**BSMHFT CMHT report**

**Pending overall service rating: Good**

**Overall narrative: The service is performing well and meeting our expectations.**

Overall service commentary: This was a follow up assessment following inspection in August 2023 when we served warning notices for Regulations 12 and 17 regarding medicine management, risk assessments and governance processes. We looked at 15 quality statements. We reviewed 32 records of people who use the service and 11 prescription charts, spoke with 11 people and 6 of their carers, spoke with 81 staff and accompanied staff on 4 visits to people at home. We found that the Trust had taken action and met the warning notices.

**Overall people's experience commentary:**
People told us staff treated them with compassion and understanding. They knew how to raise concerns about the service. People said that staff were kind and listened to what they said. Most people said they experienced continuity of their care. However, some people told us when they were experiencing a crisis in their mental health it was difficult to access services to support them. People said they and their carers, where appropriate, were involved in their care plans and risk assessments. People told us that staff helped them and had the skills to support them to meet their needs. People told us that staff discussed their medicines with them and they knew why and what medicines they were taking and any potential side effects. They said they were involved in setting goals for their care and treatment. People told us that staff supported them to live healthier lives through supporting them to access activities and by giving them advice. People said that staff helped them with budgeting their money and their housing needs which also helped to improve their mental health.

**SAFE**

**Key question rating: Good**

**Key question narrative: This service is safe**

**Key question commentary:** There were systems in place to ensure that staff learned from incidents which affected people who used the service. Staff were encouraged to raise any concerns and managers used these to implement learning and make changes where needed. People had mixed experiences of continuity of care. Some people experienced good support as they moved between services and teams however some people found it difficult to access services when they were in crisis. Staff showed us how they were working to improve this and ensure people had the support they needed. Staff worked well as multidisciplinary teams and liaised with people’s GPs and others involved in their care. Staff understood safeguarding and knew how to make referrals to safeguarding teams for adults and children. Improvements had been made to people’s risk assessments since our previous inspection. People were involved in their risk assessments. Staff understood people’s risks and how to support them. Staffing had improved since our previous inspection and where there were vacancies these were being recruited to. The Trust

trained staff and staff had access to supervision and reflective practice. However, as at previous inspection not all staff had access to the system to record supervision. Since our previous inspection, the systems to record and store medicines had improved. This meant that people received their medicines safely and in a timely way.

**Learning culture**

**People's Experience**

People told us they knew how to raise concerns about the service. They were confident that they would be treated with compassion and understanding and not be treated negatively if they did so.

**Feedback from staff and leaders**

Staff told us that lessons learned were shared at their business meetings every 6 weeks and discussed with all staff present. Staff said that ways forward and how to learn from incidents were discussed in a positive way based on openness and transparency. They said if there was an immediate risk this would be discussed in the daily morning meeting. Staff said they also discussed learning from incidents in their clinical and management supervision. Staff said within the teams there was a team and collective approach to discussion for learning points and any risks associated. Managers attended monthly clinical governance meetings with other team managers where learning from incidents were also shared. Managers discussed ways to implement any changes to make improvements to the quality of care. Staff said they were encouraged to raise concerns and the process was about what they could all learn from it, and they would not feel blamed or treated negatively if they did so.

**Processes**

The Trust had reviewed their Clinical Governance Committees structures and streamlined them to ensure consistency. Agenda items included quality and safety, and lessons learned. Minutes reviewed of these meetings showed there was discussion about incidents and actions identified to learn lessons. These actions were followed up at the next meeting to ensure they were progressed.

**Safe systems, pathways and transitions**

**People's Experience**

People had mixed views about the continuity of their care. Most people we spoke with said that teams worked well together and shared information when needed about their care needs. However, some people told us that when they were in crisis it was difficult to access services sometimes out of hours and doctors were not always available to speak with out of hours. One person said that when they were in hospital, they were still getting appointments to see the community team even though they knew they were in hospital. They said it felt like the teams did not work together. One person said they were moving to another area and their community psychiatric nurse had ensured they had their medicines, had arranged a change of

their community mental health team, and ensured their physical health needs would be met. They said the nurse was amazing!

