



Quality Account

1st April 2023 to 31st March 2024

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1.1 Statement from the Chief Executive Officer

This has been an exciting year within the Cygnet Group. We have taken the organisation from strength to strength and have increased our quality ratings across our health and social care services. We have seen Cygnet introduce a new patient incident system in line with other organisations and we have made good progress with the changes needed to implement Patient Safety Incident Response Framework (PSIRF), which really does give all organisations the right emphasis on learning across the sector.

We are working hard to launch our new electronic care record system, myPath Apollo, during 2024. The benefits will be a much-improved user experience for staff, better technology, improved access to information when needed, reduction in duplication, a single record for individuals in our care and, most importantly, improved processes to allow our staff to focus on providing quality, well-informed care for all service users.

The area of carer involvement has also been significant this year, with the launch of our Carer Strategy, introduction of Carer Ambassadors across the UK and being the only independent sector provider to launch Triangle of Care within its services.

In our Discharge Survey we have achieved a high score across the board, with service users telling us they feel safe, well cared for and would recommend us to their friends and family for care if they needed it.

We launched our Patient Engagement Strategy which was well attended by stakeholders from across the sector putting patient and resident experience at the very heart of what we do as providers of health and social care.

Significantly, in 2023 / 24 we have continued to make great strides in developing a culture of continuous quality improvement with a large number of QI projects being achieved, including some that empowered service users to lead on their own projects.

On behalf of the Executive Management Board I recommend this Quality Account to you and look forward to the quality achievements for 2024 / 2025.



Dr Tony Romero

**Chief Executive Officer,
Cygnet Group**

**On behalf of the Executive
Management 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 11,500 employees support 7,846 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 Cygnets. 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 2023 - March 2024

Service	Service Line	Location	Beds	Gender	Open date
Ty Alarch	Mental Health Rehabilitation	Merthyr Tydfil, Wales	6	Female	May 2023
Bowling Ward, Cygnet Hospital Bierley	PICU / Acute	Bradford	16	Male	May 2023
Cygnet Maple House	Personality Disorder	Nottinghamshire	16	Female	September 2023
Haywood Ward, Cygnet Hospital Kewstoke	PICU / Acute	Weston-Super-Mare	16	Male	April 2023
Cygnet Lodge Kewstoke	Mental Health Rehabilitation	Weston-super-Mare	12	Male	September 2023
Cygnet Fountains	Mental Health Rehabilitation	Blackburn	2	Male	December 2023
Svanna Ward, Cygnet Hospital Beckton	PICU / Acute	London	12	Female	January 2024
Cygnet Hospital Sherwood	PICU / Acute	Nottinghamshire	44	Male	February 2024



1.5 Divisions

Cygnnet Health Care has a total of 3,030 beds split into Health Care and Social Care.

- Health Care has a total of 2,222 beds
- Social Care has a total of 808 beds

Health Care sites:

- 1 Vincent Court
- 12 Woodcross Street
- 15 The Sycamores
- 20A and 20B Turls Hill Road
- 4, 5 & 7 Sycamores
- Adele Cottages
- Cygnnet Adarna House
- Cygnnet Acer Clinic
- Cygnnet Alders Clinic
- Cygnnet Appletree
- Cygnnet Aspen Clinic
- Cygnnet Aspen House
- Cygnnet Bostall House
- Cygnnet Brunel
- Cygnnet Cedars
- Cygnnet Churchill
- Cygnnet Delfryn House
- Cygnnet Delfryn Lodge
- Cygnnet Elms
- Cygnnet Fountains
- Cygnnet Grange
- Cygnnet Heathers
- Cygnnet Hospital Beckton
- Cygnnet Hospital Bierley
- Cygnnet Hospital Blackheath
- Cygnnet Hospital Bury, Dunes
- Cygnnet Hospital Bury, Forestwood
- Cygnnet Hospital Bury Hudson
- Cygnnet Hospital Clifton
- Cygnnet Hospital Colchester
- Cygnnet Hospital Derby
- Cygnnet Hospital Ealing
- Cygnnet Hospital Godden Green
- Cygnnet Hospital Harrogate
- Cygnnet Hospital Harrow
- Cygnnet Hospital Hexham
- Cygnnet Hospital Kewstoke
- Cygnnet Hospital Maidstone
- Cygnnet Hospital Sheffield
- Cygnnet Hospital Sherwood
- Cygnnet Hospital Stevenage
- Cygnnet Hospital Taunton
- Cygnnet Hospital Woking
- Cygnnet Hospital Wyke
- Cygnnet Joyce Parker Hospital
- Cygnnet Lodge
- Cygnnet Lodge Brighouse
- Cygnnet Lodge Kenton
- Cygnnet Lodge Lewisham
- Cygnnet Lodge Salford
- Cygnnet Lodge Woking
- Cygnnet Manor
- Cygnnet Maple House
- Cygnnet Newham House
- Cygnnet Nield House
- Cygnnet Oaks
- Cygnnet Pindar House
- Cygnnet Raglan House
- Cygnnet Sedgley House
- Cygnnet Sedgley Lodge
- Cygnnet Sherwood House
- Cygnnet Sherwood Lodge
- Cygnnet St Augustine's
- Cygnnet St Teilo House
- Cygnnet St William's
- Cygnnet Storthfield House
- Cygnnet Victoria House
- Cygnnet Views
- Cygnnet Wallace Hospital
- Cygnnet Wast Hills
- Gledholt
- Gledholt Mews and Coach House
- Malborn & Teroan
- Meadows Mews
- Morgan House
- River View
- Rhyd Alyn
- Ty Alarch

Social Care sites:

- Amberwood Lodge
- Beacon House
- Beckly House
- Beeches
- Birches
- Broughton House
- Broughton Lodge
- Chaseways
- Cherry Tree House
- Conifers
- Dene Brook
- Devon Lodge
- Dove Valley Mews
- Ducks Halt
- 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
- Nightingale
- Norcott House
- Norcott Lodge
- North East Supported Living
- North West Supported Living
- Oakhurst Lodge
- Oaklands
- Old Leigh House
- Outwood
- Oxley Woodhouse
- Pines
- Ranaich House
- Redlands
- Shear Meadow
- Sheffield Day Services
- Squirrels
- Staffordshire Supported Living
- Tabley House Nursing Home
- The Fields
- The Orchards
- Thistle House
- Thornfield Grange
- Thornfield House
- Toller Road
- Trinity House
- Trinity Lodge
- 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 Divisions 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
- Mental Health and Specialist Deaf
- Nursing Homes

1.7 Corporate Strategic Priorities



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.

1.8 Values

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

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

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

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



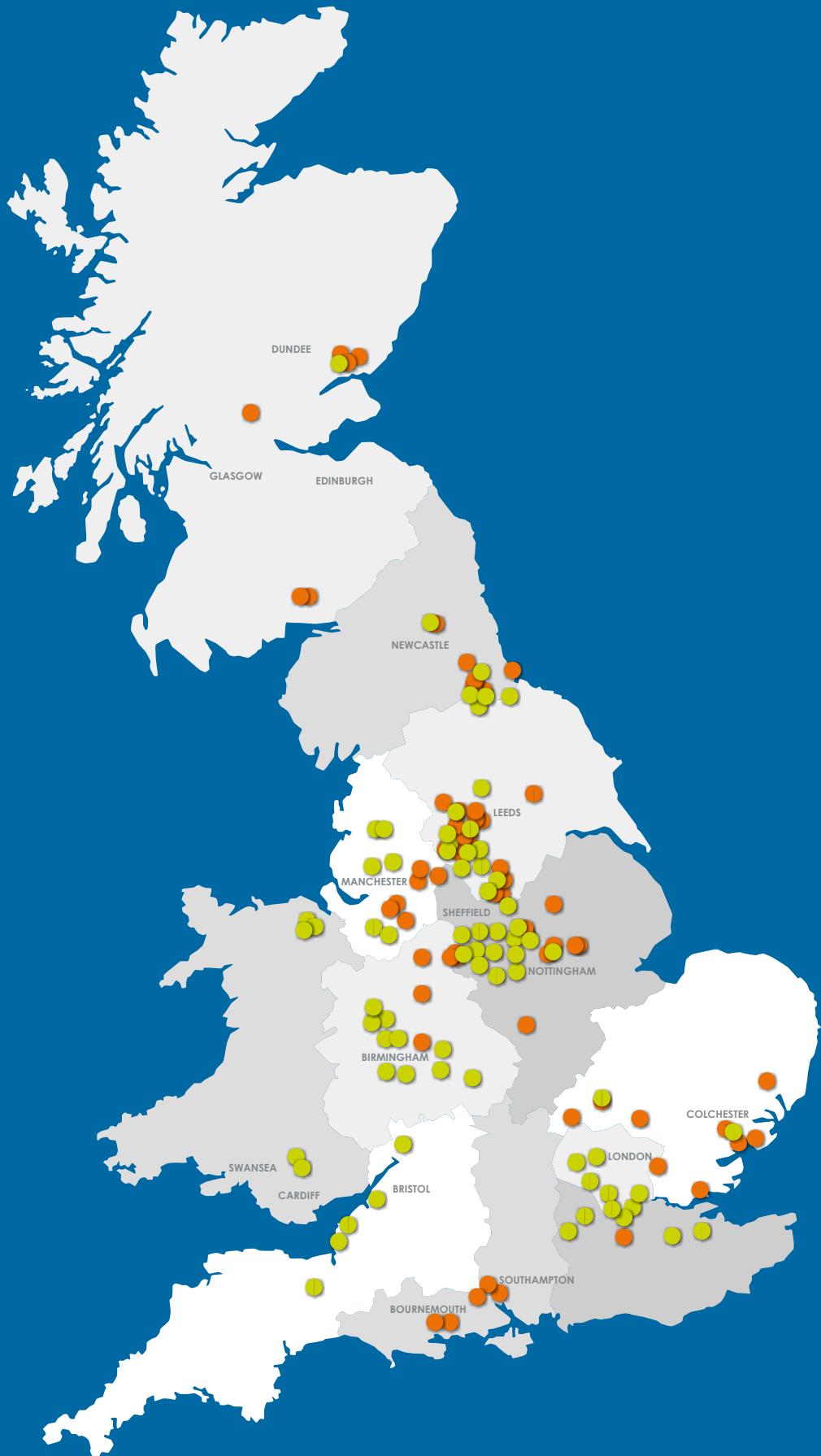
1.9 Site Location Map

Our Health Care Services:

