



Quality Account

1st April 2021 to 31st March 2022

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1.1 Statement from the Chief Executive Officer

2021/22 has been a challenging but successful year for Cygnet Health Care - Thanks to the hard work and dedication of our staff and teams, we have managed well with challenges presented by the global COVID-19 pandemic and have implemented a successful COVID-19 vaccination programme.

Cygnet remains on target to achieve all Quality and Safety objectives, and we have improved in several key areas including our CQC regulatory ratings across the organisation.

As demonstrated within this Quality Account, it has been an exciting year for Cygnet; we established a new Quality Improvement team and have implemented several quality improvement projects across the organisation which ensure the journey of continuous improvement is embedded and that our staff are empowered in leading positive change. We have also progressed our clinical strategy, led by our Group Clinical Director and clinical models,

based on the most up-to-date clinical evidence, have been implemented across Cygnet, ensuring our service users and residents receive the very best evidence-based care.

During 2021/22 we developed key resources for our staff, which culminated in the production of Cygnet's Learning and Quality Improvement Hubs which are designed to support and enhance the work delivered by our clinical teams.

On behalf of the Board of Directors, I am satisfied that this Quality Account is a true reflection of Cygnet's achievements during the period of 1st April 2021 to 31st March 2022 and that the information provided is accurate.



Tony Romero

**Chief Executive Officer,
Cygnet Health Care Limited**

On behalf of the Board



1.2 About Cygnet

Cygnet Health Care was established in 1988. Our expert and highly dedicated care team of 10 500 employees empower 2 900 individuals across 147 services and 13 service lines to consistently make a positive difference to their lives, through service-user focused care and rehabilitation.

Our services span from Child and Adolescent Mental Health Services to adult, and through to specialist older adult services for those with functional or organic mental illness. Our services can support those with a range of needs, including complex and acute mental illness, personality disorder, eating disorder, acquired brain injury, learning disability, and autistic spectrum disorder. Our services support and treat service users at the appropriate point in their care pathway. Step-up and step-down pathways within services, regions and nationwide, ensure continuity of care as required.

We have built a reputation for delivering pioneering services and outstanding outcomes for the individuals in our care.

1.3 History & Acquisitions

Cygnet was established in 1988, with the opening of Tupwood Gate and Tabley House Nursing Homes. Whilst admiring the cast iron drain pipes at Tabley House, the founders discovered a pattern on the pipes – baby swans namely Cygnet's. The name Cygnet Health Care was born.

The following year we opened our first mental health hospitals; Cygnet Hospital Harrogate and Cygnet Hospital Godden Green. Over the years, the company grew our specialist mental health division, hospital by hospital, developing new facilities

organically. Since then we have developed a wide range of behavioural health services for young people and adults within the UK.

In 2014, we announced our acquisition by Universal Health Services Inc., one of the largest and most respected healthcare providers in the USA. Since then, we have grown further, following the acquisitions of Orchard Portman in 2015, the Alpha Hospitals Group in 2016, CAS Behavioural Health (formerly the Adult Services Division of the Cambian Group) in 2017 and the Danshell Group in 2018.

1.4 Site Developments

Healthcare	Service Line	Location	Beds	Gender	Open date
Acer Upper, Cygnet Acer Clinic	Acute	Chesterfield	14	Female	Jun-21
Fisher Ward, Cygnet Hospital Hexham	Acute	Northumberland	17	Female	Jun-21
George Willard Ward, Cygnet Lodge Woking	Acute	Surrey	11	Male	Jul-21
Pixie Ward, Cygnet Joyce Parker Hospital	CAMHS Acute	Coventry	14	Mixed	Jul-21
Upper Oakwood, Cygnet Hospital Godden Green	Acute	Kent	6	Female	Oct-21
Cygnet Adarna House	Autism Spectrum Disorder	Bradford	9	Male	Jan-22
Dragon Ward, Cygnet Joyce Parker Hospital	CAMHS Low Secure	Coventry	10	Mixed	Jan-22
Hooper Ward, Cygnet Hospital Beckton	Acute	London	12	Female	Mar-22

Social Care	Service Line	Location	Beds	Gender	Open date
Oaklands flats	Learning Disabilities Residential Service with Nursing	Northumberland	5	Mixed	Apr-21
Thornfield Grange flats	Learning Disabilities Residential Service with Nursing	County Durham	3	Mixed	Jul-21
North East Supported Living	Supported Living	Darlington	4	Mixed	Nov-21

1.5 Divisions

Cygnets Health Care has a total of 2919 beds split into Healthcare and Social Care

- > Healthcare has a total of 2168 beds
- > Social Care has a total of 751 beds

Healthcare sites:

- > 1 Vincent Court
- > 12 Woodcross Street
- > 15 The Sycamores
- > 20A and 20B Turls Hill Road
- > 4 & 5 Sycamores
- > 45 Portland Road
- > Adele Cottage
- > Cygnets Adarna House
- > Cygnets Acer Clinic
- > Cygnets Alders Clinic
- > Cygnets Appletree
- > Cygnets Aspen Clinic
- > Cygnets Aspen House
- > Cygnets Bostall House
- > Cygnets Brunel
- > Cygnets Cedar Vale
- > Cygnets Cedars
- > Cygnets Churchill
- > Cygnets Delfryn House
- > Cygnets Delfryn Lodge
- > Cygnets Elms
- > Cygnets Fountains
- > Cygnets Grange
- > Cygnets Heathers
- > Cygnets Hospital Beckton
- > Cygnets Hospital Bierley
- > Cygnets Hospital Blackheath
- > Cygnets Hospital Bury
- > Cygnets Hospital Clifton
- > Cygnets Hospital Colchester
- > Cygnets Hospital Derby
- > Cygnets Hospital Ealing
- > Cygnets Hospital Godden Green
- > Cygnets Hospital Harrogate
- > Cygnets Hospital Harrow
- > Cygnets Hospital Hexham
- > Cygnets Hospital Kewstoke
- > Cygnets Hospital Maidstone
- > Cygnets Hospital Sheffield
- > Cygnets Hospital Stevenage
- > Cygnets Hospital Taunton
- > Cygnets Hospital Woking
- > Cygnets Hospital Wyke
- > Cygnets Joyce Parker Hospital
- > Cygnets Lodge
- > Cygnets Lodge Brighouse
- > Cygnets Lodge Kenton
- > Cygnets Lodge Lewisham
- > Cygnets Lodge Salford
- > Cygnets Lodge Woking
- > Cygnets Manor
- > Cygnets Newham House
- > Cygnets Nield House
- > Cygnets Oaks
- > Cygnets Pindar House
- > Cygnets Raglan House
- > Cygnets Sedgley House
- > Cygnets Sedgley Lodge
- > Cygnets Sherwood Lodge
- > Cygnets St Augustine's
- > Cygnets St Teilo House
- > Cygnets St William's
- > Cygnets Storthfield House
- > Cygnets Victoria House
- > Cygnets Views
- > Cygnets Wast Hills
- > Gledholt
- > Gledholt Mews and Coach House
- > Hansa Lodge
- > Malborn & Teroan
- > Meadows Mews
- > Rhyd Alyn

Social Care sites:

- > Amberwood Lodge
- > Beacon Lower
- > Beacon Upper
- > Beckly House
- > Beeches
- > Birches
- > Broughton House
- > Broughton Lodge
- > Chaseways
- > Cherry Tree House
- > Conifers
- > Cygnet Wallace Hospital
- > Dene Brook
- > Devon Lodge
- > Dove Valley Mews
- > Ducks Halt
- > Eleni House
- > Ellen Mhor
- > Elston House
- > Fairways
- > Gables
- > Glyn House
- > Hawkstone
- > Hollyhurst
- > Hope House
- > Kirkside House
- > Kirkside Lodge
- > Langdale
- > Lindsay House
- > Long Eaton Day Services
- > Longfield House
- > Lowry House
- > Marion House
- > Morgan House
- > Nightingale
- > Norcott House
- > Norcott Lodge
- > North East Supported Living
- > North West Supported Living
- > Oakhurst
- > Oaklands
- > Old Leigh House
- > Outwood
- > Oxley Lodge
- > Oxley Woodhouse
- > Pines
- > Ranaich House
- > Redlands
- > Shear Meadow
- > Sheffield Day Services
- > Squirrels
- > Staffordshire Supported Living
- > Tabley House Nursing Home
- > The Fields
- > The Orchards
- > Thistle Care Home
- > Thornfield Grange
- > Thornfield House
- > Toller Road
- > Trinity House
- > Tupwood Gate Nursing Home
- > Walkern Lodge
- > Willow House
- > Woodrow House
- > Yorkshire Supported Living

1.6 Service Lines

Our services across our Healthcare and Social Care services are categorised under 13 service lines

- > Secure
- > PICU/Acute
- > Mental Health Rehabilitation and Recovery
- > Personality Disorder
- > CAMHS
- > Eating Disorder
- > Learning Disabilities
- > Autism Spectrum Disorder
- > Supported Living
- > Neuropsychiatric
- > Older Adults
- > Deafness and Mental Health
- > Nursing Homes

1.7 Corporate Strategic Priorities

1



Service users first

Putting individuals at the heart of all we do in the delivery of safe, high quality care.

2



Support & help more people

Providing the right care, at the right time in settings that best meet individual needs.

3



Deliver service excellence

To be seen as a provider of choice for the delivery of high quality, evidence-based, specialist care.

4



Value & develop our staff

To recruit and retain talented people who exemplify our values and feel proud to work in a culture that promotes excellence, delivers person-centred care and provides opportunities for everyone to be their best.

5



Innovation for the future

Showcase innovation and vision. Harness technology. Deliver our sustainability targets. Be a force for good in the communities we serve.

1.8 Values

Our **purpose** is to make a positive difference to the lives of the individuals we care for, their loved ones and all those who work with us.

Our **vision** is to provide high quality, sustainable specialist services that: Ensure service users and residents feel safe and supported, staff are proud of, commissioners and service users select, and stakeholders trust.

Our **mission** is to work together in a positive culture of openness, honesty and inclusivity, where we deliver safe, compassionate, quality care for our service users and staff enjoy a fulfilling, rewarding environment in which to work.

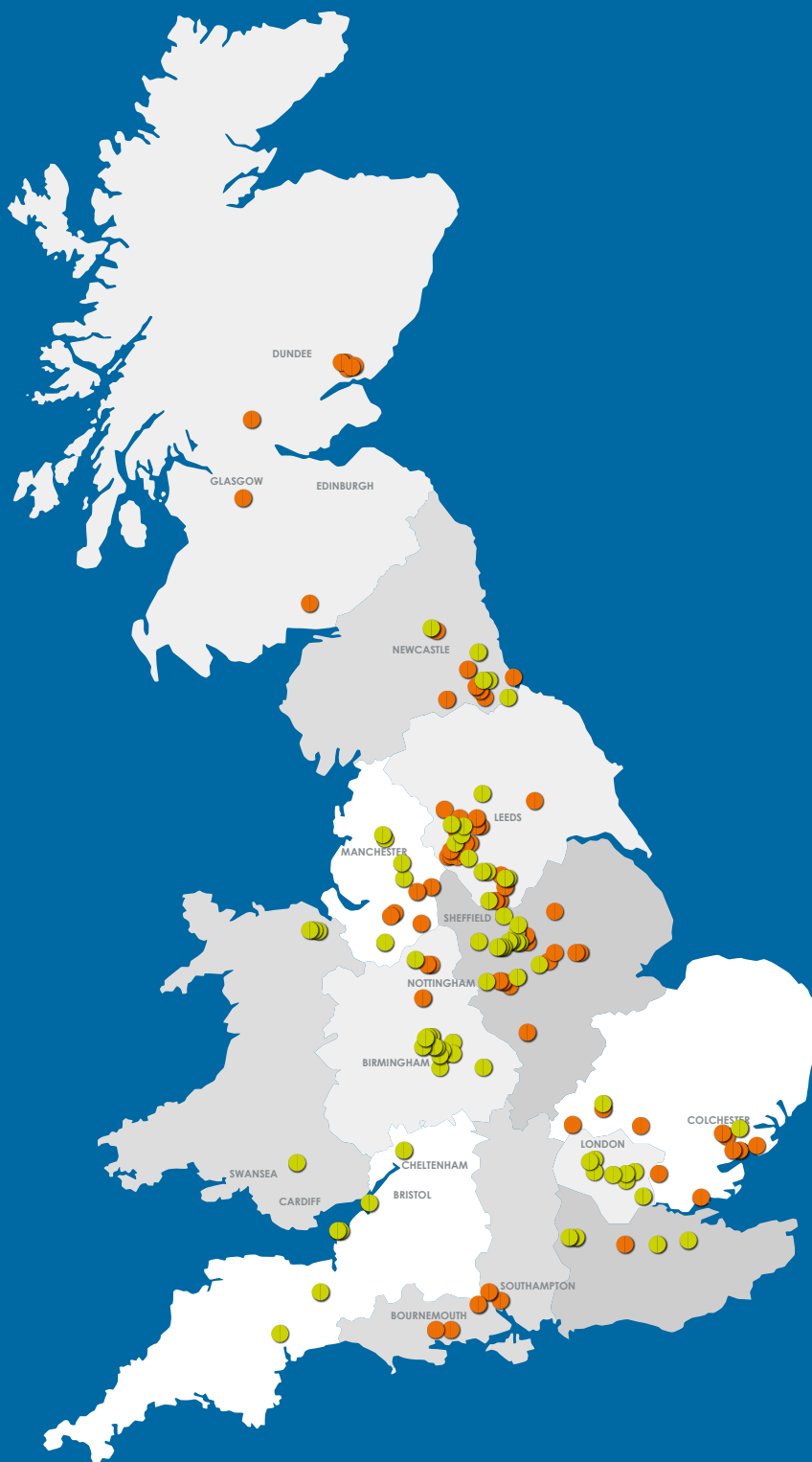
Our **values** are to care for our service users, staff and visitors, to respect them, to ensure a bond of trust is built among us, to at all times empower those we look after as well as our staff, to deliver quality services with integrity.