**Feedback from staff and leaders**

Staff liaised with people's GPs, social workers and community urgent care teams to ensure continuity of care for people. Staff worked together as a multidisciplinary team from the time a person is referred to the team. Staff told us that the transformation project of community mental health services had given people better access to teams and support. The neighbourhood teams worked between the GPs and the community mental health teams to enable a joined-up approach, so people moved safely between services. Staff were confident that the new ways of triage and assessments will bring down waiting times for assessment, but this was still new and not fully evaluated. One team manager said there were issues with people accessing crisis support. The teams had a duty nurse who tried to manage support for people in crisis daily. They said the home treatment teams (HTT) do not support a person until a medical assessment has been completed which cannot always be done quickly. However, the transformation project was looking at consultant psychiatrists doing less follow up work and focusing more time on urgent assessments. However, other managers told us there was a weekly meeting between the clinical leads for the community mental health teams (CMHT) and HTT's. They reviewed people's needs and agreed who could be moved back to the CMHT's and vice versa. This enabled a safe transition between teams to ensure continuity of care. There was also an additional meeting every 8 weeks to discuss how the services worked together. Depending on a person's needs the teams worked together jointly. The HTT's also supported people over weekends if the CMHT had concerns about the person's safety. Staff told us the waiting times were high for people to access Art Psychotherapy but people waiting for this remain under the care of the CMHT Medic to allow effective oversight and monitoring.

**Processes**

Care records reviewed showed that information was shared with the person's GP, the multidisciplinary team supporting the person and other services involved with the person's care. Multidisciplinary team meetings we attended about people's care were detailed and all team members had a joined-up approach to safety that involved the person. Records showed that people's views and staff were listened to, and these were included in people's care plans.

**Safeguarding**

**People's Experience**

People told us they felt safe using the service. They said that if they told staff they felt unsafe that staff would take this seriously and make any safeguarding referrals needed.

**Feedback from staff and leaders**

Staff understood safeguarding and when and how they needed to take appropriate action to keep people safe. Staff said they had good support from the Trust

safeguarding lead who were available by phone or email to discuss any safeguarding concerns they had about people. Staff told us they had opportunities to discuss people's risks and safeguarding concerns in their daily meetings. Staff said they visited people in pairs if there was a risk to them or potentially a risk to the person.

**Processes**

The Trust trained staff in safeguarding adults and children from abuse. Records showed that where appropriate staff had made safeguarding referrals to partners to ensure people were safe from abuse and neglect. Staff had also discussed any safeguarding concerns they had about people or their children with partners where appropriate.

**Involving people to manage risks**

**People's Experience**

People told us they were involved in their care plans and risk assessments and staff empowered them to make decisions about their care. People said that staff gave them time to talk through how they felt and supported them to manage their distress. People said they were involved in looking at their risks and developed care plans with staff to manage those risks. People's carers told us they were involved if the person agreed to this, and they felt staff listened to them.

**Feedback from staff and leaders**

Staff told us when they were on duty calls that they completed a mini risk assessment for any person who required immediate support and then referred the person for ongoing support if needed. Staff told us people's risks were discussed in their daily morning meetings. However, we observed, and staff told us at Ladywood, Aston and Handsworth CMHT's morning meeting there was limited time for discussion about people's risks and no staff raised any items or risks. Staff said that this meeting was not well attended by staff usually and there was not time for discussion. However, we observed the manager discussed the risk of the high weather temperatures and the need for staff to check on people's health and welfare. Staff told us at other teams that they focused on people's risk at their morning meeting. We observed staff at Longbridge discussing a person's risk, two staff agreed to visit the person that day. Another staff member had good knowledge of the person's needs and supported them with obtaining medicines and sharing their understanding of the person's risks. Staff at Aston and Ladywood/Handsworth hub showed they understood the diverse needs of people in their area and ensured that risk assessments were person centred and reflected the person's culture and language. Staff had knowledge of managing people's complex risk. Staff were discussing with the local Police via telephone about a person's risks who had recently returned to the area. Staff had good knowledge of the person and their risks and discussed this with the team. They discussed the next steps in alerting colleagues and external teams where relevant. All staff said they managed lone working well and there were systems in place to support staff and people who used the service.

### Processes

Since our previous inspection in August 2023, we found risk assessments had improved and the Trust had met the warning notice we served. The Trust used a system called DIALOG+ which actively involved people in their care. However, not all people's records had been transferred over to this system, but staff were in the process of doing this. The Trust told us that this system was being rolled out to all teams with a changeover date of 4 November 2024. Records reviewed showed a detailed assessment of the person's risk. Risk assessments were updated every year or if there had been incidents or a change to the person's risk. Most records evidenced involvement of the person and their carer where appropriate in their risk assessments. Staff at multidisciplinary team meetings reviewed people's risk history, current risks, the person's wishes, and respect of their choices.