Service	Beds	Postcode
1 Vincent Court, Lancashire	5	BB2 4LD
12 Woodcross Street, Wolverhampton	2	WV1 4 9RT
15 The Sycamores, Derbyshire	4	DE55 3BJ
20A & 20B Tullis Hill Road, Dudley	4	DY3 1HG
4, 5, 7 The Sycamores, Derbyshire	6	DE55 3BJ
Adèle Colleges, Nottinghamshire	2	NG21 0HR
Cygnel Acet Clinic, Cheshire	28	S43 3DQ
Cygnel Adama House, West Yorkshire	15	BD4 3DQ
Cygnel Alders Clinic, Gloucestershire	20	GL1 5UA
Cygnel Appletree, County Durham	25	DY7 8XN
Cygnel Aspen Clinic, Doncaster	16	S64 9EX
Cygnel Aspen House, Doncaster	20	S64 9EX
Cygnel Bostall House, London	6	SE2 0AT
Cygnel Brunel, Bristol	2	BS10 2DP
Cygnel Cedars, Birmingham	24	B9 5LY
Cygnel Churchill, London	57	SE1 7PW
Cygnel Dalryn House, North Wales	28	CH7 6DQ
Cygnel Dalryn Lodge, North Wales	28	CH7 6DQ
Cygnel Elms, Birmingham	10	B23 7BD
Cygnel Fountains, Lancashire	34	BB2 1TU
Cygnel Grange, Nottinghamshire	13	NG37 4HG
Cygnel Heathers, West Bromwich	20	B70 0HD
Cygnel Hospital Beckton, London	58	E6 6ZB
Cygnel Hospital Bierley, West Yorkshire	63	BD4 6AD
Cygnel Hospital Blackthorn, London	30	SE10 9AD
Cygnel Hospital Bury, Lancashire	187	BB2 2BS
Cygnel Hospital Clifton, Nottingham	25	NG11 8NB
Cygnel Hospital Colchester, Essex	59	CO3 7HF
Cygnel Hospital Derby, Derbyshire	48	DE24 8WZ
Cygnel Hospital Ealing, London	23	WS 2HT
Cygnel Hospital Godden Green, Kent	33	TN15 0UR
Cygnel Hospital Harrogate, North Yorkshire	35	HG2 3JL
Cygnel Hospital Harrow, London	40	HA1 3JL
Cygnel Hospital Hexham, Northumberland	27	NE46 4JR
Cygnel Hospital Kewstoke, Somerset	71	BS22 9UZ
Cygnel Hospital Macclesfield, Cheshire	63	MW1 4EF
Cygnel Hospital Sheffield, South Yorkshire	55	S2 3PX
Cygnel Hospital Sherwood, Nottinghamshire	44	NG21 0HR
Cygnel Hospital Shrewsbury, Shropshire	52	SY3 7AE
Cygnel Hospital Tiverton, Somerset	34	TA3 7BQ
Cygnel Hospital Woking, Surrey	62	GU21 2GS
Cygnel Hospital Wyke, West Yorkshire	46	BD14 6LR
Cygnel Joyce Park Hospital, Coventry	42	CV2 6FF
Cygnel Lodge Bighouse, West Yorkshire	21	HD4 3EL
Cygnel Lodge Kenton, London	15	HA3 8AE
Cygnel Lodge Kewstoke, Somerset	17	BS22 9UZ
Cygnel Lodge Lewisham, London	17	SE13 0ZL
Cygnel Lodge Salford, Lancashire	24	M6 7WQ
Cygnel Lodge Woking, Surrey	32	GU21 2D
Cygnel Lodge, Nottinghamshire	18	NG17 4W
Cygnel Manor, Nottinghamshire	20	NG20 8BA
Cygnel Maple House, Nottinghamshire	16	NG13 8PJ
Cygnel Newham House, North Yorkshire	20	TS9 9DE
Cygnel Old House, Cheshire	29	CV1 6WY
Cygnel Oaks, South Yorkshire	35	S70 4PX
Cygnel Pinder House, South Yorkshire	22	S70 4PX
Cygnel Poplar House, Birmingham	25	B15 2BD
Cygnel Radley House & Lodge, Wolverhampton	34	WV1 4 9RT
Cygnel Sherwood House, Nottinghamshire	30	NG21 0HR
Cygnel Sherwood Lodge, Nottinghamshire	26	NG21 0HR
Cygnel St. Augustine's, Wake-on-Trent	14	CV8 3JF
Cygnel St. Tello House, South Wales	23	NP22 5NF
Cygnel St. William's, County Durham	12	DL1 2UJ
Cygnel Stonefield House, Derbyshire	22	DE55 3BA
Cygnel Victoria House, County Durham	26	DL1 2JN
Cygnel Views, Derbyshire	10	DE4 3JP
Cygnel Wallace Hospital, Scotland	10	DD3 2AG
Cygnel West Hill, Birmingham	21	B5 8RT
Gledholt, West Yorkshire	9	HD1 4EZ
Gledholt Mews and Coach House, West Yorkshire	21	HD1 4EZ
Malton & Teron House, Nottinghamshire	6	NG20 7EN
Meadow Walk, Tipton	10	DV4 4JA
Rhyd Alyn, North Wales	6	CH7 6FQ
Rives View, County Durham	4	DL1 5JR
Ty Alarch, South Wales	6	CF47 8UY

Our Social Care Services:

Service	Placements	Postcode
Amberwood Lodge, Dorset	9	BH14 9JN
Beacon House, West Yorkshire	16	BD6 3DQ
Becky, 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 6DS
Chapelton, Staffordshire	6	CV9 1DX
Cherry Tree House, Nottinghamshire	6	NG19 8DX
Conifers, Derbyshire	7	DE23 3JZ
Dana Brook, South Yorkshire	14	SD8 3DQ
Devan Lodge, Hampshire	12	SO30 2FL
Dove Valley Mews, South Yorkshire	6	S73 0HL
Ducula Hall, Essex	5	CO15 0DU
Elan Manor, Dundee	12	DD9 3JF
Elton House, Nottinghamshire	8	NG23 3NP
Fairways, Suffolk	9	IP6 9AX
Gables, Essex	7	CO9 0GB
Glyn House, Staffordshire	5	ST11 9LG
Hansa Lodge, Essex	5	RM13 9LG
Hawkstone, West Yorkshire	10	BD20 8NA
Hollyhurst, County Durham	19	DS18 9JN
Hope House, Cleveland	11	TS26 9PW
Kirkside House, West Yorkshire	7	LS3 3EJ
Kirkside Lodge, West Yorkshire	8	LS3 3EJ
Lapdole House, West Yorkshire	8	HD5 4UR
Lindsay House, Dundee	2	DD3 9AG
Long Eaton Day Service, Nottinghamshire	25	NG10 1DS
Lanfield House, West Yorkshire	9	BD14 6NP
Lowly House, Lancashire	12	SK14 3BS
Marion House, Derbyshire	5	DE23 3JZ
Nightingale, Dorset	10	BH3 3PX
No. 12 High Street, Lincolnshire	5	LN5 0SL
Norcoff House, West Yorkshire	11	WF15 6JA
Norcoff Lodge, West Yorkshire	9	WF15 6JA
North East Supported Living, County Durham	4	DS9 9JN
North West Supported Living, Cheshire	14	SK11 0XG
Oakhurst Lodge, Hampshire	8	SO40 7AW
Oaklands, Northumberland	15	NE46 4JR
Old House, Essex	6	SS9 1LE
Outwood, West Yorkshire	10	LS18 4JA
Oxley Woodhouse, West Yorkshire	17	HD2 1DH
Pines, Nottinghamshire	7	NG19 6DQ
Randolph House, Shropshire	14	EK5 0BP
Redlands, County Durham	5	DL3 9LP
Shear Meadow, Herefordshire	4	HR1 2PJ
Sheffield Day Service, South Yorkshire	50	S13 7FS
Staffordshire Supported Living, Staffordshire	25	ST16 2AD
Tabley House Nursing Home, Cheshire	51	WA16 0HB
The Meadows, South Yorkshire	54	S13 7FS
The Orchard, Essex	5	CO7 3JA
The Squirrels, Hampshire	9	SO16 7JE
Thistle House, Dundee	10	DD5 1FL
Thornfield Grange, County Durham	9	DL14 7BZ
Thornfield House, West Yorkshire	7	BD10 8QY
Toller Road, Leicestershire	8	LE2 3HP
Tinny House, Dumfries and Galloway	13	DG11 4DS
Tinny Lodge, Dumfries and Galloway	4	DG11 4AG
Upwood Gate Nursing Home, Surrey	32	CR3 6TE
Walkern Lodge, Herefordshire	4	SG1 3GX
Willow House, West Midlands	8	B17 4BS
Woodrow House, Cheshire	9	SK4 4PL
Yorkshire Supported Living, West Yorkshire	39	YO26 4GL



2.1 Statement of Assurance from the Board

Board Assurance Mechanisms

Cygnets 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 organisation 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 a 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:

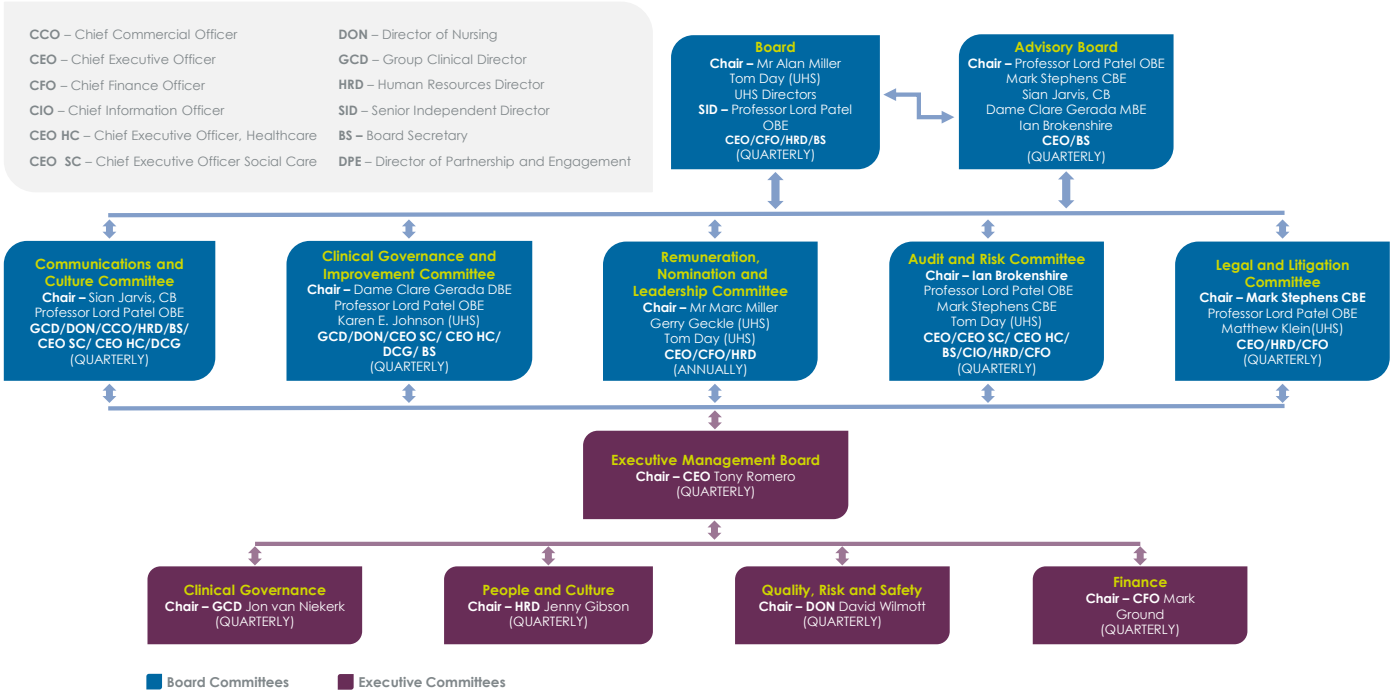
- Group Clinical Governance Committee (Chaired by the Group Clinical Director).
- People and Culture Committee (Chaired by the Director of Human Resources).
- Quality, Risk and Safety Committee (Chaired by the Director of Nursing).
- Finance Committee (Chaired by the Chief Financial Officer).



Corporate Governance Structure 2024

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

The Executive structures have also been reviewed during 2024 and the current governance structure is detailed below:



Ultimately, Cygnet's Board through its Board sub-committees and supported by the Advisory Board and its members, is responsible for the quality of care delivered across all services that Cygnet provides. Quality is achieved through robust governance arrangements, which delegate responsibility down to individual units. All staff within the company are committed to working in a professional manner and have a shared responsibility for quality and accountability.

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



2.2 Nursing Strategy

We have completed the first year of the organisation's Nursing Strategy and we are pleased that all objectives are on target of being met with the 2025 launch of the next strategy for nursing. There have been many achievements over the last 12 months, notably the increased work around patient experience with a strong emphasis on carer experience and the support that Cygnet provides to this essential group within our services.

We have enhanced our patient care team with the launch of the Patient Safety Incident Response Framework (PSIRF), which provides a very strong emphasis on learning and the development of that culture. The quality improvement strategy is almost at an end with its milestones being met and the next strategy will be published in 2024.

This has been a great year for nursing and care within Cygnet. We intend to build our strategy to be bigger and better in 2025 to truly see the value that nurses and care workers make to the high quality services delivered to our service users and residents.



David Wilmott
Director of Nursing,
Cygnet Group



Key Objectives and Actions

1. Service User Safety

Culture

- To ensure that we have compassionate leadership across Cygnet Group, ensuring we value and promote the diversity of all staff.
- Support the enhancement of collaborative working relationships across Cygnet between professionals and other stakeholders, including representative bodies and regulators.

Quality Improvement - To embed a culture of continuous improvement

- To continue to make progress and embed the objectives outlined within our three-phase QI Implementation plan, supported by the delivery of our Quality Improvement Strategy and Framework.
- Ensure delivery of QI ready status across all Cygnet sites.

2. Effectiveness - Clinical Practice

Evidence-Based Nursing and Research

- To ensure all nursing care is evidence-based.
- For nurses to deliver high-quality care based on available evidence, research and development in line with both local and national standards of care.

Development of Specialist Knowledge

- To implement a specialist education strategy for all service lines, meeting the needs of that specific service user group, maximising the training development and experience of our staff.

Physical Health

- Implementation of an electronic screening tool for the assessment and monitoring of physical healthcare, supported by the implementation of a scenario-based education framework.