1.9 Site Location Map

Service Locations

Service	Capacity	Partnership
Healthcare		
1 Vincent Court	5	B62 4D
4, 6 & 7 The Sycamores	6	D655 3B
12 Woodstock Street	2	WV4 9E
13 The Sycamores	6	D655 3B
20A & 20B Turfs Hill Road	6	D73 1HG
4B Portland Road	4	B16 3Q5
10 The Ashes Clinic	20	S43 3UN
Cynogel Adoma House	9	B09 3Q3
Cynogel Alders Clinic	20	DL1 50A
Cynogel Ashtedale	9	B07 8B1
Cynogel Aspen Clinic	16	S44 9EX
Cynogel Aspen House	14	S44 9EX
Cynogel Aspinall	6	B811D 1DP
Cynogel Boshall House	6	JE2 2AT
Cynogel Cedars	24	DE1 3LW
Cynogel Cedar Vale	6	DL113 8P
Cynogel Churchill	57	SL1 7FW
Cynogel Cwrtyn House	30	CP2 8FQ3
Cynogel Daphn Lodge	24	CP2 8FQ2
Cynogel Elms	10	B23 8RD
Cynogel Elmstons	20	DE24 0WE
Cynogel Grange	8	N517 4JG
Cynogel Heathlows	20	B70 0HD
Cynogel Hospital Blackton	4	CA 7AB
Cynogel Hospital Blinley	63	B04 4AD
Cynogel Hospital Blackheath	31	DL10 8AD
Cynogel Hospital Bury	12	DE26 2BS
Cynogel Hospital Clifton	24	DL111 8NB
Cynogel Hospital Colchester	24	CO4 5AF
Cynogel Hospital Derby	52	DE24 0WE
Cynogel Hospital Eding	26	W5 2P
Cynogel Hospital Golden Green	32	DL1 5 0R
Cynogel Hospital Harrogate	35	DL1 2JA
Cynogel Hospital Harlow	61	HA1 3LS
Cynogel Hospital Heston	27	NE46 4LR
Cynogel Hospital Kewstoke	35	SO22 0J1
Cynogel Hospital Maddinglee	65	ME14 5FY
Cynogel Hospital Sheffield	55	S2 3PZ
Cynogel Hospital Streteings	52	DL1 2J3
Cynogel Hospital Tooting	55	TA3 7AR
Cynogel Hospital Tounson	59	Q017 22G
Cynogel Hospital Wyke	52	SO12 4LR
Cynogel Joyce Parker Hospital	27	CV2 48F
Cynogel Lodge	12	DE17 4W
Cynogel Lodge Angrove	12	DE26 2BS
Cynogel Lodge Kenton	15	HA4 8AE
Cynogel Lodge Kewstoke	12	B122 10J
Cynogel Lodge Llewtham	17	DL13 62J
Cynogel Lodge Salford	24	MA 7WQ
Cynogel Lodge Woking	31	GU21 2DP
Cynogel Manor	12	DE22 8BA
Cynogel Newham House	20	DL9 0E5
Cynogel Nield House	30	CM1 42WH
Cynogel Oldals	12	SO1 45E
Cynogel Pindor House	22	S10 4PX
Cynogel Rapton House	25	B46 36D
Cynogel Redgley House	19	WV4 9E
Cynogel Redgley Lodge	14	WV4 9E1
Cynogel Sherwood House	30	NG11 18H
Cynogel Silverwood Lodge	12	NE52 015
Cynogel St. Augustine's	52	SL1 55Y
Cynogel St. Tello House	23	NE22 5NF
Cynogel St. William's	12	DL1 2 J1
Cynogel Stanfield House	22	D655 3AA
Cynogel Victoria House	25	DL1 2EN
Cynogel Walsby	12	DL2 3JF
Cynogel West Hills	25	B43 9E1
Gladthorpe Mews and Coach House	11	DE1 4E2
Gladthorpe Mews	6	DE1 4E2
Meadows Mews	10	D74 2JA
Rhyd Alyn	6	CP2 8FQ
Social Care		
Aston Lodge	9	NG21 80R
Ashwood Lodge	9	BH1 4XR
Beacon House	16	B04 3Q3
Becky	12	DL3 76D
Beechels	12	DE22 0J1
Birches	6	NG24 4D3
Broughton House	12	DL10 8E9
Brookfield Lodge	20	SL1 03G
Closworths	6	CM21 6AS
Cliffers Tree House	6	NE17 82X
Clifford	9	DE1 4E2
Cynogel Wallace Hospital	10	D03 94R
Dene Road	13	S43 3UN
Devon Lodge	12	DE1 4E2
Dove Valley Mews	5	S74 99G
Dove Valley House	5	SO21 52U
Emal House	8	CO4 5AF
Elen Mhor	12	DL1 26H
Elton House	6	NG23 5NP
Falwarys	8	IP6 7X5
Gables	7	CO4 0ER
Glebe	9	DL1 4E2
Glyn House	5	DL11 9J2
Hamel Lodge	5	RM1 3RG
Hawthorns	10	S202 24A
Hollybush	12	DL3 9JN
House 11	11	D26 9PW
Kirkdale House	7	LS5 8E7
Kirkdale Lodge	8	LS5 3E7
Langleide House	8	HD1 48R
Linton House	8	SO2 8AG
Long Eaton Day Service	25	NG10 10S
Longfield	9	B014 6BF
Luxury House	12	DL1 4E2
Mansion House	5	DE17 3J2
Margon House	5	SL11 9J3
Meadow Lodge	10	BNE 3P7
No. 12 High Street	5	DL2 0SL
Norcall House	11	W515 81A
Norcliffe	6	W515 81A
North East Supported Living	6	DL3 9JN
North East Supported Living	11	SL1 03G
Oak Lodge	6	CO20 74W
Oaklands	19	NE46 4LR
Old Leigh House	7	S59 11B
Old Park House	19	DL1 4E4
Owl Woodhouse	7	HD2 1DN
Pines	7	NG17 8G2X
Ranby House	14	DL1 52A
Redlands	5	DL3 9LP
Shear Meadow	4	HP1 2E2
Sheffield Day Service	5	DL17 2G5
Slackfordshire Supported Living	5	SL16 2AD
Tabby House Nursing Home	51	W16 09B
Thameside	54	DL1 7G5
The Orchards	5	CO7 81A
The Squires	9	SO16 7ZE
Thorncliffe	1	
Thornfield Grange	9	DL4 7G2
Toll Farm	20	SO1 60Y
Toll Farm Lodge	8	DL2 3JF
Trinley House	13	DL11 20S
Tupwood Gate Nursing Home	30	CR3 4EY
Twicken Lodge	4	SL1 32X
Willow House	8	B17 8E5
Woodhouse House	9	SL4 84S
Woodhouse House	9	SL4 84S



2.1 Statement of Assurance from the Board

Board Assurance Mechanisms

As Cygnet has grown we have adapted our governance systems and processes to ensure our services are effective, safe and sustainable and have the individuals we care for and support at the heart of all we do. We are committed to providing high quality care through a robust governance framework that is transparent, accountable and inclusive, clinical excellence and governance are the foundation of our business.

How does it work?

Each service has its own local governance arrangements and local risk register that feed up into regional and corporate framework to ensure transparency and provide a clear line of sight from Board to ward/service and vice versa.

Services are organised into either our Health Care or Social Care directorates. Within these directorates, services are clustered into geographical regions which are overseen by Operations Directors and supported by Regional Clinical Directors, Quality Assurance Managers, Regional Nurse Directors, Regional Psychology and Regional Occupational Therapy support.

The services within our Social Care directorate are overseen by a Managing Director who reports to the Chief Operating Officer. Due to the size of our Health Care directorate, we have two Managing Directors who cover North and South, both of whom report to the Chief Operating Officer.

Our central service functions provide support to our operational and clinical colleagues and provide the organisation with external mechanisms to gain assurance and identify where further support is required. People's Councils remain a key feature of our governance framework to ensure the voice of the people who use our services is heard.

Our regional and through them local structures, report into 4 Executive Committees that enable us to hear and respond to issues directly and work more collaboratively across our teams. They are:

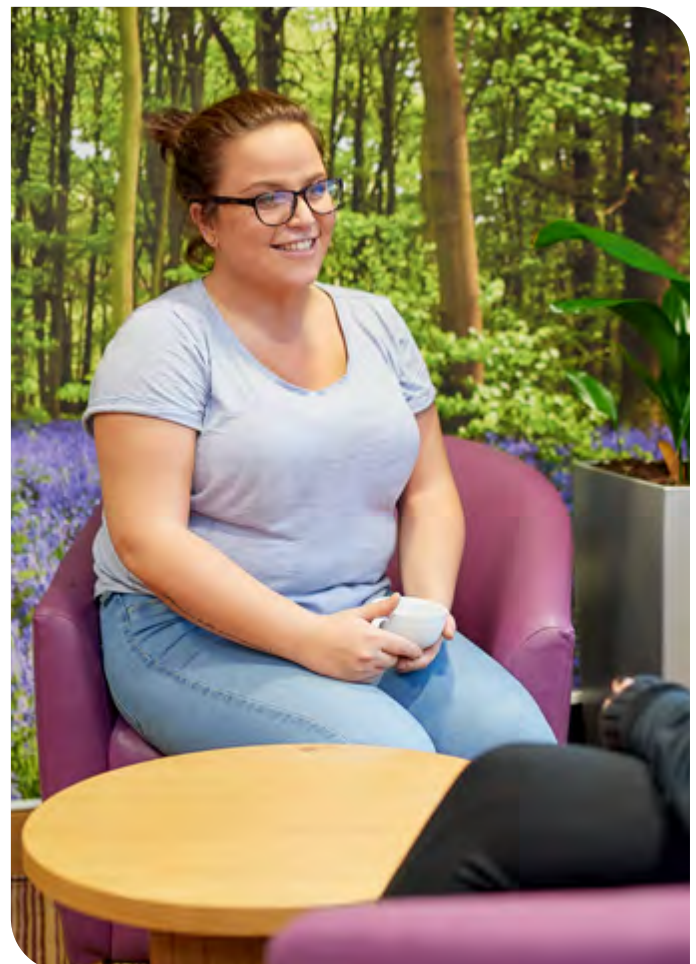
- > Group Clinical Governance Committee (Chaired by the Group Clinical Director)
- > Operational and Commercial Committee (Chaired by the Chief Operating Officer)
- > Quality, Risk and Safety Committee (Chaired by the Corporate Governance Director)
- > Finance Committee (Chaired by the Chief Financial Officer)

These four Executive Committees report to the Cygnet Executive Management Board (EMB) which is chaired by the CEO, which in turn report to the Board Committees.

The Board Committees are chaired by the Non-Executive Directors and are as follows:

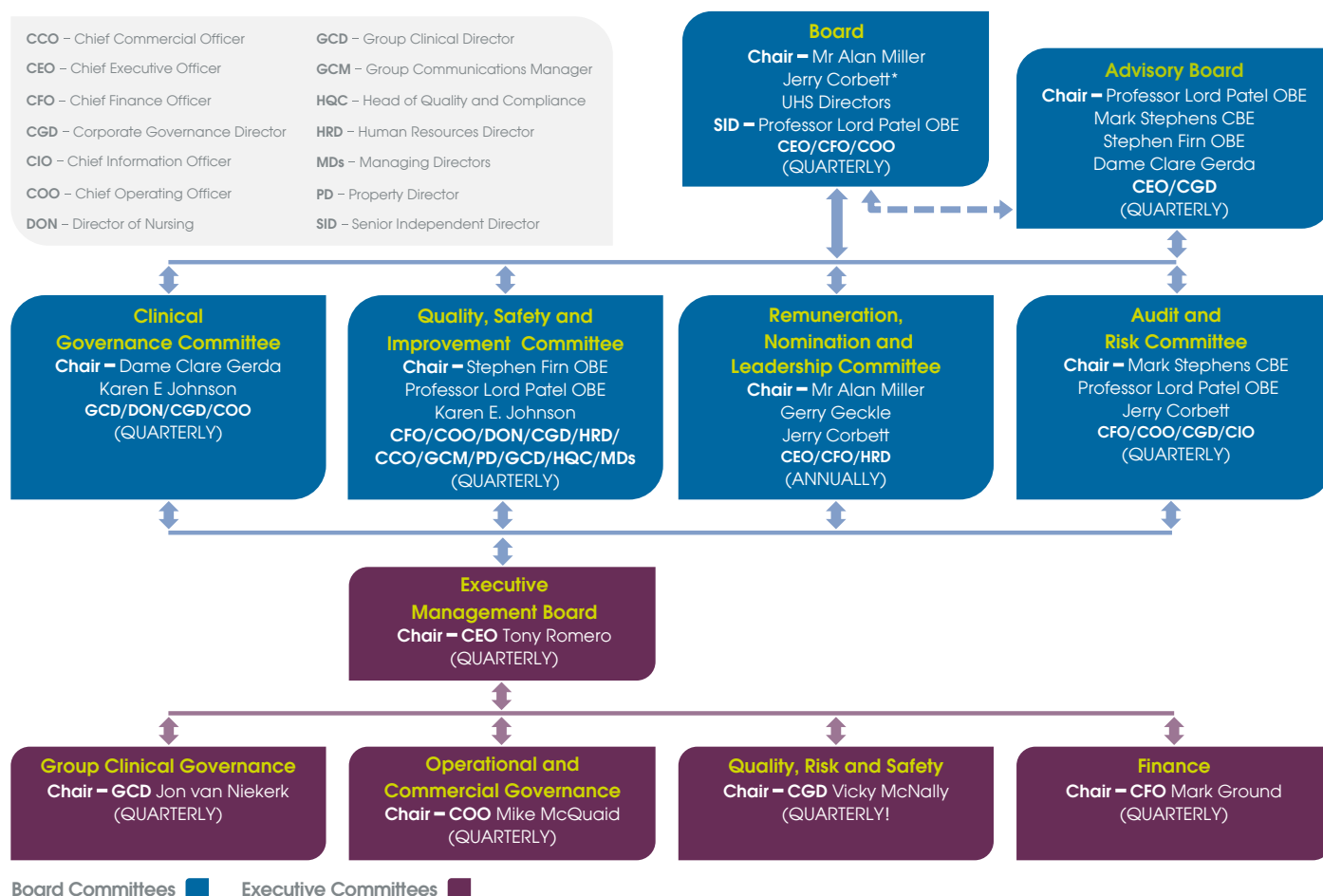
- > Clinical Governance Committee
- > Remuneration and Nomination Committee (Chaired by UHS Chairman)
- > Audit and Risk Committee
- > Quality Safety and Improvement Committee

