



Governance Framework for Cygnet

Leading the way for exceptional care

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Foreword from Group CEO, Dr Tony Romero

At Cygnet we are dedicated to delivering high quality care to all those who use our services across our health and social care settings. We work together with a shared goal of providing safe, effective care that makes a positive difference to those we look after at our 150 services around the UK.

Good governance is about making sure we're doing the right things, in the right way for those we care for. It's about being open, transparent, inclusive and accountable. It means we can provide good quality, sustainable services and ensure learning opportunities to constantly improve and excel.

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

Dr Tony Romero
Group CEO
Cygnet



This booklet gives an overview of governance arrangements at Cygnet. If you have any feedback or questions please don't hesitate to raise them with Pam Wenger, Board Secretary:
Pamelawenger@cygnethealth.co.uk



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Corporate Strategic Priorities - our Purpose, Vision, Mission and Values



Service users first

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



Support & help more people

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



Deliver service excellence

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



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.



Innovation for the future

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

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Corporate Strategic Priorities - our Purpose, Vision, Mission and 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.

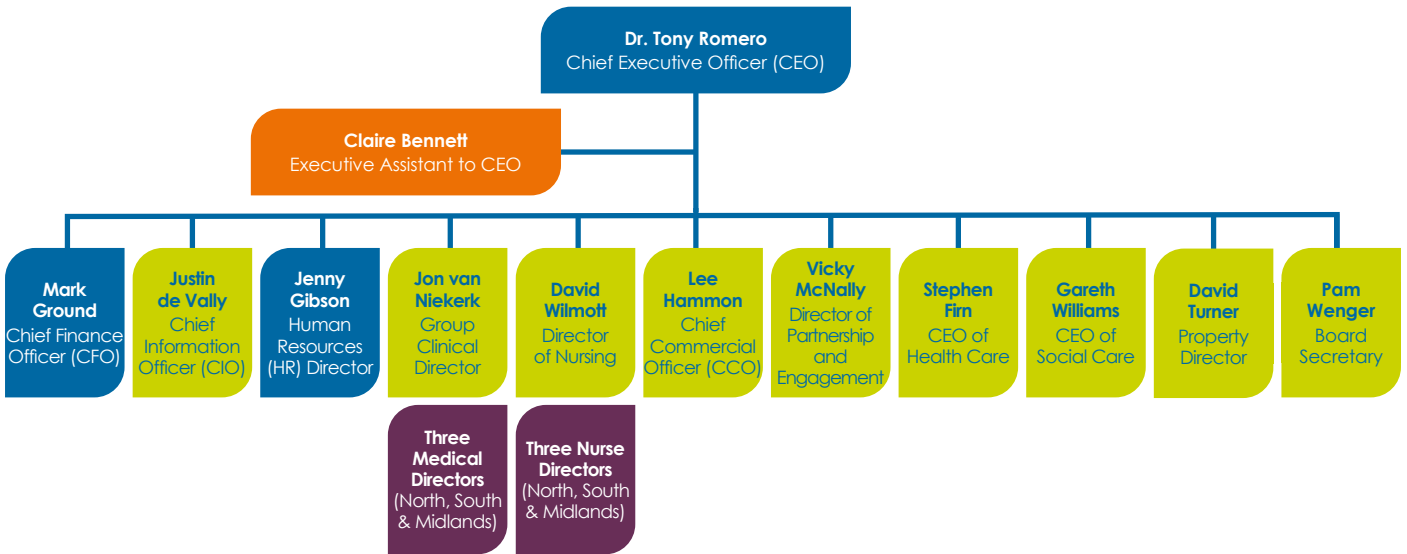


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Cygnets Executive Management Board and Senior Management Team

Cygnets's Executive Management Board (EMB), led by the CEO, is made up of ten members who oversee the company's operational directorates and central support functions. It meets quarterly and has oversight of Cygnets's governance and reporting structures.

Our EMB leadership structure ensures the delivery of high quality and sustainable care. Each directorate has clear lines of reporting and is organised to ensure succession plans provide capacity, accountability and capability to the organisation. Our values support a culture of open, visible and accessible leadership at every level.



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Cygnnet's Governance Structure

As Cygnnet has grown we have adapted our governance systems and processes to ensure our services are effective, safe and sustainable and have the individuals we care for and support at the heart of all we do.

Our governance structure is similar to that in the NHS and other Health and Social Care organisations.

Cygnnet is committed to providing high quality care through a robust governance framework that is transparent, accountable and inclusive. We believe good governance is everyone's responsibility to ensure service user safety, quality care and an open culture for all.

4.1 Our Governance Structures are Underpinned by These Key Principles:

- > We work collaboratively and openly to provide services that are effective, safe and person-centred, where risks are managed appropriately
- > Our teams feel able to speak up and share information in a prompt way that allows us to identify risks, agree next steps and assess our performance
- > Our governance framework is such that we focus on high quality care and positive outcomes for those we look after and support
- > Our service user voice is integral to our governance processes. Our People's Councils and advocacy provision allow us to hear directly from those we look after so that we can act, and react, in a way that is relevant to their needs and views
- > Every member of staff has a line manager to report into and support their development
- > We are committed to sharing feedback from our Governance Structures and genuinely want staff to be able to contribute to this processes, from services to Board and Board to services
- > We value positive relationships and collaboration within the communities we serve

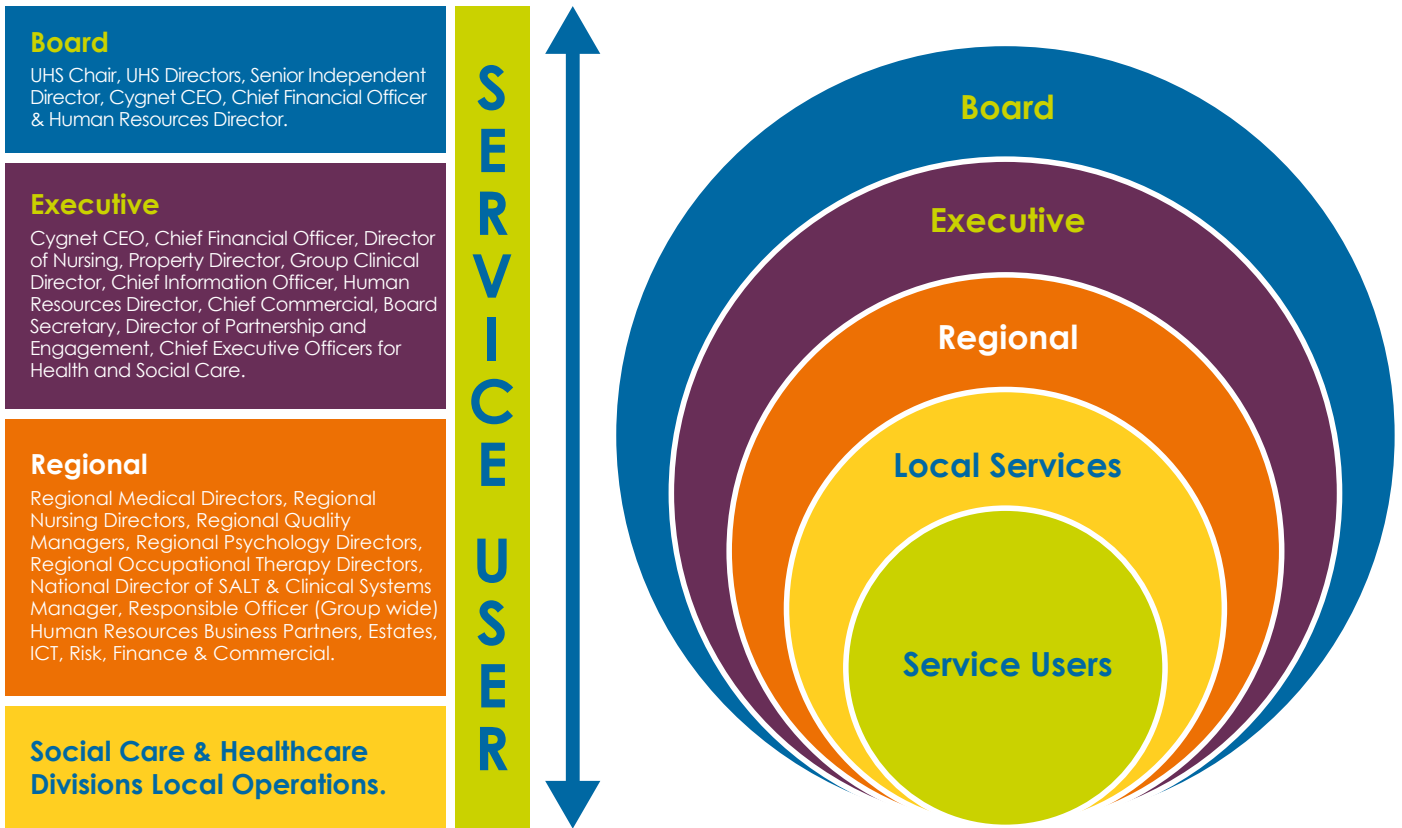


4.2 How Does it Work?

1. Each service has its own local risk register and governance arrangements that feed up into the regional and corporate framework to ensure transparency and a clear line of sight from Board to ward/service and vice versa
2. Services are organised into either our Health Care or Social Care directorates
3. Within these directorates, services are clustered into geographical regions which are overseen by Operations Directors, Regional Clinical Directors and Regional Nurse Directors
4. Our operational and clinical teams are aligned and work together to deliver high quality care
5. The services within our Social Care directorate are overseen by the Chief Executive Officer for Social Care who reports to the Group Chief Executive Officer
6. The services within our Health Care directorate are overseen by the Chief Executive Officer for Health Care who reports to the Group Chief Executive Officer
7. Our Regional Medical Directors report to the Group Clinical Director
8. Our Regional Nurse Directors report to the Director of Nursing
9. Our Group Clinical Director and Director of Nursing meet together with our Chief Executive Officers for Health Care and Social Care, all of whom report to the Group Chief Executive Officer who has management oversight of the whole company
10. Our central service functions provide support to our operational and clinical colleagues. Each function reports up to members of the Executive Management Board

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Cygnets Governance Structure



Our governance framework gives us the ability to scrutinise how we all work, helps us to manage risk, and shows us lessons that can be learnt from our experiences. Our clear governance structure, from service level up to the Executive and vice versa, is a key driver for continuous quality improvement and service excellence.

Ultimately, Cygnets'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 Cygnets 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 Cygnets's Director of Nursing is the Lead Executive for Quality and Safety.

This means that although individuals, clinical and care teams at the frontline are responsible for delivering quality care, it is the responsibility of the Executive Management Board to create a culture within the organisation that enables 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 and Board Committees.

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.

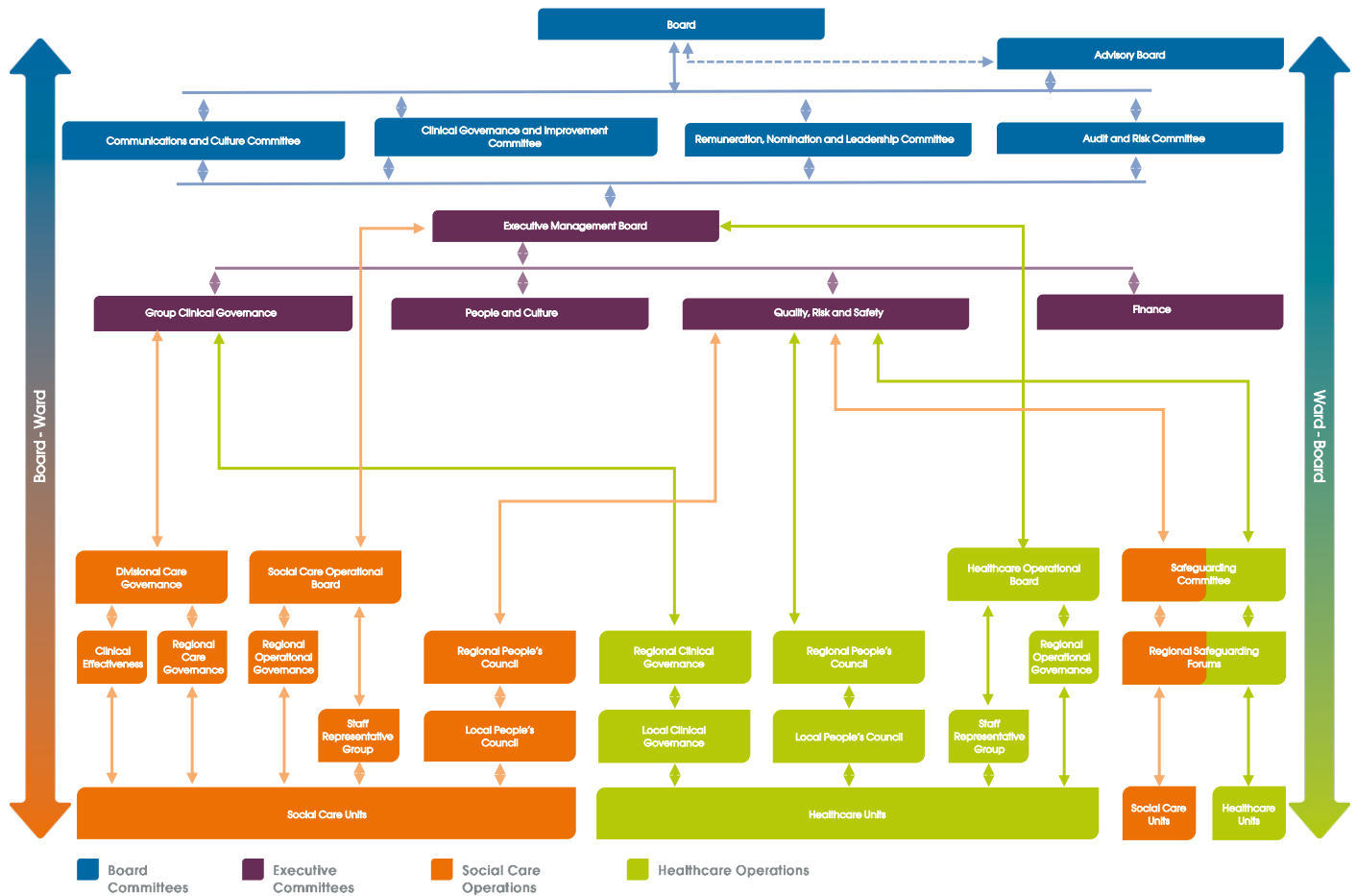


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Cygnets Governance Structure

4.3 Local and Regional Governance

Our local and regional governance arrangements are identified in orange (Social Care) and Green (Health Care) on the diagram below.



- > Our local and regional governance meetings discuss and resolve issues or escalate as required. They share and review lessons learnt and ensure that unit managers have an opportunity to share areas they think are going well and also any concerns which need to be raised upwards. They take information back to their service staff to disseminate as required
- > Every unit has a local risk register that everyone can feed into via their line manager
- > We have a clear risk escalation process so that things raised locally are heard and we can respond promptly
- > People's Councils remain a key feature to ensure the service user voice is heard
- > Where appropriate, any high level risks can be considered for escalation to the operational risk register which is regularly reviewed by the Executive Management Team

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Cygnets Governance Structure

4.4 Corporate Governance

Our regional, and through them 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:

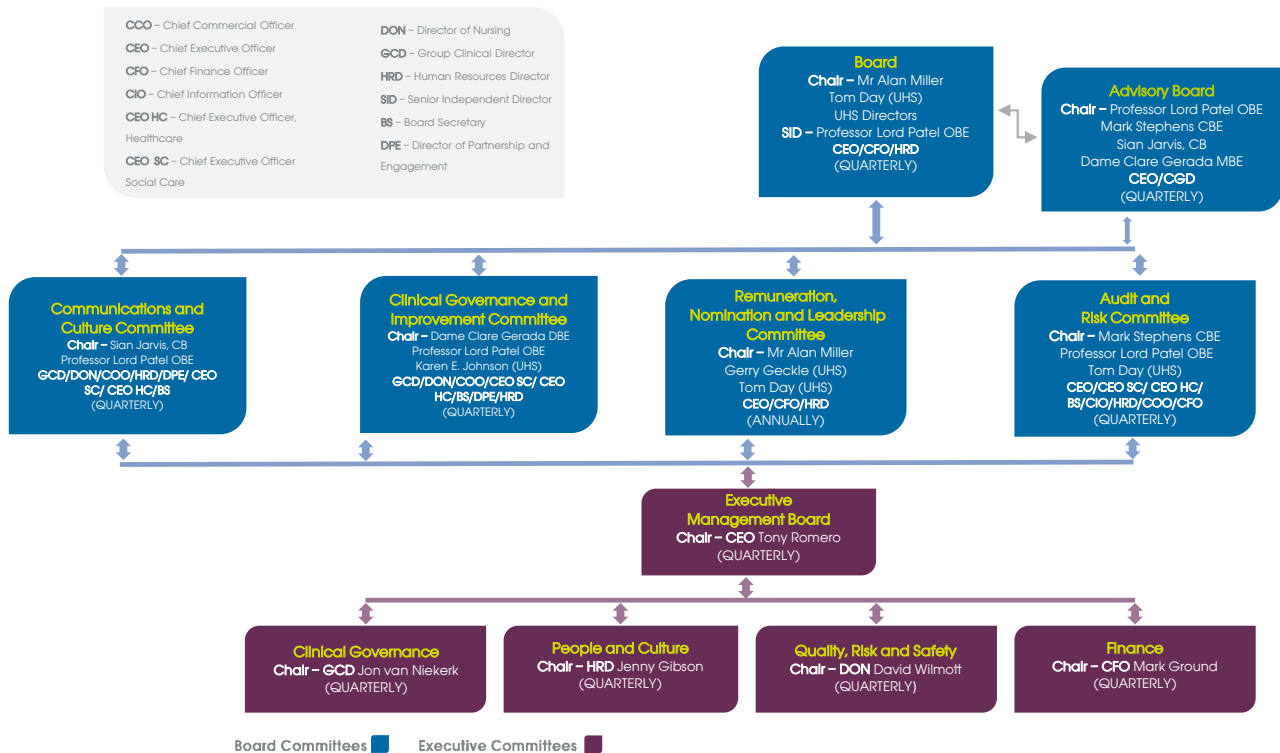
- > Group Clinical Governance Committee, chaired by the Group Clinical Director
- > People and Culture Committee, chaired by the HR Director
- > Quality, Risk and Safety Committee, chaired by the Director of Nursing
- > Finance Committee, chaired by the Chief Finance Officer

These three Executive Committees report to the Cygnets Executive Management Board chaired by the CEO, which in turn report to the Board Committees. They are:

- > Clinical Governance and Improvement Committee, chaired by one of Cygnets Independent Non-Executive Directors on the Advisory Board
- > Remuneration, Nomination and Leadership Committee
- > Audit & Risk Committee, chaired by one of Cygnets Independent Non-Executive Directors on the Advisory Board
- > Communications and Culture Committee, chaired by one of Cygnets Independent Non-Executive Directors on the Advisory Board

Cygnets has a established Advisory Board, with members having senior experience and expertise to support the Board's Committees. Advisory Board Members are independent and hold non-executive positions, this is Chaired by Cygnets Senior Independent Director, Lord Patel, and attended by Mark Stephens CBE, Dame Clare Gerada and Sian Jarvis, CB.

The Board Committees report into the Main Board which is chaired by the UHS Chairman/CEO (UHS is Cygnets's parent company). This structure can be seen in the chart below.



4.5 Governance of the Committees

The Board has adopted terms of reference for each of these Committees, these are available on the Company's intranet at: [MyCygnets > Departments > Governance](#)

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Key Leads

Role	Individual
Accountable Emergency Officer	David Wilmott
Anti- Bribery Officer	Mark Ground
Multicultural Network Chair	Rosalyn Mloyi
Caldicott Guardian	Dr Jon Van Niekerk
Nurse for Safeguarding Children, Adults and Transition	Laura Smith
Head of Safeguarding	Philip Winterbottom
Data Protection Officer	Michelle Crump
Director of Infection Prevention and Control	David Wilmott
Executive Responsible for Health and Safety	David Turner
Executive Responsible for Lessons Learnt	David Willmott
Executive Responsible for Medicines Management	Dr Jon Van Niekerk
Executive Responsible for Mental Health Law	Dr Jon Van Niekerk
Executive Responsible for Positive & Safe Care (RRP)	David Wilmott
Corporate Nurse Director for Reducing Restrictive Practices	Rosalyn Mloyi
Executive Responsible for Quality Improvement	David Wilmott
Executive Responsible for Safeguarding	David Wilmott
Expert by Experience Lead	Raf Hamaizia
Freedom to Speak Up Guardian	Agnes Tutani
Mental Capacity Act/DOLS Lead	Karen Lund
Mental Health Act Lead	Karen Lund
Positive & Safe Care (Reducing Restrictive Practice) Lead	Rosalyn Mloyi
Prevent Lead	David Wilmott
Responsible Officer	Dr Dale Lawrence
Resuscitation Officer	Jonathan Lane
Senior Accounting Officer	Mark Ground
Senior Information Risk Officer	Justin De Vally
Named Doctor for Adult Safeguarding	Dr Nikhil Khisty
Named Nurse for Adult Safeguarding	Laura Smith
Named Doctor for Children's Safeguarding	Dr Triveni Joshi
Named Nurse for Children's Safeguarding	Laura Smith
CAMHS Lead Nurse	Alicia Curtis
CAMHS Corporate Lead	David Wilmott

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Key Meetings and Committees

Committee	Brief summary of purpose	Attendees
Board Committee Meetings		
Board	<p>Responsible for the Company's strategic direction, vision and purpose.</p> <p>Responsible for overseeing and holding to account the executives for the day to day delivery of the strategy.</p> <p>Ultimately, Cygnet's Board through its Board Committees, and supported by the Advisory Board and its members, is responsible for the quality of care delivered across all services that Cygnet provides.</p>	<ul style="list-style-type: none"> • Chair: Chairman of UHS • UHS Divisional Director of Finance, BH Division • UHS Senior Vice President, Clinical Services • UHS Senior Vice President, Human Resources • Senior Independent Director • Chief Executive Officer • Chief Financial Officer • Director of Human Resources • Director of Nursing
Advisory Board	<p>To provide challenge and assurance to ensure quality services are provided which are focussed on safety, sustainability and continuous improvement.</p> <p>To review Cygnet's corporate governance practices regularly and propose recommendations.</p>	<p>Members:</p> <ul style="list-style-type: none"> • Chair: Senior Independent Director • Independent Non-Executive Directors <p>Attendees:</p> <ul style="list-style-type: none"> • Chief Executive Officer • Board Secretary
Audit & Risk Committee	<p>To assist the Board in its oversight of financial reporting and accounting, auditing and financial control, fraud and risk.</p> <p>Recommend the appointment of external auditors.</p> <p>To ensure the efficacy of overall risk management systems and policies.</p> <p>To escalate and inform the Board of matters arising at any of the Board Sub-Committees.</p>	<p>Members:</p> <ul style="list-style-type: none"> • Chair: Independent Non-Executive Director • UHS Divisional Director of Finance, BH Division • Senior Independent Director <p>Attendees:</p> <ul style="list-style-type: none"> • Chief Financial Officer • Chief Information Officer • Board Secretary • CEO of Health Care • CEO of Social Care
Clinical Governance and Improvement Committee	<p>Oversee and promote development of an organisational culture and environment that delivers high quality care, ensuring the safety of patients, clients and staff through effective systems and services.</p> <p>Develop, steward the implementation and monitor clinical performance indicators to measure clinical effectiveness within Cygnet, to oversee trend analysis and compliance with clinical interventions and identify emerging risks.</p> <p>Ensure systematic improvements in clinical practice identified as a result of clinical incident review are implemented.</p>	<p>Members:</p> <ul style="list-style-type: none"> • Chair: Independent Non-Executive Director • UHS Senior Vice President, Clinical Services • Senior Independent Director <p>Attendees:</p> <ul style="list-style-type: none"> • Group Clinical Director • Director of Nursing • Responsible Officer • Board Secretary • CEO of Health Care • CEO of Social Care • Director of Partnership and Engagement • Director of Human Resources • Chief Commercial Officer • Director of Quality Assurance