3. Service User Experience

Actions

- To ensure that the service user voice is embedded throughout the organisation and that we have co-production at the heart of the Cygnet Group.
- Implementation of Cygnet Group Service User Engagement Strategy.
- Develop and implement a real-time service user experience tool for use across the Cygnet Group.



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 co-produce 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 Group

Objectives and Actions

Objective 1 - Service Users First

Objective	Actions
<p>Putting individuals at the heart of all we do in the delivery of safe, high-quality care</p>	<ul style="list-style-type: none"> ➤ Establish, pilot, and embed meaningful Patient Reported Outcome and Experience Measures (PROEMs) across the service lines, including DIALOG.
	<ul style="list-style-type: none"> ➤ 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, service users or residents and carers.
	<ul style="list-style-type: none"> ➤ Implement new Patient Safety Incident Response Framework (PSIRF) with compassionate engagement and involvement of those affected and a system-based approach to learning.
	<ul style="list-style-type: none"> ➤ Co-produce care plans and care decisions that are informed by individuals' preferences, needs and values.
	<ul style="list-style-type: none"> ➤ Utilise our clinical dashboard and trend analysis to proactively provide support to site, accordingly.

Objective 2 - Support & Help More People

Objective	Actions
<p>Providing the right care, at the right time in settings that best meet individual needs</p>	<ul style="list-style-type: none"> ➤ 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 (Cygnet Clinical Service Change Model adherence, including staffing matrix).
	<ul style="list-style-type: none"> ➤ Co-design new builds / repurposing of old / new acquisitions for each service in line with individuals' needs.
	<ul style="list-style-type: none"> ➤ Expand our provision of Specialist Services according to the standards of our Clinical Models of Care and Service Level Operating Frameworks, implementing external accreditation standards as appropriate.
	<ul style="list-style-type: none"> ➤ Ensure continuity of care and high quality discharge processes are followed, including regular audit of compliance with same-day discharge notification, discharge summaries according to discharge checklists.
	<ul style="list-style-type: none"> ➤ 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 commissioner feedback to further refine.
	<ul style="list-style-type: none"> ➤ Work with sector partners, individuals in our care 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
<p>To be seen as a provider of choice for the delivery of high quality, evidence-based, specialist care</p>	<ul style="list-style-type: none"> ➤ Actively contribute and support Quality Improvement projects and support services to enable a Continuous Improvement culture.
	<ul style="list-style-type: none"> ➤ Develop further focus on improving physical health outcomes through: <ul style="list-style-type: none"> ● Enhanced training, including diabetes, asthma, epilepsy, and healthy living (diet and exercise). ● Fulfil our commitment to STOMP (regular audits).
	<ul style="list-style-type: none"> ➤ Support sites who are aiming for an "outstanding" rating by regulators through Corporate Improvement projects (Project Excelsior).
	<ul style="list-style-type: none"> ➤ Measure, monitor and improve the quality of all services through standardised clinical outcome measures. <ul style="list-style-type: none"> ● HONOS, HONESCA and GAP progression and Patient Reported Outcome Measures (PROMs).
	<ul style="list-style-type: none"> ➤ Work towards accreditation and benchmarking of services by external agencies, including participation in: <ul style="list-style-type: none"> ● National RCPsych POMH Audits. ● CCQI RCPsych accreditation, AIMS, QNIC, QNLD and Headway. ● NHS Benchmarking.

Objective 4 - Value & Develop Our Staff

Objective	Actions
<p>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</p>	<ul style="list-style-type: none"> ➤ Recruit clinical staff with standardised interview processes based on Cygnet values.
	<ul style="list-style-type: none"> ➤ Regular salary and terms and condition benchmarking to ensure Cygnet remains competitive.
	<ul style="list-style-type: none"> ➤ Promote visible, accountable and compassionate leadership and ensure all healthcare leaders have regular supervision and 360 leadership appraisals to support further development.
	<ul style="list-style-type: none"> ➤ 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.
	<ul style="list-style-type: none"> ➤ Launch a new Doctors in Difficulty policy to ensure a compassionate response to doctors needing extra support during investigations.
	<ul style="list-style-type: none"> ➤ Commitment to developing career pathways and train staff to become clinicians, achieving professional registration in their respective disciplines.

Objective 5 - Innovation for the Future

Objective	Actions
<p>Showcase innovation and vision. Harness technology. Deliver our sustainability targets. Be a force for good in the communities we serve</p>	<ul style="list-style-type: none"> ➤ 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: <ul style="list-style-type: none"> ● Roll out of new Incident Management System (DATIX). ● Update to Electronic Health Record system (MyPath2), including patient and carer access. ● Electronic Prescribing system.
	<ul style="list-style-type: none"> ➤ Develop a digital service line specific performance report for qualified clinical staff to support appraisal / supervision processes.
	<ul style="list-style-type: none"> ➤ Evaluate reducing restrictive practices, including: <ul style="list-style-type: none"> ● Cygnet 7 Cs to reduce Enhanced Observations. ● Coproduction principles in Personality Disorder services.
	<ul style="list-style-type: none"> ➤ Continue to develop Clinical Dashboard to ensure proactive monitoring of clinical performance through trend analysis and predictive risk monitoring.
	<ul style="list-style-type: none"> ➤ 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

National POMH Lithium Monitoring Audit for Cygnet Health Care 2024

Dr Arokia Antonysamy RMD, London & South

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 monitoring of patients prescribed Lithium before initiating treatment and during maintenance treatment. Patients prescribed lithium in all service lines were included in the study with the exception of CAMHS.

The following practice standards were used:

The following tests / measures should be completed before initiating treatment with lithium and should be repeated every 6 months.

- Renal function tests: eGFR and U&Es.
- Serum calcium.
- Thyroid function tests (TFTs).
- Body weight / BMI.

*For the purpose of this audit, monitoring of patients during maintenance phase looked at data in the past year.

Results:

63 NHS Trusts / healthcare organisations participated in this audit, submitting data for **5306 patients** under the care of **874 clinical teams**. Of the 63 participating organisations, Cygnet contributed to a significant majority with **786 responses**, continuing to remain in the **top 3%**.



Good Practices Identified:

Practice Standards	National Average	Cygnnet Health Care
Proportion of patients with eGFR and U&Es documented prior to treatment	85%	72%
Proportion of patients with Serum Calcium documented prior to treatment	72%	83%
Proportion of patients with TFTs documented prior to treatment	84%	94%
Proportion of patients with Body weight / BMI documented prior to treatment	69%	89%
Documented communication with patient about the side effects of lithium	68%	72%
Documented communication with patient about the signs and Sx of lithium toxicity	50%	67%
Documented communication with patient about the risk factors for lithium toxicity	49%	67%
Documented evidence of clinical assessment for recognised side effects of lithium	67%	76%
Documented eGFR and serum lithium tests during maintenance treatment	88%	59%
Documented TFTs during maintenance treatment	78%	65%
Documented serum calcium tests during maintenance treatment	63%	53%
Documented body weight / BMI measurement conducted in the past year	59%	94%

Positive Practices Identified

Cygnnet is performing above the national average in monitoring patients prescribed lithium prior to initiating treatment. Staff also communicated and documented discussion with patients on lithium side effects, lithium toxicity signs and risk factors for lithium toxicity. A high number of patients at Cygnnet were also assessed for side effects of lithium.

Areas to improve:

The teams at Cygnnet Health Care should assess and document eGFR and renal function tests prior to initiating treatment. Their maintenance treatment compliance is measured by auditing tests conducted in the past year. At Cygnnet Health Care, the compliance rates in maintenance phase seemed lower than national average (Ref: Table 1) and partly this may be contributed by factors while patients were in community.

Action:

The new electronic patient recording system (Apollo) could be set up to **raise alerts within the system when patients are due for their investigations.**

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 2023 / 2024, All Specialised Services Quality Dashboard data and Mental Health and Restrictive Practice quarterly reports were submitted and within the required timeframes.

All the KPI requirements are the same and below are some updates of figures.

- > 100% of Adult and CAMH service users were offered the opportunity to co-produce their care plans. 90% of which participated within the production, 10% refused or were unable to.
- > 100% of service users within prescribed services had a physical health care improvement and maintenance care plan in place, all of which (100%) included reference to the assessed needs of the patient. Furthermore 100% included evidence of a co-produced plan and with the patient's views on their physical health, 89% participated directly, 11% chose not to participate or were unable to.

Service Quality Reporting

Cygnnet 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.
- > Tier 4 Eating Disorders services.

A vital part of Cygnnet delivering quality services to its Lead Provider Collaborative / NHS England-funded patients is robust contract monitoring. Cygnnet 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, Cygnnet 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 Cygnnet services report on in order to enable the LPC to perform their quality and governance responsibilities.

Cygnnet reviews contract(s) annually and ensures that reporting continues to mirror the requirements there in.

2.6 Research

Publications:

1. Jennifer Beal, MSc Occupational therapy and PG Cert Sensory Integration - Embedding Sensory Interventions into an Adult Mental Health Service, Oct, OT news.
2. Collman.S.,Heriot-Maitland.C.,Peters.E.,Mason.O. (2023) Investigating associations between self-compassion, self-criticism and psychotic-like experiences. Psychol psychotherapy theory res practice.2023,00:1-13 <https://bpspsychub.onlinelibrary.wiley.com/doi/epdf/10.1111/papt.12500>.
3. Copstick,S., Turnbull,L.B., Tibbles.J., Ashworth,S., Swanepoel.H.J., Kinch.J. & Moffitt, J. (2023). Developing an understanding of the Frontal Lobe Paradox through clinical group discussions. The neuropsychologist. 6 – October 2023. doi:10.53841/bpsneur.2023.1.16.40.
4. Matson.R., Linforth.J.,Edge.C.(2023) Distance supervision as experienced by Occupational therapists in mental health: An interpretative phenomenological study. British journal of Occupational Therapy 1-8.
5. Solomon.D.(2023). Expereince and views of healthcare professionals towards people who use new psychoactive substances: evidence from statutory, non- statutory, and private mental health and addiction. Human psychopharmacology and experimental. October 2023.
6. Blog 27th Sep 2023 - Giovana Chanllío "Challenges in Conducting Interventions for Individuals with Borderline Personality Disorder: A Clinician's Reflection, London and Home countys Blog https://lhcbps.wordpress.com/2023/09/27/challenges-in-conducting-interventions-for-individuals-with-borderline-personality-disorder-a-clinicians-reflection/?dm_i=6MRE,VZJ3,3OHQ7W,3XMXX,1.



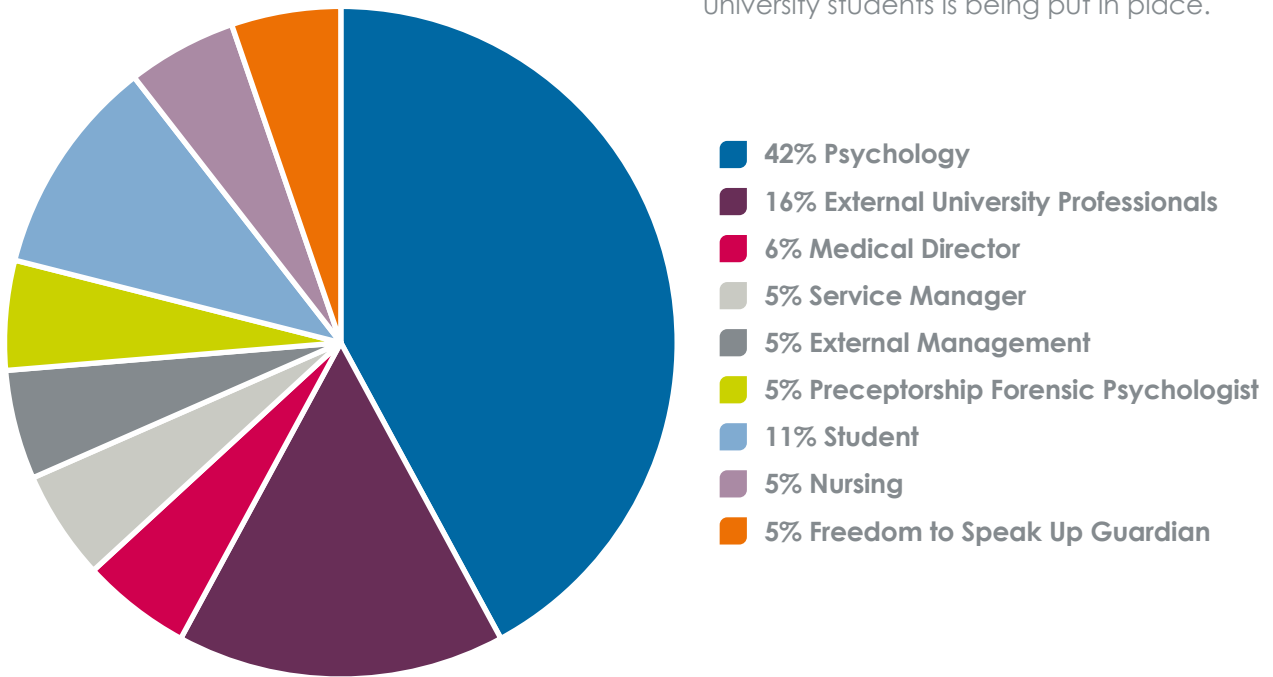
Conference Presentations

Devendran.S.,Condliffe.K.,Matson.B., Development of a Sensory Integration Preceptorship (SIP) programme – poster presentation at the SIE conference 2023.