Cygnet has an Advisory Board, with members having significant experience and expertise to support the Board's Committees. Advisory Board Members are independent and hold non-executive positions, this is chaired by Cygnet's Senior Independent Director, Lord Patel OBE, and attended by Mark Stephens CBE, Stephen Firn OBE and Dame Clare Gerada MBE. This provides Cygnet with valuable independent and external scrutiny.



The Board Committees report into the Main Board which is chaired by the UHS Chairman Mr Alan Miller.

This structure can be seen in the chart below:



*Tom Day replaced Jerry Corbett during reporting period

Ultimately, Cygnet's Board through its Board sub-committees and supported by the Advisory Board and its members, is responsible for the quality of care delivered across all services that Cygnet provides.

Quality is achieved through robust governance arrangements, which delegate responsibility down to individual units. All staff within the company are committed to working in a professional manner and have a shared responsibility for quality and accountability. Corporately Cygnet's Director of Nursing is the Lead Executive for Quality and Safety.

This means that although individuals, clinical and care teams at the frontline are responsible for delivering quality care, it is the responsibility of the Executive Management Board to create a culture within the organisation that enables clinicians, clinical and social care teams to work at their best, and to have in place arrangements for measuring and monitoring quality and for escalating issues including, where needed, to the Executive Management Board. It is important that, as an organisation, we encourage a culture where services are improved by learning lessons, and staff and service users are encouraged to identify areas for improvement.



2.2 Nursing Strategy

It gives me great pleasure to launch our revised Cygnet Nursing Strategy. This strategy is the result of engagement with nurses across the business on matters that affect them most. I would like to say a big thank you to all who contributed, along with a plea to all our Nurses and Managers to help drive this important strategy forward.

The strategy aims to build on our excellent nursing workforce by ensuring ongoing development opportunities for Nurses, whilst also ensuring there is a dedicated nursing career pathway that recognises advanced clinical skills.

The strategy is comprised of six objectives, each of which are detailed below. Each objective is backed by a number of actions that will ensure delivery of the main objective. The objectives cover a range of areas from education to clinical standards and service user experience.

Clinical excellence is our central priority at Cygnet Health Care, and the Nursing Strategy echo's this and shows our commitment to continuous quality improvement.

I look forward to working with you all to deliver this exciting strategy and embedding it across the business.



David Wilmott
Director of Nursing,
Cygnet Health Care Limited

Objectives and Actions

Objective 1

Objective	Actions
To have a robust career framework in place for Nurses, to enable them to have a rich and rewarding career with Cygnet Health Care	> To identify new and innovative roles to support the Nursing workforce and identify clear structures of progression for our Nursing colleagues
	> Review our Nursing structure to include new and innovative roles

Objective 2

Objective	Actions
To foster a culture of learning and continuous quality improvement across Cygnet Health Care	> To continually develop our workforce to understand and utilise the Cygnet model for improvement to deliver lasting change
	> To have an ongoing programme of quality improvement projects to support service development and improvement
	> To support and empower our service users to deliver meaningful improvement
	> To develop a network of Quality Improvement Coaches across Cygnet

Objective 3

Objective	Actions
To implement the Cygnet Academy of Health that prepares and educates our Professional Nursing Staff to deliver high quality, person centred care	> To establish the Cygnet Academy of Health and develop a portfolio of courses to provide further education and development to our Nursing workforce on specialist Nursing areas
	> Ensure our Nursing staff are able to access resources to support revalidation and provide Continuing Professional Development
	> To formally launch the Cygnet Academy of Health
	> To have a wide reaching Communication and Engagement Strategy which will ensure all Nursing staff and Support Workers will be familiar with our nursing agenda at all times.

Objective 4

Objective	Actions
To implement the patient experience and service user engagement strategy that places co-production at the heart of our work. This will ensure that service users are working in partnership with our Nursing colleagues	> To fully implement the People's Council at all sites and ensure that the priorities of our service users are incorporated into our work plans
	> To develop a training package via the Cygnet Academy of Health to provide or service users with access to training to enable them to participate in service improvement projects and other initiatives alongside our Nurses

Objective 5

Objective	Actions
To promote a proactive and preventative approach to support individuals with their physical health through the development and implementation of a wellbeing strategy	> To develop a wellbeing strategy which seeks to optimise individuals health and wellbeing
	> To support the development of our nursing teams in all aspects of health and wellbeing through robust training
	> Implementation of the electronic NEWS2 tool
	> Implementation of the Physical Health Monitoring Tool

Objective 6

Objective	Actions
Improving both staff and service user experiences of services by reducing the use of restrictive practices in order to improve service outcomes, recovery and quality of life	> Year on year reductions in the use of physical interventions in line with service line specific KPIs
	> Implementation of the 6 Core Strategies
	> Implementation of Safewards and QI projects guided by the Reducing Restrictive Practice Collaborative
	> Encourage and promote the use of preventative strategies and person-centred care supported by Positive Behaviour Support and frameworks
	> To promote effective de-escalation techniques to support the delivery of positive and safe care in a very recovery focussed way

2.3 Clinical Strategy

In 2021 we launched, in consultation with service users (including an easy read version), staff and external stakeholders, a Clinical Strategy for Cygnet that were aligned with our overall strategic priorities.

Our Clinical Strategy is our blueprint of how we ensure the delivery of high-quality, sustained and person-centred care, support learning and innovation, and promote an open and fair culture.

In this update I will share with you the progress of the Clinical Strategy. I am particularly proud of the embedding of updated clinical models in all our service lines. I want to thank all the clinical, operational and nursing colleagues, our service users and many stakeholders, who have made the clinical strategy a success.



Dr Jon van Niekerk

**Group Clinical Director,
Cygnet Health Care Limited**

Objectives and Actions

Objective 1

Objective	Actions
To provide safe, effective and high quality person-centred care for all	> Established and embedded a weighted Clinical Dashboard based on agreed clinical metrics within all service lines
	> We monitor data trends and review exception reporting to support early identification of emerging risks through trend analysis provided by our Incident Management System and data reporting team
	> Together with Operations and the Nursing Directorate, we have updated and enhanced our inclusion and exclusion criteria for all service lines
	> We have launched a care plan review to ensure people's preferences, needs and values guide clinical decisions through person centred care plans

Objective 2

Objective	Actions
Foster an environment which is outward looking, open and fair	> Our recent staff survey showed that the FTSU role has embedded with good feedback and understanding of the role
	> Shared lessons learnt from ward to board and vice versa through lessons learnt group
	> We have ensured individuals stay connected with their communities, family and friends throughout the pandemic
	> Supporting the use of corporately approved tools and action plans to address and prevent closed cultures

Objective 3

Objective	Actions
Measurable outcomes and improvements that are meaningful through coproduction with individuals, their friends, families and carers	> We utilised data from NHS Benchmarking to focus improvement plans across all our service lines
	> We are participating in the national RCPsych POMH audit
	> We have established a co-production steering group to promote co-production work plan and training for Cygnet
	> We monitor compliance of clinical and professional supervision within each clinical division and present at our Clinical Directorate meetings
	> Over the last year we have embedded our updated Clinical Models across all our service lines within Cygnet

Objective 4

Objective	Actions
Recruitment and retention of high quality staff aligned with Cygnet values	> Significant recruitment of MDT with robust on-boarding, supervision and induction
	> We have ensured that we recruit to our values with structured templates and assessments
	> We have ensured that all key positions have talent mapping
	> We have launched a Specialist Training dashboard to ensure compliance in all 11 service lines
	> We have supported clinical leaders to engage with professional and stakeholder networks outside Cygnet

Objective 5

Objective	Actions
We will support a culture that promotes continuous quality improvement and high quality research	> We have implemented and embedded a digital MHA solution (Thalamos) across the portfolio
	> Implemented quality improvement projects through engaging with our newly launched QI strategy
	> We have engaged and foster research talent and present findings at our clinical director meetings
	> We have setup a Suicide Prevention group and launched an updated suicide prevention strategy based on best available evidence
	> We have established a Cygnet Journal to publish research and development

2.4 National Clinical Audits

National POMH audit 2022:

Dr Arokia Antonysamay RMD, London and South region

Cygneth Health Care has participated in 2 national POMH clinical audits this year (March 2022, May 2022). These include antidepressant prescribing and antipsychotic prescribing standards.

1. Audit of Prescribing of antidepressants

Depression should be managed in primary care unless it is complex, severe, treatment-refractory, or places the patient or others at risk.

This National POMH audit looked into prescribing patterns for depression in patients treated in secondary care services, aged 18 years or older with episodes of care that have not lasted more than 6 months. Patients included have a current diagnosis of depression (ICD10 F32-34) and known to adult community mental health team.

This audit standards included reduction strategy, inclusion of a care/crisis plan, identification of relapse signature and trigger factors, annual reviews looking at response to medications, monitoring of side effects and adherence to medications, presence of comorbid conditions like substance misuse and other psychiatric and physical health disorders.

Where the depressive illness has not shown a sufficient response to treatment with an antidepressant medication, the audit tool included the following treatment strategies:

- > Increasing the dose of antidepressant medication
- > Switching to another antidepressant medication
- > Combining continuing antidepressant treatment with highintensity psychological/psychosocial interventions, such as individual CBT/interpersonal psychotherapy
- > Augmentation with another antidepressant medication
- > Augmentation with lithium
- > Augmentation with an antipsychotic medication
- > Augmentation with ECT treatment

Although we do have many patients with a diagnosis of depression in our units, our response rates remain comparable to national average response rates

2. Audit of Prescribing of antipsychotics

This second national audit looked into our prescribing standards for antipsychotics for patients with a diagnosis of psychotic disorders. All our patients currently prescribed antipsychotic medication as inpatients, under the care of adult mental health services, (including forensic services), irrespective of age with psychotic symptoms were eligible for this audit.

Where regular high-dose or combined antipsychotic medication is prescribed, the audit measured the following standards:

- > Documentation of the target symptoms/behaviours for such a treatment regimen.
- > Regular review of the clinical response, including the target symptoms/behaviours.
- > Monitoring of side effects/tolerability.
- > Additional standards were included for those patients prescribed oral PRN antipsychotic and/or benzodiazepine medication:
- > There should be a clear description of the symptoms/behaviours for which the PRN medication is indicated.
- > The maximum daily dose that can be administered should be specified.
- > The continuing need for such a prescription should be regularly reviewed

Where regular antipsychotic medication is prescribed, the NICE recommendations are that the majority of patients should receive a single antipsychotic medication within the licensed dosage range.

The data collection is complete for both the audits. The POMH team have completed analysing audit data on antidepressant prescribing and will publish their findings end of May 2022.

Our response rate for antipsychotic prescribing is one of the highest in the country. We received nearly 300 completed questionnaires and our medical staff including ward doctors, responsible clinicians and medical directors participated in this audit. The antipsychotic prescribing audit data is currently being analysed by the national POMH team and the results will be published in July 2022.

2.5 NHS England Audits

Quality Dashboards

Specialised Services Quality Dashboards (SSQD) are designed to provide assurance on the quality of care by collecting information about outcomes from healthcare providers. SSQDs are a key tool in monitoring the quality of services, enabling comparison between service providers and supporting improvements over time in the outcomes of services commissioned by NHS England.

For each SSQD, there is a list of agreed measures for which data is to be collected. These measures are included in a 'Metric Definition Set'.

Healthcare providers, including NHS Trusts, NHS Foundation Trusts and independent providers, submit data for each of the agreed measures.

Each SSQD is 'refreshed' with up-to-date outcomes submitted from national data sources, and where necessary healthcare providers, on a quarterly basis.

The information provided by the SSQDs is used by Lead Provider Collaboratives and NHS England specialised services commissioners to understand the quality and outcomes of services and reasons for excellent performance. Healthcare providers can use the information to provide an overview of service quality compared with other providers of the same service.

