioned.
45 [2]	The service has a user involvement and co-production strategy covering all aspects of service delivery. *Guidance: The strategy defines patient and carer involvement as an equal partnership between people who design and deliver services, people who use the services and people in the community.*	Update the service user and carer involvement policy.

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Section 5: Family, Friends and Visitors

This section explores the experiences and needs of family, friends and visitors that engage with the service.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	0	0	0	0	0
Type 2	11	7	4	0	0
Type 3	0	0	0	0	0
Total	11	7	4	0	0

Partly met criteria

No. [Type]	Standard	Recommendation
51 [2]	The team provides each carer with a carers' information pack. *Guidance: This includes the names and contact details of key staff members at the service. It also includes other local sources of advice and support such as local carers' groups, carers' workshops, advocacy services and relevant charities.*	Ensure a carers' pack is provided to all carers when their loved one is admitted.
52 [2]	Carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency. *Guidance: This is an opportunity for carers to discuss what support or services they need, including physical, mental and emotional needs. Arrangements should be made through the carer's local council.*	Ensure this assessment is offered to all carers.

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53 [2]	Carers have access to a carer support network or group. This could be provided by the service, or the team could signpost carers to an existing network. *Guidance: This could be a group/network which meets face-to-face or communicates electronically.*	Offer the opportunity to be involved in the virtual forums to all carers. Check whether any of those that wish to be involved require any help with using or setting up the technology to access these.
55 [2]	Carers are offered individual time with staff members to discuss concerns, family history and their own needs.	Ensure all carers are offered time with staff members to discuss concerns, family history and their own needs.

Met criteria with recommendation

No. [Type]	Standard	Recommendation
57 [2]	The service has a strategy for carer engagement developed through use of the 'Carer support and involvement in secure mental health services toolkit' (NHS England, 2018). The strategy describes measures taken to proactively support: • A carer's own needs around information and support; • How they can be involved in the care of their loved one; Opportunities to be involved in service developments, training and improvements.	Review the current policy with a view to align procedures to NHS England's Carers Toolkit.

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Section 6: Ward Environment

This section reports on the hospital environment and its facilities.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	7	7	0	0	0
Type 2	14	14	0	0	0
Type 3	0	0	0	0	0
Total	21	21	0	0	0

Section 7: Physical Security

This section details the physical security in place at the service, focusing on the internal and external perimeter, responsibilities of the security lead, and key management.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	6	6	0	0	0
Type 2	8	8	0	0	0
Type 3	0	0	0	0	0
Total	14	14	0	0	0

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Section 8: Procedural Security

This section focusses on the formal policies, procedures and guidance in place at the service.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	1	1	0	0	0
Type 2	13	12	1	0	0
Type 3	0	0	0	0	0
Total	14	13	1	0	0

Partly met criteria

No. [Type]	Standard	Recommendation
98 [2]	Conducting searches of patients and their personal property, staff members, visitors and the environment.	Continue with plans to re-write the staff search policy.

Section 9: Relational Security

This section explores policies and practice relating to relational security, including induction, skill development and communication.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	0	0	0	0	0
Type 2	3	3	0	0	0
Type 3	0	0	0	0	0
Total	3	3	0	0	0

Section 10: Safeguarding

This section explores safeguarding processes, focusing on formal procedures and raising concerns.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	3	3	0	0	0
Type 2	1	1	0	0	0
Type 3	0	0	0	0	0
Total	4	4	0	0	0

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Section 11: Workforce

This section reports on the staffing and skill mix of the service, as well as support and training provided to staff members.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	3	3	0	0	0
Type 2	11	10	1	0	0
Type 3	0	0	0	0	0
Total	14	13	1	0	0

Partly met criteria

No. [Type]	Standard	Recommendation
131 [2]	Patients and carers are involved in the design and delivery of face-to-face training.	Recruit a carer representative and have them co-facilitate the carer awareness training.

Met criteria with recommendation

No. [Type]	Standard	Recommendation
128 [2]	Staff members receive training on: • Recognising and communicating with patients, e.g. cognitive impairment or learning disabilities; • Recovery and outcomes approaches; • A patient's perspective; • Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	Offer staff training on a patient's perspective.

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Section 12: Governance

This section focuses on the governance processes of the service, as well as quality improvement and research activity.

Type of Standard	Number of Standards	Number Met	Number Partly Met	Number Not Met	Number N/A
Type 1	0	0	0	0	0
Type 2	10	10	0	0	0
Type 3	2	2	0	0	0
Total	12	12	0	0	0

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Appendix 1: Previous Review Summary

Member services receive a full review visit, followed by a developmental visit (formally QI visit) the following year. This section summarises the key findings from the previous two review visits (full review and developmental review).

The service previously received a full review visit on 10 April 2018 and met 94% of Standards for Forensic Mental Health Services: Low and Medium Secure Care (Second Edition). The service also received a developmental review on 09 April 2019.

Figure 2: Percentage and number of criteria met, partly met and not met in each category from the previous full review (2017-2019)
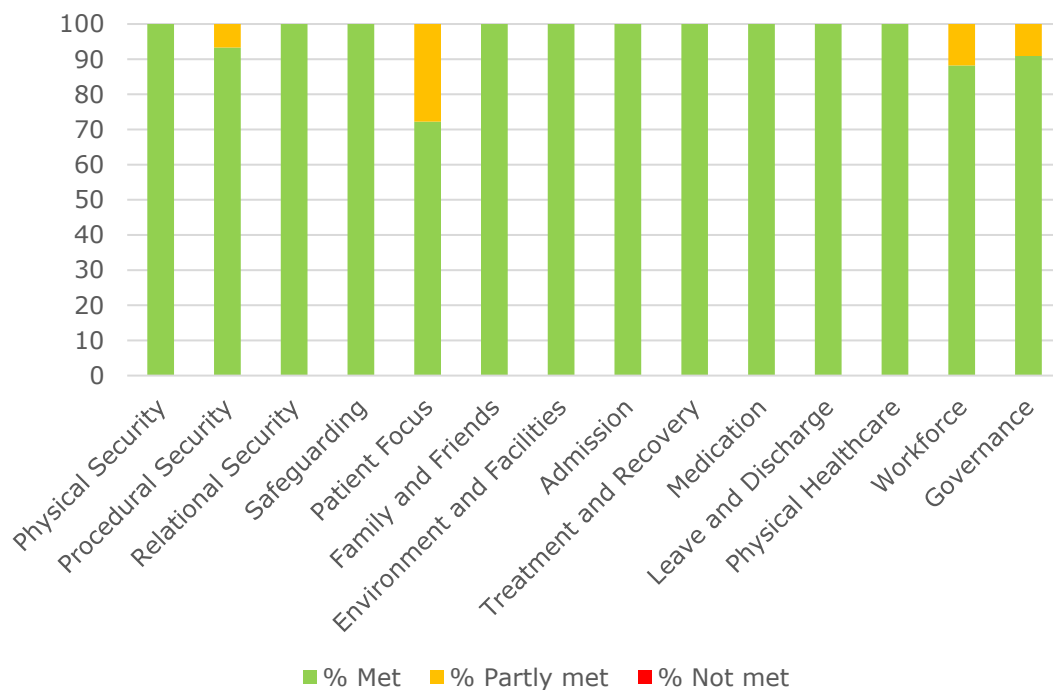
The following key themes were highlighted as in need of improvement during the full review and developmental visits. Further commentary is provided to outline whether the services has made progress on these areas:

- *Not all staff are able to take their breaks whilst on shift. This was specific to the nursing team, who would skip their breaks to continue delivering patient care:* This was not highlighted as an issue by staff.

- *Not all staff are able to attend reflective practice sessions. Even though reflective practice takes place fortnightly, due to the nature of the wards and the different shifts, not all staff have been able to benefit from this:* Staff spoken to reported the sessions take place weekly and they are able to

attend. Furthermore, 56% of survey responses show staff have access to reflective practice sessions.

- *A number of blanket restrictions were noted on the day. Both males and females reportedly always have to be escorted by staff when accessing the courtyard. For the female ward, after certain medication is taken, patients are not able to go on leave until the next day, whereas for the male patients, they are able to go on leave a few hours after their medication. On the male ward, all rooms are unlocked whereas on the female ward all side rooms are locked and females are unable to use these unless requested:* Patients did not highlight blanket restrictions as an issue and none were observed during the virtual review.

- *Patients reported not feeling safe on the wards. On the female ward, this was reported to be due to shortage of staff. On the male ward, this was reported to be as a result of the patient mix and bank and agency staff not being "very caring":* This was not highlighted as an issue during the virtual review.

- *Even though the service described being able to visit carers at home to assess their needs, providing information and inviting them to attend the service/meetings, survey responses do not fully reflect that. Survey responses suggest that not all carers have received advice on how to access a carer's assessment, information on support networks for carers and not being involved in discharge discussions or care planning development. No carers were available to speak to on the day:* This is still the case, with the service still visiting carers at home, facilitating virtual carers' forums and introducing newsletters with updates from the service. However, survey responses do not fully reflect they receive this, and no carers were available on the day.

Appendix 2: The Review Team

The following individuals participated in the virtual peer-review on 04 and 05 November 2020:

Joanne Ratcliffe, Psychologist, Waterloo Manor Hospital

Charlotte Byrne, Involvement Lead, Waterloo Manor Hospital

Faye Locke, Charge Nurse, Broadland Clinic

Quality Network Representative:

Kelly Rodriguez, Deputy Programme Manager, CCQI

Appendix 3: Self-Review and Peer-Review Commentary

This section is formed by self-review commentary provided by the service and commentary made by the peer-review team.

Met Criteria

Section 1: Admission and Assessment - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
1	Patients will receive a multidisciplinary pre-admission assessment of need that ensures admissions to the service are appropriate and the needs of patients are clearly identified.	Met	All service users undergo a pre-admission assessment to ensure their needs are appropriate to that of our Service. A brief history is gathered and any further support, guidance and needs are outlined ready for discussion with the multi-disciplinary team for approval of admission.	Met	Referrals are screened and discussed at multidisciplinary team (MDT) meetings. A tailored assessment team will then assess the patient based on what their perceived needs are. For example, if it is identified that the patient has substance misuse problems, a substance misuse practitioner will be part of the assessing team.
2	The multi-disciplinary team make decisions about patient admission or transfer. They can refuse to accept patients if they anticipate that the patient mix will compromise safety and/or therapeutic activity.	Met	The Mutli-Disciplinary Team discuss and make decisions about admissions or transfers and will refuse to admit if there is disagreement within the team or it is deemed the Service User is likely to make the ward unsafe, compromise the ability to deliver effective care or put staff/peers at risk.	Met	The service is able to refuse to admit patients if the MDT thinks Cygnet Derby is not the right placement, or if this will compromise the current patient mix. Some patients are also refused if the required therapies or practitioner are not available at the service, for example if at the time of the referral there is

					no staff available to offer sex offender treatment, then patients who require this intervention will not be admitted.
3	On admission to the service, staff members introduce themselves, other patients and show them around.	Met	Service Users are offered a visit to the unit for their potential placement prior to admission. All staff wear ID badges with the "Hello My name is" campaign set up by Dr Kate Granger. Service Users are shown around their new placement and introduced to their peers and staff alike. There is a meet the team board on the ward, so Service Users can see all Staff Members who will be on their ward. There is a buddy system in place, so the new Service User knows where to go and what to do.	Met	Patients reported they were shown around and introduced to patients and staff on admission. Survey responses support this.
6	Clear information is made available, in paper and/or electronic format, to patients, carers and healthcare practitioners on: • Admission criteria; • Clinical pathways describing access and discharge; • How the service involves patients and their carers; • Contact details for the service.	Met	Admission Criteria is listed on the website along with booklets for each ward. We have a carers' handbook organised and updated by the Social Work team at Cygnet Derby which is available in a hardcopy and also on the website for carers to access. Brochure for secure services attached - Derby page 15.	Met	The secure environments brochure and welcome pack include information on the admission criteria, clinical pathways, and contact details. However, they do not include information on how patients and carers are involved at the service. Patients confirmed a welcome pack is provided to them.

Section 2: Physical Healthcare - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
8	All records held by the service are integrated into one patient record.	Met	The online myPath system has been created to keep all Service User records in one space, which ties in with the ePRIME system for recording incidents and complaints (but will soon be taken over by Incident Management System) and a physical hard copy folder is kept on the ward with all Service User information stored in it. All paperwork is also backed up on the Server in individual files in case there is a fire/flood etc. All externals such as GPs, Dietician etc. have been trained in myPath and input onto the system when they visit/have a discussion with the Service User.	Met	Patient records are generally all available through the electronic system, myPath. There are also some documents which are kept as paper copies, but these are scanned and saved in the system as well.
10	Patients have their physical healthcare needs assessed within 72 hours of admission and reviewed every six months or more frequently if required. Patients are informed of the outcome of their physical health assessment and this is recorded in their notes.	Met	Service Users are assessed for physical health needs on admission and will be offered support and treatment as appropriate. Service Users also have access to a GP weekly for any other health concerns. Any health conditions are documented in care plans and GP visits are recorded on myPath.	Met	Patients reported their physical healthcare needs were assessed on admission and every six months.
13	Emergency medical resuscitation equipment (crash bag) is available within three minutes. The crash bag is	Met	Medical Grab bags are situated in the ward's offices, training room and in the main reception area which are accessible	Met	This standard has been scored based on the self-review commentary and the previous

	maintained and checked weekly, and after each use.		within 3 minutes. Resuscitation simulations take place each quarter with a variety of "likely" events put out to see how well staff respond.		full review score and commentary. Emergency crash bags are available in each ward and maintained regularly.