### Safe and effective staffing

### People's Experience

People told us that staff were helpful and had the skills to empower them to make decisions about their care. People said that staff were good, kind and listened to what they said. Carers told us that staff used observation skills well and noticed things about the person they cared for, so they got the support they needed. People said that staff supported them to go to activities which reduced their anxiety.

### Feedback from staff and leaders

Staff said staffing levels were safe. They said that staffing levels had improved since our previous inspection and the Trust was continuing to fill further vacancies. Staff told us they had access to regular training which included e-learning as well as opportunities to do additional training. There continued to be vacancies for psychology staff although these vacancies were being recruited to. They said this impacted on people waiting a long time for psychology support. At Longbridge CMHT some nurses were leaving but recruitment was in progress. Managers said it was difficult to recruit to band 6 nurse posts which impacted on staff caseloads and the availability of sufficient care coordinators. The Trust told us this was in line with difficulties nationally to recruit to band 6 posts. In some services Clinical leads had a caseload to reduce the risks to people using the service until further posts were recruited to. Staff at Longbridge said the turnover of doctors during their rotations could have a negative impact on people using the service due to a lack of continuity. However, people using the service could access a doctor when needed. Staff at Newbridge CMHT said they needed more permanent doctors as there were currently 6 locum doctors in the team. They said that whilst the doctors were good, they needed a permanent doctor who is committed to the service. The Trust told us they have seen an overall reduction in locum and agency posts. Managers at Aston, Handsworth and Ladywood told us there was 'burn out' and sickness in the team. Staff said the impact on them was they regularly covered each other and worked long hours to complete their work. Staff said as they were not fully staffed caseloads were not manageable.

### Observation

We observed on home visits to people who used the service that staff were kind and caring. Staff took time to listen to people and we saw that staff were passionate about their job and ensuring the best outcomes for people who used the service.

**Processes**

The Trust told us that there were staff vacancies in all the teams. However, these were being recruited to. Where needed they used bank and agency staff to cover vacancies, staff sickness and staff on maternity leave. They encouraged agency staff to work for the Trust permanently to fill vacancies. We saw evidence that interviews were being held to recruit to vacant posts and some new staff were starting in the month following our site visit. Staff told us they had regular clinical and management supervision, peer support, reflective practice and appraisals. However, there continued to be, as identified at previous inspections, difficulty with team managers not being able to input supervision data for staff. Staff need to do this themselves which may affect the data as not all staff could access the system. The Trust told us that they were working to improve the access and recording of clinical supervision.

**Medicines optimisation**

**Feedback from staff and leaders**

Staff completed mandatory medicines management training and annual assessments were completed to ensure they remained competent. Staff followed national practice to check patients had the correct medicines when they were admitted into the service. There were processes in place to investigate when incidents occurred, and lessons learnt were cascaded to staff. Staff told us they explained people's medicines to them and the potential side effects. They told us if changes needed to be made this would be discussed with the person and their medical team. Staff demonstrated how they had improved medicine processes to make them more robust since our previous inspection. Staff said they worked with the Mental Health neighbourhood teams to ensure medicine requirements were transferred over safely when people using the service were discharged from the community mental health team.

**Observation**

People received their medicines safely and in a timely manner. Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. We saw evidence that staff interacted with people using the service in the clozapine clinic. We spoke to one person in the clinic who told that that they felt listened to and staff made every effort to accommodate their preference for appointments. Staff ensured that side effects and therapeutic drug level monitoring of medicines was carried out in line with national guidance, to ensure people using the service were safe and experience good health outcomes. Staff provided specific advice to people using the service and their carers about their medicines. Pharmacy staff provided specific counselling to people when they were discharged with new medicines to ensure that they understood how to take them. We observed that medicines were given to people in a person-centred and caring way. We observed multidisciplinary team meetings that were focused on

reviewing peoples' care plans and decisions made about their treatment where appropriate.

**Processes**

The service used electronic prescribing and medicines administration record chart. We reviewed eleven prescription records and found that all had allergies documented, appropriate prescribing and assessments had been completed. Staff ensured that medicines were prescribed and administered according to the appropriate mental health act certificates, and consent to treatment was sought and documented in line with national guidance. Medicines were stored securely and safely; the service did not store controlled drug medicines. People received their medicines as prescribed, and staff ensured that take home medicines were given to discharged people in a timely manner. The service managed controlled medicines stationery such as FP10 (prescriptions) in line with the national guidance.