During 2021/22, Specialised Services Quality Dashboard data, Mental Health and Restrictive Practice collection process changed to quarterly submissions from monthly. During the pandemic the submissions were voluntary, however thanks to the internal data processing systems in place within Cygnet, all quarterly reports and the annual Self-Declaration were all submitted and within the required timeframes.

Service Quality Reporting

Cygnet Health Care has long partnered with NHS England (and now also Lead Provider Collaboratives) in the provision of prescribed services. These are:

- > Secure services – Medium (including deafness and mental health), Low (including deafness and mental health, PD and ASD)
- > CAMHS services – including low secure, PICU and Acute/GAU
- > Tier 4 PD services and
- > Tier 4 Eating Disorders services

A vital part of Cygnet delivering quality services to its Lead Provider Collaborative-/NHS England-funded patients is robust contract monitoring.

Cygnet reports to Lead Provider Collaboratives and NHS England quarterly via a Service Quality Report (SQR) covering Schedules 4 and 6 of the NHS Standard Contract. These SQRs also include annual reports including:

- > Staff survey
- > Service user survey
- > Green Plan
- > Workforce Race Equality Standard
- > Workforce Disability Equality Standard

The Service Quality Report, details performance against Operational Standards, National Quality Requirements, Local Quality Requirements, including never events and duty of candour. Other elements that form the SQR are, but not limited to:

- > Serious Incidents and non-notifiable incidents
- > Safeguarding
- > Never Events
- > Complaints and Compliments
- > Clinical /Staff issues
- > Safer Staffing and Staffing Establishment; Workforce Information including
 - Agency and Bank worker percentages per month
- > Duty of Candour
- > Delayed Discharges
- > KPI Requirements

In addition to these reports, Cygnet services meet with LPC and NHS England commissioners for an organisation-wide review of prescribed services (with NHS England) and local services review of prescribed services (LPCs) at a minimum of quarterly. Some LPCs also have local reporting requirements which Cygnet services report on in order to enable the LPC to perform their quality and governance responsibilities.

Cygnet reviews contract(s) annually and ensures that reporting continues to mirror the requirements therein.

A summary of Cygnet's quarterly SQR KPI requirements are as follows

Access to Social, Education, Vocational and Occupational Activities - Individually Tailored	Number of service users with a personalised (co-produced) plan for social, educational, vocational and/or occupational activities	LQ1
	Number of service users who were offered but who have refused or have been unable to co-produce their care plans	
Physical Health Improvement & Maintenance Plans	Total number of service users in service with a physical health care improvement and maintenance plan in place	LQ2a
	Number of patients in service with a physical health care improvement and maintenance plan in place that includes reference to the assessed needs of the patient	LQ2b
	Number of patients in service with a physical health care improvement and maintenance plan in place that includes evidence of a co-produced plan and patient's views on their physical health	LQ2c
	Number of patients who were offered but refused to co-produce and this is evidenced in their clinical records	
	Number of patients ELIGIBLE for National Screening Programmes	LQ2d
	Number of patients who are eligible for access to national screening programmes and has been enabled as appropriate.	LQ1
Observation and Engagement	Total number of PATIENTS on 1:1 or higher staff ratio during the quarter	LQ3a
	Total number of EPISODES on 1:1 or higher staff ratio during the quarter	
	Number of those episodes on 1:1 or higher staff ratio where patient involvement has been sought to identify:	
	Care plan is signed by both parties and copy issued to patient including rationale, positive risk taking, specific conditions, gender preferences and identified parameters for achieving a reduction in observations	
	Number of those episodes on 1:1 or higher staff ratio where patient involvement has been sought. Evidence of patient feedback on observations is contained within patient records	LQ3b



100%

of Adult and CAMH service users at the end of the reporting period were offered the opportunity to co-produce their care plan regarding education, vocational and occupational activities. 95% of which participated within the production, 7% refused or were unable to co-produce.



100%

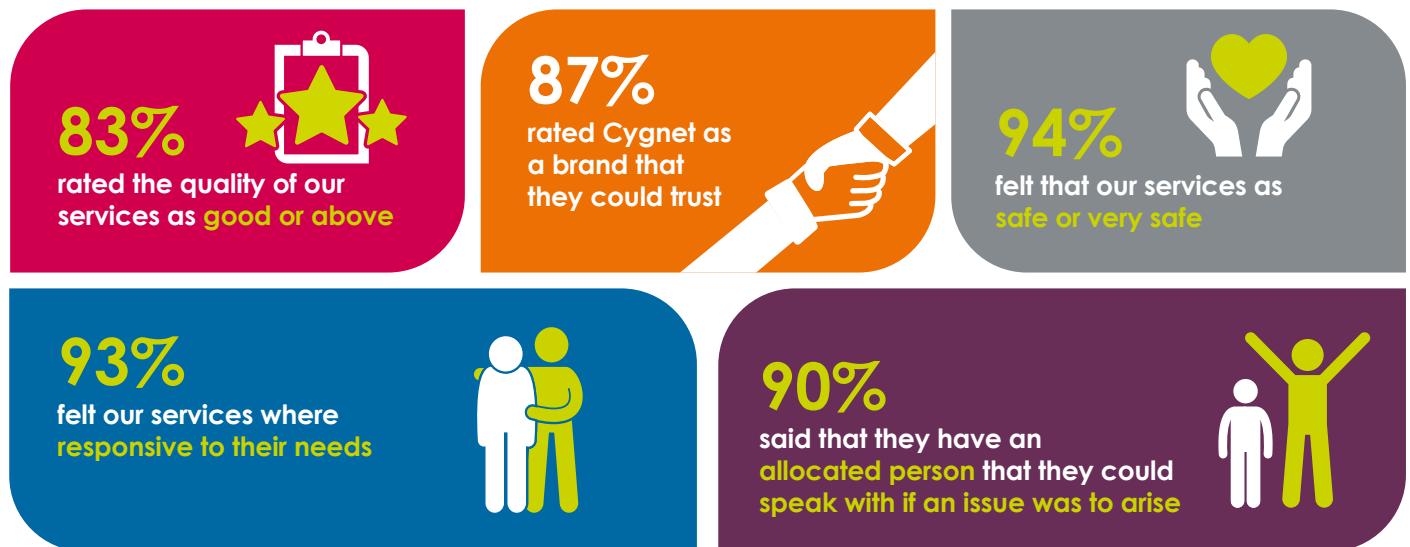
of service users within prescribed services had a physical health care improvement and maintenance care plan in place, all of which (100%) included reference to the assessed needs of the patient. Furthermore 100% included evidence of a co-produced plan and with the patient's views on their physical health, 94% participated directly, 6% chose not to participate

2.6 Commissioner Survey

At Cygnet Health Care service user care and safety is our priority and we are always seeking to make improvements to ensure all our services and the service we provide meet the expected standards.

We take feedback from our commissioners and key stakeholders seriously and in June 2021 we asked our commissioners to complete a survey. The feedback from the survey was actively reviewed and action plans have been developed to focus on areas where we can further improve the quality of our services and the experience of those commissioning them.

Results from the commissioner survey are as follows:



2.7 Research

Publications:

- > O'Farrel,C., and Batty,F, (Occupational Therapist), Preparing for community living, OT news Oct 2021 pp 32-33.
- > Rebecca Matson, Sarah Kriakous & May Stinson (2021) The Experiences of Women with a Diagnosis of Borderline Personality Disorder (BPD) Using Sensory Modulation Approaches in an Inpatient Mental Health Rehabilitation Setting, Occupational Therapy in Mental Health, 37:4, 311-331, DOI: 10.1080/0164212X.2021.1933674 (Head Occupational Therapist) and Fiona Batty (Occupational Therapist) from the Oaks have had their article on "Moving on groups" accepted for publication in the OT news. <https://www.tandfonline.com/doi/full/10.1080/0164212X.2021.1933674>
- > Heather Rigby (2022) Linking language with secondary school learning : Link-S program, SEN magazine, March-April 22, issue 117, <https://senmagazine.co.uk/sen-online/sen117/#p=1>
- > Caroline Claire (2022), 'It's just a bunch of people telling your story, excluding you from the telling', the Psychologist, Feb 22, vol 35, 34-36, <https://thepsychologist.bps.org.uk/volume-35/february-2022/its-just-bunch-people-telling-your-story-excluding-you-telling>
- > Caroline's article was also published on DHSC website as a blog.
- > Eleanor Green & Lorraine Bobbie Turnbull, (2022), "Staff perceptions of patient peer relationships on a male neuropsychiatric rehabilitation unit", The Neuropsychologist BPS journal, Issue 13, April 2022.
- > Malik.Z., (2021) Burnout in Mental Healthcare Staff on a Personality Disorder Ward: Impact, Coping Mechanisms and Recommendations, journal of mental health.
- > Rebecca Matson, Stinson.M, Kriakous.S, The Experiences of Women with a Diagnosis of Borderline Personality Disorder (BPD) Using Sensory Modulation Approaches in an Inpatient Mental Health Rehabilitation Setting, Occupational Therapy in Mental Health, The Experiences of Women with a Diagnosis of Borderline Personality Disorder BPD Using Sensory Modulation Approaches in an Inpatient Mental Health.



Conference Presentations

- > Rebecca Matson "How is distance supervision experienced by occupational therapists working in in-patient mental health?" abstract, Royal College of Occupational Therapists annual conference.
- > Rebecca Matson "Sensory modulation as an intervention for clients with a dual diagnosis of borderline personality disorder and disordered eating" Presentation, Eating Disorders International Conference, 2021.
- > Rebecca Matson, Stinson.M, Kriakous.S, Sensory Strategies within female mental health: an interpretative phenomenological analysis.
- > Naresh Rasquinha, Raf Hamaizia, Sarah Ashworth and Bobbie Turnbull poster 'The Cygnet Journal – Encouraging staff and service user participation in quality improvement' was included at the RCPSYCH Quality Improvement Annual Conference.
- > Prince.J; knight.J (2021) – 'Establishing the effectiveness of group therapy programme on generalised and COVID specific Anxiety in a rehabilitation population' poster presentation, 2021 Faculty of Rehabilitation and Social Psychiatry conference.
- > Mark Paramlall, A Baldwin, Y Wolfe, K Covell, J Taylor & Henk Swanepoel's poster 'Implementing a study to Compare Diagnostic Accuracy of Cognitive Screening Instruments: A Weighted Comparison Approach in Acquired Brain Injury (ABI)' was presented at the UKABIF Time for Change Summit 2021.

Other Activities

Using the Group Home Culture Scale, a total of 333 support worker and 35 team leader questionnaires were analysed by Bobbie & Abi (research lead and assistant) and reports written with recommended areas for focus



We supported the training department with literature review on debriefs to inform new policy

Further developed documents around the roles of supervisors and gatekeepers



Met with the QI team to look at streamlining processes.



Over the past year we have developed co-production within research projects

The group have completed teaching sessions for the Midlands OT group and the SLT group

2.8 Mortality Surveillance & Prevention

During 1st April 2021 to 31st March 2022 **84** service users in the care of Cygnet Health Care died which is inclusive of expected and unexpected deaths **(5% increase)** The increase is mainly attributed to unexpected deaths during Q3 and 4 (up 9). 7.9% reduction in the number of expected deaths.

Quarter 2021/22	Unexpected Deaths	Expected Deaths	Total
Q1	7	12	19
Q2	6	19	25
Q3	5	16	21
Q4	8	11	19
Total	26	58	84

Cygnet's Incident Reporting and Management policy highlights to staff that all deaths should be reported through the Cygnet Incident Management System (IMS). All deaths, including deaths of service users with an identified learning disability are reported and are then reviewed by Cygnet Group Safety Committee.

A Serious Incident (SI) factual report (72 hour review) is requested by the service for all unexpected deaths and also for those expected deaths where care concerns have been identified by the service during the service user's end of life pathway. Where a completed SI factual report has indicated care delivery concerns and areas for learning, a Root Cause Analysis Investigation or Structured Judgement Review will be commissioned.

Learning from Deaths Group

In March 2017, the National Quality Board (NQB) introduced new guidance for NHS providers on how they should learn from the deaths of people in their care. Cygnet Health Care has established a Learning from Deaths Group based on the national guidance for NHS organisations on 'Learning From Deaths' Rationale: 'A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care'.

Cygnet Health Care is committed to learning from deaths and understands the importance of learning from deaths of people in our care. The national framework that replaces the previous Mortality Review can help Cygnet improve the quality of the care we provide to individuals and their families and identify where we could do more. We have developed and implemented a new Learning from Deaths Policy and established a Learning from Deaths Group chaired by the Group Clinical Director that will provide a quarterly report to Group Clinical Governance meeting and the Board.



2.9 CQUIN

Due to the Covid-19 outbreak that began in 2020, CQUIN schemes were paused and there were no new CQUIN schemes (either CCG/Trust or specialised i.e. NHS England / LPC) published between 2020 and 2022. However Cygnet Health Care chose to engage in CQUINs on a voluntary basis throughout the year 2020 to 2021, on the basis that any work completed would be safe and appropriate to complete. Using the NHS published 2019-20 prescribed CQUIN indicators as a framework, Cygnet Health Care engaged in the following CQUINs:

PSS2 Managing a Healthy weight in Adult Secure Services

PSS3 CAMHS Tier 4 Needs Formulations and

PSS4 Deaf Communications Assessment.

In terms of CCG/Trusts, whilst CQUINs were paused in line with national contract guidance, Cygnet continued, where applicable, with other monthly/quarterly data submissions required by commissioners.

Working alongside its NHS partners, Cygnet Health Care was even able to implement its own stretch goals that went above and beyond the framework of the prescribed CQUINs in both the Deaf Communication and CAMHS Formulation CQUINs.

Looking ahead, Cygnet Health Care have begun work on implementing the new CQUIN schemes that were recently published for 2022-23 and is currently working alongside colleagues internally and partners in the NHS to implement two prescribed CQUINs that are relevant to Cygnet Health Care's services. These, both relating to CAMH services, are

"Supporting quality improvement in the use of restrictive practice in Tier 4 CYPMH settings" and "Delivery of formulation or review within 6 weeks of admission, as part of a dynamic assessment process for admissions within Tier 4 CYPMH settings".

Both of these CQUIN schemes will provide Cygnet Health Care the opportunity to further improve the quality of its services, and in the instance of the CAMHS Formulation CQUIN, provide an opportunity to revisit the improvements made during the previous CAMHS formulation CQUIN scheme, which was completed throughout 2020 to 2021.

Cygnet Health Care is excited to be able to engage in CQUIN schemes once again, and looks forward to meeting the challenges ahead, furthering its positive history of success in CQUIN achievement and quality improvement.



2.10 Data Quality

Cygnnet embeds Data Protection at the heart of everything we do. Each year as part of NHS contracts we complete the Data Security and Protection Toolkit (DSPT) the submission 20/21 was graded as Standards Exceeded. During 2021 we commenced a project to Digitise all of our records so that we can comply with the NHS Paperlite by 2024 initiative the project is progressing well and will continue through to 2024 with the sites becoming more digital as this progresses.

We are completing Data Protection Impact Assessments on all new software before it is implemented and have started to really build a privacy by design culture. All policies and privacy notices are up to date and reviewed annually to ensure we capture changes and update in legislation.

During 2022 we will be implementing a road map to introduce more electronic systems and storage across both staff and service user domains to aid with the Digitisation Project. This will also help us to achieve the one record per person so that we can enable easy access to information for both staff and service users.

Cygnnet will also be launching a Data Strategy this year that will include our move to a Snowflake Data Warehouse, using Talend to transform data and Power BI to report back to the business. This will enable us to provide real information and enable our staff and leaders to make data driven decisions and enhance our compliance and adherence to the better data better care initiative.

2.11 Governance

Good governance is about making sure we're doing the right things, in the right way for those we care for and support.

Our Governance structures are underpinned by the following key principles:

- We work collaboratively and openly to provide services that effective, safe and person centred where risks are managed appropriately
- Our teams feels able to speak up and share information in a prompt way that allows us to identify risks, agree next steps and assess our performance
- Our governance framework focuses on providing quality care and positive outcomes for those we look after and support
- Our service user voice is integral to our governance processes. Our People's Councils and advocacy provision allow us to hear directly from those we support so that we can listen and act in a way that is relevant to their needs and views.
- We are committed to sharing feedback from our Governance Structures and genuinely want staff to be able to contribute to the processes, from the floor to the Board.

It is essential that we are open, transparent, inclusive and accountable, in order to provide good quality, sustainable services and ensure learning opportunities to constantly improve and excel.

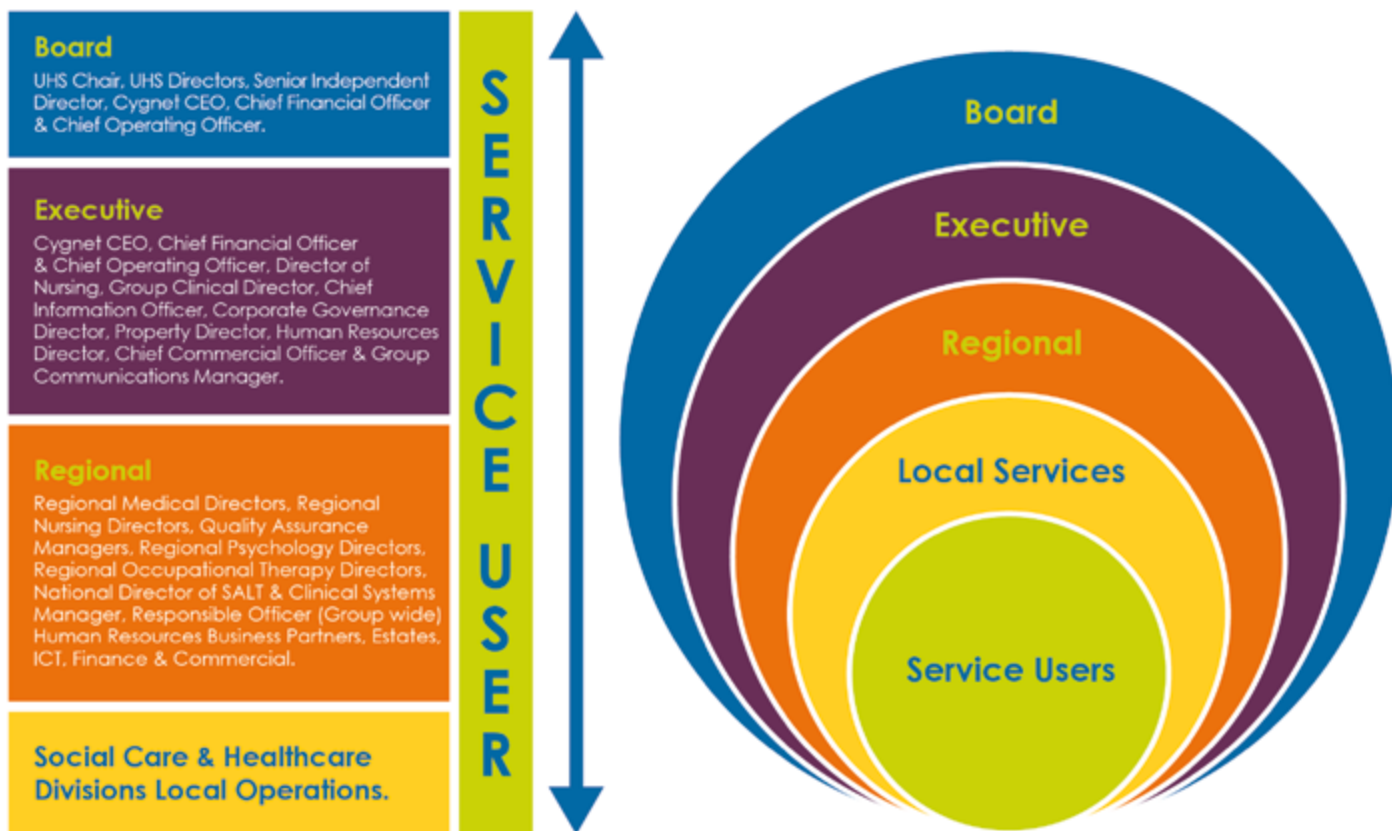
Quality and safety are at the forefront of everything we do and we constantly monitor and review our services through our internal Quality Assurance, Safeguarding, Compliance, Quality Improvement and specialist teams.

Our processes and systems give us visibility to manage performance, hear feedback and regulate the quality of care provided. We also operate openly and transparently with our external regulators and stakeholders to constantly improve, progress and innovate. This drive for service excellence sets us apart as sector-leaders, attaining high standards that are reflected in our regulatory ratings, accreditations and outcomes for individuals who use our services.

We use data to measure our progress and assess our quality. We listen to service user and staff experiences to inform our practice and constantly strive to achieve the best possible outcomes for those in our care.

Our governance framework and the principles that guide us mean our staff have a clear road map to providing the best possible care. We remain solution-focused and our governance arrangements enable issues to be heard locally, regionally and corporately with a focus on clear communication and a spirit of speaking up and participation. Next year we will continue to refine and develop our governance framework to ensure it continues to enable us to deliver effective, safe and sustainable high quality care and support.

Governance Structure



2.12 Freedom to Speak Up

We encourage all staff to speak up if something can be improved or is not quite right. Since the introduction of the Freedom to Speak Up Guardian (FTSUG) in July 2020, staff have received positive feedback. Our Guardian has direct and regular access to Cygnet's Executive Management Board and Non-Executive Directors.

Cygnet's Management Team supports FTSUG, evidenced by collaborative working with the Senior Management Team. Cygnet has shown commitment to improving the speak-up culture within the organisation by investing in a second full-time guardian. The FTSU department now sits under the Board Secretariat to further ensure impartiality. Our FTSUG works collaboratively with our Group Staff Relations lead, Group Expert by Experience lead, and Group Quality Standards lead to triangulate data.

Our database of FTSU ambassadors continues to grow; at present, we have 125 registered. The unique development day training offered to ambassadors continues to be a great resource, as evidenced in the feedback and improved engagement with management. The development day includes workshops that cover how to have a difficult conversation, deal with staff emotions, and signposting.

To further promote and support the speaking up culture, we have included the below speak up animation video in our raising concerns module and incorporate this into staff inductions.

<https://vimeo.com/606454703/a582c8660f>

There are various ways our staff are supported to speak up:

- > On-site local ambassadors
- > Line manager
- > Safeguarding lead
- > Registered manager
- > Senior manager (operations Director or Managing Director)
- > Direct mobile line to FTSUG
- > Direct email to FTSUG
- > Direct access to Cygnets board via email
- > Amber button on the intranet
- > Independent Whistleblowing helpline



3.1 Clinical Systems

The key priority for Clinical Systems in 2021-2022 was for Cygnet Health Care to streamline the way in which we provide support to users of the Clinical Systems in order to provide more timely support and to identify themes and digital clinical risks more quickly. We continued to work towards a roadmap for digital clinical development and have begun work complete our re development of myPath (v2).

myPath as our main electronic care record incorporates a wide range of tools such as:

- > Electronic records
- > Outcome Measures
- > Care Planning
- > Risk Assessments and Risk Management Plans
- > Activity timetabling and recording
- > Incident Management

We delivered a number of core work streams in 2021-2022 (Table 1):

Domain	What we have done?	What that means?
Development Cycle	Our development and Clinical Systems teams work closely together using agile methodology to plan 3 weekly sprints with a pre-defined scope of work focussed on the clinical priorities for development. Key stakeholders are involved at all stages.	<ul style="list-style-type: none"> > Allows us to add gradual development to the system in an organised and structured way. > Allows us to plan and safely deliver developments with a thorough testing process and ensures that there is adequate IT staff available for any unforeseen problems. > Allows us to work more flexibly when needed. > Allows us to plan and communicate any changes with the users in good time.
User Support	<p>The Clinical Systems team are now active users of the Digital Services portal 'SysAid' and respond to a high number of the service desk tickets relating to myPath and IMS.</p> <p>Average response time in April 2021 was 34.26 hours and in March 22 saw a reduction of -74% to 8.97 hours on average.</p>	<ul style="list-style-type: none"> - Users receive specialised support and advice from individuals who are experienced users of the myPath system, clinical or care background. - We can identify any clinical risks and trends in real time and can support users in a more timely way. Freeing up our digital services colleagues to support with the more technical queries.

<h2>Communications</h2>	<p>We have introduced multiple communication channels with the users of the systems:</p> <ul style="list-style-type: none"> > Visual poster within the Cygnet weekly communications email with better sign posting of myPath tools and resources on myCygnet. > 'You said, We did' feedback in each of our newsletter updates. > Video tutorial of each update. > Written communication in emails to managers and senior management prior to each release. <p>Unique page views on the myPath resource page are up by 53% from 13,198 views in 2020-2021 to 20,179 views over 2021-2022</p>	<ul style="list-style-type: none"> > Users remain up to date with developments and updates to the system. > Users are empowered to make suggestions and provide feedback and receive a response and action to their feedback at regular intervals. > Staff at all levels are kept up to date with new releases and can plan operationally for any changes that require action. > Users are better signposted to our resources page to gain support and guidance when they need it.
<h2>Co-production</h2>	<ul style="list-style-type: none"> > Clinical Systems support functions survey shared with staff. (72 participants). The feedback has helped us to improve the support provided to users. (see user support section). > The Digital Clinical Advisory Group has been set up to support with the clinical priorities for development, quality testing and co-producing the specifications for any new developments based on specialist knowledge and the latest legislation and guidelines. We have representation across all services lines and disciplines and work in focussed user groups represented by the relevant service lines and divisions. > The user groups have begun work on the development of MyPath (v2). 	<ul style="list-style-type: none"> > Users are empowered to be involved in the development and design of the system to improve the functionality and usability. Systems are fit for purpose for both the users and service users.