Section 3: Treatment and Recovery - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
15	The multi-disciplinary team develops the care plan collaboratively with the patient, and their carer.	Met	Care plans are developed with the Service user and take into account their preferences and points of view.	Met	Patients and carers are generally involved in developing their care plans. This is supported by survey responses.
16	The multi-disciplinary team reviews and updates care plans at least monthly, or more frequently according to clinical need.	Met	All care plans are on myPath and are updated monthly by the named nurse. These are audited and reviewed by the clinical manager.	Met	Ward round takes place fortnightly and care plans are reviewed then by the MDT.
18	Patients have a pathway of care planned that is realistic and takes account of their aspirations. The plan identifies services the patient is likely to need through their pathway to the community or to the last realistic point of care.	Met	Care plans are co-produced with the Service User and thus, ensuring their aspirations and preferences are taken into account.	Met	Patients highlighted their pathway of care is realistic and this is supported by survey responses.
19	Patients are offered evidence based pharmacological interventions and any exceptions are documented in the case notes.	Met	Cygnet has a medication management policy overseen by the corporate medicines group and all medication prescriptions are reviewed by a pharmacist who feeds back on the appropriateness of prescriptions to medical staff ward staff and senior	Met	Evidence based pharmacological interventions are offered to patients. The service reported Ashton's pharmacy works closely with the service and the use of medication is audited regularly. There is also a second opinion

			managers. Where medications are used off license, this must be discussed with Service User and carer where allowed and peer review is encouraged for this process.		doctor who will review medication.
20	Patients are offered evidence based psychological interventions to promote mental health recovery and offending/risk behaviour, and any exceptions are documented in the case notes.	Met	Cygnet Derby psychology team offers the following psych services to Service Users: - DBT - Mindfulness - Schema - Compassion Focused Therapy Any psychological services which are not thought to be evidenced are not automatically agreed would have to be agreed by Integrated Governance meeting i.e using the vaccaria ear seeds which are applied to an acupuncture point which is supposed to induce calming of the mind and helps with sleep, stress, low mood, anxiety etc. with the Substance Misuse team receiving very positive feedback from Staff and Service Users.	Met	There is a range of one-to-one and group therapies available at the service and various leaflets have been observed. The service currently focused on dialectical behavioural therapy (DBT) for the female ward as this works well there. They also have a DBT skills dropping session and have adapted DBT to deliver it in smaller groups due to COVID-19.
21	Patients have clear personalised outcomes identified in key recovery areas (if relevant) and understand which outcomes are pathway critical i.e. what they must achieve to progress to the next level of care.	Met	All care plans include Service Users views and are personalised per person. Areas of progression are clearly outlined with targets to complete before moving along the pathway. These are also reviewed in ward round weekly which the Service User is invited to.	Met	A drug and alcohol recovery care plan has been observed which shows personalised outcomes are identified for patients. Patients confirmed they have personalised goals and understand pathway critical outcomes.
22	Patients have a personalised plan of therapeutic and skill-developing activity	Met	The Occupational Therapy team work together to deliver a 7 day a week	Met	The occupational therapy team discuss aims with patients, how

	that is directly correlated to their outcomes plan. Activities and therapy are planned over seven days and not limited to conventional working hours. Patients can see the connection between activities they are undertaking and the achievement of their recovery goals.		programme with activities for all provided and organised throughout. Service Users are spoken to about their interests and can attend 1:1 Occupational Therapy sessions and group sessions to sports groups, dog walks, community skills, trips out etc.		to achieve these and also the timetable of activities. They deliver therapies Monday to Friday. There are activity coordinators available at the weekends to lead on the weekend activities. The recovery college offers courses in the evenings and there are various other activities being offered throughout the week by the nursing team.
23	Patients have a Care Programme Approach (CPA) meeting (or equivalent) within the first three months and as a minimum every six months thereafter to review ongoing outcomes work and progress.	Met	Service Users have a CPA meeting within three months of admission and as a minimum every six months thereafter to review ongoing outcomes, work and progress - minutes of which can be found in their files on the ward/on the server. This clearly shows and documents the views of the Service User.	Met	Patients confirmed they have regular CPA meetings which happen every three months.
24	The team provides information, signposting and encouragement to patients where relevant to access local organisations for peer support, social engagement and meaningful occupation such as: • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks;	Met	This role falls to the ward Occupational Therapy team and Education Support Worker Cygnet Derby has a well-established Recovery College which covers all wards and has an integral peer support network.	Met	The service has links with local gyms, education classes, dog walking sessions and other. There are key workers available for each patients and recovery college courses are available on site. Community activities have been difficult to facilitate since COVID-19.

	• Recovery colleges.				
26	The service identifies and addresses the immediate needs and concerns of the patient in relation to transitions to other services or to the community.	Met	It is the role of the ward Social Worker following agreement from the commissioning team to liaise with services that the Service User will be transitioning to, to ensure that needs and concerns are met and addressed. This also occurs during the Section 117 meeting which the Service User takes an active part. Service Users where possible will also visit services they are being transitioned to on several occasions. Cygnet Derby always tries to negotiate leave to the new service to ensure smooth handover of care.	Met	This is done as a whole team approach where discussions take place regarding their needs and placements. Finance and benefits advise is provided by the social worker and budgeting education is offered by the occupational therapy department.
27	Patients and their carer are invited to a discharge meeting and are involved in decisions about discharge plans.	Met	Wherever Service User permission is granted, carers and significant others are invited to all CPA meetings, 2 weekly Multi-Disciplinary Team meetings and discharge planning meetings including Section 117 meetings. Taking into account Service User wishes regarding confidentiality, an MDT debate would occur to agree the level and scope of information provided to carers upon discharge if the Service User was declining information to be passed on as carers have legal rights regarding input into the discharge arrangements and possible risk factors.	Met	Patients and their carers are invited to discharge meetings and involved in decisions as much as possible.

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28	The service works proactively with the home area care coordinator and next point of care (including other inpatient services, forensic outreach teams, community mental health teams or prison) to develop robust discharge/transfer arrangements and minimise delay in accessing crisis support.	Met	The planning for discharge for Service Users at Cygnet Derby begins at point of admission by identification of care co-ordinator from their home area. If a care co-ordinator, this falls to the NHS England commissioner who will then apply pressure to ensure one is allocated as soon as possible. After one is allocated, the NHS England commissioner for Central Midlands attends ward rounds on a monthly basis to ensure robust recovery and discharge pathways are in place. Social Worker on the ward would be allocated to oversee the care plan. Care Co-ordinator from home area are invited to CPA meetings and MDT meetings and Section 117 meetings. The HCR-20 risk assessment is developed with the Service User and home team to establish hospital environmental risk and community risks, taking into account triggers and crisis support needs.	Met	Care coordinators and outside teams are involved at the service and attend patient's CPA meetings. When patients are closer to their discharge, these teams will be involved more frequently in their care to develop relationships. There is a community forensic team available.
29	There is a system in place for all permanent and agency nursing staff to be assessed as competent to administer medications.	Met	All permanent and any agency nursing staff must be assessed with the attached annually to ensure they are competent to administer medication. Support Workers can also undergo "second checker" training which means they are able to back up the nurses who are administering and preparing medication.	Met	Ashtons pharmacy competency assessment has been observed. Ashtons provides online training to permanent and bank staff and these are then assessed using the competency assessment observed. Agency staff are assessed centrally. Permanent and bank staff are re-assessed yearly by their peers, meaning

					staff from other wards will re-assess them to ensure their knowledge is up to date.
30	When medication is prescribed, specific treatment targets are set for the patient, the risks and benefits are reviewed, a timescale for response is set and patient consent is recorded.	Met	The Service User's consultant psychiatrist will agree the treatment targets with the Service User at the MDT meetings and discuss benefits and side effects with the Service User and any issues around consent T2, SOAD and therefore T3.	Met	When medication is prescribed, discussions take place with patients regarding the risks and benefits, what previous treatments have worked and which haven't, and future steps. This is all care planned.
31	Patients prescribed mood stabilisers or antipsychotics are reviewed at the start of treatment (baseline), at 3 months and then annually unless a physical health abnormality arises. The clinician monitors the following information about the patient: • A personal/family history (at baseline and annual review) • Lifestyle review (at every review) • Weight (every week for the first 6 weeks) • Waist circumference (at baseline and annual review) • Blood pressure (at every review) • Fasting plasma glucose/ HbA1c (glycated haemoglobin) (at every review) • Lipid profile (at every review)	Met	Cygnet Healthcare Medication management policy follows these guidelines and high dose anti-psychotic monitoring also occurs via Integrated Governance 4 monthly audit. Ashtons Pharmacy also ensures the monthly and annual review physical health factors are taken into consideration when prescribing and are also supported by the visiting GP.	Met	Regular physical health checks take place regarding family history, blood pressure, bloods, ECGs, X-rays if needed, weight, etc. Each ward has a doctor and there is a physical health lead at the service who supports with this. The service has agreements with local NHS labs and provides to help with examining results. Physical health checks are audited twice a year.

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
32	The safe use of psychotropic medication is audited and reviewed, at least annually and at a service level.	Met	Cygnet derby Integrated Governance schedule has a 4 monthly high dose anti-psychotic audit requirement; these are completed by medical staff and senior nursing staff and are presented to the MDT and are passed onto regional clinical governance also. SLIDES 30-34	Met	The safe use of medication is audited at service and ward level, evidence of this has been observed. The findings from this are shared during the integrated governance meetings which take place four monthly.
33	Evidence-based clinical and patient reported outcome measurement data is collected post-admission and routinely reviewed by the team and patient at clinical reviews.	Met	Please see below outcome measures Cygnet reviews and displays: -Recovery star -HONOS -Forensic Five Pathways -Mental Health Clustering Tool	Met	A recovery star example has been observed which shows outcome measurement data is collected post-admission and reviewed by the team. The service also utilises HoNOS to collect data.

Section 4: Patient Experience - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
34	Individual staff members are easily identifiable.	Met	All staff members wear ID badges when in the hospital and are identified on a tv in reception as well as meet the team boards on the wards.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Staff wear photo ID badges.
36	Confidentiality and its limits are explained to the patient and their carers on admission, both verbally and in writing.	Met	Confidentiality and its limits are explained to the service user verbally via the named nurse and copies of the relevant policy available for service users	Met	Confidentiality is explained to patients and carers verbally and in writing, as survey responses show.

			upon request. It is also in the carers' handbook. A bespoke confidentiality leaflet has been designed for derby service users and is available in the peer review pack.		
37	The patient's consent to the sharing of clinical information outside the clinical team is recorded and there is a system for review. If this is not obtained the reasons for this are recorded.	Met	If a Service User consents to share their clinical information, they will sign a document which is then kept in their personal file to reference as and when needed which is reviewed upon request.	Met	Survey responses highlight consent is recorded regarding the sharing of information outside the team.
38	The advocate is independent, known by name to the patient group, and where requested raises issues on behalf of the patients and feeds back any actions or outcomes.	Met	Advocacy Services visit Wards weekly to support service users in raising concerns, speaking out, complaining. How to complain and accessing Advocacy are displayed in Admin controlled Boards. Accessing Records are explained by Medical Secretaries. Interpreting Services SLA available and translating services. Advocacy Service Report attached as evidence. Advocate is on posters on the wards in boards as well as being on the information TV in reception.	Met	The advocate is well known to patients and was present during the meeting.
39	Patients are treated with compassion, dignity and respect.	Met	All Service Users are treated with compassion, dignity, and respect, following the Equality and Diversity policy.	Met	This standard is scored based on survey responses only, which show 60% of patients feel treated with compassion, dignity, and respect sometimes and 40% always.
40	Patients feel listened to and understood by staff members.	Met	Service Users can request 1:1 sessions with staff to discuss clinical issues. If	Met	This standard is scored based on survey responses only, which

			Service Users have requests for physical items or changes to the ward, they can request these via the People's Council or through Heads of Department meetings. They also have the opportunity to request alterations to the menus in the food focus group.		show 60% of patients feel listened to and understood sometimes and 40% always.
42	Patients' preferences/views are taken into account when allocating staff members undertaking overnight observations in bedroom areas.	Met	All observations are undertaken by staff on shift; where possible, same sex staff are allocated for bedroom areas, however this isn't always possible but a female/male chaperone are available.	Met	This standard is scored based on the self-review commentary and score and the previous full review score and commentary as patients left the meeting before this question was answered. Last full review report highlights overnight observations are taken by both male and female members of staff. However, the service has reported female/male chaperones are available if same sex staff are unavailable for observations.
43	There is a clear and well understood route for patient communication to the organisation's board, and from the board back to patients on the wards. Patients are given the opportunity to communicate their feedback and experiences of using the service in a variety of forms, including feedback surveys, focus groups, community meetings and patient representatives.	Met	Service Users are encouraged to complete a variety of surveys throughout their stay, commenting on their care, safety, requests etc. which are fed back through a direct survey system - the board can then review and discuss the outcomes, making changes to services where possible and using least restrictive practice. Community Meetings take place on the wards and there is the People's Council where a Patient	Met	Patients spoke about having meetings to deliver feedback and completing questionnaires. They reported not receiving information on the feedback provided and are unsure whether this has been actioned. The service highlighted there is a You Said We Did board available on the wards and a photo of the board has been observed.

			representative attends and requests and feedback can be given here, which is taken to senior management and the board to make alterations where possible. A 'you said we did board' is in place in the link corridor between meeting rooms which shows a number of requests made and acted upon from service users. Service Users as part of the People's Council also go to meetings and events outside of the unit to directly feedback.		
44	There is a minimum of two community meetings a month on each ward that are attended by patients and staff members. • The meeting is chaired or co-chaired by a patient; • Discussions are recorded with written minutes; • There is a clear process for the discussions from this meeting to be fed through management and governance routes to the board, and a clear process through which the board feeds back to patients at the ward-based community meeting.	Met	There are community meetings on the ward that usually take place twice a month. They are chaired by a Service User and minuted by a member of staff. These have a clear agenda for discussion, and this is fed back to management and further up the board if needed and feedback is given directly to the Service Users at the next possible community meeting.	Met	Community meetings take place fortnightly and minutes of this has been observed. Patients confirmed community meetings take place every two weeks and this are chaired by patients.
45	The service has a user involvement and co-production strategy covering all aspects of service delivery.	Met	Cygnet Derby has a people's council which is consulted and provides feedback over service delivery issues	Met	There is a service user and carer involvement policy in place which describes how patients

			such as reducing restrictive practice, occupational therapy and psychology provision and the facilities that are available to Service Users, an example being that Service Users gave input into the gym upgrade requirements. Another example People's Council influencing, installation of Sky tv for all wards and the holding of PRIDE events and Christmas parties for Service Users. The Service User by experience team based at corporate level inputs into policy and procedure reviews and production and a Service User by experience also sits on the board of Cygnet Health Care.		and carers are involved at the service. This policy was due for review in May 2020. There is also a family and carers policy which covers how carers are involved at the service.
46	There is a designated lead for patient and carer involvement.	Met	Cygnet Healthcare employs a team of Service Users by experience who attend People's Council meetings on a rotational basis across all Cygnet hospitals and also complete external investigations as requested by senior management.	Met	Patients reported the occupational therapy department are the patient involvement leads. Carer survey responses show there is a designated carer lead.
48	Patients are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs.	Met	The Service offers a rolling 4-week menu full of at least 3 choices a day, catering to dietary preference and need as well as religious belief. The dietician offers advice and guidance to each Service User and also attends the food focus group to offer alterations to the menus to make it more balanced. All portions are of a decent size and a lot of variation is offered.	Met	Meals were highlighted as offering various choices, including religious meals, vegetarian and vegan options. However, the quality of the meals was highlighted as being poor and some patients reported the menu is not as varied as it could be. Food focus groups meeting minutes have been observed which show discussions take

					place regarding food and the menu with the catering department. RAG menus were also observed highlighting healthier meals and dietary requirements are also included (such as gluten free, vegan, vegetarian and allergens information).
49	The service enables patients to make healthy diet choices at meal and non-meal times.	Met	The Service encourages healthy diets, and the dietician can offer advice to all Service Users on a personalised basis. If there is something not on the menu that is healthy and within reason, the catering staff can provide this i.e. soups, salads etc.	Met	Fruit is reportedly available and there are salad choices during meal times. However, patients reported not being helped to make healthy diet choices at meal and non-meal times. RAG menus were observed highlighting healthier meals. A range of fruit, yogurts and snacks are also highlighted to be available on the menus. A dietician is available at the service.
50	Education is offered to patients on the importance of maintaining a healthy lifestyle and the service encourages patients to remain active.	Met	Service Users are encouraged to take up physical exercise within the gym, use the services of the dietician, create a therapy timetable for themselves that keeps them active and a new healthy weight CQUIN monitors the BMI of low secure patients.	Met	There are fitness and healthy lifestyle groups. Through these, patients have access to exercise leave and circuits. One of the patients spoken to is highly involved with this and liaises with the dietitian regarding food and diet. They will also be involved in inducting gym staff and personal training sessions will be available

					to patients shortly. The gym is currently closed. The patient will also have a role in going around and prompting people to eat healthy.

Section 5: Family, Friends and Visitors - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
54	Carers are supported to engage in meetings, events and service initiatives.	Met	Cygnet Hospital Derby has been known to pay for flights/travel for families who live outside the UK or a considerable mileage from Derby and who may not drive. Conference calls are available for families hoping to engage but cannot visit for things such as CPA meetings, peer reviews, skype calls for Service Users to see their family and friends who struggle to visit and other initiatives are taken as opportunities arise.	Met	Carers are supported to engage in meetings, events, and service initiatives. This is done virtually and face-to-face. Survey responses support this.
56	When a patient withdraws consent, general information about the hospital, its service provision, as well as education about mental ill-health and recovery is still available to carers.	Met	When a Service User withdraws consent, staff with refer to the carers information policy and the carers handbook provides websites and links to educate about mental health and recovery. The Cygnet website also has many links to information about mental health. Cygnet Derby website also has 360-degree	Met	The service supports carers when consent has been taken away and offer general information regarding mental health, activities, interventions, hospital. Staff ask patients what they wish to share with their carers. The service has created newsletters with updates from the service

			videos of the ward areas to allow relatives to view where their loved one is staying.		that are available for carers. Carers' survey responses support this.
57	The service has a strategy for carer engagement developed through use of the 'Carer support and involvement in secure mental health services toolkit' (NHS England, 2018). The strategy describes measures taken to proactively support: • A carer's own needs around information and support; • How they can be involved in the care of their loved one; • Opportunities to be involved in service developments, training and improvements.	Met	Carer engagement strategy at Cygnet Derby is integral to the social work standards Integrated Governance audit and care audits which are completed and presented with relevant action plans on a 6 monthly rolling basis and are overseen by the lead social worker. Carer forums have been offered to carers in the past where the views of the carers are sought and a rolling programme of awareness raising around the different Multi-Disciplinary Team roles and subjects are presented. Cygnet Derby has in the last 18 months struggled to be able to engage carers in carer forums so in 2020 we will be having weekend carer forums in an effort to boost attendance.	Met	The family and carers involvement policy covers information on carers' own needs regarding information and support and how they can be involved in their loved one's care. It also includes what opportunities are available to be involved in service developments, such as questionnaires looking at service improvements. However, the policy has not been developed through the use of the carers toolkit.
58	Visitors are made to feel welcome and the service provides a positive first impression.	Met	All visitors are greeted by Reception staff who aim to give service focused on the Cygnet values. The Reception area is cleaned daily and staff on Reception are knowledgeable and helpful, often going above and beyond. This goes for physical visitors to the unit and callers alike.	Met	Visitors are made to feel welcome and the service provides a positive first impression. Carers' survey responses support this.
59	There is a designated visitors' room within the secure perimeter. The space must meet the following requirements:	Met	There is a visitors' room next to the reception which is decorated in a homely manner, catering for child visits too. Staff are in the room but do not intrude on	Met	This standard has been scored based on the self-review commentary and the previous full review score and

	• Suitable to maintain privacy and confidentiality; • Provide a homely environment; • Observations are not overly intrusive; • Accessible by patients and visitors.		conversation etc. The room is locked during visits to keep visitors safe and also to stop Service Users potentially escaping.		commentary. There is a dedicated visitor's room that is pleasantly decorated.
60	The service can safely facilitate child visits and is equipped with a range of child-appropriate facilities such as toys, games and books.	Met	Children visiting must be screened via social work and ok'd for the visit. There is a child friendly section of the visitors 'room which has toys, games, books and crafts to keep them entertained.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Child appropriate entertainment is available in the visiting room and patients and visitors have separate doors to access the room.
61	The pathway of care considers victim issues and is developed in liaison with relevant supervisory agencies e.g. the responsible local authority, offender manager and/or MAPPA.	Met	It is the responsibility of the ward Social Worker to liaise with the local authority offender managers, MAPPA and MOSOVO this includes consideration of victim liaison. three-monthly meetings occur of which victims' issues is an agenda item.	Met	This is the responsibility of the lead social worker, who works across both wards, and deals with the police and any other required agencies. They also deal with the Management of Sexual Offender and Violent Offender (MOSOVO) police teams and they are informed of the admissions at Cygnet Derby. Victim issues is part of discharge planning and the service carefully considers this.

Section 6: Ward Environment - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
62	Call button/personal alarms are available to all staff, patients and visitors within the secure perimeter.	Met	The hospital is covered by a Stanley / Blick Minder alarm system. An alarm is issued to all staff, visitors, and contractors to the hospital. This is supported by a designated Response / Nursing Assistant on each ward, who are identified at the beginning of each shift. They respond immediately to any alarm activation. There are three levels of alarm activation namely, the patient call, the staff assistance, and the emergency. Each level is represented by a different sounding tone. All alarms are checked daily by the receptionist prior to being issued to anyone. Any faulty alarms are removed from service and immediately sent to the maintenance department for repair.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Personal alarms are available to all.
63	Lockable facilities are provided for: • Patients for their personal possessions (with staff override	Met	Contraband items are kept in a space off ward with staff access to facilitate use of risk assessed items by Service Users as agreed by the multi-disciplinary team.	Met	This standard has been scored based on the self-review commentary and the previous full review score and

	feature) with maintained records of access; • Staff away from the patient area for the storage of any items not allowed within patient areas (which are locally determined); • Visitors away from patient areas to store prohibited or restricted items whilst they are in the service.		There is a property list for each Service User which outlines everything they come into the Service with. Visitors are able to use lockers in the reception area to put all contraband items in which is secured by a key/token system. Staff are able to use lockers in an airlock away from Service Users with a personalised locker pin, the locker is assigned to their key number.		commentary. Lockers are available for visitors at reception and a safe is available to patients. Staff have access to their own lockers.
64	Staff members ensure that no confidential data is visible or accessible beyond the team.	Met	All confidential data is kept in the offices on the ward, with Service User files kept in a cupboard away from the viewing window to the ward. In admin, all confidential information is kept in locked cupboards/rooms/drawers.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Confidential data is not accessible beyond the staff team.
65	The environment meets the needs of individuals with physical disabilities.	Met	Any physical disabilities that require special equipment are discussed with the multi-disciplinary team and items identified where necessary are purchased for the Service User.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Disabled accessible bedroom and bathrooms are available and a working lift.
66	Patients can adjust or request changes to the environment to maintain thermal comfort.	Met	All Service User bedrooms and areas have windows that open to provide fresh air whilst the security mesh of the windows also allows free flow of air. Service Users may also request changes in the air con settings on the wards and in seclusion area and the adjustments of	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Patients can open their bedroom windows for

			the air con can be done so from the ward offices.		ventilation and make requests to change the heating.
67	Patients can personalise the ward environment and their bedroom spaces, in conjunction with staff members and where appropriate.	Met	Service Users are encouraged to personalise their bedroom spaces and request changes to the ward environment, which will be facilitated where appropriate.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Patients can personalise the ward environment and their bedroom spaces.
68	There are clear lines of sight to enable staff members to view patients. Measures are taken to address blind spots and ensure sightlines are not impeded.	Met	Cygnet Derby low secure wards were designed and built with input from experienced clinicians therefore good lines of sight were integral to the build and design of the ward. Convex mirrors and CCTV have been used to ensure reduction in blind spots in all areas.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. There are clear lines of sight at the service.
69	Furnishings minimise the potential for fixtures and fittings to be used as weapons, barriers or ligature points.	Met	Ligature points are identified and assessed (being removed where possible) in the ligature audit. All furnishings are fixed where possible or heavy furniture is used to reduce the potential for weaponising.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. There are no furnishings that can be used as weapons, barriers or ligature points.
70	Patient bedroom and bathroom doors are designed to prevent holding, barring or blocking. Bedrooms have patient operated privacy locks that staff can override from the outside.	Met	Anti-barricade locks are used in bedroom/bathroom doors if Service Users try and block entrance to the room. Bathroom doors are also being altered so they cannot be used to hang. The bedroom door windows can be closed	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Privacy locks have a staff override function.

			from view by Service Users for privacy but can be override from the outside by staff should sight of Service User be required.		
71	Doors in rooms used by patients have observation panels with integrated blinds/obscuring mechanisms. These can be operated by patients with an external override feature for staff.	Met	The bedroom door windows can be closed from view by Service Users for privacy but can be overridden from the outside by staff should sight of Service User be required.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Observation panels have obscuring mechanisms that are operated by patients with a staff override.
72	The service has designated and fit for purpose facilities for patients within the secure perimeter for: • Education; • Therapies; • Tribunals; • Quiet space; • Physical exercise; • Primary health provision; • Self-catering/cooking; • Dining; • Shop/café; • Video-conferencing; • Laundry.	Met	Off the ward spaces are provided for sessions including education, tribunals and CPA meetings take place in the meeting rooms, a quiet room is just off the ward for Service Users to use, group activities can take place in the group rooms on the ward, physical exercise can be done in the gym, clinic rooms allow for physical observations, there is an adult learning kitchen for cooking, the dining area on the ward is next to the hatch from which meals are served, there is the means for skype calls and a laundry room is on each ward. Shop runs are provided for Service Users daily to provide refreshments/snacks etc. as required.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Shop runs are offered to patients as the service does not have a shop or café within the secure perimeter.
73	There is a designated multi-faith room within the secure perimeter which provides patients with access to faith-	Met	The multi-faith room is situated in the low secure perimeter which has a range of various religious artifacts for spiritual	Met	This standard has been scored based on the self-review commentary and the previous

	specific materials and facilities that are associated with cultural or spiritual practices.		practice. If any additional materials are needed, they can be requested and purchased for use within the room.		full review score and commentary. A multi-faith room is accessible within the secure perimeter.
74	There is a secure treatment and dispensary room.	Met	The clinic room is locked with separate keys for access. The dispensing is done over a hatch door so Service Users cannot gain access. The treatment room is secured when not in use and locked when a physical session is in play.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. There is a secure treatment and dispensary room available.
75	The service has at least one bathroom/shower room for every three patients.	Met	The Service has en-suite bathrooms in each bedroom, but the bath is situated just off the ward for use as risk assessed/requested. There is also a shower/toilet in there for use for those on observations and a communal toilet.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Bedrooms and en-suite.
76	Patients can wash and use the toilet in private.	Met	Service Users have free access to their ensuite bathrooms as and when they need unless a risk assessment deems they are unsafe if they are left to use these - they will then be required to use the "communal bathroom"	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Bedrooms are en-suite.
77	Patients can access safe outdoor space when requested, at least daily and when it is safe to do so.	Met	Service Users are risk assessed daily and can request outdoor access as they wish which will be facilitated where possible i.e. staffing levels are adequate, the nurse isn't giving out medication at the time, meal times with cutlery etc.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Patients can access outdoor space daily.
78	Patients can make and receive calls in private.	Met	There is a Service User phone allocated n each ward for Service Users to use to	Met	This standard has been scored based on the self-review

			speak to friends/family/solicitors etc. Risk assessments are also carried out for use of personal mobile phones so calls can potentially also be made in bedroom spaces or in the quiet room/telephone room etc.		commentary and the previous full review score and commentary. Payphones and mobile phones are available.
79	All patients have access to facilities to make their own hot and cold drinks and snacks.	Met	Cold water taps are on the ward as well as locked hot water access for those risk assessed safe to handle. Snacks are accessible via the ward kitchen at the request of the service user to ward staff.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. This is individually risk assessed.
80	All patients can access a range of current resources for entertainment, which reflect the service's population.	Met	Wards have access to TVs (with Sky TV), DVDs, games consoles, pool table, air hockey, games/books, karaoke machine, music are provided as well as other reading materials such as newspapers. Service Users are encouraged to give ideas for entertainment which the hospital may not already have to keep morale high.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Games consoles, DVD players and an IT suite are available.
81	There is a dedicated de-escalation space that is furnished for the purpose of de-escalation.	Met	The extra care suite is situated off ward for the sole purpose of de-escalation and safety of peers. There is a bed space provided and bathroom access as needed within the area. there is outdoor access also.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. The dedicated de-escalation space is shared between the two wards.
82	Any designated seclusion room meets the requirements of the Mental Health Act Code of Practice.	Met	The ECA has an intercom so when the Service User is in the room and the door is locked, staff can speak to the Service	Met	This standard has been scored based on the self-review commentary and the previous