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Key Meetings and Committees (Continued)

<p>Clinical Governance and Improvement Committee</p>	<p>Monitor and review key legislative, regulatory and public policy issues and trends related to the latest research and development.</p> <p>To ensure clinical risk is evaluated, understood and cascaded to the Board.</p> <p>Scrutinise and monitor performance and improvement of assets which require improvement as identified by our Health and Social Care Regulators in England, Wales and Scotland or through our internal assurance systems including those identified on our Operational Risk Register.</p>	
<p>Remuneration, Nomination & Leadership Committee</p>	<p>Discharge the Board's responsibilities relating to executive compensation.</p> <p>Review succession plans for the CEO and other senior executives.</p> <p>Determine the strategy and policy in relation to terms and conditions of engagement of the Executive Directors;</p> <p>Approve the appointment of independent non-executive directors of the Advisory Board and members of the Executive Management Board.</p> <p>Keep under review the leadership needs of the business.</p> <p>Oversee terms and conditions of employment and any major changes in employee benefits.</p>	<p>Members:</p> <ul style="list-style-type: none"> • Chair: Chairman of UHS • UHS Divisional Director of Finance-BH Division • UHS Senior Vice President, Human Resources <p>Attendees:</p> <ul style="list-style-type: none"> • Chief Executive Officer • Chief Financial Officer • Human Resources Director

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Key Meetings and Committees (Continued)

<p>Communications and Culture Committee</p>	<p>Be responsible for advising on the development and implementation of an overarching Culture Plan and Communications and Engagement Strategy in order to position Cygnet as the best in class provider of Care Services and highly complex Mental Health Services across the UK, with specific attention to our reputation within the NHS, National and Local Government. Monitor and review the development of a Strategic Communication and Engagement Plan and Culture Plan to support developing a positive and inclusive culture which focuses on:</p> <ul style="list-style-type: none"> • Engagement with patients, service users and carers to support the delivery of the strategic priorities • Strengthening our Partnership with the NHS; • Belonging to Cygnet; • Improving Staff Experience and engaging with our staff better and more often; and • Inspiring Leadership <p>Be responsible for overseeing the delivery and evaluation of engagement and communications activities across Cygnet. Provide advice and recommending initiatives that will increase the reputation of Cygnet, e.g. through partnerships, charities, academic research, community projects and engaging across Cygnet committees.</p> <p>Identify opportunities for increasing staff engagement and partnership working to and engage more effectively with local communities making sure there is a feedback loop that promotes two-way communication and involvement. Report and discuss results of the staff survey to monitor and act on feedback provided. Receive regular updates from the People and Culture Committee.</p>	<p>Members:</p> <ul style="list-style-type: none"> • Chair: Independent Non-Executive Director • CEO Health Care • CEO Social Care • Chief Commercial Officer • Board Secretary • Director of Nursing • Clinical Director • Director of Partnership and Engagement • Communications Director • Human Resources Director • Freedom To Speak Up Guardian • Expert by Experience Lead
<p>Executive Committee Meetings</p>		
<p>Executive Management Board</p>	<p>Accountable for the day to day delivery of the Company's Strategy.</p> <p>Lead a culture of high quality, safe effective and sustainable patient and social care.</p> <p>Direct operations in accordance with performance indicators and targets. Assess and manage all operational risk.</p> <p>Bring matters to the attention of the Main Board.</p> <p>Recommend business plans and budgets to the Main Board and then deliver these in accordance with the Main Board's direction.</p> <p>Promote a diverse and inclusive workforce in order to attract, develop and retain high quality people.</p>	<ul style="list-style-type: none"> • Chair: Group Chief Executive Officer • Chief Financial Officer • Group Clinical Director • HR Director • Director of Nursing • Chief Commercial Officer • Chief Information Officer • Board Secretary • Director of Partnership and Engagement • CEO of Health Care • CEO of Social Care • Property Commercial Director • Property Director

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Key Meetings and Committees (Continued)

Executive Management Board	Safeguard and manage the reputation of the business.	
Group Clinical Governance	The Chair will report on the activities of the Clinical Governance Meeting to the Executive Management Board as directed by the CEO. Its work is in support of the CEO and Executive Team in the delivery of their responsibilities, informing their decision-making.	<ul style="list-style-type: none"> • Group Clinical Director (Chair) • Director of Nursing • Deputy Director of Nursing • Support and Engagement Director • Board Secretary • CEO, Social Care • CEO, Health Care • Director of SLT (Social Care) • Regional Directors of OT • Regional Medical Directors • Regional Nurse Directors • Regional Directors of Psychology • Group Director of Communications • Head of Risk and Incident Management • Clinical Systems Manager • Group Quality Standards Lead • Corporate Nurse Director (Positive & Safe Care) • Group Mental Health Act Lead • Responsible Officer • Expert by Experience Lead (representative) • Head of HR Operations • General Counsel
Finance	The Finance Meeting shall act as a forum for considering and acting upon any management information which covers financial issues for Cygnet. Its work is in support of the CEO and Executive Team in the delivery of their responsibilities, informing their decision-making.	<ul style="list-style-type: none"> • Chief Financial Officer • Board Secretary • Director of Human Resources • Financial Controller • Head of Commercial Finance • Head of Tax and Corporate Reporting • Group Internal Audit • Procurement Director • Head of Billings and Collections • Chief Information Officer • Chief Commercial Officer • Property Commercial Director • Group Facilities Director

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Key Meetings and Committees (Continued)

<p>Quality, Risk & Safety</p>	<p>The Quality, Risk and Safety Meeting shall act as a forum for considering and acting upon any management information which covers quality, risk and safety issues for Cygnet.</p> <p>Its work is in support of the CEO and Executive Team in the delivery of their responsibilities, informing their decision-making.</p>	<ul style="list-style-type: none"> • Chair: Director of Nursing • Group Clinical Director • HR Director • Property Commercial Director • Head of Safeguarding • CEO of Health Care & CEO of Social Care • Regional Medical Director, Midlands • Compliance Manager • Director of Quality Assurance • Group Head of Risk and Incident Management • Group Quality Standards Lead • Expert by Experience Lead • Head of Information Management and Privacy • Group Head of Health and Safety • Board Secretary • Chief Financial Officer • Director of Partnership & Engagement
<p>Other key meetings</p>		
<p>Corporate Group Wide Meetings</p>	<p>A range of corporate meetings provide oversight of focused areas including:</p> <ul style="list-style-type: none"> • Audit • Ethics • Infection control • Information governance • Information security • Mental health law • Medicines management • Mortality governance • Physical health • Quality improvement • Policy implementation research and development • Reducing restrictive practice • Resuscitation and safeguarding 	<p>Members of the following:</p> <ul style="list-style-type: none"> • Executive Management • Senior Management Team • Regional Management Team • Representatives from the Site Management Teams
<p>Operational Board Meetings Health Care</p>	<p>To provide oversight of operational governance within the division. To review performance against key targets, business plans, regulators and other corporate objectives. To review risks, assurance and controls relevant to Health Care, along with operational effectiveness of policies and procedures. To debate and discuss strategic issues affecting the Division and the wider organisation; and identify any potential commercial and/or reputational opportunities arising from the Division's work. To ensure information is cascaded from services to Board and Board to services.</p>	<ul style="list-style-type: none"> • CEO of Health Care • Regional Managing Directors (North and South) • Regional Operational Directors (North and South) • Chief Commercial Officer • Property Commercial Director • Head of Commercial Finance • Group Facilities Director • Director of Quality Assurance • Regional Quality Managers • Director of Nursing • Group Clinical Director • Head of Human Resources Operations

6

Key Meetings and Committees

Operational Board Meetings Social Care	To provide oversight of operational governance within the division. To review performance against key targets, business plans, regulators and other corporate objectives. To review risks, assurance and controls relevant to Social Care, along with operational effectiveness of policies and procedures. To debate and discuss strategic issues affecting the Division and the wider organisation; and identify any potential commercial and/or reputational opportunities arising from the Division's work. To ensure information is cascaded from services to Board and Board to services.	<ul style="list-style-type: none"> • CEO of Social Care • Regional Managing Directors (North and South) • Regional Operational Directors (North and South) • Chief Commercial Officer • Property Commercial Director • Head of Commercial Finance • Group Facilities Director • Director of Quality Assurance • Regional Quality Managers • Director of Nursing • Group Clinical Director • Head of Human Resources Operations
Regional Meetings	<p>To provide oversight of operational, clinical and care governance by region.</p> <p>To review feedback regionally from People's Councils.</p> <p>To identify and share best practice.</p> <p>To provide escalation of concerns from local operational, clinical or care governance.</p>	<ul style="list-style-type: none"> • Regional Management Team Members • Chairs: Operations Director or Regional Medical Director
Unit Meetings	<p>A range of local meetings are in place to ensure delivery of high quality, safe, compassionate care.</p> <p>To provide a positive experience for the people who use our services and a rewarding environment in which to work.</p> <p>To encourage active participation in local governance processes, to ensure lessons are learnt from local and corporate learning and foster continuous quality improvement.</p> <p>To ensure the voice of resident, service users and staff are acted upon.</p> <p>To provide an opportunity to escalate local concerns and areas of best practice.</p>	Local site Management Teams.
Major Project Meetings	To oversee and direct all project planning including the implementation of infrastructure and transformation initiatives across the organisation.	<p>As required for each project, relevant members will be drawn from:</p> <ul style="list-style-type: none"> • Executive Management Board • Senior Management Team • Regional Management Team • Local/site management Teams
Staff representative meetings	<p>We have a number of groups that focus on staff inclusion and participation, including our:</p> <ul style="list-style-type: none"> • Equity, Diversity and Inclusion • Multicultural Network • LGBTQ+ Network • Staff Representative Groups (SRGs) • Women's Network 	Expertise and participation is drawn from around the organisation and across all disciplines.

7

Clinical Governance

The Clinical and Nursing Directorate are jointly responsible for the oversight and implementation of Clinical Governance across Cygnet. Our Clinical Governance structure provides a framework of responsibility and accountability that continuously measures, monitors and improves the safety and quality of all our clinical services, and promotes optimal service user health outcomes and clinical excellence.

Our aim is to provide the highest quality care to our patients and residents at all times, wherever they are on their care pathway.

Our Clinical Governance structure is supported by:

- Ensuring that risk management systems and processes are incorporated into everyday practice
- Building and promoting an open and fair safety culture
- Encouraging staff, individuals and stakeholders to actively participate in improving the quality of service delivery
- Learning from mistakes, share knowledge, implement solutions and monitor success
- Promoting methods of assessing clinical effectiveness and quality of service delivery
- Continuously looking at innovative and effective ways of delivering the national clinical governance agenda

Our Clinical Governance structure ensures the implementation and monitoring of clinical performance indicators to measure clinical effectiveness within Cygnet, oversees trend analysis and compliance with clinical interventions and identifies emerging risks.

The three Regional Medical Directors each chair quarterly Regional Clinical Governance meetings with representation from each unit and specialist professionals from our Multi-Disciplinary Teams. Information gathered at local level is analysed in the Regional Clinical Governance meetings to identify trends, themes and lessons learnt in each region. Unresolved or significant issues are escalated to the national Clinical Governance meeting that is chaired by the Group Clinical Director. Lessons learnt and best practice are disseminated to individual units and across the organisation to ensure we constantly reflect, adapt and improve the quality of our provision.

We have established a Clinical Governance and Improvement Committee and our Clinical Quality Strategy is led by our Group Clinical Director and our Director of Nursing which oversees the implementation of the nursing strategy.

We have established Clinical Steering Groups for all service lines within Cygnet who are responsible for overseeing and embedding best practice in accordance with the most up to date professional and industry standards.



8

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 have a Freedom to Speak Up Guardian (FTSUG) and Deputy FTSUG who are supported by a network of FTSU Ambassadors around the organisation to further embed an open culture. 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 inductions 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.

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 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.

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



9

Service User, Family/Carer and Community Participation

The views of the people who use our services, their families, friends and carers are extremely important to Cygnet. We want to work together with service users and their families to make sure that we are meeting individual needs and providing the treatment, care and support that people rightly expect and deserve.

We believe that people should be at the centre of their own care and help shape their treatment. We undertake quarterly service user satisfaction surveys across our services which are made available in the most appropriate format for each individual's own needs.

Carers, family members, friends or partners can provide extremely valuable practical and emotional support - we value and respect the significant role that carers, families and friends can play in the recovery and wellbeing of people using our services and we invite their feedback through frequent surveys as well.

We also value positive engagement with the communities where our services are based and we participate in community initiatives around the UK. We listen to and support our neighbours to ensure our staff, service users and visitors enjoy worthwhile and supportive local relationships.

9.1 People's Councils

- > The People's Council is a regular forum which aims to ensure that service user and family carer voices are heard. They provide an opportunity to discuss views and share experiences with our teams locally in the spirit of co-production
- > Held at service level, we now have People's Councils at all our services and they continue to be recognised as an example of best practice within the sector
- > The views and discussions from these meetings are reported through local governance structures to identify any areas that may require further focus and identify if any themes or hotspots are emerging
- > The feedback and insight is also shared at regional People's Council forums and then via the Quality Risk and Safety Executive Committee to the Executive Management Board (EMB), ensuring a clear line of sight from 'ward to board'. A service user story is shared at the beginning of every EMB as a clear focal point from the outset

The Peoples Councils aim to:

- > Ensure people who use Cygnet services and their carers are heard at all levels of the organisation
- > Work with and influence the Executive Management Board
- > Share best practice and lessons learnt across the organisation
- > Co-produce policies and procedures
- > Challenge and support the organisation to do better
- > Come up with innovative projects and ideas
- > Review complaints where there are themes and develop solutions
- > Shape the vision, values and direction of the organisation

9.2 Advocacy

Independent advocacy is provided across Cygnet services to give a voice to our service users.

Making sure people's views and feelings are heard helps the individuals we care for to understand their rights and ensure they feel able to participate in decisions affecting them. Independent advocates work with people in a way that is appropriate to their communication needs and enables them to express their views. It is impartial, supportive and quality assured.