Reporting and Clinical Data	<ul style="list-style-type: none"> > A Clinical Dashboard has been created that pulls together key risk information pertaining to a site and provides an overall 'risk score' within a table to identify sites that may be at higher risk and require more support. > Updates have been made to our patient administration system ePrime. The changes were made to comply with the Mental Health Services Data Set (MHSDS) v5 requirements. 	<ul style="list-style-type: none"> > Staff have access to a dashboard that provides a high-level overview of the risk of a site and comparison across service line or across the portfolio. > Cygnet Health Care are compliant with their submissions of the
System Enhancements	<ul style="list-style-type: none"> > A new testing environment has been built which is a direct replica of the live environment. > We now work over two servers so there is no impact on the live system during our updates. <p>Between Dec 21 and March 22:</p> <ul style="list-style-type: none"> > 42 system enhancements were made including improved navigation, spell check functionality, additional entry codes and alerts. > 23 bugs were resolved. 	<ul style="list-style-type: none"> > Seamless change to the updated version for the user and less planned down time. > If there are any unforeseen issues, we can quickly "undo" any changes to the live system reducing any clinical risk. > The functionality of myPath is improved and bugs that have the potential in some cases to create a clinical risk have been resolved.
New Developments	<ul style="list-style-type: none"> > PICU/Acute Risk assessment tool (PARA) > Admin functionality to merge duplicate accounts quicker. > Procurement of an Electronic Prescribing and Medication Administration (EPMA) system. To be implemented after release of myPath (v2) due to compatibility barriers with myPath (v1). > Procurement of a software to support on screen, real time training on myPath (pending successful proof of concept). > Updates to our incident management system (IMS) to include fields to capture the requirements set out by the MHSDS (7 updates) and the Use of Force Act (8 updates). > The development of myPath (v2) is underway with the foundation modules starting to be developed. 	<ul style="list-style-type: none"> > A more suitable risk assessment for the adult PICU/Acute services available within the electronic patient record. > Duplicate accounts are resolved much more quickly than before which reduces the risk of key information being missed. > Reduction in prescribing/ administration/ dispensing errors. System will integrate with myPath to provide one point of data entry for key information like name/DOB/NHS number/ MHA status etc. > Training for myPath provided at point of use. Agency and bank staff trained immediately to use the system so that they can maintain records with ease whilst on shift. > MHSDS and Use of Force Act requirements embedded into our systems to ensure we are capturing the necessary information.

Key Priorities for 2022-2023

Work has begun on the complete re development of myPath and myPath (v2) will be the key priority for the Development and Clinical Systems teams over the next 12 months. The application will be undertaking a complete re build with new user interfaces. The E Systems will be better aligned so that we have a complete electronic patient record with a single point of data entry, which will include demographic as well as key information highly visible. Once myPath (v2) is released, we will start to implement an EPMA system.

3.2 Benchmarking through Peer Review

The NHS Benchmarking Network is an independent body that collects data on quality, workforce and finance annually from all NHS Mental Health Trusts in England, Wales and Northern Ireland and all private and independent sectors. The network provides quality and performance data to mental health providers, enabling comparisons to be made and help them meet the aspirations and challenges of the Long Term Plan.

Quality:

An average bed occupancy rate (excluding leave) of 93% reported in 2019/20 in the NHS, representing the highest recorded occupancy rate within mental health inpatient services. Cygnet reported an 83% bed occupancy rate within adult acute services, notably closer to The Royal College of Psychiatrists' recommended level of 85%.

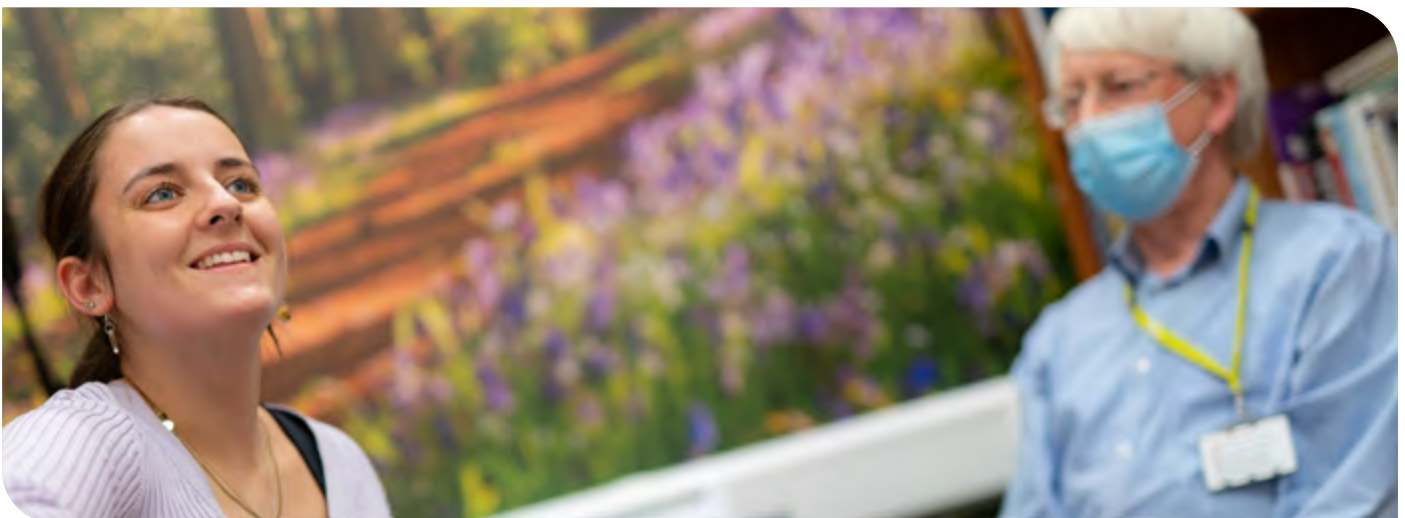
The average length of stay for acute mental health units in Cygnet for 2019-20 is 27 days whilst the national average length of stay for acute units increased to 35, the highest in the last 9 years of NHSBN data collection.

The average length of stay for Psychiatric intensive care units (PICU) in Cygnet for 2019-20 is 35 days whilst the national average length of stay for PICUs increased to 48, the highest in the last few years.

The implementation of daily review of enhanced observations and daily MDT handover has helped to keep practices as least restrictive as possible. The use of rapid tranquilisation has reduced. In 2019-2020, the NHS benchmarking network reported that the number of incidents of use of restraints was 150 per 10000 occupied bed days for Cygnet healthcare, slightly above the national average. With improvements in training and environmental changes and robust risk assessment and management strategies, these numbers have now reduced to below 100 in 2021. Similar improvements were noted in older adult units.

Workforce:

The NHSBN report showed that the Multidisciplinary team (MDT) staffing levels in the inpatient units at Cygnet was slightly higher than NHS Trusts, especially psychology and occupational therapy staff. Also there were more support workers across most service lines.



Workforce	Adult Acute		Older Adults		PICU	
	National Average	Cygnat	National Average	Cygnat	National Average	Cygnat
Support Workers and Other Unqualified Clinical Staff	42%	53%	50%	60%	48%	49%
Social Workers (directly employed by the Organisation)	0%	1%	0%	1%	0%	2%
Occupational Therapists (OT)	3%	4%	3%	6%	2%	5%
Clinical Psychologists	1%	1%	1%	1%	1%	2%
Psychology - Other	0%	2%	0%	2%	0%	3%
Psychiatry - Consultant	3%	2%	2%	2%	2%	2%
Psychiatry -(Assoc Specialist, ST4-ST6, Organisation and Staff Grades)	2%	2%	1%	2%	1%	2%
Psychiatry -Trainees (FY1, FY2, CT1-CT3)	2%	0%	1%	0%	1%	0%
Other HCPC (Health and Care Professionals)	0%	2%	1%	2%	0%	2%
Management	1%	5%	1%	3%	1%	6%
Administrative and Clerical	5%	11%	4%	12%	4%	13%
Other Staff	1%	0%	1%	0%	1%	0%



3.3 Co-production

Co-production remains to be an integral function within Cygnet Health Care and a core part of both the organisation's operational and clinical agenda. During this period the organisation continued in its efforts to embrace and enhance Co-production at every level of the organisation.

Whilst the pandemic posed clear challenges with regards to how this was carried out effectively, numerous opportunities were also identified in working in different ways including harnessing the use of digital innovations, award-winning initiatives such as the 'Smoke Aware Initiative' and co-produced sustainability projects such as 'Co-sustain'.

This period also provided an opportunity to further develop the Peoples Council and the wider governance of Co-production within the organisation. This included the development of the group Co-production Co-coordinator role to support the Expert by Experience Lead, new partnerships with support organisations for Independent Experts by Experience as well as a focus on further embedding the Co-production Steering Group within Cygnet Health Care.

Service User and resident's forums

People's Council



The People's Council is a co-produced forum within Cygnet Health Care which aims to share power and give a voice to service users, residents and family carers at every level of the organisation.

The Peoples Councils feeds into the group Co-Production Board which comprises of stakeholders (i.e. Advocacy), experts by experience, staff and members of the Executive Management Board.

During this period the Peoples Council continued to adapt to challenges around social distancing as a result of the pandemic and began working towards reintroducing face to face meetings following on from the use of digital and socially distanced councils.

The People's Council has since recorded its highest levels of engagement and attendance with compliance currently sitting at over 90% across health and social care in Q1 2022.

Experts by Experience

Independent lived experience visits and support

The Experts by Experience (EbE) Programme continues to provide invaluable support to Cygnet Health Care both on a local and strategic level. The reintroduction of site visits following a period of digital support as a result of the pandemic has been welcomed greatly across the organisation.

This period saw the development of new partnerships with independent support organisations to provide training and support to Experts by Experience. This period also gave rise to the opportunity to further develop recurring and regular EbE visits to sites locally. This has included a number of former service users returning to services they had been discharged from to support in the capacity of residing Expert by Experience.

Recovery Oriented Practice

Music 2 Empower



Music 2 Empower is an initiative by Cygnet Health Care, launched in October 2019, that aims to bring the positive effects of music therapy across

During this period Music 2 Empower has continued to play a significant role in enhancing recovery-oriented practices such as music therapy within our services.

This has included providing resources and skills to local services including the development of recording studios within secure services and video production at various services. All episodes are now available on the newly formed Co-production Hub available on the Cygnet Health Care Website under 'Service Users, Residents and Family Carers'.

Accessible Information and updates

Service User and Residents Update (SURU)



The Service User and Residents Update (SURU) is a group-wide quarterly newsletter providing news and updates for service users and residents across the organisation. The 'SURU' also provides information such as COVID related news, new appointments to the organisation and updates on initiatives.

The Service User and Residents Update continues to play an integral role in providing accessible information. During this period the SURU continued to work alongside the communications department and the organisations accessible information lead to ensure both standardised and easy read SURU's were distributed in accordance with the schedule.

Co-produced Physical Health Projects

Smoke Aware Initiative



The Smoke Aware Initiative aims to reduce health inequalities through supporting meaningful smoking cessation and awareness within inpatient services through co-production.

Through this initiative a new smoke-free policy and strategy was produced including the provision of safety tested E-cigarettes being permitted for bedroom area usage within healthcare services via vending machines.

This has since been replicated in numerous organisations across the sector and the initiative was shortlisted as finalists in the Health Service Journal Partnership Awards for 'reducing health inequalities' during this period as well as being awarded the 'health and social care award' from the Collaborative Centre for Smoking Cessation.

alongside the communications department and the organisations accessible information lead to ensure both standardised an

Strategic Co-production

Co-production Steering group

The Co-production Steering Group has since been formed involving both internal staff at every level, experts by experience and stakeholders such as Choice Support and Advent Advocacy. The steering group provides the unique opportunity for directorates and the lived experience agenda to work in partnership to enhance co-production across the organisation.

Lived Experience Representation

During this period Cygnet Health Care broadened and enhanced the level of Expert by Experience representation on strategic meetings, boards and committees. This includes Expert by Experience and service users/resident representation on a national, regional and local level from nursing board and regional clinical governance to the first recorded service user led Quality Improvement project on a local level.

Co-produced Initiatives

Co-sustain



During this period Co-sustain was launched which is an initiative that uses the principles of coproduction to raise awareness and educate people on meaningful changes they can make to have a positive impact on the environment.

Through Co-Sustain, Cygnet Health will be working closely with service users, residents and staff to raise awareness of environmental issues, take action and explore creative ways of reducing our carbon footprint across our services.

One of the first projects that has been launched as part of Co-Sustain is a new recycling bin pilot. The pilot aims to educate people on the different types of waste streams and how to dispose of materials correctly. This has included the development of co-produced sustainability artwork for displayed on recycling bins to be located in service user and resident accessible areas within Cygnet Health Care services.

The Cygnet Health Care Yellow Book



During this period The Cygnet Health Care Yellow Book was co-produced to contain annual accounts of artwork, poetry, music and creative contributions from service users across the organisation and is a celebration of how creativity can support positive mental health.

It is also a wellbeing resource which signposts the reader to different organisations and charities who can support wellbeing and good mental health. It includes simple practices to build healthy habits, such as mindfulness and other self-regulation practices.

The Cygnet Health Care Yellow Book is displayed in all Cygnet services for service users, residents, staff, families, carers and visitors can all benefit from the inspiring works and messages within.

Lived Experience of the Use of Force

The introduction of the Use of Force act also known as Seni's Law during this period provided an opportunity for a co-produced project this important topic.

Building on previous work in harnessing peoples lived experience of restraint through videos within training, the use of force project worked towards taking a more service line specific approach in hearing peoples lived experience of restraint, recognising peoples lived experience would vary greatly dependent on diagnosis and service/service line.

This project included support from Aji Lewis (Seni's mother) as well as charities such as Rethink.

The voice of those with lived experience of the use of force will continue to be heard in all training sessions about the use of force using co-produced training materials as well as in policies and procedures and information about restraint.

Previous projects on this topic co-produced within Cygnet have been shared internationally through syllabus of Crisis Prevention Institute and academic institutions.



3.4 Patient Experience

The following results are from the surveys collected during April 2021 – March 2022.

The survey was co-produced by Cygnet's Expert by Experience team, service users/residents and the Operations Support Manager.

The questions in the survey are designed to give a high level indication of service user satisfaction. These results will be used in conjunction with the more detailed service user feedback reports that Cygnet's Expert by Experience lead carries out across the group.

The survey is broken down into four separate areas:

- > Environment
- > Care and Treatment
- > Therapies
- > Information and Rights

79% of service users say:
The Feel we help keep them in touch with carers, family and friends

82% of service users say:
Ward staff are caring and supportive

**Highlights from the
Service User Survey
(Healthcare)
April 2021-March 2022**

93% of service users say:
They are aware of the advocacy service

90% of service users say:
They are aware of how to make a complaint if they had one

The easy read survey consists of 14 questions

92% of service users say:
They are aware of how to make complaints if they needed to

92% of service users say:
They feel listened to

**Highlights from the
Service User Survey
(easy read)
April 2021-March 2022**

97% of service users say:
That staff are polite and treat people with respect

97% of service users say:
They feel safe



Cygnnet has continued to utilise the survey that was reviewed in July 2016. The survey was introduced as a result of feedback from staff, families and friends of service users who said that the previous survey was primarily focused on the visiting experience rather than giving carers, families and friends the opportunity to feedback on what they thought was important. As a result of this review, Cygnnet's Operations Support Manager worked with a group of carers, families and friends to create a new Carers Satisfaction Survey.

The intention of the survey is to enable people to give feedback on areas that are most important to them, will encourage people to respond and units will have a better opportunity to make service improvements based on this feedback.

86% of carers say:

They were satisfied how they were identified as a relevant person with an important caring role.

**Highlights from the
Service User Survey
(easy read)
April 2021-March 2022**

85% of carers say:

Cygnnet staff are polite and approachable when they phone or visit

82% of carers say:

They knew who to contact to express any concerns they have about a family or friend

79% of carers say:

Recommend Cygnnet to others



3.5 Educational Facilities

Cygnets Schools:



All Cygnets CAMHS services have accompanying schools that are co-located within the hospital building and these are currently Phoenix School (Sheffield), Excel & exceed centre (Bury), and Summit School (Coventry).

Not only is this a requirement of NHSE service specification, but also a duty imposed by the mental health Act....Where young people are admitted to hospital for treatment of mental disorder, it is essential that they are provided with "a routine which allows them to continue their social, personal and educational development and...with equal access to educational opportunities as their peers" (mental health Act/code of practice).

As registered independent schools, they are regulated by OFSTED against a national framework used to assess the quality of all types of schools. Currently all Cygnets schools are rated as 'Good' (or better) by OFSTED.

All Cygnets Schools have:

- > A head teacher;
- > A designated safeguarding lead (DSL);
- > A designated teacher for children looked after;
- > Specialist subject teachers, an exams officer and an education officer.

All are also registered exams centres meaning that young people can complete GCSE and A-level examinations as well as other accredited courses such as functional skills, Arts awards, Princes trust and AQA unit awards.

How we work:

On admission, a school education officer will meet with each young person and go through a welcome induction process. This involves collecting information about their current study, areas of interest/career aspirations, and a tour of the school premises. They will then make contact with the home school or college (if in place), requesting current academic information through completion of an 'information passport'. Finally, the education officer will contact parents to ensure they are aware of our commitment to ensure their child's education will be continued in line with our purposeful vision.

Our vision:



Our curriculum pathways:

Cygnets hospital schools aspire to maintain and develop current educational pathways and/or promote future re-engagement with education, employment or training. In doing so, we believe that young people leaving our provision will stand the best chance of reintegration with community life and therefore a successful recovery journey.

In order to achieve our goals and ensure that we are adaptable to fluctuations in mental health presentation, Cygnets schools operate three curriculum delivery models:

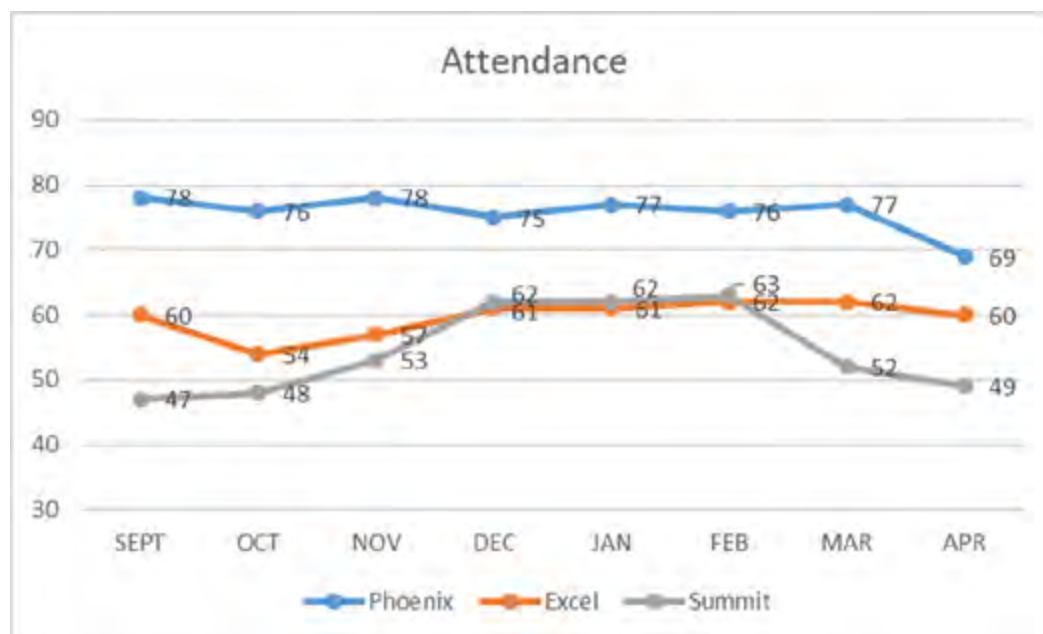
A – Continue current pathways of study followed at community provision (e.g. A-levels, GCSE's, and college courses). B – Consider a personal program based on specific interests of learners. This may be appropriate due to personal circumstances, current presentation and/or behavioural mindset. C – This model is aimed at young people who are acutely unwell and involves educational activity that engages young people in meaningful activities within school. The focus here is developing personal and social skills and mental health functioning in education.



Progress and outcomes:

Progress and outcome measures are recorded and tracked through a QNIC sponsored information management system. Staff from Cygnet schools were involved in the development of this system through a working party with other similar schools nationally.

Attendance:



Quality ratings:

School	Inspection due	Rating			
		Overall	Quality of Ed	Behaviour	PD
Phoenix	07/24	Good	Good	Good	Outstanding
Excel & Exceed	11/24	Good	Good	Good	Good
Summit	02/23	Good	Good	Good	Good



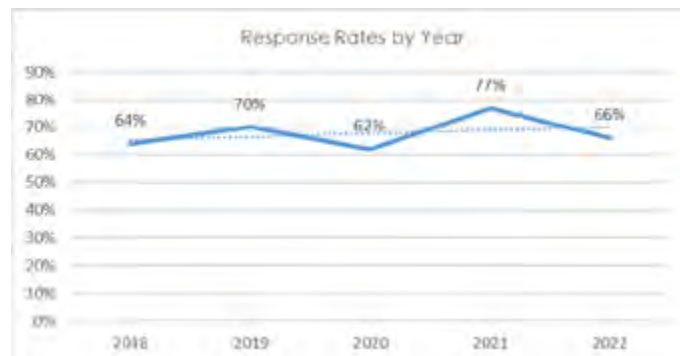
3.6 Staff Surveys

Responses to the staff survey in 2022 were **66%**, down 11% from 2021.

2021's results of 77% were surprisingly high (a 15% increase from 2020). We thought that might be down to the novelty of a new independent survey provider and the increased guarantee of anonymity, as well as a new format and enhanced routes to complete the survey. Responses this year appear to have gone back to a more 'normal' level when we look at the trend.

Cygnets's response rate for 2022 is **18% higher** than the NHS's response rate of 48% in the 2021 NHS Staff Survey.

Cygnets's response rates for the survey from 2018 to 2022 are shown below:



Highest positive scoring question

'If I had a concern about malpractice, fraud or wrong doing I would know how to report it'.

95% of staff answered agree or strongly agree (this is **-1%** from last year).

Lowest positive scoring question

'Considering my duties and responsibilities, I am satisfied with my pay'.

30% of staff answered agree or strongly agree (this is **-5%** from last year).

Biggest percentage increase question

'I am aware of the development opportunities available to me and how to access them'.

73% of staff answered agree or strongly agree (this is **+6%** from last year).



3.7 Staff Experience

We have launched a number of benefits over the year focusing on Health and Wellbeing, daily savings as well as helping employees plan for their future and finding work life balance

	Maternity - Cygnet's new enhanced and harmonised maternity scheme offers 8 weeks full pay, 18 weeks half pay (inclusive of Statutory Maternity Pay) followed by 13 weeks Statutory Maternity Pay. The scheme is in line with NHS and offers.
	Staff Booklet - We have launched a number of benefits in the past 2 years. However the majority of our employees are site based and often do not have access to a computer to login to the services. This has changed with the launch of the new staff booklet. Printed versions have been sent to each site which are now available in staff reports. More importantly the booklet allows employees to scan the QR code to get further information and gain access to the benefits from their mobile phones.
	Characters of Care - We previously had 'Act of Random Kindness (ARK)' awards and some sites had 'Employee of the Month' scheme. The schemes were based on a manager recognizing an achievement of an employee which can lead to bias. The scheme also had its restrictions as the Cygnet values are not always emphasised when rewarding an employee. We removed both schemes and launched a companywide scheme which focuses on peer to peer recognition. Top 50 employees get £30 each (monthly award). At Year End, top 10 employees will be selected by a panel who will receive monetary awards as well bespoke development opportunities offered by L&D Team.
	Electric Cars - We are in advanced stage to launch salary sacrifice scheme on electric cars. The scheme will be open to all employees provided the deductions are above NLW. The benefit will enable employees to save significantly on tax and national insurance.
	WageStream - We are currently in the process of launching a new Payroll system. Once in place, we are looking to explore WageStream which provides an employee the option to take their earnings within the next day provided they have worked the shift. They no longer have to wait for the end of the month for their earnings. Each transaction will cost £1.50 irrespective of the amount withdrawn.
	Rehabilitation Injury Management Service - Cygnet is offering a free service to employees who are injured whilst in the workplace enabling them to get appropriate and timely treatment.
	Pensions - Cygnet will be offering salary sacrifice Pension scheme providing a saving on tax and NI for employees. The scheme will also harmonise all the various Pension schemes we currently hold and aim to have a contribution based on job level.
	Charity - Cygnet will be match fundraising our new charity scheme which is focused getting everyone involved and driving engagement. On a quarterly basis we aim to have events on Wellbeing such as cook a healthy meal or a competition counting the number of steps of participants.

3.8 Revalidation & Appraisals for Doctors

Revalidation for doctors is a requirement of the General Medical Council. It supports doctors to develop their practice, drives improvements in clinical governance and gives patients and service users' confidence that doctors are up to date with practice.

Cygnnet Health Care had 235 doctors who had a prescribed connection with Cygnnet Health Care as their designated body on 31st March 2022.

During the period, 1st April 2021 – 31st March 2022, 221 doctors of the doctors completed an appraisal. There were 14 missed appraisals. There were 10 international doctors who were a new starter within 3 month of appraisal due date, 2 appraisals were

cancelled due to COVID-19 (previous employers cancelled it), 1 doctors was on long term sick and 1 doctor was on maternity leave.

The Annual Organisation Audit (AOA) was not submitted to NHSE for 2021-2022, since NHSE decided that these were not required this year because of the COVID-19 pandemic. An AOA was prepared by the RO office for internal use only.

			Completed Appraisal	Category (1a)	Approved incomplete or missed appraisal (2)	Unapproved incomplete or missed appraisal (3)
2020-2021	Consultant	110	108	54	2	0
	Staff Grade	125	113	57	12	0
	Total	235	221	111	14	0

In March 2020 the Medical Director of NHSE announced that all appraisals could be cancelled due to the impact of the pandemic. As of 6th October 2020 appraisals were to re-commence. Cygnnet Health Care decided to continue with appraisals throughout the pandemic to enable doctors to reflect actively on their practise, including the impact of the pandemic. As Cygnnet chose to continue with appraisals when most NHS organisations cancelled their appraisals, we experience little impact on the appraisals. For the 2021-2022 period we were unaffected by the cancellations of appraisals. We continued to work within the normal appraisal year.

Revalidation

During the pandemic, the GMC deferred revalidations by 1 year and then a second group of doctors were deferred by the GMC by 6 months. During the 2021-2022 the doctors who had been deferred in 2020 were due revalidation.

There were 40 recommendations for revalidations made to the GMC between April 2021 and March 2022. 34 of these were positive recommendations. There were 6 deferral recommendations made for insufficient evidence for a recommendation to revalidate. The doctors were deferred for a period of 4-6 months and when the deferred date arrived, the doctors had made progress on the deferral plan that the Responsible Officer was then able to make a positive recommendation. There were 2 late recommendations made by the Responsible Officer.

3.9 Regulation & Inspection

The Care Quality Commission (CQC), Healthcare Inspectorate Wales (HIW), Care Inspectorate (Scotland) (CI) and Healthcare Improvement Scotland (HIS) are the national regulators of health and social care who inspect and regulate services.

Below is the rating of all our regulated services as of 31st March 2022:

CQC

Total Registered Sites 119

Total Rated Sites 112

The following table is calculated on rated sites

Ratings	Number	Percentage
Total Outstanding	7	6.2%
Total Good	82	73.2%
Total Requires Improvement	18	16.1%
Total Inadequate	5	4.5%
Total Not Yet Inspected	7	NA

HIW

We have two sites registered with HIW. HIW do not rate services it inspects.

HIS

Total Registered Sites 1

Total Rated Sites 1

	Key organisational outcomes	Impact on people experiencing care, service users, carers and families	Impact on staff	Impact on community	Safe, effective and person-centred care delivery	Policies, planning and governance	Workforce management and support	Partnerships and resources	Quality improvement-focused leadership
Service 1		Good			Satisfactory				Satisfactory

CI

Total Registered Sites 4

Total Rated Sites 4

Service	Quality of Well being	Quality of care and support	Quality of Setting	Quality of staffing	Quality of management and leadership
Ellen Mhor	Adequate	Good	Good	Good	Good
Ranaich House	Good	Good	Good	Adequate	Not Assessed
Thistle Care Home	Adequate	Adequate	Good	Adequate	Adequate
Trinity House	Good	Good	Good	Good	Good

3.10 Positive and Safe Care

Cygnnet Health Care has a clear comprehensive Positive and Safe Care Strategy that considers the diverse service lines within the Cygnnet portfolio. Cygnnet is committed to reducing the use of Restrictive Practices within all care settings. We aim to promote initiatives that seek to change how risk behaviour is managed; re-define the relationship between staff and service users to one of risk sharing rather than risk management, wherever possible, and support a culture that promotes recovery and improved quality of life.

An organisational Positive and Safe Care: Reducing Restrictive Practice policy has been rolled out to all sites. It demonstrates a clear position to ensure that the Cygnnet provides compassionate, trauma-informed, recovery focused and individualised care in accordance with statutory guidance. Like the strategy, the policy articulates a commitment to continuing the development of a positive and safe culture, experiences and outcomes for the benefit of both the individuals within our care and our staff. It provides guidance for staff who may need to use restrictions as the last resort for safety and support reasons, to help to ensure that they use them in a way that is legally and ethically justified using the least restrictive option in conjunction with principles of dignity, equality, respect, fairness, autonomy and trauma informed care.

From board to ward, the organisation has governance and support structures that promote the reduction of restrictive practices and ensure that the experience of individuals we look after comes first and is central to all care. The Executive Management Board is committed to ensuring that the appropriate systems and resources are in place and has oversight of staff and service user/resident experience. The Executive lead for Positive and Safe Care is the Group Director of Nursing. There is a Corporate Nurse Director (Positive and Safe Care) in post who takes and a Restraint and Violence Reduction Advisor. The 2 roles provide expertise and resources to support the Positive and Safe Care agenda strategically, clinically and operationally.

The Group Director of Nursing is the identified responsible officer in accordance with the with the Mental Health Units (Use of Force) Act. He is supported by the Corporate Nurse Director (Positive and Safe Care) as his deputy. As the responsible person, the Group Nurse Director has delegated some of the responsibilities under the Act to senior managers within the organisation including the Corporate Nurse Director (Positive and Safe Care),

Human Resources Director, Head of Learning and Development, Corporate Risk Manager, Procurement Director, Director of Risk Management and Service Managers.

Although the Use of Force Act is specifically for mental health units, it has been implemented across the organisation as we hold in high regard the right for every individual to be treated with dignity and in a caring therapeutic environment which is free from abuse. Restraint occurs in both health care and social care sites meaning the tenants of the Act are applicable to both. Its aim is to clearly set out the measures which are needed to both reduce the use of force and ensure accountability and transparency about the use of force in our mental health units in all parts of the organisation, from Executive Boards to staff directly involved in care and treatment. It provides an opportunity to embed a consistent approach to reporting and recording data about the use of force, improve the quality of staff training and the way in which investigations are carried out when things go wrong across services nationally. The guidance also promotes and encourages the use of a human rights-based approach to the use of force, working with individuals in a trauma-informed, person-centred way, and developing therapeutic environments which ensure that force is used proportionately and only ever used as a last resort.

The Restraint and Violence Reduction Policy and all other necessary policies were reviewed and updated, service user information made available in accessible format, reporting and recording systems updated and training reviewed as part of implementing the Act. Training was developed in various formats including webinars, videos and PowerPoint training via Achieve. A new Positive and Safe Care section was created on myCygnnet for accessibility of information.

The Group Director of Nursing chairs Cygnnet's Positive and Safe Care Board which meets quarterly and reports into Group Clinical Governance. The purpose of the Positive and Safe Care Board is to promote, oversee and drive the implementation of the organisation's strategy as part of Cygnnet's governance framework and a key driver of quality improvement. There are three regional Positive and Safe Care Boards that cover the North, Midlands and South regions for health care sites, which are chaired by the Regional Nurse Directors. In addition to promoting, overseeing and driving the implementation of the strategy, the purpose of the

regional boards is to provide the interface between the group Positive and Safe Care Board and all clinical services to ensure effective leadership, communication, sharing of best practice and implementation of actions to support the reduction of restrictive practice. For the Social Care sites, the Operations Directors lead on the Positive and Safe Care Agenda via Operational Governance Meetings chaired by the Social Care Managing Director.

There is also a Positive and Safe Care Taskforce chaired by the Corporate Nurse Director (Positive and Safe Care) with a multi-disciplinary membership. This group was meeting bi-monthly in 2021 but now meets monthly as of January 2022. The group supports actions from the Positive and Safe Care Board, reviews data to enable trend analysis that allows for early recognition of sites requiring support, focuses on hot spots and monitors national policy, guidance and practice changes both within and outside the organisation to ensure that Cygnet follows best Practice guidance at all times. The Risk Management team regularly produce reports which include unit, ward and service line restrictive interventions data to allow for benchmarking, monitor themes, trends and identify outliers. Data is reviewed and presented to the executive team by the Group Director of Nursing. Those involved in Positive and Safe Care meetings and Clinical Governance meetings at hospital, regional and group level also review the data and provide additional information to enable a more in-depth understanding and support action planning aimed at reduction in the use of restrictive interventions and improved quality of care.

Cygnet's Corporate Nurse Director (Positive and Safe Care) ensures that Cygnet is a key partner with relevant external agencies involved in Positive and Safe Care and has a positive profile external to the organisation. The Corporate Nurse Director is a member of the National Reducing Restrictive Practice Expert Reference Group and the Restraint Reduction Network (RRN) Steering Group. Both groups support national strategy and policy development to continue to drive reductions in restrictive practice. This also ensures the organisation is involved in driving positive change, remains up to date with national changes and regularly interfaces with industry leaders who are able to provide support as needed. Due to sharing work at these national networks, the Corporate Nurse Director was invited to be part of an RRN working group focusing on the reduction of blanket rules in CAMHS services. The outcome of this has been the development of a national resource that is now available on the RRN website. The Corporate Nurse Director is also a

member of the European Network for Training in the Management of Aggression (ENTMA08).

In line with the Cygnet strategy, there have been various projects and ongoing work aimed at reducing restrictive practice going on including quality improvement (QI) projects supported by the QI team. Health Care sites have been encouraged and supported to roll out the Safewards model. Sites are at various stages of implementation. Progress is being monitored via the regional Positive and Safe Care Board. Alternative Injection Sites workshops for Registered Nurses and Doctors continue to be delivered across the group. The aim is to reduce the use of high level restraint for the purposes of giving medication and offer individuals we are for choice, as appropriate. Training was run throughout the year and paused briefly due to the Covid pandemic peaks and the resultant operational staffing challenges.

All sites have been encouraged to identify a local Positive and Safe Care Lead. Training for leads continues to be provided across the group. Sites are encouraged and supported to have Reducing Restrictive Practice Plans for both their services and individuals in our care. A specific service user care plan has been made available on My Path.

The RRN organisational Reducing Restrictive Practices Checklist has been completed. This is a self-assessment tool to help organisations ensure that the use of coercive and restrictive practice is minimised and the misuse and abuse of restraint is prevented. Results from this have evidenced improvement in all strategy points. This year we are committed to improving the following aspects:

- > Develop accessible Positive and Safe Care (PSC) information and make it available to service users, carers and other stakeholders using various media of communication. This will include the PSC Strategy and Implementation plan, information about restrictive practices, service user rights and how to complain, policies and policy documents, etc.
- > Explore service line specific (key performance indicators) KPIs via clinical steering groups to support measurable reductions in the use of restrictive interventions
- > Ensure that every unit has a completed and up to date Restraint Reduction Plan
- > Launch Positive Behaviour Support (PBS) policy, training and coaches in Social Care services and commence the exploration of a PBS based framework that works for all services for Health Care sites

- Produce data in a way that can be meaningfully used by frontline staff as part of the intelligence used to reduce the use of restrictive practice within their services and for individual service users
- Share successes in reducing restrictive practices in order to recognise and appreciate the staff members/teams involved in the work and provide a positive learning and improvement forum for all staff

Staff at Cygnet receive Prevention and Management of Violence and Aggression (PMVA) training or Safety Interventions training. This training is designed to help staff to prevent and manage behaviour that challenges within our services. The training has been certified by Bild Association of Certified Training (Bild ACT) as compliant with the RRN Training Standards. Cygnet has been approved

as an affiliate organisation for both West London NHS Trust and the Crisis Prevention Institute. The content of each training package is regularly reviewed and updated to ensure it is in line with best practice and is the best fit for our services. Cygnet has dedicated regional full time restrictive interventions instructors to promote and enhance RRP initiatives, practice and training within our clinical areas.



3.11 Patient Safety Incident Statistics

Patient Safety Incidents which are no harm incidents Higher number indicates better performance	Incident data	85,899	82190	
Patient Safety Incidents which are no harm incidents - Group Reporting rate per 1000 occupied bed days Higher rate indicates better reporting	Incident data Bed days data	100.4	90.9	9.5%
Percentage of Patient Safety Incidents which are no harm incidents – Group Higher % indicates better performance	Incident data	85.2%	85.2%	1.9% increase





3.12 Complaints & Compliments

We actively encourage all forms of feedback, whether this is a compliment that we can use to promote good practice or a complaint that could help to change the way we do things for the better. Our aim is that service users are supported to give feedback and that staff view all feedback as an opportunity to improve our services

In March 2020 we revised our Complaints and Compliments policy, the policy and associated resources were developed in collaboration with people who use our services. At the same time we moved to a single reporting system across the organisation, which allows us to monitor more effectively how we record and manage feedback.

Key facts

We received **1411** formal complaints of these **94%** were acknowledged with 3 working days and **73%** were responded to within 20 working days.

We received **2686** compliments of which **1019** were from service users and residents and **1667** were from people external to Cygnet. In addition to the **2686** compliments there were 859 compliments received from staff.

Complaints

Data extracted from ePRIME and Dashboard **1%** difference in complaint numbers used Dashboard numbers for number of complaints and resolution and ePRIME for acknowledgement letters.

73% figure anticipates that those that are still open and within **20** working days will be completed in that timeframe.



3.13 Mandatory Indicators

As part of our Covid-19 recovery plan, we started gradually reducing the refresher periods for some of our face to face training which we extended to 18 months at the beginning of the pandemic.

Continued our investment in TRiM® x 58, StRaW ® x 58, and Mental Health First Aiders x 107.

What's new?

- > We have introduced coaching and mentoring training for all of our managers
- > Launched a digital skills and a literacy and numeracy academy for all staff
- > Developed new Physiological Observation Training
- > Training resources and videos around the Use of Force Act
- > Launched new Foundations of Management Programme
- > Completed Positive Behaviour Support Coached programme

Apprenticeship news

We have seen significant uptake of our Apprenticeship programmes investing in up-skilling our existing staff, recognising this is a great way to motivate and develop our staff.

Nursing pathway

19 x Nurse Associate top up (on completion of this programme staff will be qualified nurses)

12 x Trainee nurse associates, who can then go onto their top up programme to become a nurse

55 x Assistant Practitioner. First steps to training to be a nurse.

Management Development pathway

- > 83 x Launched new Foundations of Management Programme
- > 64 x Visionary leaders Level 5
- > 100 x Leading practice Level 3
- > 27 x Residential manager Social Care

3.14 Quality Improvement

The QI team were established in September 2021 consisting of a QI Lead – Daniel King, 2 QI Advisors – Elena Lammila-Escalera & Haley Williams and a QI Administrator – Kiyarni Gordon. We had the official QI Cygnet strategy launch event on Monday 4th October where as part of this we shared with all of those who attended our 3 phase Quality Improvement plan (see image below).

Phase 1:

Laying the foundation for QI across Cygnet. Launching the Cygnet Improvement hub on MyCygnet and Level 1 "Introduction to QI" training on Achieve for all staff. As well as developing QI branding, resources and level 2 "QI practitioner training".

Status: Completed

Phase 2:

Working with each site through our "QI ready programme", a supportive programme that prepares each site to deliver meaningful improvement. Enabling them to engage and participate in QI activities to make improvements for the benefit of our Service Users, Residents and Staff. Status: Ongoing


Phase 3:

To embed a truly continuous cycle of improvement across the organisation. This approach will allow us to combine our assurance data and feedback mechanisms in creative ways to ensure we are able to quickly identify areas for improvement. Status: Still to start

Below is our QI journey to date, showing some of our key milestones and achievements from September 2021 to date.

We also have a number of collaborative QI projects taking place across Cygnet with RC Psych, Health Improvement Network (HIN) and Surrey & Borders Partnership Trust.

As at the end of March we had 34 active QI projects, 36 project proposals in the pipeline and 1 completed QI project around Oral Healthcare from The Gables social care site in the South.

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