		User. It includes a bed, pillow & mattress and blanket or covering when in use. Any apparent safety hazards are reported immediately. It has reinforced windows that provide natural light with view into the outdoor space. The lights can be controlled externally. The robust doors open outwards with viewing hatches. The ECA suite has externally controlled heating which enables those observing the Service User to monitor the room temperature. The room does not have blind spots and alternate viewing panels are available through doors, walls next to the bed and in the bathroom area. There is a clock visible to the Service User from within the room. Requests can be made for extra drinks etc. and are facilitated when safe to do so.		full review score and commentary. The seclusion room is shared between the two wards.

Section 7: Physical Security - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
83	A physical security document (PSD) describes the physical security in place at the service.	Met	The PSD describes the physical security and measures put in place.	Met	There is a physical security document in place at the service describing the physical security in place at Cygnet Derby.
84	The secure perimeter is in line with the planning specification for the level of	Met	The hospital has 3.2-metre-high breeze/brick walls on the courtyards of	Met	This standard has been scored based on the self-review

	security offered, is protected against climbing, and is easily observable.		the low secure wards and rehabilitation unit. The low secure wards are located on the ground and first floor areas of the building and the rehabilitation unit occupies ground, first and second floor areas. The courtyard and perimeter walls are of a double breeze block construction forming a secure barrier and anti-climb in stature. The secure perimeter for the rest of the hospital consists of the building itself. The wall and the perimeter of the building (including the windows) are audited daily. In addition to this there is a daily security check that takes place on each ward.		commentary and the previous full review score and commentary. The secure perimeter is protected against climbing and observable.
85	There is a daily recorded inspection of the perimeter and programme of maintenance specifically for the perimeter, with evidence of immediate action taken when problems are identified.	Met	Daily Inspections of the Unit are carried out by maintenance staff. Any issues identified are dealt with the same day where possible.	Met	There is a daily recorded inspection of the perimeter with space to record issues identified and actions taken. Various examples of this have been observed.
86	In outside areas within the secure perimeter, permanent furniture, fixtures and equipment are fixed and are prevented from use as a climb aid.	Met	All furniture in the outside areas are fixed in place for prevention	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Furniture and fixtures in outside areas are fixed and prevented from being used as climb aid.
87	Windows that form part of the external secure perimeter are set within the	Met	The windows around the hospital are fitted within the building masonry. The	Met	This standard has been scored based on the self-review

	building masonry, do not open more than 125mm and are designed to prevent the passage of contraband.		windows are double skinned with one layer of laminated glass and a screen mesh with limiters, so they don't open more than 125mm.		commentary and the previous full review score and commentary. Windows do not open more than 125mm.
88	There are controlled systems in place to manage access and egress through all doors and gates that form part of the secure perimeter.	Met	All doors installed for access and egress from the hospital, the doors on the main corridors and all air lock doors have been fitted with an access control proximity system which allows doors to be opened using a pre -programmed key fob. Each key fob can be individually programmed and de-programmed to open any combination of these doors. The only personnel who are able to program the key fobs are the Maintenance Manager and a service engineer from the installers. This action would only be taken after instruction from the Hospital Manager or Clinical Manager. All staff are issued with a key fob on their secure key set. Each fob has an identifier number to ensure that in the event of loss or damage the fob can be immediately de-activated.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary.
89	Where CCTV is in use, there should be passive recording of the perimeter, reception frontage and access from the secure area to reception.	Met	CCTV is in operation externally around the building at 3 designated camera points. Internally, are cameras installed in all service user areas including meeting rooms, reception, visitors' room and the extra care suite.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. CCTV is in use and recording passively.

90	Access to the secure service for visitors, staff and patients is via an airlock.	Met	All wards can only be accessed through the use of a key fob controlled airlock. In the event of a power failure the battery backup kicks in immediately (as well as the standby generator) ensuring that the door remains locked and safe. If the generator also fails, the doors can be locked manually to keep the wards safe.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Access to the service is via an airlock.
91	The reception/control room is: • Within or forms part of the secure external perimeter; • Staffed 24 hours per day 7 days a week or can be made fully operational in the case of an emergency.	Met	This is the only way to access and egress the low secure areas of the hospital for all staff, visitors, and contractors (excluding fire exits after activation of the fire alarm). Reception is currently manned from 07.00 – 20.15 (Monday – Sunday) and they are responsible for issuing all keys, blick alarms and fobs. The reception staff report directly to the General Manager. The Clinical Manager / Maintenance Manager are responsible for risk and security within the hospital. Visitors, contractors and staff enter / exit the hospital through two sets of access-controlled doors. The inner sets (reception lobby doors) are completely controlled by the reception staff, for both access and egress. As soon as reception staff releases these doors, staff, visitors, and contractors enter the reception area or exit the building. All ward staff sit in Reception and learn the basics in case of emergency making the reception area fully accessible 24 hours a day.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. Reception is part of the secure perimeter and can be made operational in an emergency.

| 92 | There is a key management system in place which accounts for all secure keys/passes, including spare/replacement keys which are held under the control of a senior manager. | Met | There is a protocol on key procedure for all secure keys in the unit. A new key system was requested in the CAPEX but was refused at a corporate level as they felt the systems in place were robust enough. All key procedures are discussed with staff during security induction. No staff are given keys unless they have completed security training at the unit. When a staff member is given a set of keys, this is recorded on the fire register and a photo ID tally is given to the receptionist to put on the hook the keys came off to ensure we know who is responsible for the keys. The receptionists do not allow staff out of the airlock to the building without their keys being handed back in. Lockers now work on a code system to avoid loss of keys - override code held by authorised staff. | Met | This standard has been scored based on the self-review commentary and the previous full review score and commentary. There is a key management system in place that accounts for all secure keys. |
| 93 | Secure pass keys are:
• On a sealed ring;
• Secured to staff at all times within the secure perimeter;
• Prevented from being removed from the secure perimeter. | Met | A leather strap serves the purpose of preventing staff misplacing keys during the course of their duty. It is the individual member of staff's responsibility to ensure that keys are safely secured to their person at all times. Keys and fobs must be secured to a leather strap on their person prior to them entering the secure area or their ward or department. All keys are on a sealed ring - if the seal breaks, staff must return them to | Met | This standard has been scored based on the self-review commentary and the previous full review score and commentary. Secure keys are on a sealed ring, secured to staff and prevented to be removed from the perimeter. |

			reception to be given to maintenance to fix.		
94	There is a process to ensure that: • Keys are not issued until a security induction has been completed; • Keys are only issued upon the presentation of valid ID; • A list of approved key holders is updated monthly identifying new starters who have completed their induction training and any leavers from the service.	Met	All hospital staff will only be issued keys upon a security induction. There is an extra list of external peoples within Cygnet/approved external professionals who have access to keys kept in reception for the receptionist to refer to.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. There is a process in place to ensure keys are not issued until induction has been completed and valid ID is presented.
95	Prohibited, restricted and patient accessible items are individually risk assessed, controlled and monitored.	Met	There is a 'contraband policy' list (items that are not allowed into the secure perimeter) on display within the reception area. All visitors, staff and contractors must hand over any item on the contraband list for safe keeping in reception. They are allocated a locker key to which remains their responsibility for the duration of their stay in the building. Staff bringing items on the list must deposit such items i.e. mobile phones, cameras, lighters and iPod's in their own personal locker prior to entering their ward or department.	Met	This standard has been scored based on the self-review commentary and the previous full review score and commentary. The service is able to control and monitor prohibited items through pat downs, room searches and contraband searches.
96	There is a designated security lead with responsibility for security within the service.	Met	The Hospital Manager is the overall security lead for the unit, carrying out the security/key training at induction and is	Met	This standard has been scored based on the self-review commentary and the previous full review score and

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
			responsible for overall relational and physical security in the Hospital.		commentary. There is a designated security lead at the service.

Section 8: Procedural Security - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
97	Anti-bullying.	Met	The aim of this policy is to clarify Cygnet's stance on the harassment and bullying of staff and explains what should happen if an employee is being harassed or bullied at work. There are separate procedures for whistle blowing and dealing with complaints about the way in which individuals in our care are treated. The Company expects all individuals for whom we care, staff, relatives, carers, and visitors to be treated with respect. Our policy is to provide a working environment in which all employees can realise their potential, free of any form of harassment and discrimination which may affect the dignity of any individual.	Met	The harassment and bullying policy covers anti-bullying for staff. A staff safeguarding handbook has been observed. The safeguarding adults policy covers the anti-bullying procedure for patients.
99	Effective liaison with local police on incidents of criminal activity/harassment/violence and other criminal justice agencies, where relevant.	Met	In agreement with the Police Liaison Officer PC Toni Rudd of Derbyshire Police the attached the purpose of the protocol is to coordinate contact with the police so that the most appropriate level of response from the police service can be	Met	A police contact protocol has been observed which includes guidance on the steps to take to report incidents to the police.

			given. This protocol is not aimed at discouraging service users and staff from contacting the police when appropriate to do so, but puts in place a process by which contact can be coordinated. This is so that the police can be assisted in allocating the right level of response to deal with the incident / allegations.		
100	Supporting patients' use of electronic equipment and safe access to the internet, including specific advice around the appropriate use of social networking sites, confidentiality and risk.	Met	Cygnet Derby aims to let Service Users have the least restrictive access to electronic equipment and safe access to the internet. Service Users are monitored whilst on the PCs in the ICT suite to ensure their safety and ensure they do not become susceptible to online scams and abuse. All Service Users have individual log ins to the computers which restricts access to certain websites that would/could be detrimental to their mental health and wellbeing.	Met	The service users access to telephone, service user internet and social networking and service users access to Wi-Fi policies were observed. These policies cover how the service is supporting patients to safely access electronic equipment, internet, and social networking sites.
101	Managing situations where patients are absent without leave.	Met	The Code of Practice to the Mental Health Act (1983) as amended requires that all hospitals must have a written policy outlining what actions will be taken when a detained service user (or a service user subject to a Supervised Community Treatment Order) goes missing. Detained service users are classed as 'Absent without Leave' (AWOL) when they have failed to return to the unit after having had leave at an agreed time or place. Contrastingly, informal	Met	There is an absent without leave policy in place at the service.

			service users are classed as 'missing' when their whereabouts are unknown and/or they have failed to return from their leave at the agreed time or are not present in the unit where they are supposed to be. There is a corporate and local policy regarding this.		
102	Patient observation.	Not Met	There is a corporate policy and local policies which aim to minimise the risks of potentially suicidal, violent, or vulnerable individuals harming themselves or others as part of a wider risk management plan.	Met	There is an engagement and observation policy in place at the service as well as zonal observations and intermittent observations protocols.
103	Prevention of suicide and management of self-harm.	Partly Met	There is a corporate policy on the prevention of suicide and of self-harm. The unit has several measures in place to reduce the risks of insertion and self-harm which can be explained upon unit tour.	Met	There is a suicide risk management and prevention policy and a self-harm risk reduction and management policy. These policies cover the measures the service takes to prevent and manage suicide and self-harm.
104	Minimising restrictive practices.	Met	Cygnet aims to develop an initiative to change how risk behaviour is managed and develop a culture to promote recovery and reduce the need for restrictive interventions. We aim to re-define the relationship between staff and service users to one of risk sharing rather than risk management.	Met	There is a reducing restrictive practices policy in place.

105	Visiting, including procedures for children and unwanted visitors (i.e. those who pose a threat to patients, or to staff members).	Met	To ensure the safety of visitors, service users and staff and to promote the security of the hospital. To encourage appropriate social contact and to, wherever possible to prevent inappropriate social contact. The clinical team may decide that service users should not be visited by certain individuals, who, for some reason(s) may be considered likely to have a negative effect on the service user. In such cases, the situation will be documented in the clinical notes. This information will also be communicated to the service user, all staff on the unit and the potential visitor informed as to the reason that they have been excluded wherever possible.	Met	There is a visitors 'protocol in place which highlights the procedures to follow for visitors which includes guidance on visitors with children. This also includes guidance for unwanted visitors.
106	A contingency plan addresses: • The chain of operational control; • Communications; • Patient and staff safety and security; • Maintaining continuity in treatment; • Accommodation; • Testing by live and desktop exercises, including a collective response to rehearsing alarm calls at least six-monthly.	Met	Robust Contingency plans are in place for almost any eventuality. Fire Alarms are tested each week and physical fire exercise is carried out regularly. Live contingency exercises are carried out through table top planning meetings.	Met	The service has a robust contingency planning in place with various contingency plan scenarios which cover the chain of operational control, communications, safety and security, continuity in treatment, accommodation, and exercise testing.