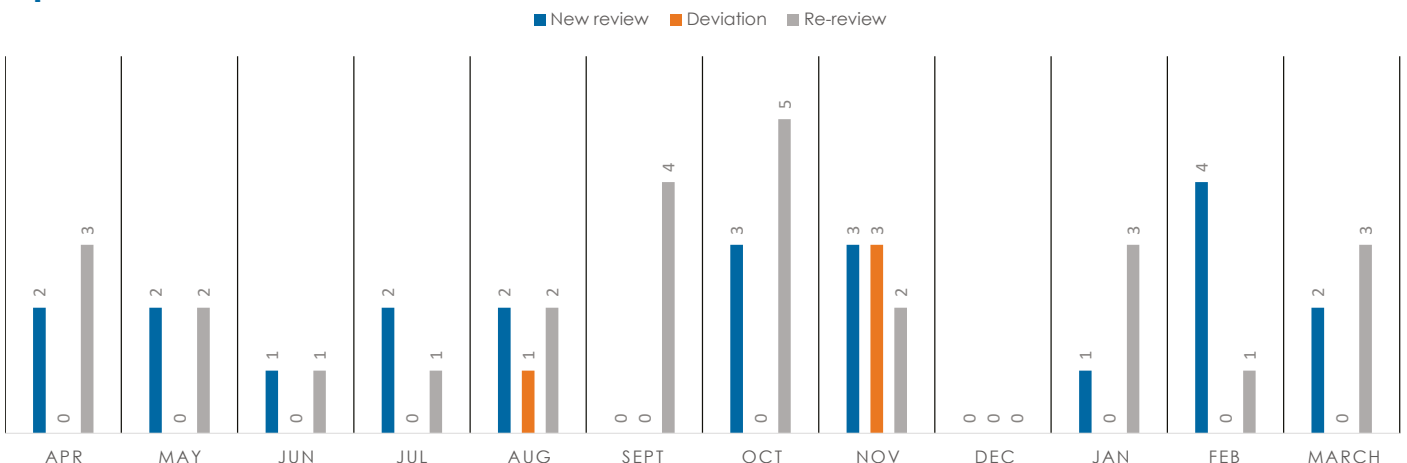
Summary of Activities

- 22 Proposals for review over the year (23-24).
- 5 publications over the year (23-24).
- 1 external conference presentation and other internal Cygnet conference presentations over the year (23-24).

- Over the past year there has also been an;
 - Increase in external studies undertaken within Cygnet.
 - Ongoing demand for research advice and support.
 - New intellectual property rights contract has been introduced and is now being used.
 - Links with universities are being established and a programme of studies that can be offered to university students is being put in place.



Numbers of proposals reviewed by the R&D team per month from April 2023 - March 2024



2.7 Mortality Surveillance & Prevention

During 1st April 2023 to 31st March 2024 **58** service users in the care of Cygnet died which is inclusive of expected and unexpected deaths **(14% decrease)**.

The decrease is apparent in the decrease of unexpected and expected deaths in Q1 (down 5). There was a 31% reduction in the number of unexpected deaths overall, and a 9% reduction in expected deaths from previous year.

Quarter 2023 / 2024	Unexpected Deaths	Expected Deaths	Total
Q1	5	15	20
Q2	2	11	13
Q3	3	15	18
Q4	1	6	7
Total	11	47	58

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

Cygnnet is proud to announce that it achieved 100% on the 2023 / 2024 CQUIN schemes. These schemes included;

CQUIN16: Reducing the need for restrictive practice in CYPMH inpatient settings.

CQUIN01: Flu vaccinations for frontline healthcare workers.

Reducing the Need for Restrictive Practice in CYPMH Inpatient Settings

Cygnnet has incorporated into practice the learning from this year's CQUIN. Cygnnet 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.

Cygnnet has taken proactive steps to improve patient safety and the quality of care it provides. Specifically, Cygnnet 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 CQUIN16.

To achieve the CQUIN, the three Cygnnet CAMHS units which consist of General Acute, PICU and Low secure services have worked collaboratively with the Corporate Nurse Director (Positive & Safe Care), the Restraint & Violence Reduction Advisor, the CAMHS Clinical Network and Contract Compliance.

The services have reviewed their data captured on Cygnnet's incident management system, Datix, on a quarterly basis to ensure the question: *Was a blanket restriction a pre-cursor to the use of force?* is answered correctly and has been considered for each incident in which restraint has been carried out.

The CQUIN focuses on how these occurrences are reviewed in post incident review.

Although the services review of their data has advised that a low number of incidents of restraint were affected by a blanket restriction being a precursor to the incident the group working on the CQUIN has acknowledged that further improvements could be made to improve capturing this in post-incident review.

In May 2024, the Restraint & Violence Reduction Advisor put forward a plan to add the question to the debrief paperwork that is completed following an incident of restraint. The CQUIN has been met.

Cygnnet 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 CQUIN scheme, Cygnnet 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.

Flu Vaccinations for Frontline Healthcare Workers

Cygnnet'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 Cygnnet being selected for consultation on the development of the 2022 / 2023 CQUIN schemes.

Looking ahead, Cygnnet 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

Cygnets 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 2022 / 2023 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 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 Policies and Guidance are regularly reviewed and updated to ensure we capture any updates or changes to legislation.

During 2022 and 2023 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 with them should they wish to see it. Throughout 2024 we are starting to implement some of these proposed changes to improve data storage and flow across the organisation.

During 2023 we created our Data Protection and Security strategy which will encompass Data Quality. This will be launched during 2024. 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:

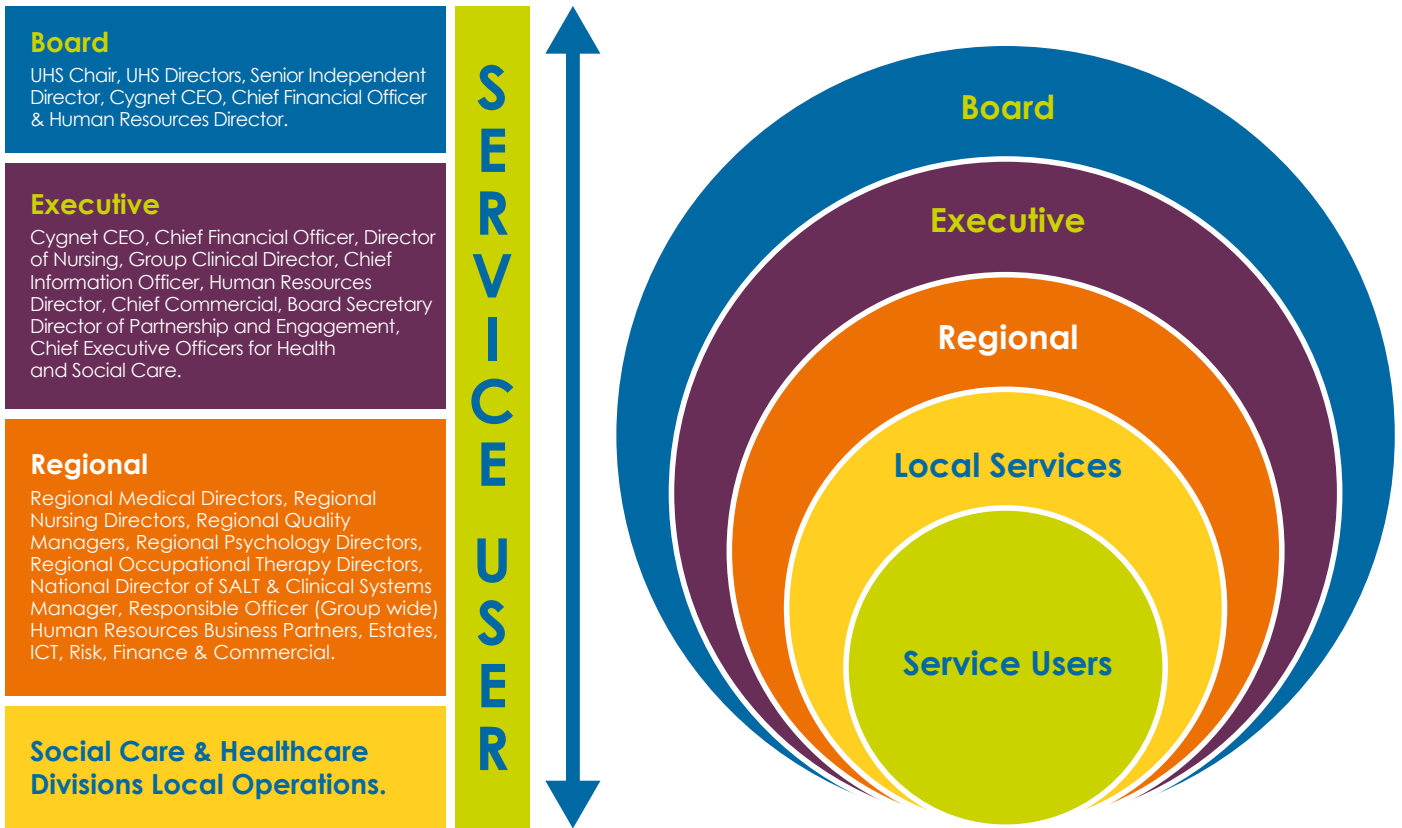
- > We work collaboratively and openly to provide services that are effective, safe and person centred where risks are managed appropriately.
- > Our teams feel able to speak up and share information in a prompt way that allows us to identify risks, agree next steps and assess our performance. Our Freedom 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, Experts 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, 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



2.11 Freedom to Speak Up (FTSU)

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.



3.1 Clinical Systems

Expect an exciting time at Cygnet as we embark on a journey of digital evolution and growth, with the introduction of our new electronic care record – myPath Apollo.

The Key priority for 2023 / 2024 has been to complete the development and testing of the first release of myPath Apollo, ready to launch to early adopter sites in May / June 2024. myPath Apollo will evolve over the next couple of years to become a fully comprehensive electronic care record, built to meet Cygnet's needs in a modern, digital world.

Whilst only being the first release, staff were very enthusiastic during the testing sessions and keen to start using myPath Apollo within their location. The work will not stop once myPath Apollo is live as continued work is required to develop the requirements, build and test the next phases so they can start to be delivered early 2025.

Word Cloud Feedback from myPath Apollo User Testing Days:



Domain	What have we done?	What that means?
System Enhancements	<ul style="list-style-type: none"> > MyPath continues to be in use across the organisation. Whilst we have focused the majority of our efforts on the myPath Apollo development, changes have been required to ensure myPath remains safe and meets the clinical need until its replacement is fully rolled out. > New functionality enables pilot care plans to be uploaded as attachments within the care plan module. > Bug fixes were resolved within the DRA. > On ePRIME, the Mental Health Act (MHA) monitoring tool received an upgrade, supporting staff to have easier visibility of key review dates and actions required. 	<ul style="list-style-type: none"> > All current health care care plans can now be visible within myPath v1, to support quick access to this key information, support compliance monitoring and enable the move away from active care documents being kept on shared drives and not within the electronic care record. > Staff can easily view historic DRA scores even when an alternative version of the DRA was used at a previous location. > Mental Health Act Administrators now have an electronic monitoring tool to support MHA compliance monitoring which is a positive step away from admin staff having separate spreadsheets stored in separate drives for each location. This contains some error reduction logic to support accurate entry and timely notice of upcoming renewals.