**EFFECTIVE**

**Key question rating: Good**

**Key question narrative: This service is effective**

**Key question commentary:**

People were involved in the assessment of their needs and support was provided where needed to maximise their involvement. Assessments considered the person's health, care and wellbeing needs to enable them to receive care and treatment that has the best possible outcomes. Assessments were up to date and regularly reviewed. Staff had access to the information they needed to appropriately assess, plan and deliver people's care, treatment and support. Information was shared between teams and services to ensure continuity of care. Relevant staff, teams and services were involved in assessing, planning and delivering people's care and treatment and staff worked collaboratively to understand and met people's needs. People were supported to manage their own health, care and wellbeing needs by staff who understood their needs and preferences. People were encouraged and supported to make healthier choices to help promote and maintain their health and wellbeing. People experienced positive outcomes which met agreed expectations as set out in legislation, standards and evidence based clinical practice.

**Assessing needs**

**People's Experience**

We observed when visiting people at home with staff that people were happy with the care and support they received. People told us that staff supported them with all their needs including their housing and finances. They said they had not realised the impact their other needs had on their mental health which had improved once these had been addressed. People said that staff spent time with them to ensure they understood their care plan.

**Feedback from staff and leaders**

Staff told us they assessed all the needs of the person including their physical and mental health. Staff said when they received a referral for a person, they completed an initial assessment to see if the person was suitable to receive the service. They looked at the person's needs and the priorities such as employment support, does the person need to be referred to social services or need to access a food bank. They then discussed their assessment with their supervisor and took the assessment to the multidisciplinary team meeting to discuss the person's needs further. They completed a risk assessment as part of their initial assessment and reviewed this further when the person used the service. Clinical leads told us how they focused on people's physical health needs and how this interlinked with their mental health needs. They said staff completed a full bio psychosocial assessment using a trauma informed approach focusing on what has happened here, what has affected you and what will help now. Staff involved the person so they could say what they wanted from the service. This helped staff identify when a person did not need the community mental health service. As part of the assessment staff liaised with social services to see if the person had any social worker involvement. Staff told us about the new records system in place called 'DIALOG+' for people on Care Programme Approach. They said this helped the person to get involved, set their goals and was solution focused. The manager at Yewcroft community mental health team told us that the team lost their building 8 years ago, so they were sharing a building with other teams. This impacted on people using the service not getting as many face to face appointments and some new assessments were completed remotely via video calls. Staff in other teams told us they planned to meet people's sensory needs during assessments by adapting rooms or using other rooms in the building if needed.

**Processes**

Care records which included assessments were mostly good, however some lacked detail and did not reflect the service users voice. The electronic care records were not always very easy to follow as information was not always together. However, all records contained up to date assessments and care plans. Sometimes this information was found in the medical letters which were shared with the person and their GP.

**How staff, teams and services work together**

**Feedback from staff and leaders**

Staff told us they worked with people's GP's, housing services, probation and court services and the psychiatric liaison teams based in hospital emergency departments to support people using the service. As part of the mental health transformation programme there were now neighbourhood mental health teams within the GP surgeries. These teams supported people who did not meet the criteria for accessing the community mental health teams and supported people when they were ready to be discharged from the teams. Staff told us they had good links with the neighbourhood teams. Staff told us they worked well as a multidisciplinary team and shared ideas on how to support individuals who used the service. Staff said they had good relationships within the team so they could have honest, collaborative

discussions about their work and the needs of people who used the service. Some staff expressed difficulties with referrals to home treatment teams not being accepted. There were physical health nurses working within the teams who referred people to other agencies when needed such as substance misuse services and sexual health clinics. Staff worked with charities within the community such as food banks and substance misuse services. Managers told us they had weekly meetings with other team managers to share ideas and learning.

**Processes**

Records showed that staff liaised with other teams and services to meet people's physical health needs, to ensure people received the medicines they needed, employment services, worked with housing services and the local fire service when concerned about a person's property. People's records showed that when people attend the clinic to monitor their medicines, they were also seen by staff from the physical health team who worked together. One person's records showed that staff supported the person to a hospital appointment to ensure they received the treatment they needed.

**Supporting people to live healthier lives**

**People's Experience**

People said that staff advised them on healthy eating, smoking cessation, drug and alcohol advice and how to meet their physical health needs such as managing their diabetes. People said that staff had helped them to access yoga and relaxation classes which had improved their confidence.

**Processes**

Records showed staff from the physical health team supported people and gave them advice and support on living healthier lives. People's records showed that staff advised people on healthy eating and alcohol use and made referrals where needed to other health or social care professionals for additional support.