107	The service's policies and procedures are developed, implemented and reviewed in consultation with patients, their carers and staff members. There is a process in place to enable patients and their representatives to view policies critical to their care.	Met	Corporate policies are reviewed and implemented involving the Service User by experience department and new policies and policies under review are raised in Integrated Governance meetings for comment. Service Users are able to be given any policy or procedure relevant to their care - staff can access this at any point via SharePoint which they are shown how to use upon induction.	Met	Cygnet has experts by experience and carer representatives who sit on the clinical governance board at company level to review the policies. The service reported the vast majority of the policies are company based and there are not many local policies. When local policies need to be reviewed, these are taken to patients' council.
108	Policies, procedures and contingency plans are reviewed, and updated where required, at the point of material change to the service, in the event of an incident, and every three years as a minimum.	Met	All policies and procedures are reviewed every 3 years as a minimum and following any serious event or change. This goes for all corporate polices and all local policies created by the Unit.	Met	Policies and procedures are updated every three years. When there has been a serious incident, this is taken to the quality assurance manager who meets weekly regarding incidents and policies are reviewed and changed then. The service provided an example of the crash bags and reported they have been frequently altered based on incidents across Cygnet hospital and that every Cygnet hospital has the exact same bag as a result. There is a creating and amending policies policy in place.
109	Policies, procedures and guidelines are formatted, disseminated and stored in	Met	Staff can access policies and procedures through the mycygnet portal's	Met	Policies and procedures are available on the intranet and

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
	ways that staff, patients and carers find accessible and easy to use.		SharePoint, following the layout to find the necessary policy/procedure. Local Policies and Procedures are kept on the server and also in hard copies in the Compliance Room (Meeting Room 4) for all staff to access. Policies are also on the noticeboards throughout the hospital. Service Users and Carers are given the policies if needed which they request, which can be given in an easy read format. All Service Users have access to the complaints policy as a minimum via the noticeboard on the wards.		paper copies are also available at the service. Patients and carers are provided copies of policies that apply to them when these are requested, for example the leave policy.
110	There are systems in place to assess staff knowledge of policies critical to their role.	Met	All staff carry out review of understanding prior to their shifts on the ward. All staff induction booklets contain the form for signing of understanding of policies.	Met	There is a core policies assessment at induction, which the hospital manager scores. There is also a policy of the month section in each supervision template and this is discussed with all staff during their monthly supervision sessions.

Section 9: Relational Security - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
111	There is a relational security component to the induction programme for all staff that	Met	Relational Security Training is on Achieve Training which all staff complete in their induction week, which follows the See	Met	See, Think Act guide and relational security training matrix have been observed. Staff

	is informed by See Think Act and as a minimum covers: • The context of risk and consequence in secure care; • An explanation of the definition of relational security; • An explanation of the relational security model; • How to manage boundaries effectively.		Think Act model. They also undertake face to face Relational Security training as part of mandatory training. All new inductees are given a See Think Act book on induction.		reported See, Think, Act is part of the induction and they receive a relational security booklet to complete.
112	There is a structure in place for direct care staff that supports ongoing skill development in the eight areas of relational security.	Met	Structured approach for ensuring staff skill development in relational security is detailed below: 1) See Think Act sent to all prospective clinical staff via email prior to starting at the service on induction. 2) On the first day of induction, a hard copy of See Think Act is given to all new staff 3) Achieve mandatory online training also requires all staff to read an online version of See Think Act 4) Mandatory face to face training at Cygnet Derby includes relational security component security training of 2 hours which staff must complete annually. 5)Heads of Department and Ward Governance meeting which is held monthly has a security agenda item which is based around the principles of See Think Act. 6) All staff are inducted by Hospital Manager who gives verbal prompts and	Met	Annual refresher training is available for relational security. Knowledge of this is managed through supervision and informal discussions when staff highlight any difficulties.

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
			examples regarding positive relational security.		
113	There are clear and effective systems for communication and handover within and between staff teams.	Met	Handovers occur on the ward on shift swap morning and night. Handover occurs in Reception on each shift swap over throughout the day. Heads of Department meetings occur monthly which offers departments the effective communication to handover information to each other and disseminate amongst the teams. Any urgent communications can be sent by an all derby email.	Met	Handovers take place twice daily plus a morning MDT handover. Staff felt the handover covers all the necessary aspects, such as bedroom and bathroom access, observations, leaves, risk assessments, internet access, pat down traffic light system, etc. When a new care plan is introduced and important for all staff to know about, this is also discussed during handover. The handovers were highlighted as being efficient.

Section 10: Safeguarding - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
114	Inter-agency protocols for the safeguarding of adults and children are easily accessible on the ward. This includes local safeguarding responsibilities and functions, and escalating concerns if an inadequate response is received to a safeguarding alert or referral.	Met	Safeguarding policies are kept on the ward office noticeboard for all staff to reference. The morning meeting allows for staff to raise any safeguarding concerns with the social work team who will liaise with the local safeguarding team at Derby's council house - MASH team.	Met	The service has a safeguarding adult's policy and a safeguarding children and young adults policy. Staff described the procedure to follow if a safeguarding concern arises. There are good relationships with the local social workers.

115	There is a local designated safeguarding lead who can give advice and ensure that all safeguarding issues are raised and resolved, in line with local policy and external requirements of the Safeguarding Adults and Children Board.	Met	Safeguarding Leads are identifiable via posters on the noticeboards in the hospital, showing the nominated safeguarding lead, 2 further back up leads and the corporate safeguarding lead, as well as the contact details of the local safeguarding offices.	Met	There are two safeguarding leads, the social worker and the clinical manager, which staff were aware of and knew how to contact them.
116	There is a system in place to respond to themes and trends in safeguarding alerts/referrals and there are mechanisms to share learning.	Met	All trends and themes are discussed at Integrated Governance meetings (which are often joint with Cygnet Clifton, the sister hospital) sharing proposed plans, good practice and lessons learned.	Met	Information governance minutes have been observed which covers safeguarding alerts. The meetings take place quarterly. There is also a bimonthly hospital clinical governance meeting where safeguarding referrals are discussed. The themes are then presented at regional clinical governance meetings and they feed into board governance. Quality assurance managers ensure information is passed between the service and the board, and vice versa.
117	Staff members feel able to raise any concerns they may have about standards of care.	Met	Staff members have and are encouraged to whistle blow if they feel they have concerns the unit is not addressing that may put Service Users at risk. All ID badges have the safeguarding and whistleblowing contact numbers on the back for ease and the whistleblowing policy is on notice boards in the hospital.	Met	There is a freedom to speak up policy. Staff felt confident about raising concerns and referenced the open-door policy in place at the service.

Section 11: Workforce - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
118	The multi-disciplinary team consists of or has access to staff from a number of different professional backgrounds that enables them to deliver a full range of treatments/therapies appropriate to the patient population.	Met	The multi-disciplinary team includes psychiatrists, nurses, support workers, speciality doctors, psychologists, occupational therapists, social workers, substance misuse workers and complimentary therapists.	Met	The service has a full MDT, including a substance misuse worker and a dietitian. If any others are needed, or there are any gaps in their MDT due to absences, locum professionals will be placed.
119	The service has a mechanism for responding to safer staffing, including: • A method for the team to report concerns about staffing; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services; • An overdependence on bank and agency staff members results in action being taken.	Met	Cygnet Derby has a staffing matrix which is set at the beginning of the budget year which allocates number of qualified and unqualified staff based at a core of occupancy. If extra staff are required, then these staff will be made available and the increase in hours are monitored and reported on. If hours allocated are not used, this is also monitored and reported on and ward managers are encouraged to report on a balance of hours used at the end of the calendar month. Access to additional members has a bank of 55 staff that includes qualified and unqualified support staff	Met	The staffing matrix has been observed. This covers the staffing hours required for each ward per discipline and the hours available/vacancies at the service. The service reported extra staff can be accessed through bank and agency, and have recently had regular agency staff coming in. The staffing matrix is completed 4 days in advance to check for any deficits and bank/agency staff are then contacted. There is a use of bank/agency policy in place

			that accounts for 15% of staffing provision. Cygnet Derby has access to 20 agencies for emergency allocation of staff. Cygnet Derby has a business continuity plan which details reductions of non-essential services and how this should be managed. Cygnet Derby's agency and bank usage is monitored via the census and HPPD report system and the management at Cygnet Derby are expected to action plan to minimise the use of agency and bank wherever possible.		which includes the procedure to access extra staff to maintain safe staffing levels.
120	There is a medical on-call arrangement in place which enables the service to: • Respond within 30 minutes to psychiatric emergencies; • Fulfil the requirements of the Mental Health Act Code of Practice.	Met	There is an on-call rota in place, on which it identifies those on call for the day and ensures there is a response from the persons on call within 30 minutes. On the on-call rota is a daily mix of numbers for doctors/consultants, a regional contact, a ward lead, senior management, maintenance staff and a unit co-ordinator. The doctors and consultants can ensure any MHA enquiries can be dealt with ASAP.	Met	The medical on-call rota has been observed.
121	All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body.	Met	Clinical and managerial supervision is provided monthly to all clinical staff in a supervision cascading organogram and compliance is measured and monitored at monthly Heads of Department and Ward Governance meetings. Basic template for clinical supervision to ensure good communication of lessons	Met	Clinical and managerial supervision takes place jointly and monthly. Staff reported this is clearly differentiated during the meetings where the first half covers all managerial aspects, and the second half covers clinical aspects.

			learned and reinforcing good safeguarding, whistleblowing, and care concerns. Issues are raised and distributed to all managers at the beginning of the calendar month to ensure key messages are passed over to clinical staff.		
122	All staff members receive individual monthly line management supervision.	Met	Clinical and managerial supervision is provided monthly to all clinical staff in a supervision cascading organogram and compliance is measured and monitored at monthly Heads of Department and Ward Governance meetings. Basic template for clinical supervision to ensure good communication of lessons learned and reinforcing good safeguarding, whistleblowing, and care concerns. Issues are raised and distributed to all managers at the beginning of the calendar month to ensure key messages are passed over to clinical staff	Met	Clinical and managerial supervision takes place jointly and monthly. Staff reported this is clearly differentiated during the meetings where the first half covers all managerial aspects, and the second half covers clinical aspects.
123	All staff members receive an annual appraisal and personal development planning (or equivalent).	Met	All staff members undertake their appraisal annually, looking at their progress and performance throughout the last year. They are asked to complete a pre appraisal paperwork and are encouraged to give their input into the appraisal document itself. Staff have refused their appraisal before, but this automatically puts them as not meeting	Met	Appraisals take place annually and personal development plans are developed and implemented.

			expectations and can be penalised for refusal as it is a company requirement.		
124	All staff members have access to monthly formal reflective practice sessions.	Met	Psychology department facilitates weekly sessions for Alvaston ward and Litchurch ward is currently implementing weekly practice sessions and is in negotiations with the psychology team to ascertain the frequency and dates.	Met	There are weekly reflective practice sessions in place at the service and these are facilitated by the psychology department at the service. Survey responses show these take place generally either weekly or monthly.
125	There are processes and initiatives in place to support staff health and well-being.	Met	All staff have access to the employee assistance programme and are encouraged to make use of the simple health care insurance plan to claim money back for medical issues. There is a mental health first aider appointed in the building to discuss any issues and there is an open-door policy for discussion with the relevant staff for support and care.	Met	Staff reported there is an open-door policy with all managers and the psychology department which is positively received. There is an employee assistance programme in place through which staff can access counselling if needed. If extra counselling sessions are needed, the management team would pay for these. There is also a mental health first aider at the service.
126	New staff members, including bank and agency staff, receive an induction based on an agreed list of core competencies.	Met	Cygnet Derby has a structured 5-day induction package for all clinical staff. A copy of which is available. Cygnet Derby has a structured 3-day package for all bank staff. Cygnet Derby has a 30-minute induction for all new agency staff which is completed prior to their first shift i.e. shift starts 7:30, instructed to come in at 7:00 to complete induction which	Met	There is an induction handbook for permanent staff which has been observed. There is a separate bank and agency induction which is based on a list of competencies which has been observed. Staff confirmed they underwent an induction programme and were

			includes 31%. Core competencies for substantive bank and agency staff are agreed based on Cygnet policy and procedure and local needs, risks, and roles of wards.		supernumerary during their first few days. The hospital manager personally takes each new staff member around the service and provides the security induction.
127	Staff members receive training consistent with their role and in line with their professional body. This is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes: • Statutory and mandatory training; • The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent); • Physical health assessment; • Drug and illicit substance awareness; • Immediate Life Support.	Met	All staff receive mandatory training annually on Achieve online system as well as classroom based training, this is the same for Mental Health Act. Mental Capacity Training is done annually on Acheive System. Physical Health training including ECG training, diabetes training, epilepsy training, wound care management, venipuncture and first aid training are delivered face to face. Immediate Life Support is offered to all Qualified nursing staff and Doctors delivered face to face. Basic Life Support and AED training is offered to all clinical staff. Substance Misuse training also takes place. All of this is recorded on the staff members individual Acheieve training record.	Met	Staff receive statutory and mandatory training, mental health act awareness, introduction to monitoring physical health, immediate life support and mental capacity act training. Staff reported receiving training in all the points within the standard and highlighted substance misuse training is available every couple of months. The service stated the in house substance misuse worker provides training three times a year.
128	Staff members receive training on: • Recognising and communicating with patients, e.g. cognitive impairment or learning disabilities; • Recovery and outcomes approaches; • A patient's perspective;	Met	Carer Awareness training is delivered as part of Mandatory training. Telephone triage training is also delivered as part of mandatory training which deals with the calls from Carers. Recovery Star and MSP training and START and Clinical Risk Management training are delivered as part of mandatory training. Service Users give their perspective and input into	Met	Training records show staff receive training on supporting people with autism, carer awareness and recovery approach STAR. However, no training on a patient's perspective has been observed. Staff confirmed they receive training in all the points within

	• Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.		training as well as the expert by experience who offers better understanding in training towards the Service User's side of things. Autism & Learning Disability Awareness training is delivered face to face as well as on Acheieve Online 'breaking down barriers' training.		the standard. Learning disabilities and autism awareness training is available throughout the year. Various other trainings are accessible, such as personality disorder, dialectical behaviour therapy and any others needed based on the patients at the service. There is a Cygnet employed expert by experience who has provided training to staff on patients' perspective and the social worker provides carer awareness training.
129	The team receives training on risk assessment and risk management. This is refreshed in accordance with local guidelines. This includes, but is not limited to, training on: • Safeguarding vulnerable adults and children; • Assessing and managing suicide risk and self-harm; • Prevention and management of aggression and violence.	Met	Staff receive training in Safeguarding Vulnerable Adults and Safeguarding children in face to face training and online modules on Achieve. PMVA training takes place for all staff (non-clinical attending the breakaway section to get out of tricky situations) which lasts 5 days. Staff will receive a refresher yearly - if they miss this refresher, they have to complete the entire 5 day course again. Deliberate Self Harm and ligature awareness training is given to all clinical staff and non-clinical as required.	Met	Training records show training is offered to staff on suicide and self-harm risk, prevention and management of aggression and violence, safeguarding adults and children and safeguarding individuals at risk. Staff confirmed they receive training in all the points within the standard.
130	The team effectively manages violence and aggression in the service.	Met	All clinical staff undertake PMVA courses yearly to refresh their training and all non-clinical staff undertake breakaway	Met	Staff receive PMVA training and feel they effectively manage aggression and violence. They

| | | | | training as part of the PMVA training to manage violence and aggression in the least restrictive practice. Restraint audits are carried out and regular reviews of CCTV footage of a PMVA restraint are carried out by the PMVA lead and Clinical Manager. | | hold discussions with each patient to talk about what their preferences are and what sort of strategies work with them regarding de-escalation in a least restrictive way. Advance directives are also done, and positive behavioural plans are in place. There are regular PMVA workshops available for staff who do not feel confident using PMVA. |

Section 12: Governance - Met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
132	Service quality improvement is supported by a formal programme of involvement: • There is a co-produced local quality improvement strategy linked to the needs of patients and the workforce; • Models of care within the service are routinely subject to evaluation and review; • There is a mechanism in place for staff and patients to influence and contribute to quality improvement projects.	Met	Action plans from staff and Service User surveys are made and these link into the CAPEX requests as required. Care models are reviewed and implemented by NHS England - policies are reviewed regularly and the clinical manager monitors compliance. Surveys for Staff, Carers and Service Users are sent out for feedback and involvement. The People's Council have meetings with Service Users taking lead; they create an action plan which is reviewed and fed back to senior management. A Service User representative attends Heads of Department meetings to discuss requests and improvement plans with staff.	Met	There is a research and development team which supports the service with quality improvement projects. Patients are involved through the patient's council and community meetings. At board level, experts by experience and carer representatives are involved as well. The service is looking at projects regarding the re-stabilisation of the female ward, medication compliance, psychological therapies and various other quality improvement projects and audits.
133	The service supports research and the implementation of evidence-based interventions: • There is a local research strategy linked to the needs of patients and workforce; • Research includes projects co-produced with patients and carers	Met	Cygnet healthcare has a overarching research and development strategy that supports local research and development. All proposals for research and development in and ex must be agreed by head of Integrated Governance meeting who is Hospital Manager Mark Varney and the medical director Dr Chahl. Any submissions for research projects are then submitted to	Met	There is a research department and ethics committee available at board level who supports the service with their research. Research proposals are reviewed at regional and clinical governance meetings and feedback is provided on whether these are agreed or not. Patients and staff are involved in research

	and collaboratively engages with other services and stakeholders; • Assessment and treatment models of care within the service are routinely subject to evaluation; • There is a mechanism in place for staff and patients to influence and contribute to research projects; • The service shares the outcomes of their research with patients, carers, staff and other stakeholders by means such as plain language summaries, research papers, posters and presentations.		the cygnet healthcare ethics committee. Any outcomes from research are shared in local Integrated Governance meetings, regional governance meetings and via Cygnet healthcare research and development department. Service User are given feedback on any projects they have part in via community meetings the models of care that are used on Alvaston and Litchurch will be subject to scrutiny of enabling environment ward process in 2021. Alvaston ward received enabling environments award in 2018 & 2019 and Litchurch ward and Alvaston ward received safewards certificates. The Service User by experience also sits on Cygnet's research and development board to ensure Service User input into overall process.		projects at the service. An upcoming project is the evaluation of the DBT groups with plans to gather feedback from patients and staff and data on incidents to see if these have reduced. There is also a physical health initiative within the male ward with a rolling programme of education and a patient representative who encourages other patients to get involved with education and exercise.
134	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service.	Met	Agency usage is reviewed at IG and daily in morning meeting where staffing overall is discussed. The staffing matrix enables the Hospital Manager to view the staffing mix and make allocations as needed.	Met	There is a staffing matrix which includes the hours required of each discipline to work at the service and the current hours/staff employed at the service. This also covers whether there are any vacancies or clinical hours not covered by the current staffing. This staffing matrix is reviewed at the beginning of the financial year and identifies gaps in the team based on the needs of the service.

135	The ward/unit has a strategic managerial meeting, at least annually, with all stakeholders to consider topics such as referrals, the clinical model, service developments, issues of concern and to re-affirm good practice.	Met	Cygnet Derby holds a Heads Of Department meeting and Ward Governance meeting on a monthly basis that oversees referrals and service developments. Issues of concern, lessons learned, good practice can also be raised in the meeting as agenda items. Cygnet Derby holds bi-monthly Integrated Governance meetings which also cover the criteria in 135 that feeds into the three-monthly regional governance meetings and overall compliance meetings held 4 monthly. Cygnet Derby has three-monthly Quality Review meetings with central midlands NHS England that considers referrals, discharges and clinical model developments and compliance is an agenda item which would ensure issues of concern and good practice were raised. Management attend three-monthly briefings that also address the need for service development and trends in concerns to be action planned and addressed upon return.	Met	Various meetings take place to discuss referrals, the clinical model, developments, and issues. This is done through clinical governance meetings, board governance meetings, quality review meetings and many others.
136	There is a widely accessible complaints procedure, for staff, patients and visitors, that clearly sets out the ways in which a complaint can be made, the process for investigation and how communication is managed throughout.	Met	Cygnet recognises that there may be occasions when individuals or those related to them may be unhappy with the care or treatment that they have received. We also recognise the importance of feedback from others external to the company (regulators, care	Met	There is a complaints and compliments policy in place at the service.

			co-ordinators, commissioners, insurers, legal representatives, other interested parties acting with authority of the service user and the general public for example). Cygnet will ensure all complaints or expressions of dissatisfaction are pursued with lessons being learned, changes made, and an apology offered if necessary. Information on how to make a complaint is displayed on the wards in 'easy read' format and there is a for in reception for visitors to make complaints.		
137	Complaints are reviewed on a quarterly basis to identify themes, trends and learning.	Met	Complaints are reviewed on a bi-monthly at integrated governance meetings, where themes are identified along with trends and lessons learned with discussions taking place and best practice is shared with Cygnet Clifton.	Met	Complaints and compliments are reviewed quarterly during the information governance meetings and minutes have been observed.
138	Staff members and patients feel confident to contribute to and safely challenge decisions.	Met	All staff members at induction are informed about safeguarding and whistleblowing as well as how to appropriately challenge clinical decisions such as observation levels. Staff are also given the chance to complete surveys on a yearly basis which are anonymous and action plans are produced from this. Staff are also given the opportunity to approach the HR partner for Derby who visits the unit and holds drop in sessions on a three-monthly basis. Staff are encouraged to be able to challenge	Met	Staff feel confident to challenge decisions and highlighted the open-door policy in place. This also applies to patients.

			decisions in a listening and informative environment, supervisions, handovers and daily risk assessment completion. Staff can also attend Integrated Governance meetings. Service Users are consulted regarding decisions in 2 weekly MDT meetings, 3-6 monthly CPA meetings and 1:1 meetings with medical staff, MDT staff and their named nurse. Service Users can also raise concerns in weekly community meetings and with the Advocacy service which visits the unit weekly.		
139	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this. Staff members are provided with feedback following the reporting of an incident.	Met	All staff must report incidents as they happen using an incident reporting book and logging any significant events onto the myPath system. The new Incident Management system which is the new paperless system which will tie in with ePRIME and myPath will come into effect as of April and all staff, clinical and non-clinical have received training in this.	Met	Staff reported being encouraged to complete the incident forms and these are easily accessible.
140	Staff members share information about any serious incidents involving a patient with the patient themselves and their carer, in line with the Statutory Duty of Candour (or equivalent).	Met	Serious Incidents are reported via our E-Systems, to the CQC, commissioners and Carers as necessary. Duty of Candour is followed where needed and the Service User is offered support, apologies, and advice throughout. An investigation is carried out on SUIs and lessons learned are taken from any that arise.	Met	Staff highlighted information is shared with carers if consent has been provided or if something serious has occurred, like a patient being taken to a general hospital as an emergency.

141	Staff members, patients and carers who are affected by a serious or distressing incident are offered post incident support.	Met	All staff and Service Users are offered post incident de-briefs. Carers are also offered support and guidance following a distressing event by the Hospital staff.	Met	There are debrief sessions available for staff, patients and carers after incidents.
142	Findings from investigations, recommendations, and implementation reports are routinely shared between the team and the board, and vice versa, so that lessons can be learned.	Met	Cygnet Derby maintains an OLAP and a risk register that is generated by outcomes from investigations and recommendations. Lessons learned is an agenda item in monthly staff supervisions, monthly Heads of Department meeting, bi-monthly Integrated Governance meetings and displayed on wards.	Met	Findings are discussed during governance meetings and lessons learned are disseminated from the board down and vice versa. Lessons learned are included and updated in the monthly supervision template so that all staff are aware of this.
143	An audit of environmental risk is conducted annually and a risk management strategy is agreed.	Met	The Hospital Manager and General Manager alongside the support of the Maintenance Manager conduct annual risk assessments in all areas of the building identifying risks and adding them to the register. Ligature Audits are carried out and door alterations in Service User bathrooms are being rolled out to avoid further risk of ligature.	Met	There is a ligature audit taking place at the service per ward which also contains any actions that need to be taken to address any issues. There is a separate ligature audit for all other areas outside of the wards. These take place yearly and there is a local risk register used to monitor risk management strategies implemented.

Partly Met Criteria

Section 1: Admission and Assessment - Partly met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
4	All information is provided in a format which is easily understood by patients.	Met	All paperwork, including Care Plans can be altered to easy read format for any Service User struggling with the standard format. The advocate can help explain to Service Users in more detail in a different way and help them to get their point of view across.	Partly Met	Patients reported receiving an information pack but not remembering what is included in it. It was reported the information provided was not easy to understand as there was a lot of it. Survey responses show 64% of respondents only sometimes find the information provided easy to understand.
5	Patients are given a 'welcome pack', or introductory information, at the first appropriate opportunity that contains, at a minimum, the following: • A clear description of the aims of the service; • The current programme and modes of treatment; • The service team membership; • Personal safety in the service; • The code of conduct on the service; • Service facilities and the layout of the service; • What practical items can and cannot be brought in;	Met	Welcome booklets are given to each Service User usually when an assessment takes place to give them as much information as possible. Please note page 16 of the welcome book has been updated in the physical copies to reflect our no smoking policy.	Partly Met	The welcome pack observed is comprehensive and includes information on what to expect on their first few days, who the team are and the aims of the service, example activity timetable, facilities and layout of the service including photos, what items to bring in and prohibited items, smoking guidance, diversity needs such as religious, cultural and translation needs. It also includes various quotes from patients throughout. However, it does not include information on personal safety or code of conduct. Patients confirmed welcome packs are provided to them.

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
	• Clear guidance on the smoking policy in smoke-free hospitals and how to access nicotine replacement options; • Resources to meet spiritual, cultural and gender needs.				
7	Patients are given verbal and written information on: • Their rights regarding consent to care and treatment; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to raise concerns, complaints and compliments; • How to access their own health records.	Met	Information boards on the ward provide information on advocacy services, interpreting services, how to make a complaint/compliment.	Partly Met	The welcome packs include information on access to advocacy services and interpreting services. However, they do not include information on patient's rights or accessing a second opinion or own health records. The complaints and compliments leaflet has been observed. Patients confirmed a welcome pack is provided to them.

Section 2: Physical Healthcare - Partly met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
11	Care plans consider physical health outcomes and interventions in the following areas: • Health awareness;	Met	All Service Users have care plans in place, which are co-produced, outlining goals and problem areas in health, weight management,	Partly Met	A care plan has been observed which includes interventions in health awareness, weight management, diet, nutrition, and exercise. No interventions

	- Weight management; - Smoking; - Diet and nutrition; - Exercise; - Dental and optical needs; - Any patient specific items.		smoking, diet, exercise and dental/optical needs as well as other areas. All Service Users are under the new Healthy Weight CQUIN which monitors weight/BMI.		on smoking or dental and optical needs have been observed. Patients reported having physical health targets relating to diet and nutrition and exercise.

Section 3: Treatment and Recovery - Partly met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
14	Every patient has a written care plan reflecting their individual needs, including: - Any agreed treatment for physical and mental health; - Positive behavioural support plans; - Advance directives; - Specific personal care arrangements; - Reducing risk and risk of reoffending; - Specific safety and security arrangements; - Medication management; - Management of physical health conditions.	Met	Each Service User has a care plan in Understanding My Mental Health, My Safety Planning, Learning More About Myself (Getting Insight), Recovery From Drug and Alcohol Problems, Moving On (Making Feasible Plans), Staying Healthy, My Life Skills, My Relationships and Safeguarding on myPath which is updated by the named nurse regularly.	Partly Met	A care plan has been observed which includes medication management and agreed treatment. No information on positive behavioural support plans, advance directives, personal care arrangements, reducing risk and risk of reoffending, safety and security arrangements or physical health conditions management was observed on the care plan. Patients reported having a care plan in place and reflecting their needs, although patients highlighted not being as involved in this process as they would like.

17	The patient and their carer are involved in discussions about the patient's care and treatment planning and they are offered a copy of the care plan and the opportunity to review this.	Met	All Service Users are invited to and are asked to take part in their care plan approach - their carers are invited at the Service Users request and information is shared with carers at the Service User's discretion.	Partly Met	Patients highlighted decisions regarding their care and treatment are usually done by the team and then pass the information to patients, rather than being involved in the decision-making process. Patients did highlight they are able to share their views and ideas but did not think this made much of a difference. This is supported by survey responses form patients and carers.
25	The team develops a leave plan jointly with the patient that includes: • The aim and purpose of section 17 leave; • Conditions of the leave and the therapeutic purpose; • A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • Contact details of the service; • Expectations on return from leave e.g. searching; • MAPPA requirements and victim issues, where relevant.	Met	Service Users attend ward round every 2 weeks and each care plan is reviewed with the Service Users present to ensure their involvement as is their Section 17 risk assessments and MAPPA requirements as well as individualised risk assessed restriction in regards to searches etc.	Partly Met	A patient leave assessment plan and leave log has been observed. This includes a risk assessment and management plan and a list of the leaves granted to patient, including details such as where the patient is going, type of leave and number of escorts. However, it does not include information on the aims of the leave, conditions, service contact details, expectations from leave or MAPPA requirements, although this may not have been applicable to the patient. Staff reported risk assessments take place with patients and the aims of the leave and expectations on return are discussed with them.

Section 4: Patient Experience - Partly met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
35	Patients and their carers are offered written and verbal information about the patient's mental illness and any physical health conditions.	Met	Service Users and carers are given verbal feedback at Multi-Disciplinary Team meetings, CPA's and Cygnet Healthcare website gives details of diagnosis in an "easy-read" format. Any requests for written information regarding diagnosis, symptoms or medications will be provided by the ward team with permission.	Partly Met	Patients reported their diagnosis was explained to them, but no written information was provided. It is unclear whether this information is provided to carers.
41	Patients' preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible.	Met	Each Service User has a personalised therapy timetable and are offered groups and sessions based on their preferences and appropriateness of the session to the Service User. Medication and its side effects are discussed in depth with the Service User and options are explained in ward round.	Partly Met	Patients reported decisions regarding their care are done by the team and then shared with patients. 45% of survey responses show preferences are taken into account sometimes.
47	The service facilitates access to a peer support service.	Met	The recovery college syllabus allows Service Users access to peers who have been discharged from services or are still within services, to give peer support and learning. The Recovery College covers all wards at Cygnet Derby.	Partly Met	Patient responses are mixed. Patients spoken to reported not being aware of a peer-support service in place but survey responses show this is facilitated, with 40% of respondent highlighting this is sometimes available.

Section 5: Family, Friends and Visitors - Partly met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
51	The team provides each carer with a carers' information pack.	Met	Carers information handbook was updated March 2020 and a copy can be found in the peer review pack.	Partly Met	The carers information pack includes a wide range of information including information about the hospital, the team, visiting, the different sections, various meetings carers can attend and support services available. No carers were spoken to on the review day and survey responses indicate carers do not receive a welcome pack.
52	Carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency.	Met	Carers are informed to their right to a statutory carers assessment when the social worker completes the home visit within the first 12 weeks, offer of signposting and arranging a carers assessment is also available in the carers' handbook.	Partly Met	The carers handbook includes information on accessing a carers assessment. Service reported that carers are visited 3 or 4 days after the loved one has been admitted to do a carers' assessment. However, carers' responses show that carers are not offered an assessment.
53	Carers have access to a carer support network or group. This could be provided by the service, or the team could signpost carers to an existing network.	Met	Links to support networks are identified in the carers handbook and discussed at home visits within the first 12 weeks of admission.	Partly Met	There are links and phone numbers in the carers handbook for support and it also mentions the service will help carers locate carer support groups near them. The service highlighted that they are offering an online forum due to COVID-19. When face to face forums took place, service paid for their travel

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
					and lunch. However, carers' responses indicate that carers have no support network or group available.
55	Carers are offered individual time with staff members to discuss concerns, family history and their own needs.	Met	All carers are offered a home visit within the first 12 weeks of admission to discuss their needs, concerns and to answer any questions they have. All carers are contacted monthly by the ward names nurse and this is audited by the heads of department ward governance meeting monthly. It is also raised in supervision with relevant staff.	Partly Met	Carers are offered individual time with the staff to discuss concerns, family history and their own needs. Carers can call the service at any time and service will provide carers with regular updates. There is a designated carers contact lead on each ward who contacts each carer monthly, this is monitored via an audit in Heads of Department each month. However, survey responses are mixed.

Section 8: Procedural Security - Partly met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
98	Conducting searches of patients and their personal property, staff members, visitors and the environment.	Met	This policy aims to provide clear guidelines and processes for Cygnet staff working in in-patient areas in relation to the searching of service users and visitors, their property, their personal ward spaces, and communal ward areas. The policy provides clear guidance on the legal issues relating to carrying out searches and outline the process of conducting them.	Partly Met	The search policy includes guidance on searching patients, their personal property, the environment, and visitors. There is a policy on staff searching which is being re-written but is not currently available as a ratified policy.

			Many people who use our services are particularly vulnerable to risks posed either by themselves or from others. In order to maintain a safe, therapeutic environment it is necessary to control the entry of potentially dangerous items into the clinical area. This necessitates the searching of service user's property on admission to an in-patient area and, where risk assessment makes it appropriate, and it is legal to do so, to conduct personal searches on the people using our services.		

Section 11: Workforce - Partly met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
131	Patients and carers are involved in the design and delivery of face-to-face training.	Met	Service Users are actively involved in risk assessment training which is facilitated by the psychology department. The recovery college actively involves Service Users, Carers and Staff.	Partly Met	There are plans in place to have a patient become a cofacilitator of the DBT groups for the female ward. Recovery training and clinical risk management training sessions have patients involved in their planning and delivery. However, there are currently no carers involved in the delivery of training.

Not Met Criteria

Section 2: Physical Healthcare - Not met Criteria

No.	Standard	Self-Review score	Self-Review Comments	Peer-Review score	Peer-Review Comments
9	Patients are offered a staff member of the same gender as them, and/or a chaperone of the same gender, for physical examinations.	Met	Service Users are offered a member of staff of the same gender where possible and a chaperone of the same gender for any physical examinations.	Not Met	Patients reported not being offered a chaperone or a staff member of the same gender as them during physical examinations.
12	Patients are informed of and supported to access screening programmes available in line with those available to the general population with the aim of ensuring early diagnosis and prevention of further ill health.	Met	Needs are assessed and identified as part of the physical health care plan - physical health care screening is also monitored by the physical health tool as part of the quarterly request sent to NHS England.	Not Met	Patients reported not being informed of or supported to access screening programmes. It was highlighted patients had not seen a GP in various months and accessing this is difficult.

Appendix 4: Survey Responses

Patient Survey Responses		
Question No.	**Question**	**Response**
1	Are you in a low or medium secure service?	11 - Low
2	Would you like to tell us the name of the ward you are on?	• Alvaston (7) • Litchurch (1)
3	When I arrived at the service, staff members introduced themselves to me and other patients, and they showed me around the ward.	6 - Agree 4 - Strongly agree 1 - Neither agree or disagree
4	I have been given a welcome pack and other information about the hospital and my care.	5 - Agree 2 - Disagree 1 - Strongly agree 3 - Neither agree or disagree
5	The information that has been given to me about the service and my care is clear and easy to understand.	7 - Sometimes 2 - Always 1 - I don't know 1 - Never
6	I can personalise my bedroom.	4 - Strongly agree 3 - Agree 4 - Neither agree or disagree
7	I can access outdoor space when I want to.	8 - Sometimes 3 - Never

8	I can make and receive telephone calls in private.	5 - Sometimes 5 - Always 1 - Never
9	I am able to make my own hot and cold drinks and snacks.	2 - Always 4 - Sometimes 5 - Never
10	I am provided with meals that… :	9 - Offer choice 5 - Meet my nutritional and dietary requirements 7 - Are varied 3 - Meet my cultural and religious needs 5 - Are sufficient in portion size
11	I am offered education on maintaining a healthy lifestyle and encouraged to remain active.	8 - Agree 3 - Strongly agree
12	I know how to access the advocate and how they can help me.	6 - Strongly agree 4 - Agree 1 - Disagree
13	I feel treated with compassion, dignity and respect.	6 - Sometimes 4 - Always
14	I feel listened to and understood by staff members.	6 - Sometimes 4 - Always
15	I can access a peer support service.	2 - Always 4 - Sometimes 2 - I don't know 2 - Never

16	I am involved in developing my care plan that reflects my individual needs.	7 - Always 3 - Sometimes 1 - Prefer not to say
17	I am involved in discussions about my care and treatment.	5 - Always 5 - Sometimes 1 - Prefer not to say
18	My pathway of care that is planned is realistic and takes account of my hopes and aspirations.	4 - Strongly agree 3 - Agree 3 - Neither agree or disagree 1 - Disagree
19	I am involved in activities and a programme of therapy that is related to my recovery goals.	5 - Strongly agree 4 - Agree 2 - Neither agree or disagree
20	I can access timetabled activities and therapies seven days a week.	4 - Always 6 - Sometimes 1 - Prefer not to say
21	I am supported to actively participate in CPA (Care Programme Approach) meetings.	9 - Always 1 - Sometimes 1 - Prefer not to say
22	I have links with organisations to support my participation in social and meaningful activities in the local community, e.g. voluntary organisations, community centres, local religious/cultural groups, peer support groups, recovery colleges, etc.	3 - Always 4 - Sometimes 1 - Not applicable 2 - Never 1 - Prefer not to say
23	I am invited to discharge meetings and I am involved in decisions about my discharge plan.	3 - Always 4 - Sometimes 1 - Not applicable

		2 - Never
		1 - Prefer not to say
24	I am offered written and verbal information about my mental illness and any physical health conditions.	4 - Strongly agree 4 - Agree 3 - Neither agree or disagree
25	Confidentiality and its limits have been explained to me in a way that I understand.	4 - Strongly agree 3 - Neither agree or disagree 4 - Agree
26	I understand my rights regarding consent to care and treatment and how my information may be shared outside of my care team.	3 - Strongly agree 5 - Agree 2 - Neither agree or disagree 1 - Disagree
27	My preferences are considered when selecting medications, therapies and activities.	3 - Always 5 - Sometimes 3 - Never
28	I am given the opportunity to feedback about my experiences of using the service:	6 - I complete feedback surveys 3 - I attend focus groups 10 - I attend community meetings 3 - I can provide feedback to a patient representative (a patient representative is someone who represents your views at patients' council/service user forum meetings) 3 - I take part in service user forum or patients' council meetings
29	I am involved in patient involvement and coproduction initiatives, where my views make a difference.	2 - Always 6 - Sometimes

| | | 2 - Never |
		1 - Prefer not to say
30	I know who the staff member is that is responsible for patient involvement.	2 - Strongly agree 3 - Agree 5 - Neither agree or disagree 1 - Disagree
31	I am involved in service development initiatives:	5 - I am involved in the development, implementation and review of service policies and procedures relevant to my care 2 - I am involved in the design and delivery of face-to-face training received by staff members 1 - I am involved in stakeholder meetings (stakeholder meetings engage people in discussions around service development and improvement) 2 - I am involved in other initiatives 1 - I am involved in research 2 - I am involved in quality improvement projects
31a	Please state	No responses

32	What else would you like to tell us about the care and treatment you receive? • Staff are good especially [name]. • Excellent care and helped me move on in my recovery.
33	What other suggestions do you have for how the service may make improvements? • Have a buddy system in place before new patient arrives.

Question No.	Question	Response
**Family and Friends Survey Responses**	
1	Is your loved one within a low or medium secure service?	1 - Low 1 - Medium
2	What is the name of the ward where your loved one is being cared for?	• Litchurch (2)
3	Have you received a carers' information pack?	2 - No
4	If yes, at what stage were you provided with an information pack?	No responses
4a	Please state	No responses
5	What information does the pack include?	No responses
5a	Please state	No responses
6	Have you been offered a carers' assessment?	2 - No
7	Do you access a carer support network or group?	2 - No
8	Do you find the support network or group beneficial and meaningful?	No responses
9	How does the group communicate?	No responses
9a	Please state	No responses
10	Do you experience any barriers to participating in the carer support network or group?	No responses
11	If yes, please describe the barriers you experience:	No responses
12	Does the service organise meetings, events and initiatives where carers are invited to be involved/attend?	2 - Yes
13	In what ways are you supported to attend/contribute?	1 - Arranging skype or video-conferencing
14	If other, please state:	No responses

15	Are you offered individual time with staff members to discuss concerns, family history and your own needs?	1 - Yes 1 - No
16	How often are you able to access individual time via face-to-face meetings, email or phone?	1 - Weekly
17	If other, please state:	No responses
18	Have your rights and responsibilities around consent in relation to your loved one's care and treatment been explained to you?	2 - Yes
19	Do you receive general information about the hospital and mental ill-health and recovery?	2 - General information about the hospital 1 - The service provision
20	Does the service proactively support you to engage with the care provided?	1 - Measures are taken to support your own needs around information and support 1 - Measures are taken to provide opportunities to involve you in service developments, training and improvements
21	Does the service make you feel welcome when you visit?	2 - Yes
22	In what ways does the service support visitors?	1 - Simple and easy-to-use booking system 1 - Refreshments are available 2 - Toilet facilities are available
23	If other, please state:	No responses
24	Does the visiting room meet the following requirements?	1 - I am able to have private conversations with my loved one. 1 - The environment is homely and

		welcoming.
		1 - The presence of staff is discreet and not intrusive
		2 - Both myself and my loved one is able to access the space designated for visiting.
25	Do you visit the service with children or young people?	1 - Yes 1 - No
26	If yes, is the visiting room/space used for child visits appropriately furnished and equipped for children?	1 - Yes
27	I feel supported by the service and I feel listened to.	1 - Always 1 - Sometimes
28	I am involved in developing my loved one's care plan.	1 - Always 1 - Sometimes
29	I am involved in discussions about my loved one's care and treatment.	1 - Always 1 - Sometimes
30	I am offered a copy of my loved one's care plan and the opportunity to review it.	1 - Always 1 - Never
31	The care planned is realistic and achievable by my loved one.	1 - Strongly agree
32	I am supported to be involved in Care Programme Approach (CPA) meetings.	1 - Always 1 - Sometimes
33	I am invited to discharge meetings and I am involved in decisions about discharge plans.	1 - Always 1 - Sometimes
34	I am offered written and verbal information about my loved one's mental illness and any physical health conditions.	1 - Strongly agree 1 - Neither agree or disagree

35	Are you asked about changes and improvements that are made to the service?	1 - Yes 1 - No
36	Is there a designated lead for carer involvement at the service?	1 - Yes
37	Are you involved in the development, implementation and review of service policies and procedures relevant to your loved one's care?	1 - Yes
38	Do you know how to access policies, procedures and guidelines relevant to your loved one's care?	1 - Yes 1 - No
39	Are you involved in the design and delivery of face-to-face training received by staff members?	2 - No
40	Please describe any training you have been involved with:	No responses
41	In what ways are you involved in service development initiatives?	1 - Quality improvement projects
41a	Please state	No responses
42	Do you have any further comments regarding the care and treatment received by your loved one?	No responses
43	Do you have any further comments regarding the communication and support you receive from the service?	No responses
44	Do you have any suggestions for how the service may make improvements?	No responses

Staff Survey Responses		
Question No.	**Question**	**Response**
1	Do you work within low or medium security?	68 - Low
2	Please name the ward(s) you work on.	- Alvaston, Litchurch (3) - Admin (3) - Litchurch (14) - Alvaston (27) - Reception (3) - Wyvern (9) - All wards (5) - N/a (4)
3	How would you define your job role?	44 - Frontline staff 14 - Senior manager or clinician (including ward managers) 10 - Administration staff
4	Did you receive a security induction before being issued with keys to the service?	68 - Yes
5	Did you receive training in relational security as part of your induction?	66 - Yes 2 - No
6	Did the training include the following areas:	64 - The context of risk and consequence in secure care 63 - A definition of relational security 62 - The relational security model 64 - How to manage boundaries effectively
7	Are you supported to develop in your knowledge of the eight areas of relational security, as guided by See Think Act and the relational security wheel?	64 - Yes 4 - No

8	If yes, in what ways is your skill development supported in relation to relational security?	55 - Annual refresher training 52 - Supervision 5 - Other 12 - Advanced training
8a	Please state • Debriefs post incidents. • E-learning. • Practical demonstrations and lessons leant in supervision re security. • MDT discussions. • Consultation with colleagues.	
9	Are systems for communication and handover within and between staff teams clear and effective?	16 - Sometimes 51 - Always 1 - Never
10	If sometimes or never, what compromises the clarity and effectiveness of communication? • Inadequate communication and recording. • Ward staff don't always share information with allied health professionals. • Unfortunately, staff don't always communicate with one another during handover, or read documents/emails. • Time for staff to fill in the handover sheet due to incidents etc. on the ward. • Not all methods are effective. staff not communicating information effectively. • Staff just do not communicate with one another, and decisions are made but not communicated effectively. Staff often don't read pink notes either. • Not always clear handovers. • Very bad communication. • Lots of information has to be duplicated in various systems which can lead to a breakdown in communication. • Communication is not always filtered to front line staff, particularly with new admissions. • Staff enthusiasm.	

	• Further documentation needed to support with this i.e. care plans. • High volumes of info and retentions. • How it is handed over and where/if it is written down. • Contradictory messages from different members of MDT, lack of direct communication to members of the nursing team as in management relying on word of mouth rather than telling all staff verbally or via group email. • Individuals ability to communicate or their limited understanding. • We have occasionally had some issues in the quality of daily nursing to medic handover, which are being addressed. In general, however, the systems work well.	
11	Do you understand and engage in service polices on the safeguarding of adults and children?	63 - The safeguarding protocol is easily accessible 62 - I understand local safeguarding responsibilities and functions 63 - I understand how to escalate concerns if an inadequate response has been received to a safeguarding alert or referral 64 - I know who the local designated safeguarding lead is 60 - The service has systems in place to respond to themes and trends in safeguarding alerts/referrals and there are mechanisms to share learning 64 - I feel able to raise concerns i may have about standards of care 1 - None of the above
12	Do you receive formal clinical supervision?	51 - Yes 17 - No
13	If yes, how often?	45 - Monthly 2 - Weekly 4 - Quarterly

13a	Other	• Monthly - alongside management supervision – conflict. • Fortnightly.
14	Do you receive formal line management supervision?	58 - Yes 10 - No
15	If yes, how often?	50 - Monthly 2 - Weekly 3 - Quarterly 2 - Annually
15a	Other	• Monthly - alongside clinical supervision – conflict. • Fortnightly.
16	Do you receive an annual appraisal and personal development planning?	60 - Yes 8 - I have not been in post for 12 months
17	Do you have access to formal sessions of reflective practice?	38 - Yes 30 - No
18	If yes, how often?	12 - Monthly 12 - Weekly 4 - Quarterly 3 - Annually
18a	Other • Whenever required as well as in supervision on a monthly basis. • When staff can attend, usually can't leave the ward, not enough staff. • Based on need. • I am not sure how often. • Fortnightly.	

	• Bi-monthly. • Bi-weekly.	
19	What processes and initiatives are in place to support your health and wellbeing?	62 - I can access support services 41 - My sickness and risk of burnout is monitored 45 - I am encouraged to take scheduled breaks 28 - Attempts are made to assess and improve my morale 46 - I can access wellbeing programmes 2 - None of the above
20	Have you received an induction based on agreed core competencies?	51 - I shadowed colleagues on the team 52 - I worked with a more experienced colleague 49 - I was observed during the induction period 22 - I received weekly supervision until my core competencies were assessed as met 4 - None of the above
21	What training have you received as part of your role at the service?	68 - Statutory and mandatory training 54 - The use of legal frameworks, such as the mental health act (or equivalent) and the mental capacity act (or equivalent) 44 - Physical health assessment 52 - Drug and illicit substance awareness 43 - Immediate life support 37 - Recognising and communicating with patients, e.g. cognitive impairment or learning disabilities 44 - Recovery and outcomes approaches 36 - A patient's perspective 45 - Carer awareness, family inclusive practice and social systems, including carers' rights in relation to

		confidentiality 62 - Safeguarding vulnerable adults and children 47 - Assessing and managing suicide risk and self-harm 57 - Prevention and management of aggression and violence
22	Are you involved in the development, implementation and review of service policies and procedures?	12 - Not sure 26 - Yes 30 - No
23	Are policies, procedures and guidelines accessible and easy to use?	67 - Yes 1 - No
24	How is your knowledge of policies critical to your role assessed?	51 - Read and sign 60 - E-learning programme 50 - Supervision
24a	Other	• Training.
25	In what ways are you involved in service development initiatives?	44 - Quality improvement projects 12 - Stakeholder meetings 25 - Research
26	Do you feel confident to contribute to and safely challenge decisions?	55 - Always 7 - Prefer not to say 6 - Sometimes
27	If sometimes or never, what is preventing you from challenging decisions? • Sometimes decisions are made without your knowledge or input. • Decisions are sometimes made by staff or management that don't work on the ward. • I'd rather not say. • New to role so limited knowledge compared to others.	

	• Sometimes authority on a decision relies on esotericism. • Being a newer member of staff.	
28	Can you quickly report incidents?	63 - Always 4 - Sometimes 1 - Never
29	Do you understand your responsibilities in line with the Duty of Candour?	67 - Yes 1 - No
30	Are you offered post incident support following a serious or distressing incident?	23 - Sometimes 42 - Always 3 - Never
31	Are findings from investigations, recommendations and reports shared with you?	34 - Sometimes 30 - Always 4 - Never
32	Do you have any further comments regarding the care and treatment provided by the service? • More time needed for SU one to ones to stabilise behaviours as not help on night shifts. • I feel the service is caring, safe and well run. • Good service good staff caring. • Generally good. • We have enough staff to safely run the ward, however there are not enough staff on shift to complete all paperwork/documentation/patient files etc. As well as time to have meaningful interactions with service users and be able to have time to help and support them with their emotional needs and support their recovery. Pressure on nurses to complete the former and the latter is on a basis of if/when it can be fitted in. • I think the standard of care and treatment provided by the service is exceptionally high and geared towards the needs of individuals. • Overall, the service is caring and effective and I feel we do valuable work with our patients. I feel well supported and valued as a senior clinician by colleagues and senior managers.	

33	Do you have any further comments regarding your experience of working at the service?
	- I have a very supportive and encouraging line manager who makes it easy to discuss issues and develop within the role. - I don't feel that staff well-being is always given enough focus. When my daughter died initially I was offered 3 days compassionate leave, this was then increased to 5 days and 5 floating days plus I was able to take 2 weeks annual leave. This is in no way enough time to manage the intense grief and in all honesty, though I love my job and don't want to work anywhere else, friends and family were horrified at the lack of support given in time off to grieve as are friends who also work in care. The assistance support that I was able to access were not able to support as they only provide telephone support. More needs to be done for others in this difficult situation in the future. That said, I do not feel that this was down to my managers in anyway, rather the Cygnet policy on bereavement for close family members needs to be reviewed to reflect some more concern for those who lose their children (young or adult), which is rather more intense than losing a grandparent for example. - Excellent senior management. - Expected to deal with multiple issues as staffing issues. - Better maternity and sick pay. - I feel supported by everyone. - I feel supported in making difficult decisions. the team and managerial support is fantastic. - Excellent would recommend. - Happy in post. - Debrief after incidents are rare, many staff feel unsupported due to this. when morale is low, little is done to identify and fix the causes of this. - Showers to be provided for staff if they take part in cycle to work scheme or facilitate fitness groups. - The manager and clinical manager always go the extra mile to support staff. - Yes. I feel proud to work within the service with a team who are highly professional and passionate about working with service users to promote their recovery. - I really like the culture of the service and the supportive atmosphere. I think the hospital is well-led and I enjoy working here.

34	Do you have any suggestions for how the service may make improvements?
	- More classroom-based training - Achieve (online training) does not teach me anything, I learn better in a classroom environment. I also feel there should be more training opportunities available, again classroom based. - More staff put on shift after an incident for staff safety. - Development of a wider range of socio-occupational activities for patients. - Less agency / bank staff. Encourage staff to stay with incentives. - Support staff on the wards, debriefs, address morale issues, allow for more staff per shift, this will lessen the impact of incidents, sickness, or unexpected increased obs etc and also make staff feel more supported and safe - Staff compassion focused support. - On ward IT suite. - Increased level staffing to facilitate effective nursing interventions. - Increase group-based learning and utilise e-learning only where absolutely necessary. - We are continuing to work on the functioning of the MDT reviews and engagement with HCA/nursing staff in clinical decisions/feedback. We have recently started reflective practice and formulation sessions, which I think will be invaluable.

Appendix 5: Glossary

AMPs	Approved Mental Health Professionals
BAME	Black and Minority Ethnic
BSI	British Standards Institute
CAMHS	Child and Adolescent Mental Health Services
CCQI	College Centre for Quality Improvement
CCTV	Closed-Circuit Television
CPA	Care Programme Approach
CPD	Continued Professional Development
CPN	Community Psychiatric Nurse
CQUIN	Commissioning for Quality and Innovation
CRGs	Clinical Reference Groups
CQC	Care Quality Commission
DH	Department of Health
FOLS	Forensic Outreach and Liaison Services
LSU	Low Secure Units
MAPPA	Multi-Agency Public Protection Arrangements
MDT	Multi-Disciplinary Team
MSU	Medium Secure Unit
NCM	New Care Model
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
OT	Occupational Therapy
PDP	Personal Development Plans
PIPEs	Psychologically Informed Planned Environments
PSD	Physical Security Document
PSID	Procedural Security Index Document
QIPP	Quality Innovation Productivity Prevention
QNFMHS	Quality Network for Forensic Mental Health Services
STA	See Think Act
RCPSYCH	Royal College of Psychiatrists