<p>New Systems</p>	<ul style="list-style-type: none"> > Datix was released organisation wide in July 2023 as our new incident management system, replacing IMS. 	<ul style="list-style-type: none"> > All reportable incidents are now captured within Datix to ensure timely incident reporting and organisational learning. Moving risk management over to Datix means that we have a system that is LFPSE* compliant. We are in the process of integrating the LFPSE feature within Datix for our Health Care sites in England only, with a view to complete and release by mid-2024. <p>[* The Learning from patient safety events (LFPSE) service is a new national NHS service for the recording and analysis of patient safety events that occur in healthcare. LFPSE replaces the National Reporting and Learning System (NRLS) and the Strategic Executive Information System (StEIS), offering a single NHS system for submitting patient safety events. Ultimately, once this feature is enabled, when a staff member submits a record about a health care patient safety event in Datix, the system will auto-generate a report to the NHS.]</p>
<p>Co-Production</p>	<ul style="list-style-type: none"> > Involvement of Experts by Experience (EBEs) in the myPath Apollo User Testing. 	<ul style="list-style-type: none"> > We were very pleased to welcome four experts by experience to a full day of myPath Apollo demonstrations and discussions. All the insightful feedback gained will feed into the ongoing myPath Apollo development. > The EBEs were particularly keen to hear about the future development of an “individual portal” and “carer portal” enabling direct access to areas of the electronic care record. > We were extremely grateful for their invaluable feedback and hope we can discuss portal plans with them very soon.



<p>Ongoing Developments</p>	<ul style="list-style-type: none"> > MyPath Apollo will be launched to early adopter sites in May / June 2024. > Getting to this point has involved intensive engage with clinical services, to ensure the requirements gathered were fit for purpose and will result in a system that works for all service lines to support care. > Developers (both Cygnet and R-Systems, our offshore development team) have worked intensively to develop myPath Apollo in line with the requirements. > Clinical Safety work continues to ensure myPath Apollo meets all required standards and to ensure all potential risks to individuals presented by the system are well mitigated. > User Testing has occurred both virtually and face to face. 80+ staff from all service lines took part. > Rollout preparation has commenced, with early adopter sites having regular meetings and working their way through a “Go live Readiness checklist”. All early adopter sites have identified “Apollo Launch Leads” to support the preparations and communications for myPath Apollo. > Training for myPath Apollo continues to be developed. Achieve will house an introduction video, MyCygnet will house guidance documents and AVA (Apollo Virtual Assistant) will support interactive training within the myPath Apollo training environment and will signpost to guidance in the myPath Apollo live system. 	<ul style="list-style-type: none"> > This will enable an intensive period of learning, to ensure the system is ready for a full, organisation-wide go live at the end of 2024. > myPath Apollo has been designed with the users themselves to enable it to function as required and support staff to free up time to care. > Comprehensive clinical safety work ensures all potential risks to individuals presented by myPath Apollo are well mitigated, with controls in place to reduce risk to as low as reasonably practical. > MyPath Apollo is less likely to have unexpected issues on go live due to the thoroughness of the user testing. All bugs / change requests identified have been prioritised and the development team are working their way through these. All those impacting clinical safety will be resolved pre-early adopter go live, ongoing improvements will be made throughout the early adopter phase pre-organisation wide go live. > Staff are communicated with regularly and are well informed regarding what they need to do to ensure a successful go live. > Staff said they “learn best by doing”, therefore an interactive training experience has been created to support staff to get the most out of myPath Apollo’s functionality. A training and support package consisting of Achieve, MyCygnet, AVA, myPath Apollo Launch Leads/Crew, the digital services portal and regular drop-in sessions will ensure staff feel supported, can resolve most issues themselves, but know how and where to get help if required.
<p>Clinical Systems Team Development</p>	<ul style="list-style-type: none"> > We have recruited a new clinical systems assistant. > We have successfully interviewed for a new post, a clinical systems engagement practitioner, to support the development, rollout and embedding of myPath Apollo. 	<ul style="list-style-type: none"> > Whilst a very small team, we have big ambitions and work closely alongside the rest of the digital team and clinical services. > The new resource will support the team to provide the clinical input necessary for this exciting phase of intense digital change.

Key Priorities for 2023 / 2024

The key priority is for Cygnet to safely transfer all our early adopter services over to myPath Apollo. Lessons will be learnt, and improvements made to support the planning and delivery of a successful rollout of myPath Apollo organisation-wide. This will be a tremendous step forward to achieving our goal of having “all clinical information for the individuals in our care in one place”.

Further development of additional modules will occur to support delivery in early 2025. Ongoing prioritisation will continue with the clinical advisory group regarding the outstanding modules to ensure the delivery order aligns with Cygnet's priorities.

By mid 2024, Cygnet plans to have named a preferred provider for our Electronic Prescribing Solution (EPMA). This is an eagerly awaited digital development for Cygnet. This key step will enable a project team to be formed to progress EPMA with an anticipated rollout in 2025.



AVA – Apollo Virtual Assistant



3.2 Benchmarking through Peer Review

NHS Benchmarking Report April 2023 - March 2024

Dr Arokia Antonysamy, RMD London and South region

Every year the NHS Benchmarking Network (NHSBN) analyses data on workforce, performance, finance and quality for all NHS MH Trusts and the independent sector. 70 providers submitted organisational level data. Cygnet Health Care is one of 16 organisations that reported having signed up to the Equally Well UK pledge.

The Equally Well pledge signifies an organisational commitment to prioritising physical health for people with mental health problems. Cygnet Health Care is a regular participant of the National POMH (Prescribing Observatory in Mental Health) audit and several positive practices have been identified in terms of prioritising physical health of patients.

Population denominators are weighted based on NHS England's published mental health needs index. The data collected in the benchmarking project align to key areas of service delivery and priority as follows:

Health inequalities

- > Racial inequality.
- > Physical and mental health.

Patient profiles

- > Clinical characteristics.
- > Demographic characteristics.

Inpatient Mental Health Services

- > Bed capacity.
- > Occupancy.
- > Patient Safety.
- > Lengths of stay.
- > Detentions under the Mental Health Act.
- > Workforce.
- > Finance.

Outcomes

- > Patient reported outcomes.
- > Clinician reported outcomes.

The NHSBN report provides comparative information for Cygnet Health Care on occupancy rates, admissions under MHA, staff vacancy rate, restraints and death rates. Some of the data information will become more available at Cygnet after completion of the systems transition, however national average is included to understand average length of stay, new admissions, re-admissions within 30 days of discharge and delayed transfers of care.

Summary Findings: (Please Refer to Appendix 1 for More Details)

The NHSBN reported that people from a black / black British background were over-represented in the most restrictive settings including PICU (15%), low secure (15%) and medium secure (19%) services compared to the background population. Cygnet data on ethnicity will be available at the next round.

Mental Health Act admissions are on the rise compared to national average in all service lines at Cygnet Health Care with the exception of acute services. The company has continued to keep its focus on training and developing staff to be able to provide the best standards of care for our patients. A key enabler of the delivery of timely, equitable and high-quality services is the workforce – a workforce with the right skills, working in the right place to meet demand.

Cygnet has been successful in recruiting and retaining staff with a vacancy rate less than half of the national average in all service lines with the exception of secure services. MHA admissions to the secure services at Cygnet are higher than the national average. The complex and challenging nature of these services pose a challenge to recruit and retain staff in these units.

On the specific issue of restraint, restraint reduction in all settings including inpatient settings has been a priority across UK nations. Cygnet Health Care has improved in risk assessment and management approaches contributing to reduced number of restraints in acute, medium secure and eating disorder unit. Additional support and training will be provided to low secure and acquired brain injury units to reduce the use of restraints.

Appendix 1

Adult Acute Services	Cygnet	National Average
Bed occupancy rates (excluding leave)	98%	93%
Admissions - patients not previously known to services (as a % of all patients admitted)	NA	12%
Admissions - patients of no fixed abode (as a % of all patients admitted)	NA	3%
Average length of stay (excluding leave)	NA	38 days
Admissions under the Mental Health Act as a proportion of all admissions	42%	50%
Average length of stay for Mental Health Act detentions	NA	42
Delayed transfers of care as a proportion of occupied bed days	NA	7%
Readmission rate within 30 days	NA	9%
WTE vacancies as % of staff in post	11%	16%
Restraint per 10,000 occupied bed days	114.9	155.1
Deaths in inpatient care per 10,000 occupied bed days	0.9	0.6

Eating Disorder Services	Cygnnet	National Average
Admissions per 10 beds	30	29.6
Bed occupancy rates (excluding leave)	86%	75%
Average length of stay (excluding leave)	NA	103 days
Admissions under the Mental Health Act as a proportion of all admissions	26%	26%
Delayed transfers of care as a proportion of occupied bed days	NA	3%
WTE vacancies as % of staff in post	8%	18%
Restraint per 10,000 occupied bed days	31.7	450.7
Deaths in inpatient care per 10,000 occupied bed days	0.0	0.7

Low Secure Services	Cygnnet	National Average
Bed occupancy rates (excluding leave)	90%	88%
Average length of stay (excluding leave)	NA	840 days
Admissions under the Mental Health Act as a proportion of all admissions	97%	88%
Delayed transfers of care as a proportion of occupied bed days	NA	6%
WTE vacancies as % of staff in post	17%	14%
Restraint per 10,000 occupied bed days	70.8	55.3
Deaths in inpatient care per 10,000 occupied bed days	0.2	0.2



Medium Secure Services	Cygnnet	National Average
Bed occupancy rates (excluding leave)	89%	87%
Average length of stay (excluding leave)	NA	634 days
Admissions under the Mental Health Act as a proportion of all admissions	100%	92%
Delayed transfers of care as a proportion of occupied bed days	NA	4%
WTE vacancies as % of staff in post	36%	16%
Restraint per 10,000 occupied bed days	34	53.8
Deaths in inpatient care per 10,000 occupied bed days	0.0	0.2
High Dependency Rehabilitation	Cygnnet	National Average
Bed occupancy rates (excluding leave)	93%	86%
Average length of stay (excluding leave)	NA	348 days
Admissions under the Mental Health Act as a proportion of all admissions	86%	60%
Delayed transfers of care as a proportion of occupied bed days	NA	8%
WTE vacancies as % of staff in post	3%	12%
Restraint per 10,000 occupied bed days	25.7	55.5
Deaths in inpatient care per 10,000 occupied bed days	0.3	0.4
Neuropsychiatry	Cygnnet	National Average
Bed occupancy rates (excluding leave)	88%	77%
Average length of stay (excluding leave)	NA	335 days
Admissions under the Mental Health Act as a proportion of all admissions	52%	42%
Delayed transfers of care as a proportion of occupied bed days	NA	11%
WTE vacancies as % of staff in post	5%	12%
Restraint per 10,000 occupied bed days	354	128.5
Deaths in inpatient care per 10,000 occupied bed days	0.8	0.9

3.3 Co-production

Throughout this period, Co-production remained a central component to the work taking place at Cygnet Group which is now bolstered by a strategy developed collaboratively with both internal and external stakeholders.

This period saw the highest recorded number of regular experts by experience visits taking place across the organisation in addition to the most diverse representation of service line lived experience to date.

Structures such as the People's Council have continued to evolve and remain integral to the organisation's culture and governance. This approach continues to enable Cygnet Group to explore new opportunities, including new initiatives to enhance the built environment through Co-production, such as the new development of co-produced 'Social Hubs'.

Service User and Resident's Forums



The People's Council, a co-produced forum at Cygnet which empowers service users, young people, residents, and family carers by giving them a voice at all levels of the organisation. The Council feeds into various strategic meetings, involving stakeholders such as advocacy groups, experts by experience, staff, and members of the Executive Management Board.

This period saw the Quarterly CAMHS People's Council further develop through bringing together all CAMHS services. This continues to enhance the sharing of best practice from the monthly Young People's Council meetings that take place locally at each individual CAMHS service.

Independent Lived Experience Visits and Support



This period has seen Experts by Experience visits at the highest recorded levels to date and now have the necessary lived experience representation from all service lines within Cygnet Group.

Experts by Experience are now further embedded into governance with the introduction of Expert by Experience representation on Regional Operational Governance meetings as well as Divisional Operational Meetings.

During this period the Expert by Experience Lead for the organisation started reporting directly to the Chief Executive Officer of Health Care, further bolstering the lived experience voice on a board level and ensuring actions based on feedback are operationally prioritised.

Lived Experience Advisory Board and Service User Experience Group

The Lived Experience Advisory Board involved Experts by Experience, family carers, the Director of Nursing and Patient Experience and the Group Chief Executive Officer.

This period saw the Lived Experience Advisory Board further embed itself into the organisations governance structure and has created a clear line of escalation from 'ward to board' from a lived experience perspective.

This has further been supported by the Service User Experience Group which brings together different departments and stakeholders from compliments and complaints to our independent advocacy providers. This group is an opportunity to identify themes and trends as well as share best practice and lessons learned through comparing and contrasting both quantitative and qualitative data such as survey results, experts by experience feedback and People's Council themes.

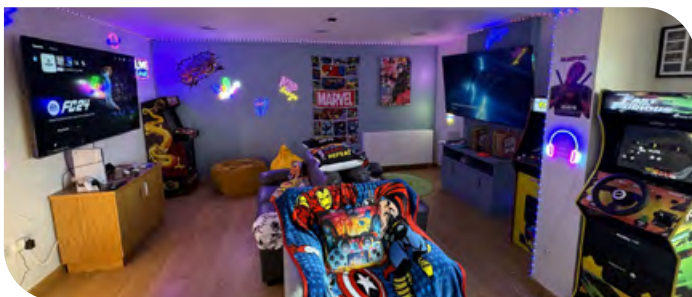
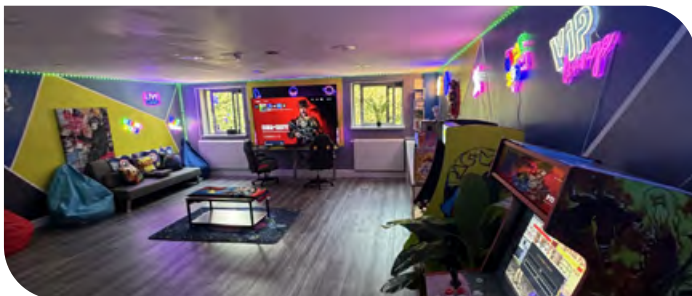
Social Hubs



During this period Cygnet co-produced a new 'social hub' project to co-create environments which promote wellbeing and support recovery in a least restrictive manner. The overall aim of the social hubs is to improve engagement and meaningful activity through creating non-clinical spaces that 'feel homely, modern and relevant'.

The process of co-producing the social hubs includes the co-creation of a 'wish list' by service users via the People's Council which in turn translates into a one-day makeover through bringing together different departments, staff and those with lived experience, including both service users and Experts by Experience.

The social hubs are held in high regard by both staff and service users who have reported that they have transformed services and are particularly useful in enhancing experiences on evenings and weekends.



Recovery Orientated Practice



Launched in October 2019, Music 2 Empower is an initiative by Cygnet Health Care aimed at harnessing the positive effects of music across the organisation.

During this period, Music 2 Empower continued to showcase talent within services nationally, further embedding and raising awareness of music therapy across the board. This translated into a number of local initiatives, music projects and Music 2 Empower episodes.

This period also saw Music 2 Empower develop stronger relationships with stakeholders and partnered with NAPICU (National Association of Psychiatric Intensive Care Units) to deliver a free educational session to staff and people with lived experience from across the sector.



3.4 Service User Experience

Our top priority is to provide the best care possible to our patients and service users, with the involvement of their carers. We value their feedback and experiences throughout the care journey and beyond.

We strive to engage service users, patients, and carers in all aspects of our services, including how they are provided and delivered and how we can enhance them in the future.

Patient and Carer Stories at Cygnet Board Meetings

During this period, we have been privileged to hear from patients, service users, and carers at all our Board meetings. Their stories have provided us with a deeper understanding of their experiences within our care, enabling us to identify areas for improvement and share best practices.

Their active participation has been instrumental in our continuous efforts to enhance our services.



Cygnet Carer Network

Carers Right Day on the 24th of November, 2022, saw the launch of the Cygnet Carer Network. This network serves as a beacon of support for carers, recognising their unique challenges, especially when they don't live close to where their loved one is receiving care.

The Cygnet Network's purpose is to offer a safe space to carers, provide advice to raise awareness of their rights and connect with other carers in similar situations.

During this period, the Cygnet Carers Network held its first National Cygnet Carers Event during Carers Week in June 2023 and has held seven regional events to date, demonstrating our commitment to their recognition and support.

The Cygnet Carer Network, a platform for peer support, is supported by four Expert by Experience Carer Ambassadors workshops, and deliver carer awareness training to Cygnet staff, making a significant difference to our organisation.



Carer Strategy

Cygnnet launched its first Carer, Family and Friend Strategy in 2022, a comprehensive plan that outlined the work Cygnnet would undertake. This strategy is a continuation of the strides Cygnnet had already taken to ensure carers' needs were being focused on.

The strategy promises to develop further by co-producing it with family, carers, friends, individuals who use our services and professionals. This commitment led to the launch of the second edition of the Carer strategy in June 2023, a testament to our ongoing dedication to involving and supporting carers, patients, and service users.



Carer Awareness Training for Staff

In September 2022, The Carer Awareness training was co-produced with Carers and Cygnnet staff and was launched for all Cygnnet staff.

As part of the rollout, Cygnnet Expert by Experience Carer Ambassadors started delivering face-to-face training to Cygnnet staff, from 2023. One Carer Ambassador has also presented at a Royal College of Psychiatrists conference.



Triangle of Care

During this period, the Carers Trust Triangle of Care programme recognised five Cygnet Health Care services, making them the first independent health and social care service providers to be accredited.

The services, all part of the Cygnet Health Care division, have now achieved one-star accreditation, meaning staff have successfully demonstrated their commitment to making a difference in the lives of carers.

Cygnet joins NHS Trusts and local authority providers in being recognised under the Triangle of Care initiative. Another cohort of services is currently working towards its one-star accreditation.

The Triangle of Care is a partnership between professionals, the person being cared for, and their carers. It sets out how they should work together to support recovery, promote safety and maintain wellbeing.



Carer Advocacy

During this period, Cygnet partnered with Black Belt Advocacy to provide a new innovative service to support carers by providing them with access to independent advocates. This is available to any carer with a loved one staying in a Cygnet mental health hospital, specifically those within Cygnet's Health Care division.

Cygnet understands that having a loved one admitted to the hospital can be stressful, and we recognise that it is a difficult time for carers, so we are providing this advocacy support.

Lived Experience Advisory Board

Cygnet Expert By Experience Patients and Carer Ambassadors also attended the Lived Experience Advisory Board chaired by Dr Tony Romero (CEO of Cygnet) and David Wilmott (Director of Nursing). The meetings discussed the results of the patient, service users and carer surveys. This advisory board allowed patients and carers to ensure Cygnet doesn't miss any important opportunities to involve people in Cygnet's work and strategic direction.



Carer's Advocacy Service

The advisory board ensures that the voices 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.

From September 2023, the Group Executive Director of Nursing and the Group Service Improvement Manager have held monthly drop-in meetings via Zoom.



Cygnnet Carer, Family and Friends Charter

On Carers Rights Day, Thursday, 23rd November 2023, Cygnnet demonstrated their ongoing commitment to improve the experience of those looking after individuals with mental health needs and learning disabilities by launching the Cygnnet Carer, Family and Friends Charter, making our pledge to support carers in the best way possible.

The Cygnnet Carer, Family and Friends Charter aims to make a positive difference in the lives of those we care for, their loved ones and all those who work with us. It recognises the important role that carers, friends and family play in the recovery and well-being of the people who use our services. Our pledge shows our commitment to carers and we want them to feel valued and recognized. The Carer Charter sets out how Cygnnet will involve and support carers across its services. Our overall aim is to continue finding ways of working with carers, families and friends so they feel informed and engaged in the care of the service user they support as much as possible. Cygnnet Staff also made personal pledges to carers on this day to.



Carer, Family and Friends Charter

Cygnnet's purpose is to make a positive difference in the lives of the individuals we care for, their loved ones and all those who work with us. Our pledge is to:



Identify Carers

- > Identify you as a carer as early as possible. Keep you **informed, respected and included** by health and social care professionals.
- > Ensure you are **visible** throughout your loved one's journey with us.
- > Support our staff to **identify and engage** with you.



Recognise Carers

- > **Embrace** the diversity of carers and **value difference** through inclusion for all.
- > Ensure your essential role and expertise **are recognised, respected and encouraged**.
- > **Encourage** you to **consider your needs**, interests, relationships and any other commitments.



Inform & Involve Carers

- > Keep you informed by sharing **relevant and meaningful** information.
- > Ask you for your **feedback** on our services.
- > We are going to provide **clear, accurate and understandable** information.



Guide & Support Carers

- > Connect you to local and national **support groups**.
- > Recognise the **well-being needs** of carers and the wider family.
- > We will **welcome you** to the **Cygnnet Carers Network** which is Regional and National.

Dr Tony Romero

Dr Tony Romero
Group CEO, Cygnnet

David Wilmott

David Wilmott
Group Executive Director of
Nursing, Cygnnet

Contact us on: Family&Friends@cygnnethealth.co.uk

Surveys

Cygnnet has continued to utilise the Satisfaction Surveys, which were reviewed and redesigned in December 2021. At the start of January 2022, a survey policy was published for Cygnnet staff to give clear guidance for surveys 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, and these were launched in April 2023.

In June 2023, the accessible survey questions changed to star-rating questions to let the survey respondents evaluate a statement on a visual scale of stars. In April 2024, further service line surveys will be launched for service users, carers, family and friends.

The surveys are not just a means for us to gather feedback but a testament to our commitment to continuous improvement. They enable people to give feedback on areas that are most important to them, encouraging responses and giving us a better opportunity to improve our services based on this valuable feedback.

1 star means it is **very bad** or it makes you **very unhappy**

2 stars means it is **bad** or it makes you **unhappy**

3 stars means it is **alright** or it **does not really matter to you**

4 stars means it is **good** or it makes you **happy**

5 stars means it is **very good** or it makes you **really happy**



Carer, Family & Friend Surveys 644 responses April 2023 – March 2024 Rated out of 5 stars

Rated 4.4 stars "How satisfied are you that you were identified as a relevant person with an important caring role for your friend or family member?"

Rated 4.4 stars "How satisfied are you that you know how to contact to express any concerns you may have about your friend or family member?"

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

Rated 4.6 stars "How satisfied are you that staff are polite and approachable when you phone or visit?"

Rated 4.4 stars "How satisfied are you that the service is well maintained, clean and in good repair?"



Standard Service User Survey 1665 responses April – March 2024 Rated out of 5 stars

Rated 4.3 stars "Staff are caring and supportive."

Rated 4.3 stars "I am treated as an individual when it comes to rules and restrictions."

Highlights from the Standard Survey 2022 - 2023

Rated 4.4 stars "I am aware of the advocacy service."

Rated 4.3 stars "The care I have received has been very high."



Accessible Service User Survey 243 responses April – March 2024 Rated out of 5 stars

Rated 4.5 stars "I am happy with my bedroom."

Rated 4.4 stars "Staff help me to do things that are important to me."

Highlights from the Accessible Survey 2022 - 2023

Rated 4.5 stars "Staff are polite and treat me with respect."

Rated 4.3 stars "I feel safe."



CAMHS Service User Survey 204 responses April – March 2024 Rated out of 5 stars

Rated 4.1 stars "I feel supported by the staff team."

Rated 4.2 stars "I am supported to keep in contact with family and friends."

Highlights from the CAMHS Survey 2022 - 2023

Rated 4.1 stars "I am happy with the activities I do."

Rated 4.3 stars "I know how to complain if I am not happy with my care."

Plans for 2023 / 2024

- > Survey feedback will continue to be analysed and used to help shape the company's continuous improvement strategy.
- > Cygnet will be rolling out the Triangle of Care throughout all Health Care locations.

- > Cygnet will also be reviewing and updating the series of Carer Handbooks.
- > Cygnet will also roll out Carer Awareness Training Programmes for all staff.
- > Cygnet will also be launching The Cygnet Advice and Liaison Service for Service Users, Carers, Family and Friends.

3.5 Educational Facilities

Cygnets Schools:



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

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

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

All Cygnets Schools have:

- > A 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:

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

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.

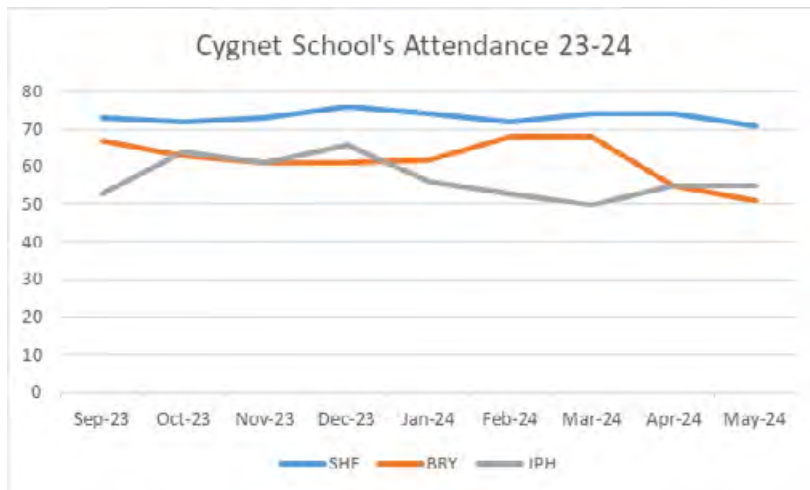
Due to the fluctuating nature of mental health conditions, a flexible curriculum approach is required. During particularly acute periods of presentation it may be appropriate to instead focus on stabilisation and engagement. In this situation, activities will be planned as a vehicle to improve mental 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	Before September 2025	Good	Good	Good	Outstanding
Excel & Exceed	Around November 2025	Good	Good	Good	Good
Summit	Around July 2025	Good	Good	Good	Good



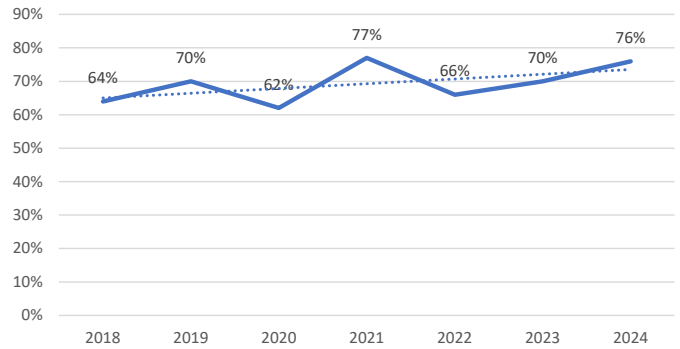
3.6 Staff Surveys

Staff Survey 2024

Cygnets' staff survey ran from 19 February to 15 April 2024. Our response rate is 76% - up 6% from the previous year.

Analysis of the survey is underway, but in the majority of responses, they look even more favourable than last year.

Organisation Response Rate by Year



Race Equality Survey 2023

Cygnets ran a Race Equality survey between 6 September and 6 October 2023.

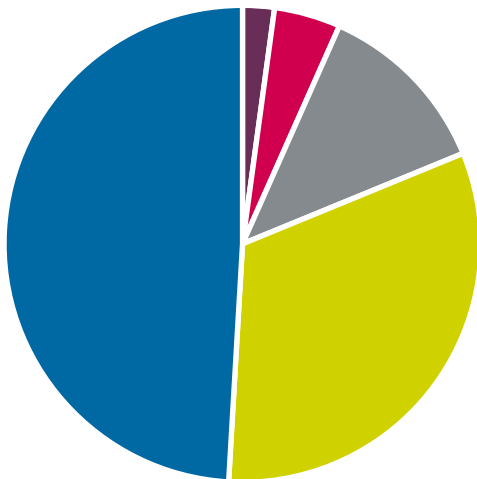
There were 2328 complete responses, which equates to 20% of the organisation. There were an additional 750 responses received in 2023 when compared to the same survey in 2022.

38% of responders to the survey said they were from an ethnic minority background, 52% described themselves as not being from an ethnic minority background and 10% preferred not to say.

Below are some examples of questions identified as having the most significant differences in the way that people from the two groups answered them.

Do service users treat me based on my ability, knowledge and / or skills, not based on my ethnicity or race?

I am not from a minority ethnic background



- 49% Strongly Agree
- 32% Agree
- 12% Neither Agree or Disagree
- 5% Disagree
- 2% Strongly Disagree

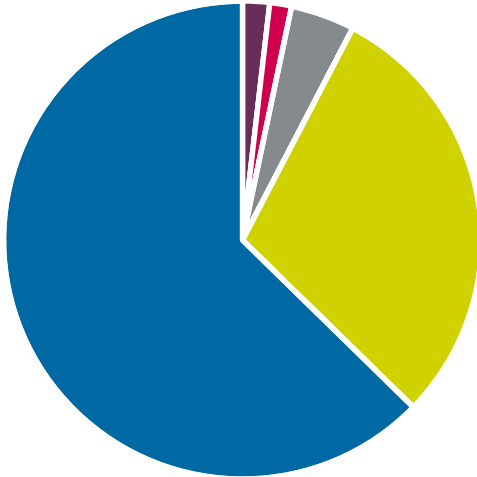
I am from a minority ethnic background



- 21% Strongly Agree
- 36% Agree
- 26% Neither Agree or Disagree
- 10% Disagree
- 7% Strongly Disagree

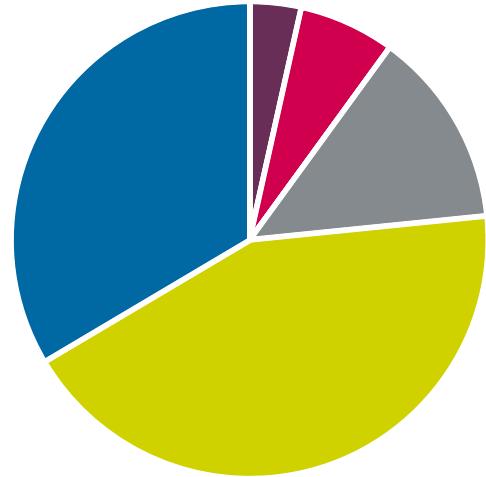
Do my colleagues treat me based on my ability, knowledge and / or skills, not based on my ethnicity or race?

I am not from a minority ethnic background



- 63% Strongly Agree
- 30% Agree
- 4% Neither Agree or Disagree
- 1% Disagree
- 2% Strongly Disagree

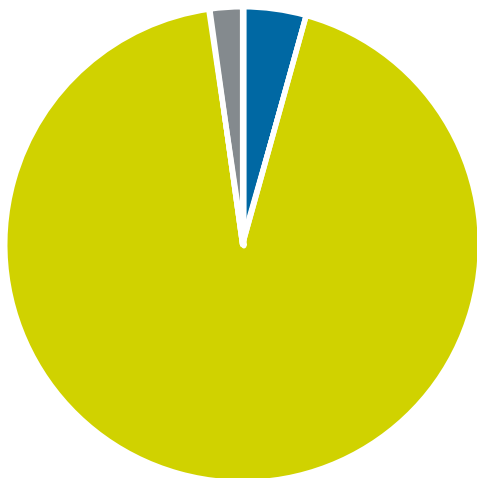
I am from a minority ethnic background



- 34% Strongly Agree
- 43% Agree
- 13% Neither Agree or Disagree
- 7% Disagree
- 3% Strongly Disagree

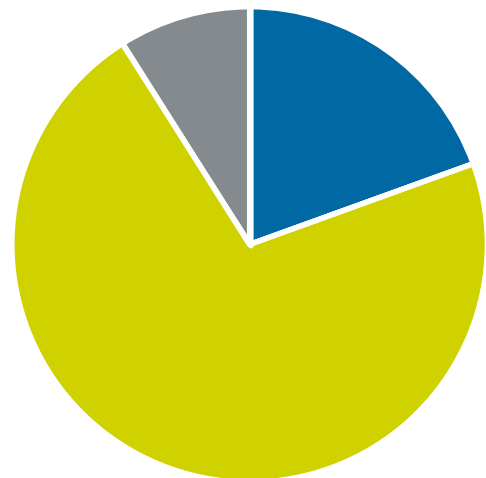
In the last 12 months, have you personally experienced any microaggressions such as these at work due to your ethnicity or race?

I am not from a minority ethnic background



- 4% Yes
- 94% No
- 2% Prefer not to say

I am from a minority ethnic background



- 19% Yes
- 72% No
- 9% Prefer not to say

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.



Carer Card - We have launched a discount carer card for Cygnet. The card is for anyone who looks after someone and can be used by parents of service users as well as our staff.



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



Pensions - We currently have a number of Pension schemes across the business. We will be launching a salary sacrifice Pension scheme as well as moving towards a harmonised Pension scheme.



Salary sacrifice electronics scheme - We will be launching a salary sacrifice electronics scheme through Currys. The scheme will work in a similar way to our current Cycle 2 Work scheme and applicants will need to go through Reward Gateway.



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.

Cygnets Health Care had 255 doctors who had a prescribed connection with Cygnets Health Care as their designated body on 31st March 2024.

During the period, 1st April 2023 – 31st March 2024, 250 doctors (98%) of the doctors completed an appraisal.

There were 5 missed appraisals. There were 2 international doctors who were a new starter within 3 month of appraisal due date, 1 doctor suspended, 1 doctor on sick and 1 doctor was on maternity leave during the majority of the appraisal due window.

The Annual Organisation Audit (AOA) has not yet been submitted to NHSE for 2023-2024, it is due to be submitted in October 2024.

		Completed Appraisal (1)	Completed Appraisal (1a)	Completed Appraisal (1b)	Approved Incomplete or missed appraisal (2)	Unapproved Incomplete or missed appraisal (3)	Total
2023 - 2024	Consultant	118	85	33	1	0	119
	Staff grade, associate specialist, speciality doctor	132	96	36	4	0	136
	Total	250 (98%)	181(72%)	69 (28%)	5 (2%)	0	255

Revalidation

There were 24 recommendations for revalidations made to the GMC between April 2023 and March 2024. 21 of these were positive recommendations. There was three deferral request. There was one late recommendation (1 day late).



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 2024:

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 124

Total Rated Sites 118

The following table is calculated on rated sites

Ratings	Number	Percentage
Total Outstanding	7	5.93%
Total Good	89	75.42%
Total Requires Improvement	21	17.79%
Total Inadequate	1	0.84%
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	Good	Good	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?
Service 1	Good	Good	Not Assessed	Not Assessed	Not Assessed
Service 2	Very Good	Very Good	Not Assessed	Not Assessed	Not Assessed
Service 3	Good	Good	Good	Good	Good
Service 4	Good	Very Good	Not Assessed	Not Assessed	Not Assessed

3.10 Positive and Safe Care

Cygnnet 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 Cygnnet Group. The strategy highlights Cygnnet'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 Cygnnet's clear position to ensure that we provide compassionate, trauma-informed, human rights-based and individualised care in accordance with statutory and national guidance. We are committed to a positive and safe culture with experiences and outcomes that bring benefit to 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 two 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 Director of Nursing 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.

We have developed resources to ensure we comply with the Act, which have also been produced in accessible format for both health and social care services. These are available on the Cygnnet website and intranet and include information such as our updated Restraint and Violence Reduction Policy and information leaflets about restraint and the rights of individuals in our care. In addition to this, training remains available in various formats including webinars, videos and PowerPoint presentations via Achieve and the Positive and Safe Care page on MyCygnnet.

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 Cygnnet'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 CEO. A national CAMHS Group has now been included and embedded in our structures to bring focus on reducing the use of restrictive interventions in our young people's services; 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 at 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.

Cygnets Corporate Nurse Director (Positive and Safe Care) ensures that Cygnets 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).

Cygnets actively seeks engagement with external organisations that will support its restrictive intervention reduction aims. A number of Cygnets 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 addition to existing Positive and Safe Care structures, this served as a catalyst to launch Cygnets 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 has 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 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 Cygnets 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. Cygnets 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. Cygnets 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	80551	82190	2.0% decrease
Patient Safety Incidents which are no harm incidents – Group Reporting rate per 1000 occupied bed days	Incident data Bed days data	85.1	90.9	6.3% decrease
Percentage of Patient Safety Incidents which are no harm incidents – Group	Incident data	78.06%	85.20%	8.38% decrease (7.14% decrease in % points from 85.20% to 78.06%)



3.12 Complaints & Compliments

We have updated our complaints policy with feedback from our stakeholders and brought this in line with the NHS complaints standards framework and aligned this with our values. Capturing feedback, whether through complaints handling or capturing our compliments will be a priority this year. We have worked on ways to be even more accessible to people who want to feedback to us and have made improvements to our website and policy to enable this. We have also rolled out training in complaints handling and investigation.

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 **1358** formal complaints in the year 1st April 2023 - 31st March 2024.

Of the **1358** formal complaints received:

- > **14 %** were Upheld (196).
- > **29 %** were Partially Upheld (396).
- > **97 %** were resolved at Stage 1 (1324).
- > **2 %** were resolved at Stage 2 (31).
- > **0.2 %** were resolved at Stage 3 (3).

We received **1973** compliments from people who use our services and a further **3647** from people who have had other types of contact with Cygnet from 1st April 2023 - 31st March 2024.



3.13 Mandatory Indicators

Continuous Learning Development

Cygnnet is committed to ensuring regular learning and development opportunities for all our staff, whereby our workforce remain up-to-date with best practice to provide the best care and support.