**Monitoring and improving outcomes**

**People's Experience**

People told us that staff had helped to improve their mental health and wellbeing and helped them to be optimistic about their care and the future. People said that art psychotherapies had improved their wellbeing and given them the ability to deal with their trauma that they had not been able to do through talking therapies. People told us that staff had helped them to set goals which had improved their quality of life. They said that staff had helped them with budgeting and housing. We observed staff asking a person what they wanted to improve and how. Staff gave the person options to try to find out what activities the person liked. People said that staff helped them to get out of the house more which improved their anxiety. They said staff help them to go to activities, so they were less frightening. We observed staff discussing with a person different distraction techniques and ways to manage their anxiety.

They also helped the person to apply for their benefits and discussed their sleep pattern and techniques to improve this.

**Feedback from staff and leaders**

Occupational therapy staff said they supported people to use public transport to improve their confidence and increase their use of social groups and interaction. They said they worked with local mental health groups and charities who provided activities and groups to improve the range of activities available. Staff told us the Trust had invested in art psychotherapies which improved outcomes for people who were unable to express themselves in talking therapies. Psychologists said when needed to see a person at their home due to a person's accessibility needs. The Trust had trained nursing staff in cognitive behavioural and dialectal behavioural therapies so they could use these skills when working with people to improve their outcomes. Staff said they explored other options where people did not want to take medicines such as attending groups. They then reviewed this to ensure they had a positive outcome on the person's mental health.

**Processes**

Staff audited outcomes for people using therapies, groups and medicines. These were reported back to the community clinical governance committee to monitor. Clinical leads said that people can access psychological support, but it could take between 8-10 weeks for an assessment and then up to two years for 1-1 treatment. They said that access to group therapy was quicker, and people were offered this to help improve their outcomes. Mental Health wellbeing practitioners were now employed as part of the team to deliver lower-level psychological interventions, for example, managing voices and confidence building. Staff assessed people as suitable to refer to wellbeing practitioners so that they could ensure the right treatment to meet the person's needs.

**WELL LED**

**Key question rating: Good**

**Key question narrative: This service is well-led**

**Key question commentary:**

The teams had a shared vision, strategy and culture. Staff knew and understood the vision, values and strategy of the Trust and how they related to their role and team. Staff understood equality, diversity and human rights which were actively promoted within the teams. Leaders had the skills, knowledge and experience to lead effectively and did so with integrity, openness and honesty. Local leaders were visible and approachable however, staff did not know who senior Trust leaders were apart from the Chief Executive Officer. The Trust valued diversity in their workforce and took action to review and improve the culture of the organisation in the context of equality, diversity and inclusion. Leaders involved and engaged with staff to shape services and create a more equitable and inclusive organisation. The governance systems within the service had improved since our previous inspection. There were now clear responsibilities, roles and systems of accountability. Information from

audits and feedback from people and staff were used effectively to monitor and improve the quality of care. Staff worked in partnership with other services. They shared information and learning with partners and collaborated for improvement. Staff and leaders had a good understanding of how to improve the service. There were processes in place to ensure that learning happened when things went wrong but also from examples of good practice.

**Shared direction and culture**

**Feedback from staff and leaders**

Staff understood the values, vison and strategy of the Trust. Staff knew how this related to their role in providing care and treatment for people. Staff were familiar with the values and qualities required by the Trust and managers used these in supervision and in appraisals to reflect on their practice. The Trust trained staff in equality, diversity and human rights. Staff understood equality, diversity and human rights and how this related to the provision of safe, compassionate care.

**Capable, compassionate and inclusive leaders**

**Feedback from staff and leaders**

Staff told us that team managers were visible and approachable. They said they listened, were caring and driven to do the job well to meet the needs of people who used the service. However, apart from the Chief Executive Officer who had visited the services staff were unaware of who the Trust directors were. Staff said the culture within the teams was good and more junior staff had been supported by team managers to be heard and all staff in the team worked together.

**Workforce, equality, diversity and inclusion**

**Feedback from staff and leaders**

Staff said the morale in the team was good. They said staff all supported each other and worked as a team in a positive way for the people who used the service. Staff said managers were very approachable, made time for everyone and check in to see how staff were. Staff told us that managers were responsive and supportive of their health needs. Managers ensured reasonable adjustments were in place to support staff to work. Staff with protected equality characteristics said they felt part of the team and al staff felt included and diversity was valued in the service. Staff told us they were confident to raise any concerns. Staff said they knew how to contact the Trust Freedom to Speak Up Guardians and felt confident of a positive response from them.

**Processes**

The Trust had policies on Equality, diversity and human rights and trained staff in this. The Trust told us at time of this assessment that over 92% of staff had received training in this across the service. