Quality Account

1st April 2022 to 31st March 2023

Contents

1.1 Statement from the Chief Executive Officer

It gives me great pleasure to commend our 2022/23 annual quality account to you. This year has seen many development and has witnessed the journey of continuous quality improvement really become embedded within our organisation. We have seen Cygnet take part in many external national clinical audits and enhance the role of research and development within our organisation, this is critically important in ensuring we provide high quality care based on best available evidence.

We have seen the introduction of the discharge survey to really understand how our service users are feeling about the care they receive and nearly all of our service users felt better when they left Cygnet and they would also recommend Cygnet to their friends and family.

In 2022/23 we have seen our ratings from the Care Quality Commission improve and we have achieved our quality targets set by the organisation. We have set our quality indicators for 2023/24 and the organisation look forward to working with all our stakeholders in achieving these and building on the key quality success achieved in 2022/23.

Tony Romero

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

On behalf of the Board

1.2 About Cygnet

Cygnet was established in 1988. Since then we have developed a wide range of health and social care services for young people and adults with mental health needs, acquired brain injuries, eating disorders, autism and learning disabilities within the UK.

Through our values of Integrity, Trust, Empower, Respect and Care we take pride in the services we offer and the outcomes we enable individuals in our care to achieve.

Our expert and highly dedicated care team of 10,685 employees support 2694 individuals across 150 services to consistently make a positive difference to their lives.

We maintain a good relationship with our quality regulators and undergo regular inspections, with 81% of our health care services rated 'Good' or 'Outstanding'.

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 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 Health Care 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

April 2022 - March 2023

Health Care	Service Line	Location	Beds	Gender	Open date
Bramley Ward, Cygnet Appletree	Acute	County Durham	15	Female	May-22
White House, Cygnet Hospital Bury	Acute	Greater Manchester	18	Male	Jun-22
Faun Ward, Cygnet Joyce Parker Hospital	CAMHS PICU	Coventry	8	Female	Sep-22
River View	Neuropsychiatric Residential	County Durham	4	Male	Jan-23
Blossom Ward, Cygnet Hospital Bierley	Acute	Bradford	15	Female	Feb-23
Kahlo Ward, Cygnet Hospital Woking	Acute	Surrey	11	Female	Mar-23
Swift Ward, Cygnet Hospital Taunton	Acute	Somerset	15	Male	Mar-23
West Hampton, Cygnet Hospital Bury	Medium Secure	Greater Manchester	13	Male	Mar-23
Buttercup Ward, Cygnet Hospital Bury	CAMHS PICU	Greater Manchester	8	Mixed	Mar-23

1.5 Divisions

Cygnet Health Care has a total of 2915 beds split into Health Care and Social Care.

> Health Care has a total of 2183 beds
> Social Care has a total of 732 beds

Health Care sites:

> 1 Vincent Court
> 12 Woodcross Street
> 15 The Sycamores
> 20A and 20B Turls Hill Road
> 4 & 5 Sycamores
> Adele Cottages
> Cygnet Adarna House
> Cygnet Acer Clinic
> Cygnet Alders Clinic
> Cygnet Appletree
> Cygnet Aspen Clinic
> Cygnet Aspen House
> Cygnet Bostall House
> Cygnet Brunel
> Cygnet Cedars
> Cygnet Churchill
> Cygnet Delfryn House
> Cygnet Delfryn Lodge
> Cygnet Elms
> Cygnet Fountains
> Cygnet Grange
> Cygnet Heathers
> Cygnet Hospital Beckton
> Cygnet Hospital Bierley
> Cygnet Hospital Blackheath
> Cygnet Hospital Bury
> Cygnet Hospital Clifton
> Cygnet Hospital Colchester
> Cygnet Hospital Derby
> Cygnet Hospital Ealing
> Cygnet Hospital Godden Green

> Cygnet Hospital Harrogate
> Cygnet Hospital Harrow
> Cygnet Hospital Hexham
> Cygnet Hospital Kewstoke
> Cygnet Hospital Maidstone
> Cygnet Hospital Sheffield
> Cygnet Hospital Stevenage
> Cygnet Hospital Taunton
> Cygnet Hospital Woking
> Cygnet Hospital Wyke
> Cygnet Joyce Parker Hospital
> Cygnet Lodge
> Cygnet Lodge Brighouse
> Cygnet Lodge Kenton
> Cygnet Lodge Lewisham
> Cygnet Lodge Salford
> Cygnet Lodge Woking
> Cygnet Manor
> Cygnet Newham House
> Cygnet Nield House
> Cygnet Oaks
> Cygnet Pindar House
> Cygnet Raglan House
> Cygnet Sedgley House
> Cygnet Sedgley Lodge
> Cygnet Sherwood Lodge
> Cygnet St Augustine›s
> Cygnet St Teilo House
> Cygnet St William›s
> Cygnet Storthfield House
> Cygnet Victoria House

> Cygnet Views
> Cygnet Wallace Hospital
> Cygnet Wast Hills
> Gledholt
> Gledholt Mews and Coach House
> Malborn & Teroan
> Meadows Mews
> River View
> Rhyd Alyn

Social Care sites:

> Amberwood Lodge

> Beacon Lower

> Beacon Upper

> Beckly House

> Beeches

> Birches

> Broughton House

> Broughton Lodge

> Chaseways

> Cherry Tree House

> Conifers

> Dene Brook

> Devon Lodge

> Dove Valley Mews

> Ducks Halt

> Eleni House

> Ellen Mhor

> Elston House

> Fairways

> Gables

> Glyn House

> Hansa Lodge

> 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 Lodge

> 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 Health Care and Social Care services are categorised under 12 service lines

> Secure

> PICU/Acute

> Mental Health Rehabilitation and Recovery

> Personality Disorder

> CAMHS

> Eating Disorder

> Learning Disabilities

> Autism Spectrum Disorder

> Supported Living

> Neuropsychiatric

> 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.

We recognise that our people define us - the people who are our colleagues, the individuals who we care for as well as their families and loved ones.

Working together we are driven by our values; Integrity; Trust; Empower; Respect and Care.

Care

We Care

We listen to each other and care for each other. We care deeply about everyone who is part of the Cygnet community.

Respect

We Respect

We treat people fairly as individuals. We understand the strength that lies in our diversity. We ensure people have the ability and support to make a positive difference.

Empower

We Empower

We empower people to make informed decisions and forge their own path. We encourage people to take every opportunity.

Trust

We Trust

Forming the basis of our therapeutic and working relationships, we work hard to build and maintain trust.

Integrity

We have Integrity

Guided by a strong moral code, we act with the best intentions and for the right reasons; making person-centred decisions based on individual assessment.

Improving lives together

1.9 Site Location Map

Our Health Care and Social Care Services Locations

Cygnet

Our Health Care Services:

Service	Beds	Postcode
1 Vincent Court, Lancashire	5	BB2 4LD
12 Woodcross Street, Wolverhampton	2	WV14 9RT
15 The Sycamores, Derbyshire	4	DE55 3BJ
20A & 20B Tutis Hill Road, Dudley	6	DY3 1HG
4, 5, 7 The Sycamores, Derbyshire	6	DE55 3BJ
Adele Cottages, Nottinghamshire	2	NG21 0HR
Cygnet Acer Clinic, Chesterfield	28	S43 3DN
Cygnet Adarna House, West Yorkshire	15	BD6 3DQ
Cygnet Alders Clinic, Gloucestershire	20	GL1 5UA
Cygnet Appletree, County Durham	25	CH7 8NT
Cygnet Aspen Clinic, Doncaster	8	S64 9EX
Cygnet Aspen House, Doncaster	20	S64 9EX
Cygnet Bostall House, London	6	SE2 0AT
Cygnet Brunel, Bristol	32	BS10 7DP
Cygnet Cedars, Birmingham	24	B9 5LY
Cygnet Churchill, London	57	SE1 7PW
Cygnet Delfryn House, North Wales	28	CH7 6FQ
Cygnet Delfryn Lodge, North Wales	24	CH7 6FQ
Cygnet Elms, Birmingham	10	B23 7BD
Cygnet Fountains, Lancashire	32	BB2 1TU
Cygnet Grange, Nottinghamshire	8	NG17 4HQ
Cygnet Heathers, West Bromwich	20	B70 0HD
Cygnet Hospital Beckton, London	58	E6 6ZB
Cygnet Hospital Bierley, West Yorkshire	62	BD4 6AD
Cygnet Hospital Blackheath, London	30	SE10 8AD
Cygnet Hospital Bury, Lancashire	187	BL8 2BS
Cygnet Hospital Clifton, Nottingham	25	NG11 8NB
Cygnet Hospital Colchester, Essex	54	CO4 5HF
Cygnet Hospital Derby, Derbyshire	48	DE24 8WZ
Cygnet Hospital Ealing, London	23	W5 2HT
Cygnet Hospital Godden Green, Kent	33	TN15 0JR
Cygnet Hospital Harrogate, North Yorkshire	36	HG1 2JL
Cygnet Hospital Harrow, London	60	HA1 3JL
Cygnet Hospital Hexham, Northumberland	27	NE46 4JR
Cygnet Hospital Kewstoke, Somerset	71	BS22 9UZ
Cygnet Hospital Maidstone, Kent	63	ME14 5FY
Cygnet Hospital Sheffield, South Yorkshire	55	S2 3PX
Cygnet Hospital Sherwood, Nottinghamshire	44	NG21 0HR
Cygnet Hospital Stevenage, Hertfordshire	82	SG1 4YS
Cygnet Hospital Taunton, Somerset	54	TA3 7BQ
Cygnet Hospital Woking, Surrey	58	GU21 2QS
Cygnet Hospital Wyke, West Yorkshire	46	BD12 8LR
Cygnet Joyce Parker Hospital, Coventry	42	CV2 4BF
Cygnet Lodge Brighouse, West Yorkshire	21	HD6 3EL
Cygnet Lodge Kenton, London	15	HA3 8AE
Cygnet Lodge Kewstoke, Somerset	12	BS22 9UZ
Cygnet Lodge Lewisham, London	17	SE13 6QZ
Cygnet Lodge Salford, Lancashire	24	M6 7WQ
Cygnet Lodge Woking, Surrey	31	GU21 2FD
Cygnet Lodge, Nottinghamshire	8	NG17 4LW
Cygnet Manor, Nottinghamshire	20	NG20 8BA
Cygnet Maple House, Nottinghamshire	16	NG13 8PJ
Cygnet Newham House, North Yorkshire	20	TS8 9DE
Cygnet Nield House, Cheshire	29	CW1 4QW
Cygnet Oaks, South Yorkshire	35	S70 4PX
Cygnet Pindar House, South Yorkshire	22	S70 4PX
Cygnet Raglan House, Birmingham	25	B66 3HD
Cygnet Sedgley House & Lodge, Wolverhampton	34	WV14 9RT
Cygnet Sherwood House, Nottinghamshire	39	NG21 0HR
Cygnet Sherwood Lodge, Nottinghamshire	26	NG21 0HR
Cygnet St. Augustine's, Stoke-on-Trent	32	ST1 5JY
Cygnet St. Teilo House, South Wales	23	NP22 5NF
Cygnet St. William's, County Durham	12	DL1 2LJ
Cygnet Storthfield House, Derbyshire	22	DE55 3AA
Cygnet Victoria House, County Durham	26	DL1 2LN
Cygnet Views, Derbyshire	10	DE4 3JP
Cygnet Wallace Hospital, Scotland	10	DD3 9AG
Cygnet West Hills, Birmingham	21	B38 9ES
Gledholt, West Yorkshire	9	HD1 4EZ
Gledholt Mews and Coach House, West Yorkshire	21	HD1 4EZ
Malbern & Taroan House, Nottinghamshire	6	NG20 0EN
Meadows Mews, Tipton	10	DY4 7JA
Rhyd Alyn, North Wales	6	CH7 6FQ
River View, County Durham	6	DL1 5JR
Ty Alarch, South Wales	6	CF47 8UY

Our Social Care Services:

Service	Beds	Postcode
Amberwood Lodge, Dorset	9	BH14 9JN
Beacon House, West Yorkshire	16	BD6 3DQ
Beckly, West Yorkshire	12	HX3 7RG
Beeches, Nottinghamshire	12	DN22 0BY
Birches, Nottinghamshire	6	NG24 4JD
Broughton House, Lincolnshire	29	LN5 0SL
Broughton Lodge, Cheshire	20	SK11 0JG
Chaseways, Hertfordshire	6	CM21 0AS
Cherry Tree House, Nottinghamshire	6	NG19 8QX
Conifers, Derbyshire	7	DE72 3JZ
Dene Brook, South Yorkshire	14	S65 3QQ
Devon Lodge, Hampshire	12	SO30 2FL
Dove Valley Mews, South Yorkshire	6	S73 0HL
Ducks Hall, Essex	5	CO13 0DU
Eleni House, Essex	8	CO4 5HF
Ellen Mhor, Dundee	12	DD1 2QH
Elston House, Nottinghamshire	8	NG23 5NP
Fairways, Suffolk	8	IP6 9AX
Gables, Essex	7	CO4 0ER
Glyn House, Staffordshire	5	ST11 9JG
Hansa Lodge, Essex	5	RM13 9LG
Hawkstone, West Yorkshire	10	BD20 6NA
Hollyhurst, County Durham	19	DL3 9LN
Hope House, Cleveland	11	TS26 9PW
Kirkside House, West Yorkshire	7	LS5 3EJ
Kirkside Lodge, West Yorkshire	8	LS5 3EJ
Langdale House, West Yorkshire	8	HD1 4HR
Lindsay House, Dundee	2	DD3 9AG
Long Eaton Day Service, Nottinghamshire	25	NG10 1DS
Longfield House, West Yorkshire	9	BD14 6NP
Lowry House, Lancashire	12	SK14 3BS
Marion House, Derbyshire	5	DE72 3JZ
Nightingale, Dorset	10	BH6 3PX
No. 12 High Street, Lincolnshire	5	LN5 0SL
Norcott House, West Yorkshire	11	WF15 6JA
Norcott Lodge, West Yorkshire	9	WF15 6JA
North East Supported Living, County Durham	4	DL3 9LN
North West Supported Living, Cheshire	14	SK11 0JG
Oakhurst Lodge, Hampshire	8	SO40 7AW
Oaklands, Northumberland	15	NE46 4JR
Old Leigh House, Essex	6	SS9 1LB
Oulwood, West Yorkshire	10	LS18 4JA
Oxley Woodhouse, West Yorkshire	17	HD2 1DH
Pines, Nottinghamshire	7	NG19 8QX
Ranalch House, Stirling	14	FK15 0DR
Redlands, County Durham	5	DL3 9LP
Shear Meadow, Hertfordshire	4	HP1 2RJ
Sheffield Day Service, South Yorkshire	50	S13 7PG
Staffordshire Supported Living, Staffordshire	25	ST16 2AD
Tabley House Nursing Home, Cheshire	51	WA16 0HB
The Fields, South Yorkshire	54	S13 7PG
The Orchards, Essex	5	CO7 8JA
The Squirrels, Hampshire	9	SO16 7JE
Thistle House, Dundee	10	DD5 1PL
Thornfield Grange, County Durham	9	DL14 7QZ
Thornfield House, West Yorkshire	7	BD10 8QY
Toller Road, Leicestershire	8	LE2 3HP
Trinity House, Dumfries and Galloway	13	DG11 2DS
Trinity Lodge, Dumfries and Galloway	6	DG11 2AG
Tupwood Gate Nursing Home, Surrey	32	CR3 6YE
Walken Lodge, Hertfordshire	4	SG1 3QX
Willow House, West Midlands	8	B17 8LS
Woodrow House, Cheshire	9	SK4 4FE
Yorkshire Supported Living, West Yorkshire	21	YO26 4GL

DUNDEE

GLASGOW   EDINBURGH

NEWCASTLE

LEEDS

MANCHESTER

SHEFFIELD

NOTTINGHAM

BIRMINGHAM

COLCHESTER

SWANSEA

CARDIFF   BRISTOL

LONDON

SOUTHAMPTON

BOURNEMOUTH

www.cygnetgroup.com

CYG-1263 | Date of Preparation 14/04/23

| Integrity | Trust | Empower | Respect | Care |

Part 2

2.1 Statement of Assurance from the Board

Board Assurance Mechanisms

Cygnet has robust governance and assurance systems and processes to ensure our services are safe, effective, 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 foundations of our business to ensure fairness, responsibility, accountability and transparency.

How does it work?

Each service has its own local governance arrangements and local risk registers that report 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 Divisions. Within these Divisions, services are clustered into geographical regions which are overseen by Chief Executive Officers for Health Care and Social Care respectively, and supported by Regional Clinical Directors, Regional Quality Managers, Regional Nurse Directors, Regional Psychology and Regional Occupational Therapy support. The services within our Social Care and Health Care directorates are overseen by two Chief Executive Officers who report to the Group Chief Executive 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 local structures report into four 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)

> People and Culture Committee (Chaired by the Director of Human Resources)

> Quality, Risk and Safety Committee (Chaired by the Director of Nursing)

> Finance Committee (Chaired by the Chief Financial Officer)

Cygnet reviewed its Board and Executive governance structures early 2023, and as part of that review the Quality, Safety and Improvement Committee and the Clinical Governance Committee be merged to create a new committee operating under a new title 'Clinical Governance and Improvement Committee.'

The Executive structures have also been reviewed during 2023 and the current governance structure is detailed below:

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

Corporate Governance Structure 2023

CCO – Chief Commercial Officer
CEO – Chief Executive Officer
CFO – Chief Finance Officer
CIO – Chief Information Officer
CEO HC – Chief Executive Officer, Health Care
CEO SC – Chief Executive Officer Social Care

DON – Director of Nursing
GCD – Group Clinical Director
HRD – Human Resources Director
SID – Senior Independent Director
BS – Board Secretary
DPE – Director of Partnership and Engagement

Board
Chair – Mr Alan Miller
Tom Day (UHS)
UHS Directors
SID – Professor Lord Patel OBE
CEO/CFO/HRD
(QUARTERLY)

Advisory Board
Chair – Professor Lord Patel OBE
Mark Stephens CBE
Vacant
Dame Clare Gerada MBE
CEO/CGD
(QUARTERLY)

Clinical Governance and Improvement Committee
Chair – Dame Clare Gerada DBE
Professor Lord Patel OBE
Karen E. Johnson (UHS)
CEO HC/SC/DON/HRD/ CCO/BS/GCD/DPE
(QUARTERLY)

Remuneration, Nomination and Leadership Committee
Chair – Mr Alan Miller
Gerry Geckle (UHS)
Tom Day (UHS)
CEO/CFO/HRD
(ANNUALLY)

Audit and Risk Committee
Chair – Mark Stephens CBE
Professor Lord Patel OBE
Tom Day (UHS)
CEO/COO/BS/CIO/HRD
(QUARTERLY)

Executive Management Board
Chair – CEO Tony Romero
(QUARTERLY)

Clinical Governance
Chair – GCD Jon van Niekerk
(QUARTERLY)

People and Culture
Chair – HRD Jenny Gibson
(QUARTERLY)

Quality, Risk and Safety
Chair – DON David Wilmott
(QUARTERLY)

Finance
Chair – CFO Mark Ground
(QUARTERLY)

Board Committees ▮ Executive Committees ▮

*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 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 enormous pleasure to commend our next Nursing Strategy to you; we have achieved many things over the last three years as an organisation and a profession.

We have seen changes with new advanced roles, developed our training and leadership development which is pivotal to delivering excellence in nursing and care across all of our organisations. This new strategy builds on what we have achieved and takes us to the next steps as we deliver services across health and social care.

Where we would like to see our new strategy grow is in areas such as physical Health Care, building on the great work of co-production and ensuring all of the objectives of our nursing strategy are built into our everyday practice as nursing and care professionals.

This strategy was co-produced with a range of stakeholders and ensuring our patients and residents are at the heart of the strategy.

I look forward to working with all of you over the coming years of this strategy and achieving all of the areas that we have set out.

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

Part 2

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

I am delighted to share with you our five-year Clinical Strategy. Our Clinical Strategy is a blueprint of how we will ensure the delivery of high-quality, sustained, and person-centred care, support learning and innovation, and promote an open and fair culture to attract and retain the best people in our workforce.

One of the things that makes me proud of being the Group Clinical Director for Cygnet, is our constant drive for quality improvement and clinical excellence.

In this Clinical Strategy we pledge to deliver our models of care to make a positive difference to the lives of all the individuals we care for, their loved ones and all those that work for us. We will aim to coproduce the care we deliver with those that use our services, to ensure they have greater control of their own recovery. We will work collaboratively with service users, families, carers and stakeholders across health and social care to deliver services that are person-centred and focussed on individual needs, whilst ensuring we deliver safe, compassionate, and excellent care for all.

Our approach aligns with the NHS Long Term Plan priorities that details the need to work collaboratively with our system partners.

The Clinical Strategy should be read alongside the Cygnet Strategic Plan 2022 -2027, which reflects the corporate priorities for the next five years. Achieving our Strategic Plan will be supported by our Clinical Strategy.

Dr Jon van Niekerk

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

Objectives and Actions	
Objective 1 - Service Users First	
Objective	**Actions**
Putting individuals at the heart of all we do in the delivery of safe, high-quality care	> Establish, pilot, and embed meaningful Patient Rated Outcome Measures (PROMs) across the service lines, including Dialog
	> Services will be person-centred and delivered according to the needs, and preferences of people, families and carers who access our services, and with a focus on the triangle of care between professionals, patients and carers
	> Implement new Patient Safety Incident Response Framework (PSIRF) with compassionate engagement and involvement of those affected; a system-based approach to learning; considered and proportionate responses; supportive oversight focused on strengthening response systems and improvement
	> Coproduce care plans and care decisions that are informed by patient preferences, needs and values
	> Utilise our clinical dashboard and trend analysis to pro-actively provide support sites for focus

Part 2

Objective 2 - Support & Help More People

Objective	Actions
Providing the right care, at the right time in settings that best meet individual needs	> Work in partnership with other departments to ensure the repurposing of services is clinically informed, in line with our overall strategy and meet the requirements of our commissioners and system partners (Clinical Service Change Model adherence, including staffing matrix)
	> Co-design new builds/repurposing of old/new acquisitions for each service in line with patient's needs
	> Expand our provision of Specialist Services according to the standards of our Clinical Models of Care and Service Level Operating Frameworks; and follow external accreditation standards as appropriate
	> Ensure continuity of care and high-quality discharge processes are followed, including regular audit of compliance with same-day discharge notification, discharge summaries and following discharge checklists
	> Streamline referral processes with Commercial Department to ensure a clinically informed and responsive service for referrers, with audit of response times and with a focus on feedback from commissioners
	> Work with sector partners, service users and their families to safely transition those in our care to onward placements that suit their own individual requirements

Objective 3 - Deliver Service Excellence

Objective	Actions
To be seen as a provider of choice for the delivery of high quality, evidence-based, specialist care	> Actively contribute and support Quality Improvement projects and support services to enable a Continuous Improvement culture
	> Develop further focus on physical health outcomes through: • Enhanced training, including diabetes, asthma and epilepsy • Meet commitment to STOMP (regular audits)
	> Support sites who are aiming for an "outstanding" rating by regulators through Corporate Improvement projects (Project Excelsior)
	> Measure, monitor and improve the quality of all services through standardised clinical outcome measures • HONOS, HONESCA and GAP progression and Patient Rated Outcome Measures (PROMs)
	> Work towards accreditation and benchmarking of services by external agencies, including participation in: • National RCPsych POMH Audits • CCQI RCPsych accreditation, AIMS, QNIC, QNLD • NHS Benchmarking

Part 2

Objective 4 - Value & Develop Our Staff

Objective	Actions
To recruit and retain talented people who exemplify our values and feel proud to work in a culture of openness and fairness, that promotes excellence, delivers person-centred care and provides opportunities for staff to be their best	> Recruit clinical staff with standardised interview processes based on the values of Cygnet
	> Regular salary and terms and condition benchmarking to ensure Cygnet remains competitive
	> Promote visible, accountable and compassionate leadership and ensure all healthcare leaders have regular supervision and 360 leadership appraisals to support further development
	> Ensure managers conduct regular supervision and weekly 1:1 catch-ups for all qualified clinicians. Supervision of managers to include talent mapping and succession planning
	> Launch a new Doctors in Difficulty policy to ensure a compassionate response to doctors needing extra support during investigations
	> Commitment to developing career pathways and train clinicians to achieve professional registration in their respective disciplines

Objective 5 - Innovation for the Future

Objective	Actions
Showcase innovation and vision. Harness technology. Deliver our sustainability targets. Be a force for good in the communities we serve	> Clinical leaders to work closely with all stakeholders (including IT, Operations, Nursing and Learning and Development departments) in the development, testing, implementation, and support of new Digital Transformation projects to enable more integrated clinical systems: • Roll out of new Incident Management System (DATIX) • Update to Electronic Health Record system (MyPath2), including patient and carer access • Electronic Prescribing system
	> Develop a digital service line specific performance report for qualified clinical staff to support appraisal/supervision processes
	> Evaluate reducing restrictive practices, including: • Cygnet 7 Cs to reduce Enhanced Observations • Coproduction principles in Personality Disorder services
	> Continue to develop Clinical Dashboard to ensure proactive monitoring of clinical performance through trend analysis and predictive risk monitoring
	> Ensure a robust Research and Development team and R&D strategy with a commitment to support Academic publications and innovative practice

2.4 National Clinical Audits

The Prescribing Observatory for Mental Health (POMH) team conducts national clinical audits every year that focus on discrete areas of prescribing practice. The aim of these audits is to guide mental health organisations improve prescribing practice by providing benchmarked information on their performance against evidence based practice standards including NICE, BAP and RCPsych guidelines.

This audit looked into prescribing of antipsychotic medication in our adult acute and PICU, secure, PD and rehab settings. The prescribing behaviour included regular, high doses, combined and PRN medications.

The following practice standards were used:

1. When regular high-dose or combined antipsychotic medications are prescribed, there should be:

- 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

2. When oral PRN antipsychotic and/or benzodiazepine medications are prescribed, there should be:

- A clear description of the symptoms/behaviours for which the PRN medication is indicated
- Specification of the maximum daily dose that can be administered
- Regular review of the continuing need for such a prescription

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

Results:

Of the 62 participating organisations, **Cygnet Health Care is in the top 3% in terms of high response** rate with a sample size of more than 300.

Good practices identified:

Practice standards	National average	Cygnet Health care
Proportion of patients regularly prescribed a standard dose of single antipsychotic medication	79%	70%
Proportion of patients prescribed a high dose of combined antipsychotic medication	8%	15%
Documentation of the clinical reason for prescribing a single antipsychotic medication in high dose or combined antipsychotic medications	69%	68% (higher than national average in acute and secure wards, lower than national average in complex needs wards)
Documentation of the clinical response to antipsychotic medications	80%	92%
Physical health measures conducted in the past year in patients prescribed a single antipsychotic medication in high dose or combined antipsychotic medications	Approx 93%	Approx 89%
Monitoring for Extra Pyramidal Side effects	64%	82%
Documentation of the circumstances/clinical reasons for which each oral PRN psychotropic prescription could be administered	91%	95% (documentation is better in acute and complex needs wards than secure wards)
Documentation of the maximum daily dose of each oral PRN psychotropic prescription	98%	100%
Documented review of the continuing need for an oral PRN prescription in the last week	36%	58%
No documented review of the continuing need for an oral PRN prescription	28%	16%

Areas to improve:

1. Clinical team to document the reasons for prescribing antipsychotics in complex needs wards.

2. Clinical team to document the reasons for PRN prescribing in secure wards.

3. Documentation of vital signs and metabolic parameters to improve in long stay wards. Physical health information is documented in several areas in Electronic Patient Records (EPR) and having a single physical health domain in EPR that includes physical examination and body mapping, routine blood tests results, vital signs and chronic conditions. To monitor frequency, alert systems may help to prompt clinicians when physical health checks are due.

Part 2

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 Health Care 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'.

Health Care 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 Health Care 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. Health Care providers can use the information to provide an overview of service quality compared with other providers of the same service.

During 2022/23, All Specialised Services Quality Dashboard data, Mental Health and Restrictive Practice 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 continues to for some service lines, along with now partnering with Lead Provider Collaboratives in the provision of the majority of its 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 there in.

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.	**LQ2e**
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.	**LQ3b**
	Evidence of patient feedback on observations is contained within patient records	

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. **91% of which participated within the production, 9% 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 98% included evidence of a co-produced plan and with the patient's views on their physical health, 92% participated directly, 8% chose not to participate or were unable to.**

2.6 Research

Publications:

1. Agar,L .Rushton,T. Bolton,K .(2022)"virtual leadership placements" OT news May 22 Pg 48-50 https://viewer.joomag.com/otnews-may 2022/0565159001652282877?short&

2. Boothby.R.(2022) "promoting what we do" OT news May 22 Pg 34-35 https://viewer.joomag.com/otnews-may-2022/0565159001652282877?short&

3. Green,E & Turnbull,L.B. (2022) "Staff perceptions of patient peer relationships on a male neuropsychiatric rehabilitation unit", The Neuropsychologist BPS journal .

4. Turnbull.L.B.(2022). Deveilophobia: The aftermath of the pandemic. November 2022. Clinical Psychology Forum 358.(Oct 2022.):33– 34. DOI:10.53841/bpscpf.2022.1.358.33

5. Turnbull.L.B.& Green.E.(2022) Roles Reversed: The patient experience for staff on a mental health ward. November 2022Clinical Psychology Forum 1(359), DOI:10.53841/bpscpf.2022.1.359.64

6. Wisniewski.V and Akintomide.G.S. (2022) The relationship between motivation for occupation and pattern of occupation scores of the MOHOST and types of discharge placement from a mental health rehabilitation unit. British journal of occupational therapy 2022. Vol 0(0) 1-8 . https://journals.sagepub.com/doi abs/10.1177/03080226221083229

7. Woods,G McCabe.T & Mistry.A. (2022) "footballers", Sports Psychiatry, March 30 2022, vol1, issue 2 https://econtent.hogrefe.com doi/10.1024/2674-0052/a000010

8. Heather Rigby had an article published in SEN magazine

9. Caroline Clare article published on DHSC website as a blog

Part 2

Conference Presentations

> Jennifer Beal presented OT good practice for improving physical health for the OT Europe Webinar May 2022

> Swift Ward, Taunton submitted an abstract to Quality Network Older Adults Mental Health Service Annual Forum and running a workshop session

> Dr Rishi Malik, Dr Omer Malik, Elise Vassie-monade, abstract "Case Study – Effects of Clozapine augmentation with Cimetidine on Global assessment of Progress" to British Association of Psychopharmacology

> Settura.G, Achuthan.S. Varadi.K, (2022) Survey evaluation into the effects of positive behaviour support (PBS) training for staff - submitted for the Royal College of Psychiatry QI Conf Oct 22

> Rebecca Matson's sensory modulation presentation for EDIC

> Rebecca Matson, Jo Linforth, Chris Edge. (2022)"How is distance supervision experienced by occupational therapists working in inpatient mental health" RCOT annual conference 2022

Summary of Activities

> **28** Proposals for review over the year (22-23)

> **9** publications over the year (22-23)

> **6** conference presentations over the year (22-23)

Over the past year there has also been an;

> Increase in external studies undertaken within Cygnet

> Increase in demand for research advice and support – reviewing team provision

> Increase in researchers proposing studies and discontinuing following first review possibly to pursue as a service evaluation or quality project – our team are evaluating this

> New intellectual property rights contract is about to be introduced

- 57% Psychology
- 3% SLT
- 3% Social Work
- 3% OT
- 4% Nursing
- 7% Manager
- 4% Dietician
- 4% Psychiatrist
- 7% Support Worker
- 4% Pharmacist
- 4% PHD Student
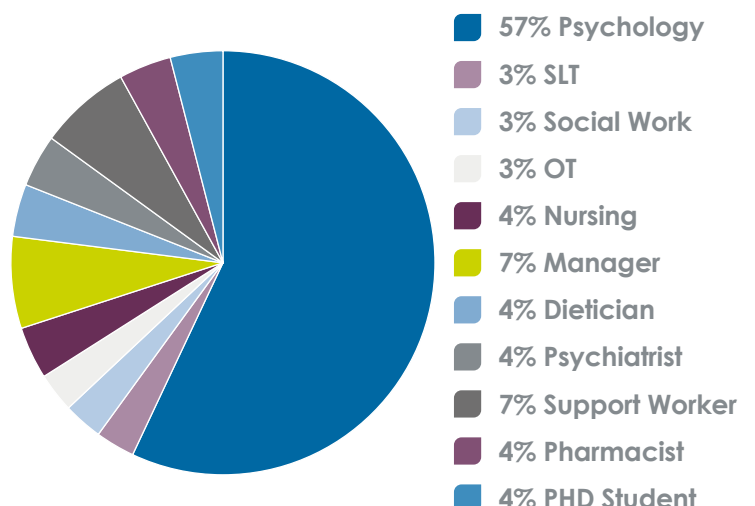
Number of Proposals Reviewed by the R&D Team Per Month from January 2022
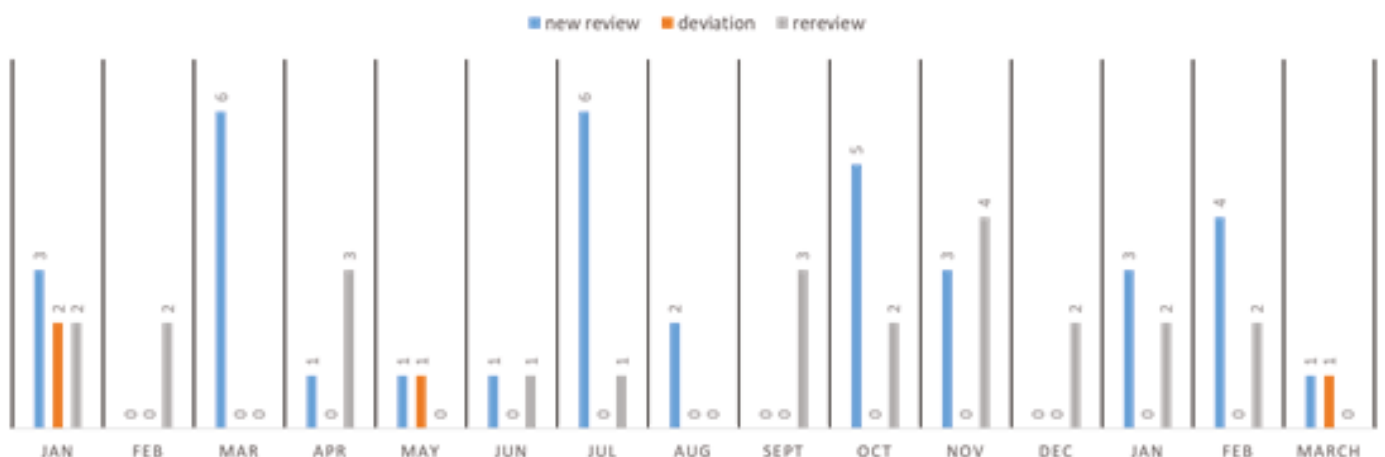
2.7 Mortality Surveillance & Prevention

During 1st April 2022 to 31st March 2023 **68** service users in the care of Cygnet died which is inclusive of expected and unexpected deaths **(19% decrease).**

The decrease is apparent in the decrease of unexpected deaths in Q1 (down 4) and Q4 (down 7). There was also a 10% reduction in the number of expected deaths.

Quarter 2021/22	Unexpected Deaths	Expected Deaths	Total
Q1	3	11	14
Q2	6	12	18
Q3	6	17	23
Q4	1	12	13
Total	**16**	**52**	**68**

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 the weekly Serious Incident Panel and Cygnet Group Safety Meeting.

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.

2.8 CQUIN

Cygnet is proud to announce that it achieved 100% on the 2022/23 CQUIN schemes. These schemes were focused on improving Tier 4 CYPMH services and included;

PSS6: Delivery of formulation or review within 6 weeks of admission, as part of a dynamic assessment process for admissions within Tier 4 CYPMH settings.

PSS7: Supporting quality improvement in the use of restrictive practice in Tier 4 CYPMH settings.

Cygnet has incorporated into practice the learning from this year's PSS6 CYPMH and the previous year's PSS3 CAMHS Tier 4 Needs Formulation CQUIN that it self-elected to engage in during the 2020/21 period. Cygnet Health Care has fully embedded the standards set by these CQUINs into its CAMHS models of care, which has further improved the quality of services provided to service users.

Cygnet has taken proactive steps to improve patient safety and the quality of care it provides. Specifically, Cygnet has encouraged and supported its clinical leaders in fully embracing and incorporating changes brought about through the introduction of the use of force act, a key driver in the PSS7 CQUIN scheme.

The Use Of Force Act came into effect in 2020, requires mental health providers to report all incidents of the use of physical restraint and seclusion. By embracing these changes, Cygnet has demonstrated its commitment to transparency and accountability in its operations and to providing the best possible care to its service users.

Cygnet has also made significant investments in data management and the sharing of vital information with its NHS partners via the Mental Health Services Data Set (MHSDS). This system allows for the collection, analysis, and reporting of data on mental health services provided to patients across England. By utilizing this system as part of the PSS7 CQUIN scheme, Cygnet is able to work closely with its NHS partners to identify areas for improvement and to ensure that its services are aligned with national standards and guidelines.

Cygnet's success in these schemes is a testament to its commitment to providing high-quality care and services to its patients. Its long history of success in CQUIN achievement and quality improvement has led to Cygnet being selected for consultation on the development of the 2022/23 CQUIN schemes.

Looking ahead, Cygnet is excited to continue engaging in CQUIN schemes and meeting the challenges ahead. Its dedication to providing the best possible care to its patients will continue to be at the forefront of its efforts as it works towards achieving even greater success in the future.

2.9 Data Quality

Cygnet embeds Data Protection and Security at the heart of everything we do. Each year as part of the NHS contracts we complete the Data Security and Protection Toolkit (DSPT) the submission 21/22 was graded as Standards Exceeded. During 2021 we commenced a project to Digitise all of our records so we can comply with the NHS Paperlite by 2024 initiative, the project is progressing very well and will continue through the remainder of this year and into 2024 with all our services becoming more digital as we progress.

We comply with all Data Protection and Security legislation as fully as possible and as well as being compliant with DSPT we are also compliant with Cyber Essentials Plus. All Polices and Guidance are regularly reviewed and updated to ensure we capture any updates or changes to legislation.

During 2022 we planned how we are going to improve our Digital Systems footprint, aligning systems and looking at how we can improve storage across both staff and service user domains to aid with the Digitisation project. This will also assist in achieving one record per person so each staff member and each Individual in our care has easy to access information that can be shared be with them should they wish to see it. Throughout 2023 we are starting to implement some of these proposed changes to improve data storage and flow across the organisation.

During 2023 we are going to be introducing our Data Protection and Security strategy which will encompass Data Quality. We are doing this to improve our Data Quality and Data Flows so that we are able to support the business in making Data Driven decisions.

2.10 Governance

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 Freedom to Speak Up Guardian has established a network of Speak up Ambassadors around the organisation to further embed an open culture

> 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, Expert's by Experience 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

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, Health and Safety, Risk 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.

Governance Structure

Board

UHS Chair, UHS Directors, Senior Independent Director, Cygnet CEO, Chief Financial Officer & Human Resources Director.

Executive

Cygnet CEO, Chief Financial Officer, Director of Nursing, Group Clinical Director, Chief Information Officer, Human Resources Director, Chief Commercial, Board Secretary Director of Partnership and Engagement, Chief Executive Officers for Health and Social Care.

Regional

Regional Medical Directors, Regional Nursing Directors, Regional Quality Managers, Regional Psychology Directors, Regional Occupational Therapy Directors, National Director of SALT & Clinical Systems Manager, Responsible Officer (Group wide) Human Resources Business Partners, Estates, ICT, Risk, Finance & Commercial.

Social Care & Healthcare Divisions Local Operations.

SERVICE USER

- Board
- Executive
- Regional
- Local Services
- Service Users

2.11 Freedom to Speak Up

At Cygnet, speaking up is viewed as a positive action, and one that is encouraged and supported. It is vitally important that all staff feel able to speak up about any concerns. To ensure this can happen, we appointed our first dedicated Freedom to Speak Up Guardian FTSUG in 2020 who established a network of Speak up Ambassadors around the organisation to further embed an open culture. To date the FTSU team now includes a full-time Deputy Freedom to Speak up Guardian and a network of 165 ambassadors.

In addition to the 'Amber Button' on our intranet where our staff can submit concerns anonymously if they wish, via the online form, we have also developed more materials that promote speaking up in the workplace. We have a short information video used during local induction and as a refresher at team gatherings. More recently, our FTSU team developed a speaking up Managers Handbook, which has helped further clarify the importance of speaking up within the organisation.

The role of the FTSU Guardian is to help improve staff experience of raising concerns and speaking up, to protect service user safety and quality of care, as well as ensure the promotion of learning and improvement.

Whether it's related to quality of care, or about something affecting service user or staff safety, all concerns are addressed by our FTSU Guardian team.

The Freedom to speak up Guardian:

> Operates independently, impartially and objectively whilst also working in partnership alongside individuals and groups throughout the organisation

> Will seek guidance and where appropriate escalate matters to bodies outside of the organisation

> Have open, honest conversations with leaders in Cygnet to promote change

> Support staff who speak up and agree next steps with them collaboratively

> Work closely with freedom to Speak Up Ambassadors at sites, supporting them to influence change

> Support the right to confidentiality wherever possible whilst also taking concerns forward

Part 3

3.1 Clinical Systems

The key priority for 2022/2023 was to complete a ground up rebuild of myPath to allow us to expand on the systems capabilities in the future by having a solid foundation to work from.

We concentrated on bug fixes for myPath V1 to ensure the system continued to run safely whilst we put the majority of our efforts into myPath V2.

myPath is our main electronic care records and as such needs to be a comprehensive end to end digital care management platform.

Under the direction of the Clinical Systems Manager and the Head of Application Development & Technology we are planning on being able to deliver the full system including a document storage module so that we have one accurate and high quality service user record for each service user across the business, this will enable us to deliver safe care in an ever changing Health & Social care landscape.

Domain	What we have done?	What that means?
Team development	Continued investment has been made into the Development team, with the introduction of 6 new team members. This comprises of 4 new developers and a new function to the team of QA and business analysts. We have also partnered with an off shore development company to assist in the expansion of the team in a flexible but consistent way.	The increase in our team capacity means that we can increase the capacity and at the same time increase the quality of the products we're developing. This means that we're able to be more responsive and enable the delivery of the phase 1 of myPath V2 within 2023. The involvement of the offshore team enables a flexible approach to capacity. meaning that we can increase resource within short timescales to meet the needs of the myPath v2 project and then reduce when deliverables are met.
New applications Launched	There has been the launch of 2 new systems to build on the application strategy for Cygnet. These applications offer back office process support focusing on: > Security Management > System Administration An Incident Management System- Datix was procured and configured for pilot is taking place in May 23.	These 2 new process support applications mean that there is a standard way and process for all newly released applications. enabling management of users, roles and permissions. It also facilitates the wider engagement of our business and clinical systems teams to support the configuration of the new and existing applications.

Co-Production	Involvement of the Expert by Experiences to ensure we are getting their views on what is needed from our clinical systems.	We want to be able to engage with and plan with individuals in our care for future development of service user apps and access to systems for service users.
System Enhancements	System enhancements have been made to myPath V1 in line with our strategy of focusing on V2. This means that there has been a reduced number of feature releases, but a continued focus on bug fixing and managing the system. Throughout 2022/23 there have been 10 New Features, 17 configuration request and 31 Bugs addressed in myPath V1 Feature releases have included: > updates to the PARA risk assessment. > inclusion of additional information from ePrime (PAS) in myPath. > PICU/Acute Care plans Released.	This means that our myPath V1 solution has been managed and maintained throughout the year of 2022/23. with key features being identified by the business as being high value from a compliance and regulatory perspective. Bug fixes continue to be raised and resolved, with direction from the Clinical Safety Officer.
Ongoing Developments	myPath V2 has been a focus for our development team over the period, with our Software development lifecycle starting in June 2022. This consisted of completion of basic navigation redesign and an enhanced User Interface. Work continues into the 2023/34 year focusing on our clinically focused modules for an initial release of the: > individual profile > care and support plans > clinical notes > activity calendars > attachments > admissions, discharges and transfers.	This means that myPath V2 will be ready for the first pilot phase within 23/24 so that additional reassurances to its suitability and clinical safety can be sought and met. This will also inform training and roll out specifications for a wider engagement across health and social care, within 23/24. Further development of additional modules will then be prioritised according to the Clinical Governance direction and led by the Clinical Advisory Group.

Key Priorities for 2023/2024

Moving forwards, the key priority is for Cygnet Health Care to further transition to being a paper light provider with 100% of services being live on myPath. We will further review and develop our paper based care documentation and deploy this into myPath alongside revised policy and business continuity plans. We will continue to hold a roadmap for deliverables and ensure the delivery of efficient targets.

Part 3

3.2 Benchmarking through Peer Review

Every year the NHSBN analyses data on workforce, performance, finance and quality for all NHS MH Trusts and the independent sector. The following report provides information on average length of stay, staffing levels, restraints, ligature incidents and actual physical violence in the wards

The national average bed occupancy rates in NHS Mental Health Trusts for 2020-21 is 93% (Royal College of Psychiatrists recommendations – 85%). Cygnet's average bed occupancy remains in line with RCPsych guidelines.

Restraints, Ligature Incidents, Actual Physical Violence to Others

Compared to previous years, Cygnet has seen a reduction in ligature incidents and restraints in all service lines, with the exception of LSUs where restraints and ligature incidents are higher than the national average. Actual physical violence to others is less than the national average in Acute, Older adult, Neuropsychiatry & ABI units, whilst it remained high in all other service lines. This is an area of concern where we need to review our practices to prevent incidents and support patients and staff from physical and verbal assaults.

Adult wards were below the median and mean for restraints, below the mean for prone restraints, below the mean for ligatures and below the mean for violence and aggression

Older adult wards were below the median and mean for restraints, below the mean for prone restraints and below the mean and median for violence and aggression. There were no ligature incidents.

PICU wards were below the median for prone and below the median for ligatures. The levels of restraints and violence and aggression were average.

Eating disorder had the lowest restraints among all providers. There were no incidents of prone and no ligature incidents

Neuropsychiatry/ ABI were below the mean for violence and aggression. They had the lowest prone incidents and the second lowest number of ligatures. The restraints were just above average.

Total no: of restraints per 10000 occupied bed days		
Service line	National average	Cygnet
Acute	150	125
PICU	499	500
ED	327	0
LSU	42	90
MSU	67	63
High Dependency units	38	36
ABI	152	153

3.3 Co-production

Co-production continued to be at the heart of the work taking place at Cygnet Health Care during this period and is now being supported by a strategy which has been co-produced with both internal and external stakeholders.

Structures and projects such as the Peoples Council and Music 2 Empower have matured and continue to be embedded elements of the co-production culture predominant within the organisation.

This has allowed the organisation to explore new opportunities such as a culture focussed initiative on co-production, a lived experience advisory board and growing the amount of regular expert by experience visits taking place at services on a local level.

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 various strategic meetings which comprises of stakeholders (i.e. Advocacy), experts by experience, staff and members of the Executive Management Board.

The Peoples Council continued to flourish during this period with meetings being harnessed for supporting strategic and group wide projects and initiatives in addition to the historical local co-production agenda the organisation continues to benefit from.

Experts by Experience

Independent lived experience visits and support

Experts by Experience visits continued to grow during this period with the rise of regular local visits. The regular visits have included general quality checking, capturing feedback, co-chairing Peoples Council meetings as well as supporting a variety of local and group wide initiatives.

During this period the Experts by Experience programme also diversified the range of lived experience to extend to young people's services, this has included regular visits and strategic input.

Experts by Experience are also able to give feedback, share best practice and lessons learned directly to the group CEO and Group Director of Nursing via the Lived Experience Advisory Board.

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 across the group.

During this period, Music 2 Empower had a larger focus on embedding access to music locally, in addition to diversifying episodes to include young people. The Music 2 Empower project has now been able to cover nearly every service line within the organisation and music rooms as well as access to music therapy and instruments are becoming increasingly common.
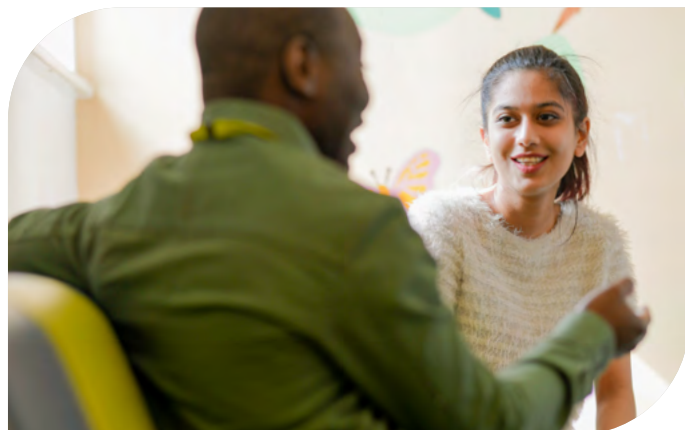
Accessible Information and Updates

Following on from the success of the first Yellow Book, during this period the second version Cygnet's 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 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.

3.4 Service User Experience

Our patients, service users and carers are at the centre of everything we do. There is no better or more meaningful way of improving our services than by listening to what individuals think, feel and experience throughout their care journey and beyond.

We aim to involve service users, patients and carers in everything from which services we provide to how they are delivered and how we can improve them in the future.

Patient and Carer Stories at Cygnet Board Meetings:

During this period, we have introduced patients, service users and carers to our Board meetings to share their experiences of either using or caring for someone who has used our services. Stories can help build a picture of what it is like to be in our service care and how care can be improved or best practices shared. To date we have had the pleasure of hearing from two patients and one carer.

Cygnet Carer Network:

Cygnet saw the introduction of the Cygnet Carer Network, which was launched on Carers Rights Day on the 24th November 2022. Cygnet has proudly held three Regional Carer Events over this past year. The first Cygnet National Carer Network Event will take place this coming June 2023.

Locations are also now holding local carer meetings every three months as of November last year.
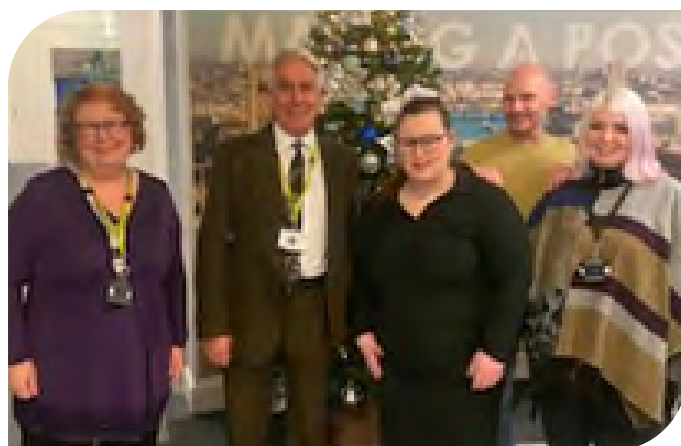
Carer strategy

Cygnet launched its first Carer, Family and Friend Strategy. Whilst the Strategy outlined work Cygnet would undertake during the period, that wasn't to say Cygnet had not already taken strides to ensure carers' needs were being focused on. Cygnet promised to develop the carer strategy further by co-producing it with family, carers, friends, individuals who use our services and professionals, and that's why Cygnet will launch the second edition of the Carer strategy in June 2023.

Carer Passport

The Carer Passport was also launched on Carers Right Day. The Carers Passport is a document to support joint working with the Carer, Patient and MDT to ensure clear communication.

Triangle of Care

In August 2022, six Cygnet Hospitals rolled out the Triangle of Care (Carer Trust). Cygnet are the first independent provider accepted into the Triangle of Care Membership programme.

Carer Awareness Training module for staff

In September 2022, Carer Awareness training was co-produced with Carers and Cygnet staff and launched to all Cygnet staff.

Carer Support at Cygnet Healthcare

Identification

Carer Aware

Information

Confidentiality

Involvement

Support

Signposting

Part 3

Masterclasses for Carers

On Young Carers Action Day 15th March 2023, a young carer from a CAMHs service held a master class for staff, educating staff on how it feels to be a young carer. Also, the CAMHs services produced a series of Podcasts called Walking in our Shoes (available on the Cygnet website from the link below). These take listeners on a journey through our CAMHS services from the point of view of the young person and their carers/families.

https://www.Cygnethealth.co.uk/podcasts/walking-in-our-shoes-the-Cygnet-camhs-podcast/

Lived Experience Advisory Board

Carers have also been in attendance of the Lived Experience Advisory board chaired by Dr Tony Romero (CEO Cygnet) and David Wilmott (Director of Nursing). The meetings discussed Patient and Carer survey results, and give patients and carers the opportunity to ensure Cygnet doesn't miss any important opportunities to involve people in Cygnet's work and strategic direction. The advisory board ensure the voice of service users, patients and carers are heard, their views are expressed, and their needs are always at the centre of all that Cygnet does.

Surveys

Cygnet has continued to utilise the survey that was reviewed and redesigned in December 2021. At the start of January 2022, a survey policy was published for Cygnet staff; the policy was specifically written to give clear guidance across the business. In April 2022, the survey questions changed from actual questions to affirmative statements. In October 2022, new surveys for CAMHs, Neuropsychiatric, Supported Living and Older person service lines were co-designed with individuals who use the services. The new surveys for these service lines were launched in April 2023.

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

Carer, Family & Friend Surveys 575 responses

84% of Carers, families & friends say: they were satisfied by being identified as the relevant person with an important caring role

89% of Carers, families and friends say: they were satisfied that staff are polite and approachable when they phoned or visit

Highlights from the Carer, Family & Friends Survey 2022 - 2023

83% of Carers, families and friends: were satisfied that the services were well maintained, clean and in good repair

81% of Carers, families & friends say: They are likely to recommend the service to others who need this type of care

Discharge surveys 1,956 responses

86% of patients say: they felt safe during their time within Cygnet services

76% of patients say: they would recommend Cygnet to a member of their friends or family

Highlights from the Discharge Survey 2022 - 2023

86% of patients say: after their stay at Cygnet they feel better and feel they had improved.

84% of patients say: There overall experience of Cygnet service was very good or good.

Standard survey 1,923 responses

80% of service users say: staff are caring and supportive

92% of service user say: they are aware of the advocacy service

Highlights from the Standard Survey 2022 - 2023

87% of service users say: they know how to make a complaint

79% of service user say; they get help to stay in touch with carers, family and friends

Accessible read 773 responses

89% of service users say: they are happy with their bedroom

90% of service user say: staff treat them with respect

Highlights from the Accessible Survey 2022 - 2023

90% of service users say; they feel safe

88% of service user say; staff help them to do the things that are important to them

Plans for 2022/2023

> Cygnet has started to review the Care, Family and Friends Surveys across the group with the intention of enhancing the diversity of the questions to ensure those using the Health Care and social care divisions have more relevant surveys instead of a more generically focussed one

> Survey feedback will continue to be analysed and used to help shape the company continuous improvement strategy

> Cygnet will be rolling out the Triangle of Care throughout all Health Care locations

> Cygnet will also be launching a series of Carer Handbooks

3.5 Educational Facilities

Cygnet Schools:

All Cygnet 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 Cygnet schools are rated as 'Good' (or better) by OFSTED.

All Cygnet Schools have:

> A headteacher;

> Specialist subject teachers, an exams officer and an education officer.

> A designated safeguarding lead (DSL) and designated teacher for children looked after

All of our schools are able to facilitate external examinations e.g. GCSE/A-level 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:

Cygnet 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.

Explicit pathways for each student will vary according to their personal goals and needs. This might mean mirroring a current educational pathway or choosing from a range of courses offered at our schools (or a combination of both).

Qualification type, level, tier etc. will be planned on an individual basis, and with reference to the overarching curriculum intent. Other factors such as predicted length of stay and examination plans may also need to be considered.

Due to the fluctuating nature of mental health conditions, a flexible curriculum approach is required. During particularly acute periods of presentation it may be appropriate to instead focus on stabilisation and engagement. In this situation, activities will be planned as a vehicle to improve mental health functioning in education (MHFE) with the intention to re-establish readiness for learning.

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:
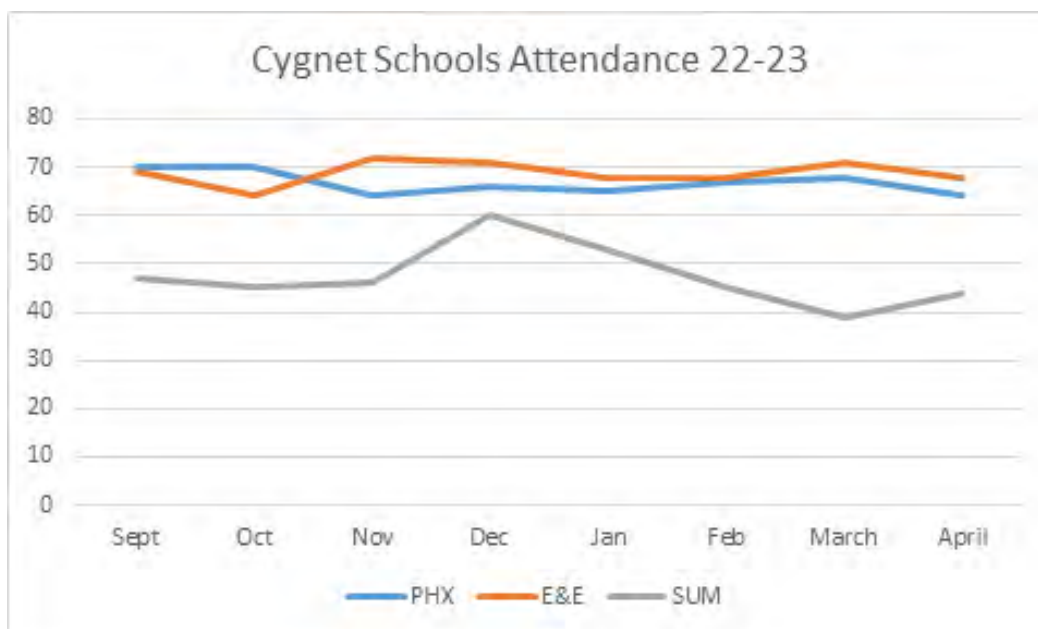
Quality ratings:

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

3.6 Staff Surveys

Cygnet's staff survey ran from 7th March to 18th April 2023. After a dip in responses from 2021 to 2022, responses have picked up again this year (70%). The average response rate over the past 6 years is 68%.

At the time of writing this report, responses to the survey are still being analysed by the external survey provider, Social Optic.

Response Rates by Year
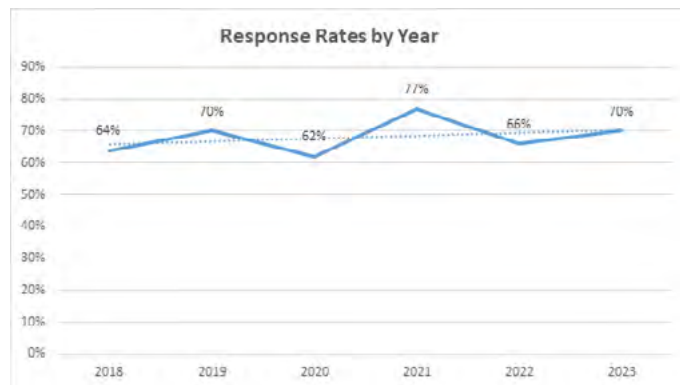
3.7 Staff Experience

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

Electric Cars - We aim to launch the new Electric Car Scheme 'Cygnet E Wheels' in May 2023. The scheme will be open to all employees. The salary sacrifice scheme will enable employees to save significantly on tax and national insurance. We will also open the scheme for the employees who are on NLW who will have an option of leasing the vehicle.