2023 / 2024 saw an overall increase in compliance for our mandatory training across the group, with over 14,000 more attendees on face-face / live training events compared to 2022 / 2023. Our blended approach 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.

Cygnnet Achieve delivered...



Training & Development Opportunities

- Over the past 12 months, we have developed and started the rollout of the face-to-face level 2 learning disability and autism training.
- We have updated and improved the medication training offered to nurses.
- Supporting the health and wellbeing of our staff remains a high priority. We have 134 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.
- We have a number of TRiM and StRaW Practitioners and Managers trained across the group.

* TRiM is a trauma-focused peer support system designed to help people who have experienced a traumatic, or potentially traumatic events

* Sustaining Resilience at Work (StRaW ®) is a peer support system to detect and prevent occupational mental health issues and psychological resilience.

As part of our ongoing commitment to growing our own, we are sponsoring a numbers of groups with their studies:

- Assistant Psychologists to support them through their Qualification in Forensic Psychology training.
- Bursaries for staff training to become nurses.
- Nurse Medical Prescribers.
- Certificate in Internal Workplace Mediation.
- Clinical Neuropsychology.
- Trainee Family Therapist.

Our Leadership and Management Programmes continue to go from strength to strength.

- Our Foundations of Management Programme has over 200 staff enrolled.
- There are currently 54 people undertaking the Leading Practice Qualification.
- 94 are currently on our Visionary Leaders course.

Specialist Training

As well as structured development paths, a huge variety of specialist training is available for all professions, whether it's a module about a specific topic relating to their specialism. Some of the specialist training in 2023 / 2024 included EMDR, ADOS2 & ADI-R Clinical Combo, Applying the VdTMoCA to autistic children and adults, DBT and Schema therapy, Mohost / Moho and Sensory Modulation.

Learning Management

This year we enabled our Learning Management System (LMS) access to E-Learning for Health, which gives staff access to over 600 validated e-packages, allowing flexibility and adaptability to respond to learning needs as they arise.

Masterclasses

Cygnnet's Masterclasses have been an integral part of our blended learning approach, applying current and emerging innovative technologies whilst attracting a wider range of staff who may have to balance study with other commitments such as having a young family, a caring role, or based remotely. They support the growth of an adaptive, expert and professional workforce that is prepared for the demands of 21st Century patient care.

Below are some of the classes staff have undertaken:

- Fostering positive attitudes towards carers.
- Compassionate leadership webinar.
- Lasting Power Of Attorney.
- CAMHS - Co-production, Working with Trauma, Sensory Needs, Gender Identity, Education.
- Menopause awareness.
- Maintaining professional boundaries.
- Managing Feedback, Concerns and Complaints.
- Menopause Awareness Menopause.
- Functional Neurological Disorder & Neuropsychology of mental illness (depression and schizophrenia).
- Female Genital Mutilation, Contextual Safeguarding – CAMHS.
- Let's Talk About Seclusion - How long can we seclude for? Time out or Seclusion? Will putting someone in seclusion calm them down?



Apprenticeships

In 2023/24 we expanded the range of apprenticeships and we continue to be in a strong position to spend our apprenticeship levy. Staff across the organisation continue to undertake apprenticeships at all levels and in a wide range of subjects. We have expanded our range of training providers, developing new partnerships, to ensure that new apprenticeship standards are offered to meet the specialist needs of our staff.

There are 300 staff on our range of programmes with over 100 completing their qualifications in 2023 / 2024.

New qualifications include:

- Data Analyst
- Digital Support
- HR Support & Manager
- Production Chef
- Recruitment
- Marketing

Our 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 43 staff to become Nurse Associates, 38 Assistant Practitioners, and 19 Qualified Nurses, with another 65 currently on the Nursing pathway.

We are excited to have six staff start their Occupational Therapy Degree Apprenticeship.



Quality Improvement

Celebrating Success *from our first QI Strategy*

In 2021 the Cygnet Quality Improvement Team was established and our three year Cygnet QI launch strategy was created. Over the last three years the QI Team have worked tirelessly to develop a culture of continuous improvement across Cygnet. We have achieved this by building an assistive framework to support our teams, developing comprehensive training packages and supporting documents to guide sites through their QI project journeys.

As we enter the next chapter of QI within the organisation we wanted to take a moment to reflect on the highlights and achievements since our launch strategy began.

There is so much to be proud of so thank you to everyone for your hard work, interest and engagement within QI during this time. We are so excited to see what the next few years bring!

Some of the highlights include:

- * 428 staff have been trained as QI practitioners (Level 2) to deliver QI projects
- * 89 sites are QI ready
- * 16 completed QI projects
- * 30 active QI projects
- * 1 Service User led project completed at Cygnet Brunel

To see our other QI achievements and read testimonials of those involved or benefitting from QI please see the following pages.

Part 3

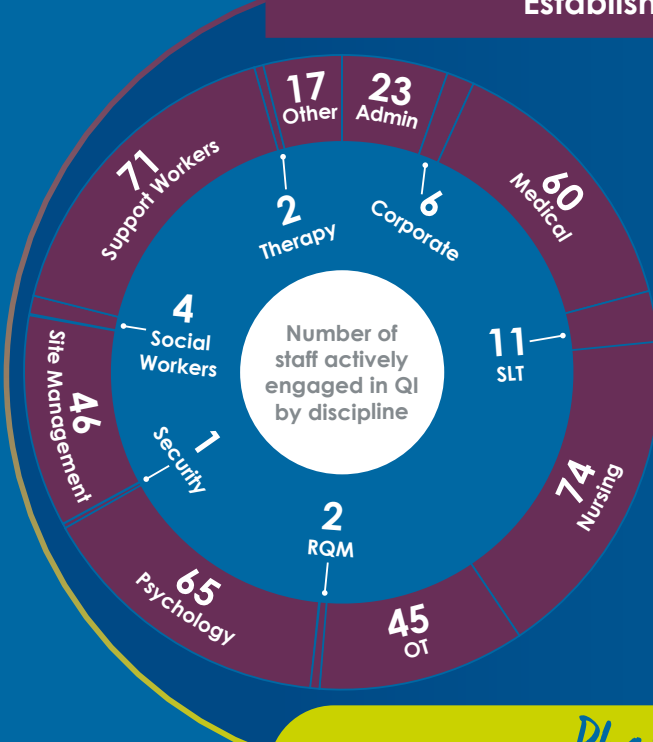
Phase 1 - end of 2021 Building Improvement Capability

* Established QI team

* Developed QI hub on MyCygnet

* Created a catalogue of resources to support a QI project

Phase 2 - end of 2022 Establishing Local Improvement



428
staff have been trained as QI practitioners (Level 2) to deliver QI projects

90%
of Cygnet has completed Level 1 'Introduction to Quality Improvement'

1 QI project fully led by a service user at Cygnet Brunel with learning shared across Cygnet

89 Health and Social care sites signed off as 'QI ready', including all sites in the South

164 Hospital and Social care unit managers trained as QI sponsors, to lead QI at site level

Co-production of Service User QI training at Cygnet Hospital Bury

Phase 3 - end of 2023 Delivering Sustainable and Lasting Change

1 To keep our service users safe during their time at Cygnet

2 To ensure all care provided at Cygnet is effective and delivered in line with national standards

3 Ensuring Service Users are at the centre of all that we do at Cygnet

Cygnet Brunel

Reducing risk of choking =
Halved average number of choking incidents per month, from 1.9 to 0.8

Chaseways

Social Inclusion for Residents in the Community =
Violence and aggression incidents ↓ **60%**

National

Sensory Strategy =
Violence and aggression incidents ↓

Cygnet Appletree

MDT Communication Flow =
Length of stay ↓ **46%**

Cygnet Hospital Taunton

Active Life =

- * Violence and aggression incidents ↓
- * Property damage ↓
- * Rapid tranquilisation ↓

Discharge to home ↑

Only 2.7% of Service Users engaging had a restraint during the project

Orchards

Community Inclusion =
Promoted team building for residents, forming an improved & more beautiful community

Cygnet Heathers

Service User Review Meetings =
37% Service users who could recall their stage in the Model of Care ↑

Representation at:

- * Regional and Group clinical governance
- * External conferences
- * Provider collaborative QI forums

Quick QI Project

Listening Lounge
Celebrating Success Network

Roadshow
Celebrating Success Network

16
QI Projects completed with learning shared externally and across Cygnet through our Celebrating Success Network events

Cygnet Hospital Beckton

Staff Retention =
Turnover for nursing staff ↓ **30%**

MDT Psychology South

Enjoying Work (RC Psych) =

- * 22% Those who frequently enjoy being at work
- * 15% Those reporting no symptoms of burnout
- * 10% Those highly likely to recommend their team as a place of work

30+ active projects currently being supported by the QI Team

Experts by Experience leading and involved in QI projects, including a healthy eating project at Cygnet Hospital Maidstone

Dr Tony Romero Group CEO

It brings me great pleasure to present our reflections at the culmination of our first Quality Improvement Strategy at Cygnet. I am extremely proud of the efforts our Quality Improvement Team have made to develop the quality of our services, along with the outstanding levels of engagement and enthusiasm that has been demonstrated by our staff and service users. Through collaborative efforts and strong leadership, our Quality Improvement Team has achieved remarkable milestones, setting new standards for excellence across every aspect of our service delivery. This success is a testament to our commitment to continuous improvement and ensuring our service users receive the highest standards of care possible.

David Wilmott Director of Nursing

As Director of Nursing at Cygnet, I have been proud to witness the tangible improvements in clinical care resulting from the successful implementation of our Quality Improvement Strategy. Our dedicated Quality Improvement Team has gone from strength to strength since the establishment and launch of our Quality Improvement Strategy in 2021. Their commitment to enhancing service user outcomes and to strengthening care delivery processes has yielded remarkable results. Our completed projects demonstrate the power of Quality Improvement and the benefits that can be delivered by adopting a culture of continuous improvement. The efforts of our improvement teams have saved lives and delivered countless improvements that have been replicated across the business to improve the quality of services for all at Cygnet.

Daniel King Head of Quality Improvement

As the Head of Quality Improvement at Cygnet, I have been delighted to lead this important work and develop improvement capability and capacity across the group. I am thrilled to celebrate the success of our inaugural Quality Improvement Strategy and to showcase the outstanding achievements that have been delivered by the Quality Improvement Team.

The positive impacts Quality Improvement has delivered across the business is testament to the collective efforts of our team and the enthusiasm and drive from our local services to work collaboratively to deliver improvement using our Quality Improvement Framework.

Co-production has been a guiding factor in our efforts since establishing our Quality Improvement programme and this has been demonstrated through delivery of our service user led Quality Improvement projects and co-produced service user QI Practitioner training programme.

Building on this foundation of success, I am excited to continue to embed Quality Improvement into the culture and fabric of the business, working with our local teams to co-produce sustainable improvements. Together, we will continue to pioneer innovative approaches, ensuring sustained excellence in Quality Improvement and further elevating our standards across the group.

Celebrating success is a key priority from our improvement work, enabling us to share improvements from our improvement projects across the group and with partner organisations across the health system. The huge developments we have made in this area will allow us to fully embed a true cycle of continuous improvement across the organisation, utilising our valuable data streams to target and drive our improvement efforts.

Stephanie Coxon

Operations Director (formerly Cygnet Brunel's Hospital Manager)

The use of QI has been great in supporting the team to formulate and structure their ideas on service improvement. It has captured some brilliant work, and allowed for clear evaluation and measures of success. We ran two QI projects at our site, one led by staff and one led by a Service User. They both helped to change the service in such a positive way, we were able to present some of the results at the Royal College of Psychiatry and help support other services to grow, not only our own. The QI Team were really supportive with the process and helped to promote the shared learning as a result.

Awa Bah

Clinical Manager and the QI Project Team at Cygnet Hospital Beckton

The Improving Retention QI project at Cygnet Hospital Beckton has been pivotal in improving staff experience, wellbeing and motivation. Through the several initiatives, QI has given us the opportunity to improve staff feeling of connectedness, collaboration and achievement of success. This has improved morale and a sense of community.

Frances Bergin

Operations Director (Health Care) North East of England & Scotland

Working with QI really helped the team focus on the key areas of service improvement for the hospital and supported 'ownership' of the work and outcomes moving forward. Whilst for some staff the tools and processes within QI were unfamiliar, or totally new, the level one and two training gave them the confidence and understanding to apply them in practice. As a result the service improvement work we have carried out is strongly based on measures and outcomes within a framework that enables teams to demonstrate sustainable improvement.

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