By creating a space to listen, we are able to focus on an individual's needs and wishes so that we enable them to participate in their care.

9.3 Expert by Experience

Cygnet recognise the value of lived experience and currently has an extensive Expert by Experience programme at every level of the organisation. Services can have daily, weekly, fortnightly and monthly visits from a dedicated Expert by Experience. These visits do not only act as an opportunity to provide peer support and peer advocacy, but to also support with various initiatives and projects from Quality improvement to the People's Council forums and general Expert by Experience reviews (quality checking).

Experts by Experience are also involved in regional and national meetings and project's such as regional clinical governance and quality improvement QI forums to the Lived Experience Advisory Board which meets directly with the group CEO of the organisation.

The programme is led by the Expert by Experience Lead who is based at head office and oversees the organisations Expert by Experience bank and People's Council forums. Through the various methods of lived experience feedback, the Expert by Experience Lead ensures the service user voice is heard from ward to board. This involves input and sharing of themes and trends on various strategic meetings, boards and committees as well as working alongside departmental leads and directors to action accordingly.

10

The Role of our Central Support Functions

Our Central Support Functions provide specialist services and strategic support to enable our operational directorates and frontline teams to deliver high quality, person-centred care. The central function is structured so that it works collaboratively to ensure good governance across all service delivery with a focus on practical support, monitoring, best practice and learning.

10.1 Quality and Compliance

Delivering high quality, safe care is our priority. Our dedicated Quality Team provides an objective review of services to establish concordance with both Company expectations and regulatory standards in Scotland, Wales and England.

Our aim is always to exceed the national standards in all our service provisions. Our quality assurance and improvement processes give oversight to ensure the services we offer are robust and operate effectively to deliver the best possible outcomes for individuals in our care.

Using internal data and analysis, the quality team can benchmark progress to track improvements, identify trends and recommend areas for development to consistently deliver quality services.

Our team of Regional Quality Managers (RQMs) with experience in clinical, nursing and social care, as well as regulatory expertise, focus on providing scrutiny, oversight and direction to our operational teams, helping them to continuously drive-up quality in line with regulatory requirements within the health and social care sectors.

The RQMs inspection approach follows that of our national regulators and provides constructive challenge to support services to improve. They also act as an early warning system, working with other directorates, to flag any hotspots, identify any emerging and common themes, and support teams to implement the appropriate interventions and mitigating actions where necessary.

We have invested in our Quality Team, which has doubled in size in the past two years.

- > 18 Regional Quality Managers
- > Director of Quality Assurance
- > Deputy Director of Quality Assurance Social Care
- > Deputy Director of Quality Assurance Health Care
- > Compliance Manager
- > Policy Manager
- > Assistant Policy Manager
- > Registrations Manager
- > Administrator

Quality and compliance responsibilities:

- > To assess quality and safety in all care settings
- > To advise what actions, systems and processes are necessary to address any issues that may be identified
- > To review information recognising early warning signs or risks and escalate as needed
- > To support processes and systems to ensure compliance with Cygnet's regulatory requirements and best practice
- > Use auditing to highlight areas of non-compliance that need to be addressed and provide the advice and expertise for corrective action
- > Support local action plans so progress can be evidenced and areas where further support is needed identified
- > Provide expertise to operational teams to help embed improvements
- > Promote collaboration and transfer of best practice between departments and services
- > Oversee the management and review of policies and procedures to support quality improvement, ensuring they are shared and understood

Monitoring quality:

- > The RQMs report weekly through our online system to highlight key areas of best practice and also areas for improvement
- > This report is circulated to the senior management team and other relevant departments
- > RQMs attend and feedback at Regional Operational meetings and participate in the Executive Quality Risk and Safety Committee
- > The Quality team also attend a number of company forums e.g. committees, management meetings, working groups and the executive management meeting. This provides quality input from services to Board
- > The Director of Quality Assurance reports to the Board Secretary and has weekly and monthly meetings with the Chief Executive Officers and Managing Directors for Social Care and Health Care and the Operational Projects Director to ensure escalation of information from the quality to relevant departments
- > Our Quality, Safety and Improvement Committee meets quarterly and has oversight of quality and performance. Any services requiring additional input are discussed and support agreed as required

10

The Role of our Central Support Functions

10.2 Policy Team

Our Cygnet Policy Group oversees the management of Cygnet Group Policy with the aim of ensuring that policies are consistent with current legislation, guidance and best practice.

The team ensures that all policy is regularly reviewed and that consultation with staff, individuals and carers is welcomed and incorporated where appropriate.

Cygnet's policy documents are managed in such a way that distribution to staff, publication online and historical archives are kept in a manner which is up to date, methodical and accurate.

The policy team strives to ensure continuous improvements not only to policy content but also in the visual presentation, branding, accessibility and online management systems so that staff and relevant stakeholders can quickly and easily navigate to, or feedback about, the policy information in question.

Our Policy Group oversees the policy implementation process and ensures clear lines of responsibility and timescales for implementation.

Any issues would be escalated to Local Risk Registers and then the Operational Risk Register as needed.

10.3 Registrations

Our Registrations function sits within the Quality team and ensures the accurate and up-to-date registration of services with the relevant regulatory body. They make sure services are appropriately registered and maintain records of compliance.

The Registration manager attends bi-weekly registration calls with the Director of Quality Assurance and the Operations Project Director to review the registration pipeline and managers registrations. Any areas of non-compliance are escalated to the Operations Director and the Director of Quality Assurance regularly provides an overview of registrations to the Executive Management Team.



10.4 Safeguarding Team

Within Cygnet, safeguarding isn't just everyone's business, it's everyday business. All colleagues have access to direct support from the Central Safeguarding Team in addition to the Safeguarding Leads for their respective areas of Practice. Safeguarding is a central thread throughout all governance processes and at every level.

Our commitment is that all individuals entrusted to our care receive the support they need to progress on their care pathway safely, in a way that is suited to their individual needs.

We have zero tolerance to any form of abuse and foster a culture of openness. In addition to the Local Safeguarding Procedures at service-level, our Freedom To Speak Up Guardian encourages anyone to speak up about any concern. All of our senior leaders and the Board are committed to an open and honest learning culture and speaking up is vital because it supports us in continuous improvement for all our service users, and the working environment for our staff.

Our safeguarding structure is clear and robust. Our Director of Nursing (DoN) is the Executive Lead for Safeguarding and a member of both the Clinical Governance and Improvement Committee and Executive Management Board. The DoN chairs the quarterly Safeguarding Committee, which reports to the Quality Risk and Safety Committee.

The Safeguarding Committee reviews training compliance and that all staff have safeguarding training appropriate to their role. The Committee also reviews safeguarding referrals from sites to look for outliers both high and low, and any actions from high level safeguarding cases.

The Committee has membership and contributions from a number of different areas, including but not limited to: both Health Care and Social Care, Freedom to Speak Up, Learning and Development, Reducing Restrictive Practice, and Experts by Experience/People's Councils. Reflective Regional Safeguarding Forums are chaired by the members of the Central Safeguarding Team and are attended by Safeguarding Leads for each service. The purpose of the forums is to provide peer support, raise any issues from sites that need escalating to the Safeguarding Committee, and for updates from the Safeguarding Committee to filter back to sites via the Safeguarding Leads.

10

The Role of our Central Support Functions

All units must be aware of the **Risk Management Policy** and requirements expected from units.

Consequence	Likelihood				
	1 Rare <small>This will probably never happen/ recur</small>	2 Unlikely <small>Do not expect it to happen/ recur but it is possible it may do so</small>	3 Possible <small>Might happen or recur occasionally</small>	4 Likely <small>Will probably happen/ recur, but it is not a persisting issue</small>	5 Certain <small>Will undoubtedly happen/ recur, possibly frequently</small>
1 Negligible	1	2	3	4	5
2 Minor	2	4	6	8	10
3 Moderate	3	6	9	12	15
4 Major	4	8	12	16	20
5 Catastrophic	5	10	15	20	25

10.5 Complaints and Compliments

Complaints and compliments are a valuable source of feedback; where we receive compliments these are used to promote good practice and when we receive complaints we aim to learn from them to improve our services for everyone. We have a central dashboard to monitor complaints and their management, which can be accessed locally, regionally and corporately

Cygnat recognises that there may be occasions when individuals or those related to them may be unhappy with the care or treatment that they have received. Service users and relatives are encouraged to speak openly, freely and with confidence that their treatment or care will not be prejudiced.

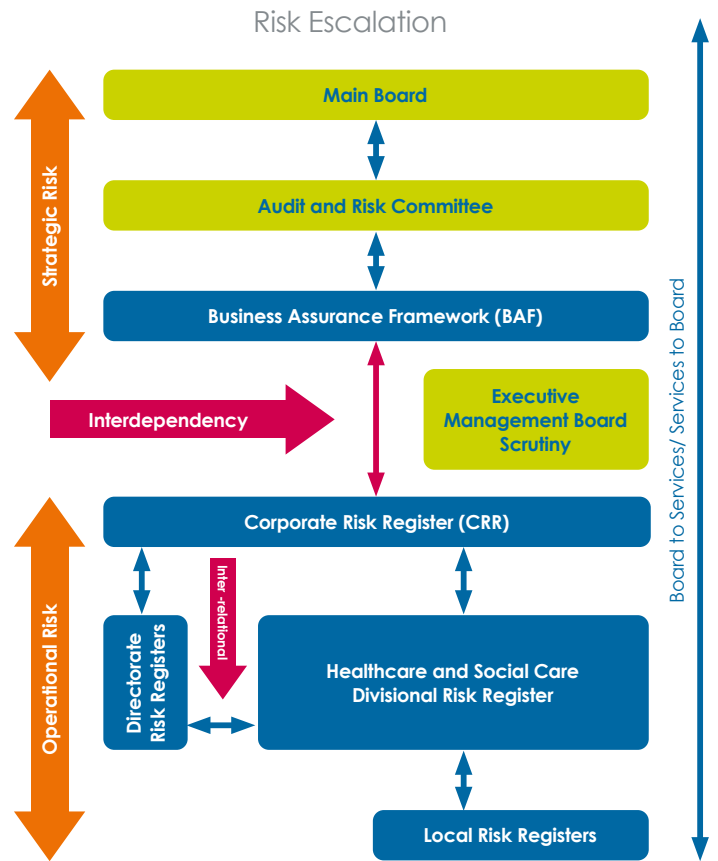
The Corporate Complaints Manager is responsible for setting our standards for complaint handling and management and monitoring and reporting on themes and trends. The Group Quality Standards Lead reports to the Director of Partnership and Engagement

10.6 Risk Management

The Risk Management Team is responsible for overseeing risk and safety issues across the organisation through effective management systems, transparent reporting processes and collaboration with external agencies as required.

The team is led by the Group Head of Risk and Incident Management who reports to the Board Secretary.

Risk Pathway for escalation



The team is responsible for:

- Ensuring that there are accurate and transparent systems of reporting incidents and risks
- Overseeing Local Risk Registers and feeding into the Operational Risk Register if required for escalation
- Overseeing the Operational Risk Register and Corporate Risk Register and liaising with all Directorate Leads to ensure they are comprehensive
- Monitoring serious incidents and ensuring they are properly reported and investigated
- Collating risk management data to inform local, regional and corporate forums to give a clear line of sight of risks, emerging themes, incidents and claims
- Working with all directorates including Clinical and Nursing Directorates and the Quality Team to share learning from serious incidents and complaints
- Cooperating with external bodies, authorities and organisations to support any investigations or inquiries

10

The Role of our Central Support Functions

10.7 Health and Safety Team

Overseen by our Group Head of Health and Safety who reports to the Board Secretary / our Health and Safety professionals support our operational teams at site level to be compliant with all current requirements and legislation covering:

- > Fire risk assessments
- > Infection control, water quality, Health and Safety, ligature and environmental audits
- > Working with local Health and Safety and Fire Authorities
- > Ensuring relevant training is delivered and undertaken
- > Renewing policies as required
- > Carrying out health and safety checks with clear audits to evidence compliance

10.8 Human Resources

At Cygnet we want to ensure we have the right people, with the right skills providing care at the right time and place to ensure our service users receive the highest standards of care that we aspire to.

Our staff are recruited according to our shared values. We always aim to retain high quality staff by investing in their development and opportunities for all to grow within Cygnet. We support leadership progression throughout the organisation and value compassionate leadership by ensuring all staff receive regular supervision and feedback.

Our HR Business Partners carry out HR site reviews with service managers regularly to review the employee life cycle. HR Clinics are conducted every six months or more frequently if required. The clinics are an open forum for all staff to speak to HR in confidence about anything they may be experiencing or with queries. It also provides an opportunity for our HR Business Partners to gauge staff morale and take positive action locally to enhance employee experience, which in turn benefits service user satisfaction.

We empower our staff to develop their careers through our Learning & Development training programmes, Continuing Professional Development (CPD) and bespoke apprenticeships. We also support our leaders of the future through our innovative leadership and management training courses.

10.9 Digitally Enabled Care (DEC)

We have enhanced our IT capacity across our services, providing video-conferencing platforms and tablets for individuals to stay in contact with their families, friends and carers. We understand everyone has the right to a family life, relationships and well-being, including seeing loved ones and being heard. We will continue to enable greater digital connectivity into the future.

Our health IT systems have also enhanced our incident reporting processes through our new Incident Management System (IMS) - our real time, incident reporting system. IMS links directly to, myPath our electronic care record, instantly notifying local managers of an incident, with wider oversight at all levels of the organisation to ensure appropriate escalation and adequate supportive measures.

myPath is our bespoke, comprehensive digital care management platform. Tailored to each of our specialist service lines, myPath is founded on the principles of person-centred care and ensuring the right to life is protected.

myPath provides individuals with lived experiences, their care teams and support networks, the opportunity to have sight of progress in all aspects of their care and co-produce realistic management plans. myPath enables the delivery of high quality real-time care with evidence of robust outcomes and ensuring the need for the right care, in the right place, at the right time.

Perfect Wards is our digital solution to make quality inspections quicker, easier and more effective. The mobile app captures information directly on phones or tablets, removing the need for paper-based reports and making the findings more accessible.

Completed on an approved schedule accessible to all staff through MyCygnet, the Perfect Wards app highlights key themes of focus for strategic governance and quality improvement planning at an organisational level, as well as highlighting local requirements or improvements.

Perfect Wards gives us oversight to how we are performing locally, regionally and organisationally, in each key line of enquiry for continuous improvement and compliance to regulatory standards.

Further digital innovations to enhance our service provision are constantly being explored by our Clinical Systems lead and IT experts.

11

Working with our Commissioners to Deliver Excellence

Cygnets has a national network of Business Relationship and Partnership Managers who work closely with our public sector commissioning partners in local authorities, ICBs, NHS Trusts, NHS England and Provider Collaboratives to ensure that our services are meeting the demands of the local health and care economies. The engagement through our Relationship and Partnership Managers ensures a touchpoint for the customer throughout the whole journey of working together, from:

- > Understanding what services we can offer across the Group to meet the needs of their service users, including our care pathways as service users progress with us
- > Making a referral to Cygnets, working with clinicians to identify the most suitable place for the service user, and seeing the referral through to the point of placement
- > Compliance with all contractual and reporting requirements, presenting to the commissioner the service KPIs and key quality indicators (e.g. CQUIN) that are being delivered
- > Ongoing customer management, including ability for the customer to reach someone swiftly who can deal with any issues that need to be raised
- > Strategic development discussions, including membership of Provider Collaborative boards
- > Identification of areas of unmet need and working with our customers around filling such gaps
- > The expertise, flexibility and good governance arrangements to consider patients of the highest acuity or need and tailor bespoke treatment and care plans to suit their requirements

We pride ourselves in being a key strategic and delivery partner to the public sector.



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External Stakeholder Engagement



A key part of our governance is the accountability and assurance we provide to our key stakeholders and customers. Ensuring they are satisfied and cognisant of our care, delivery and outcomes is a key part of our external governance processes.

Our national contract with NHS England requires detailed regular monitoring on a minimum quarterly basis. Such monitoring includes reviewing items such as:

- > Key performance indicators as detailed in the NHS standard contract
- > Key quality, development and innovation indicators (e.g. CQUIN)
- > Training and safe staffing
- > Feedback from advocates and our staff
- > Complaints and compliments

For each contract and service line, we develop a suite of service quality reports, sent to the commissioner in advance of the regular contract meetings. A key element of contract monitoring is also local site visits to give clear visibility into our services and making sure this feedback is incorporated into the ongoing governance / contract reviews.

Quality meetings with NHS England are held at both Board level and locally. We welcome the scrutiny so that we can provide and demonstrate the assurance required to continue providing much-needed services to help even more people.

Cygnets is an active partner to the national Provider Collaborative programme, where NHS England are phasing over responsibility for the commissioning of selected specialised services. Cygnets is a core partner in five large 'fast-track' Provider Collaboratives across secure mental health and adult eating disorders provision.

Cygnets' Communications Team is the first point of contact for all internal, external and employee communications as well as managing media enquiries and supporting positive stakeholder relations.

Led by the Director of Communications, the experienced team provide appropriate responses to journalists to highlight good governance and quality care, and promotes the positive output from Cygnets' portfolio. The team helps to build perception and confidence from commissioners, service users, their families and prospective employees.

The department is also responsible for providing advice to the Board on any issues pertaining to the reputation of the organisation and has oversight of risks that may affect the Cygnets brand.

Through our Internal Communications function we provide timely, relevant corporate news and updates. We act as the point of contact to disseminate relevant sector information, guidance, lessons learnt and best practice to our workforce. Through our employee engagement initiatives we are proud to showcase the wealth of positive stories that our colleagues and service users achieve and share every day.

Guided by our organisational values and in line with our Strategic Priorities the Communications Team is committed to:

- > Sharing service user outcomes to demonstrate the care and clinical excellence provided across our services
- > Supporting service users and their families and carers to access the information and communication they need
- > Delivering and maintaining clear lines of communication with our staff
- > Creating opportunities to listen to staff feedback and demonstrate how the organisation acts on that information
- > Responding to media enquiries to highlight good governance and quality care
- > Promoting the positive output and engagement from our services
- > Publicising our latest developments
- > Building the organisation's reputation to help engender trust and respect for our services and staff
- > Facilitating expert commentary on issues including mental health, social care, learning disabilities and autism
- > Understanding stakeholder and public opinion
- > Demonstrating Cygnets' work in the communities we serve



14

Metrics and Outcomes - Cygnet in Numbers Infographic

Our expert and highly dedicated care of c. **11,850 employees** empower **2,271 individuals** across **150 services** to consistently make a **positive difference** to their lives



We provide services in **Scotland, Wales and England**



83% of our services are consistently rated **'Good'** or **'Outstanding'** across the Group by our regulators

Service lines



11 in Health Care

- Secure
- PICU
- Acute
- Mental Health Rehabilitation and Recovery
- Personality Disorder
- CAMHS
- Eating Disorder
- Learning Disabilities
- Autism Spectrum Disorder
- Neuropsychiatric
- Deafness and Mental Health

5 in Social Care

- Learning Disabilities
- Autism Spectrum Disorder
- Day Services
- Supported Living
- Older Adults



Number of beds
Health Care **2008**
Social Care **713**



Purpose:

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

14

Metrics and Outcomes - Cygnet in Numbers Infographic

Accreditations



Our expert and highly dedicated care of c. **11,850 employees** empower **7,500 individuals** across **150 services** to consistently make a **positive difference** to their lives

Over **60** of our Social Care services have **achieved their Dignity in Care Award**



All of our Neuropsychiatric services are **accredited by INPA**



4 of our Neuropsychiatric services are **Headway accredited**

All of our CAMHS services are members and /or are **accredited with the Quality Network for inpatient CAMHS (QNIC)**



We provide services in **Scotland, Wales and England**

Our CAMHS PICU and Acute services at Cygnet Hospital Sheffield are **CAMHeleon accredited**



6 of our inpatient mental health services are **accredited with AIMS-Rehab and AIMS-Working Age**



83% of our services rated **'Good'** or **'Outstanding'** by our regulators

16 of our secure services are members of the **Quality Network for Forensic Mental Health Services (QNFMHS)**



All Tier 4 CAMHS services have been rated **Good** by **Ofsted**



5 of our PICU services have been **accredited and/or** are members with the **Quality Network for Psychiatric Intensive Care Units (QNPICU)**



6 of our PICU, Acute and Secure services have been **accredited with Star Wards**

*Figures accurate as at end of 2022.



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Quality Review Update

Quality Improvement (QI)



320 QI practitioners trained

Co-produced service user **QI practitioner training**

80 active QI projects

3 service user-led QI projects

35 sites QI ready

Recognition at national forums



CQUINS



Consistently meet **NHSE and local ICB CQUIN targets** year on year.

CAMHS: Launch of a **bespoke training programme** incorporating **Open University modules** and linking to a **Senior CAMHS HCW level 3 apprenticeship qualification**.



Delivery of co-produced **Healthy Weight Management** passports in all adult secure services.

Developing our managers



Visionary leaders: 91 completed and 41 on programme

Clinical Professional Development Group (NHS Matron level equivalent) **meets quarterly with Regional Nurse Directors to share knowledge and skills.**



We mobilise talent to **support and innovate across services.**

Open cultures



96% of staff know how to report concerns (Cygnet staff survey 2023)



94% of staff are aware of Cygnet's Freedom to Speak Up Guardian (Cygnet staff Survey 2023)

Ambassadors Network Masterclasses taking place in North and South Regions on a quarterly basis

Lessons learnt



Identified and discussed through our **local and corporate governance meetings.**



Shared with all staff in a monthly **bulletin and vlog.**

Supporting staff



Our **TRiM** (Trauma Risk Management) and **StRaW** (Sustaining Resilience at Work) systems provide peer **support for colleagues** who may be experiencing difficulties at work.

We launched our **Women's Network** which meets monthly to provide a safe, **non-judgemental, supportive environment** for women and allies.



Multicultural Network recommends and takes **positive action.**

Workforce



agency usage 19.3% June 2022 and **10.4%** June 2023

Manager turnover 12.31%

95% mandatory training compliance.

2023 staff survey

Engagement score for 2023 was 76%
Wellbeing score was 77%



85% of people enjoy working for Cygnet **+4%**

86% of staff feel they receive the training and support deliver a better service user experience **(+5%)**

84% of people feel supported by their manager (My line manager supports me and motivates me to do my job well +2%)



68% "If a friend or relative needed treatment or care I would be happy with the standard of treatment and care provided by Cygnet"

Communication and engagement



Inaugural Cygnet Staff Achievement Awards received 1,000 nominations in celebration of our staff.



753 media articles mentioned Cygnet Health Care in 2022 with a positive sentiment of **76%**

Extending our social media networks and growing our online following by 24%.



Ensuring quality



RQMs: monthly site visits for full **quality reviews** and/or **thematic reviews.**

Identify trends and areas for improvement through audit, observation, data analysis, advocacy, patient and staff feedback.



Action on improvements made - required in 30 days.

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