Cycle 2 Work - We have recently increased our Cycle to Work offer to £1000 which will now allow employees to a wider variety including electric bikes. We have also opened the scheme as a net pay scheme for NLW employees where deductions will be spread over 12 months and deducted from their net and in effect provide an interest free loan. The employees above NLW will be eligible to apply for the salary sacrifice scheme.

ESSO Fuel Card - Cygnet has teamed with ESSO Fuel card to offer a Fuel card for FREE which would otherwise cost over £40 per annum. The savings are up to 6p per litre.

FREE Blue Light Card - Cygnet offers all new members a FREE Blue Light card which offers discounts across major high street retailers.

Nursery Discount - Cygnet have teamed up with Busy Bees who offer Cygnet staff 15% discount across all 400 nurseries. They are also offering one-week free childcare offer & £0 enrolment fee for all new families.

JAAQ is a video based site where you can ask mental health questions to world leading experts. The videos are free to use, however we are exploring their new feature JAAQ in the workplace which will be more tailored towards our sector.

Cushon provide an ISA saving for employees. There are 4 options, Investment ISA Benefit from tax-efficient investments of up to £20,000 per year with the potential for higher rates of return than cash savings. Lifetime ISA Available to those aged 18-39, save up to £4,000 per year for a first home purchase or retirement and receive a government top-up of 25% until aged 50. Junior is a tax-free nest-egg of up to £9,000 per year and a General Investment Account. We are currently waiting on the final stages of IRIS to be completed before launching with Cushon.

OnHand is a volunteer based programme allowing employees to take part in community projects but it can also be as simple as having a coffee with an elderly person. We are currently in advanced talks to launch this scheme.

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.

Cygnet Health Care had 243 doctors who had a prescribed connection with Cygnet Health Care as their designated body on 31st March 2023.

During the period, 1st April 2022 – 31st March 2023, 236 doctors (97%) of the doctors completed an appraisal. There were 7 missed appraisals.

There were 5 international doctors who were a new starter within 3 month of appraisal due date, 1 doctor on sick during the majority of the appraisal due window and 1 doctor was on maternity leave.

The Annual Organisation Audit (AOA) has not yet been submitted to NHSE for 2022-2023, as we are awaiting the formal request. 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)
2022 - 2023	Consultant	115	112	64	3	0
	Staff Grade	128	124	81	4	0
	Total	243	236	145	7	0

Revalidation

There were 32 recommendations for revalidations made to the GMC between April 2022 and March 2023. 29 of these were positive recommendations. There was three deferral request. There were no late recommendations.

3.9 Regulation & Inspection

The Care Quality Commission (CQC), Health Care Inspectorate Wales (HIW), Care Inspectorate (Scotland) (CI) and Health Care 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 2023:

PLEASE NOTE HIW, CI and HIS do not rate services in the same way as CQC. HIW do not rate at all. We have therefore added details below as per Regulator.

CQC

Total Registered Sites	122
Total Rated Sites	119

The following table is calculated on rated sites

Ratings	Number	Percentage
Total Outstanding	7	5.9%
Total Good	91	76.5%
Total Requires Improvement	20	16.8%
Total Inadequate	1	0.8%
Total Not Yet Inspected	3	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

HIS do not currently display ratings, ratings from latest inspection report

	Impact on people experiencing care, service users, carers and families	Safe, effective and person-centred care delivery	Quality improvement-focused leadership
Service 1	Satisfactory	Satisfactory	Satisfactory

CI

Total Registered Sites	4
Total Rated Sites	4

CI will display ratings from current inspection. Previous ratings are not carried forward if not reviewed at the latest inspection

Registered Locations	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?	How good is our care and support during the COVID-19 pandemic?
Service 1						Good
Service 2	Very Good	Very Good	Not Assessed	Not Assessed	Not Assessed	
Service 3	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Adequate
Service 4	Good	Very Good	Not Assessed	Not Assessed	Not Assessed	

3.10 Positive and Safe Care

Cygnet has a comprehensive Positive and Safe Care Strategy supported by a policy and procedure. These consider and reflect the diversity of individuals we care for, staff who work with us and the different service lines in the Cygnet Group. The strategy highlights Cygnet's commitment to preventing unnecessary use of restrictions, using least restrictive practices where restrictions are required and supporting a culture that promotes recovery and improved quality of life within all care settings. It is Cygnet's a clear position to ensure that we provide compassionate, trauma-informed, human rights-based individualised care in accordance with statutory and national guidance. We are committed a positive and safe culture, experiences and outcomes for the benefit of both the individuals within our care and our staff.

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 and a Restraint and Violence Reduction Advisor supporting the Executive lead. 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. As the responsible person, the Group Nurse Director has delegated some of the responsibilities under the Act to senior managers within the organisation including his deputy in this role, 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.

The Mental Health (Units Use of Force) Act has been implemented across the organisation in line with the statutory guidance. Although the Act is specifically for mental health units, it has been implemented across the organisation. Restraint occurs in both health care and social care sites meaning the tenants of the Act are applicable to both. As we expect every individual in our care to be treated with dignity and in a caring therapeutic environment which is free from abuse, we saw it fit to implement the Act across the board.

To ensure that resources developed in order to comply with the Act, such as our updated Restraint and Violence Reduction Policy and information leaflets about restraint and the rights of individuals in our care are applicable for both our health and social care sites; they have been made available in accessible format and published on the Cygnet website and staff portal (MyCygnet). In addition to this, training remain available in various formats including webinars, videos and PowerPoint presentations via Achieve the Positive and Safe Care page on MyCygnet.

The Group Director of Nursing chairs the organisation'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 Cygnet's governance framework and a key driver of quality improvement.

There are three regional Positive and Safe Care Groups 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 health care 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 services, the Operations Directors lead on the Positive and Safe Care agenda via Operational Governance Meetings overseen by the Social Care Chief Operating Officer. Recently, a national CAMHS Group was included in our structures. In recognition of the need to focus in this area, embed the group and place and increased focus in reducing the use of restrictive interventions in our young people's services; this this group currently meets monthly.

The Risk Management team regularly produce reports which include ward, individual service, service line and organisational restrictive interventions data to allow for benchmarking, monitor themes, trends and identify outliers. Within the last few months, these reports have also included ethnicity data for those individual who have had restrictive interventions used on them. There are plans to enhance this so that ethnicity data is available on all reports. Data is reviewed and various meetings where additional information is provided to enable a more in-depth understanding of the data and support action planning aimed at reduction in the use of restrictive interventions and improved quality of care. Data is also presented to the executive team by the Group Director of Nursing.

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. The Corporate Nurse Director is also a member of the European Network for Training in the Management of Aggression (ENTMA08).

Cygnet actively seeks engagement with external organisations that will support its restrictive intervention reduction aims. A number of Cygnet sites are currently involved in Quality Improvement (QI) programmes supported by the National Patient Safety Collaborative under NHSE's Mental Health Safety Improvement Programme (MH-SIP). The aim of the Mental Health Safety Improvement Programme (MH-SIP) is to "improve the safety and outcomes of mental health care by reducing unwarranted variation and providing a high-quality Health Care experience for all people across the system by March 2024". MH-SIP works with the National Collaborating Centre for Mental Health (NCCMH) and Mental Health Patient Safety Networks which are in turn supported by Patient Safety Collaboratives. Currently, MH-SIP is focused on improving the safety of those who use inpatient mental health and learning disability services, including staff in health and social care settings via three programmes one of which is reducing incidences of restraint, seclusion, rapid tranquillisation and other restrictive practices by 50% by March 2024.

In February 2023, Cygnet jointly organised and hosted a virtual event entitled 'Reducing Restrictive Practice: A Community of Practice & Sharing'. This was a Reducing Restrictive Practice (RRP) Community of Practice for Independent Mental Health Care providers, the first of its kind. The focus was to learn about RRP initiatives through a national context, invite current project teams within the programme to share their Quality Improvement journey and discuss best practice. There was input from speakers about inequalities in RRP and Expert by Experience reflections. 122 delegates from 8 independent providers (plus a few NHS trusts) registered to attend the event.

In addition to existing Positive and Safe Care structures, this served as a launch of Cygnet's own Community of practice which is set up to continue supporting the QI projects that The Collaborative are currently supporting once the national support comes to an end.

Health Care sites continue to be encouraged and supported to implement the Safewards model. Sites that have already started this are at various stages of implementation. Progress is being monitored via the regional Positive and Safe Care Board. A plan for national roll-out had been developed and is ready for implementation.

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. An additional train-the-trainer training package was developed and also delivered across the group so as to increase the number of facilitators able to deliver this workshop thus speeding up training implementation.

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 MyPath

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 behaviours that may challenge 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 services alongside service based trainers.

3.11 Patient Safety Incident Statistics

Patient Safety Incidents which are no harm incidents	Incident data	82190	88250	
Patient Safety Incidents which are no harm incidents – Group Reporting rate per 1000 occupied bed days	Incident data Bed days data	90.9	95.9	5.9% increase
Percentage of Patient Safety Incidents which are no harm incidents – Group	Incident data	85.2%	86.3%	1.1% increase

3.12 Complaints & Compliments

We have listened to people who use our services and are currently enhancing our complaints and compliments procedure to further empower and encourage individuals to feedback about their experiences of care. Throughout the next year, we will build on this by working collaboratively with people in our Health Care and Social Care divisions to ensure we capture feedback in ways meaningful to the individual.

The revision of our complaints policy and implementation of a new complaints and compliments management system, to be completed within the new 12 months, will further strengthen our ability to respond and act on feedback to ensure we are delivering the highest quality care.

Everyday our staff have conversations with people who use our services. They may have feedback or concerns about their care that we can support with immediately. We may be able to resolve these concerns quickly and we define these as 'informal complaints'. When we are unable to resolve concerns quickly, or the nature of the concern or feedback requires a more detailed investigation or response, we treat these as 'Formal complaints'. We align our definition with The NHS Complaint Standards definition as: an expression of dissatisfaction, either spoken or written, that requires a response; It can be about: an act, omission or decision we have made or the standard of service we have provided.

Key facts

We received 1537 formal complaints in the year 1 April 2022-31 March 2023.

Of the 1537 formal complaints received:

> 16% were Upheld
> 31% were Partially Upheld
> 97% were resolved at Stage 1
> 3% were resolved at Stage 2
> Less than 0.2% were resolved at Stage 3

We received 2304 compliments from people who use our services and a further 2785 from people who have had other types of contact with Cygnet in 2022-2023.

3.13 Mandatory Indicators

Continuous Learning Development

Cygnet understands the importance of continuous learning and development. Our blended approach to allows us to use teaching which integrates technology and digital media with traditional instructor-led classroom activities, giving staff more flexibility to customise their learning experiences and develop their knowledge and skills.

Cygnet Achieve delivered...

205,027 ELEARNING COURSE COMPLETIONS

52,950 LIVE EVENTS ATTENDED

by 13,388 people accessing Achieve

Apprenticeships

Over 1000 staff have taken advantage of our Apprenticeship pathways in the last 5 years.

Cygnet are dedicated to supporting the career development of all our staff and Cygnet's Nursing Pathway Apprentice Programme is helping to address an industry-wide shortage of nurses, as recruitment and retention of staff remains a key concern for the sector. We are leading the sector on the development of nurse apprenticeships to help overcome these challenges.

We have trained 33 Qualified Nurse Associates and 17 Newly Qualified Nurses, with another 89 currently on the Nursing pathway.

Developed an Occupational Therapy Apprenticeship Programme, with the first staff due to start later this year.

147 staff are currently taking part in Cygnet's Leadership and Management Apprenticeship Programme – with 145 already completed.

Training & Development Opportunities

> We have 143 Mental Health First Aiders trained across the group, with more training sessions planned this year to ensure every service has a Mental Health First Aider on site

> Implemented the Foundations of Management Programme – over 200 staff enrolled on programme

> Invested in ADOS-2/ADI - R Training for Psychology Teams with more courses planned this year

> Case Investigator Training was undertaken by over 20 staff

> Makaton training was rolled out to all our staff in Social Care

> We have made a commitment to a group of Assistant Psychologists to support them through their Qualification in Forensic Psychology training

> Nurse Medical Prescribing course - 6 completed another course taking place this year

Introduced Masterclasses, Which Enables Staff to Access Bite Sized Learning:

> Gender Identity, Personality disorder – an OT perspective, The Stress Container, PARA Risk Assessment

> Young Carers awareness (Young Carers action day), PICU Masterclass, Functional neurological disorder

> Mental Health UK - How to Manage Anxiety in the Workplace, Write it Right - Report writing made easy

> Neuropsychology of mental illness (depression and schizophrenia), What Matters to Carers?

MASTERCLASSES

Cygnet Masterclasses

3.14 Quality Improvement

Quality Account 2023 – Quality Improvement 1st April 2022 – 31st March 2023

Quality Improvement is vitally important to the continued success of Cygnet. Continually improving our services is a key priority for us to ensure the highest standards of care are delivered to our service users.
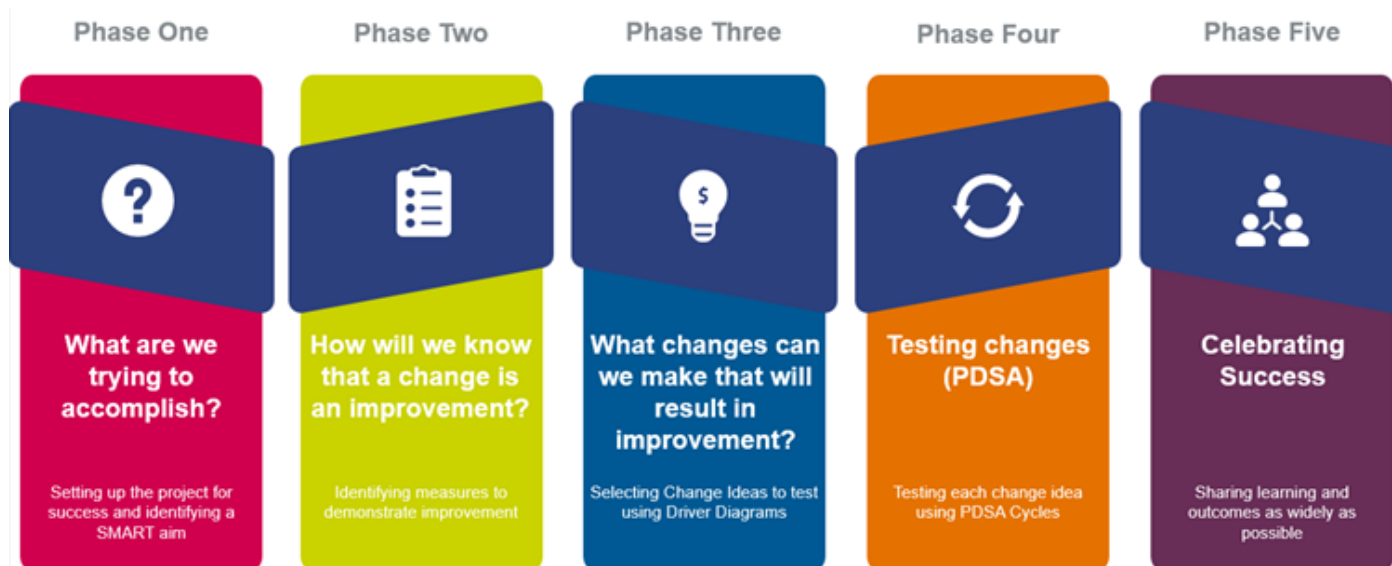
Using our Quality Improvement framework, we ensure that our services are:

Safe   Effective   Caring   Responsive   Person Centered

Our New Quality Improvement Framework

We have recently redesigned our Quality Improvement Framework to support more staff to achieve meaningful improvements in a supportive and safe manner.

The new framework consists of 5 phases that each project will be supported through:

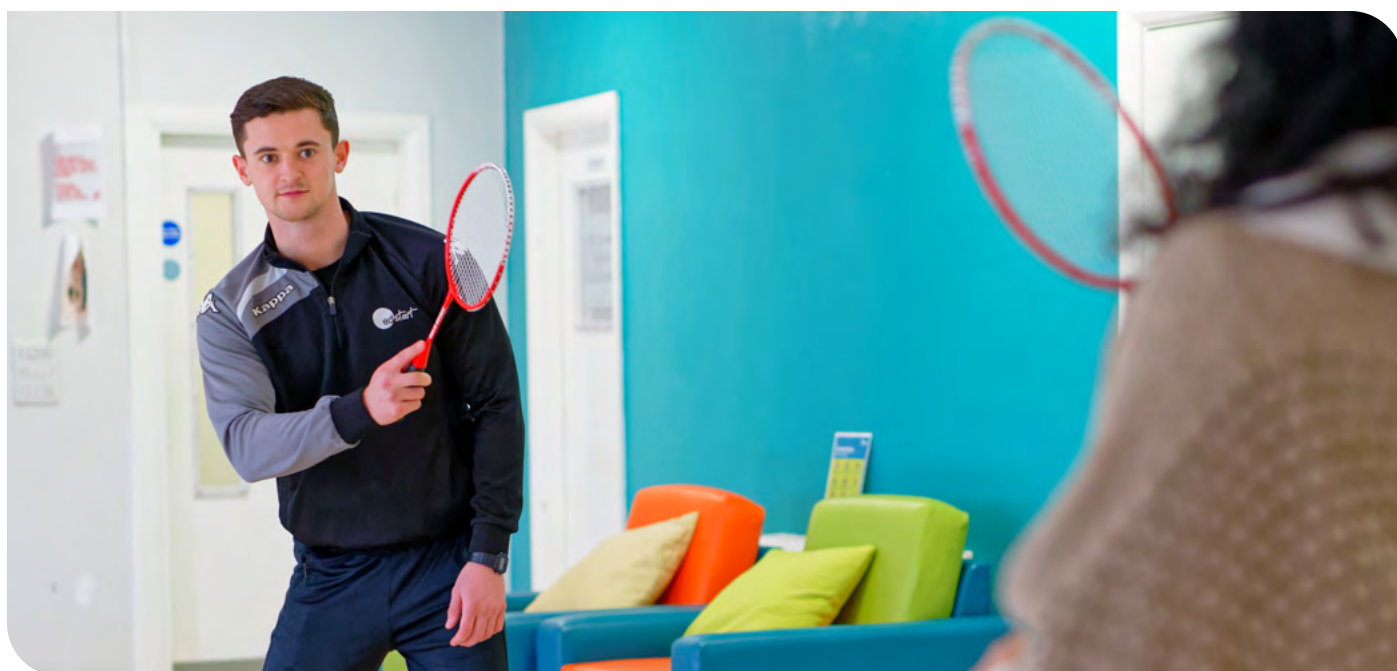| Phase One	Phase Two	Phase Three	Phase Four	Phase Five
What are we trying to accomplish?	How will we know that a change is an improvement?	What changes can we make that will result in improvement?	Testing changes (PDSA)	Celebrating Success
Setting up the project for success and identifying a SMART aim	Identifying measures to demonstrate improvement	Selecting Change Ideas to test using Driver Diagrams	Testing each change idea using PDSA Cycles	Sharing learning and outcomes as widely as possible

QI Achievements

Since launching our Quality Improvement Programme in September 2021, great progress has been made to embed Quality Improvement within the fabric of the organisation.

Each of our services has been supported to embed a true cycle of continuous improvement through our 'QI Ready' Programme and we have had a number of successfully completed projects that have delivered sustainable improvement.

Using our Quick QI Programme and Celebrating Success Network, we now have dedicated methods for spreading improvement and sharing learning across the organisation in fully scalable way.

- **320** QI Practitioners Trained
- QI Strategy launch and implementation
- **10** Completed QI Projects
- **35** Sites QI Ready
- **93%** Completion of Introduction to QI Training
- **80** Active QI projects
- Recognition at national forums
- Launch and redesign of our QI Practitioner Training
- Co-produced Service User QI Practitioner Training
- **130** QI Sponsors Trained
- **3** Service User led QI Projects
- Launch of our new QI Project Framework
- Regional QI Forums & governance arrangements

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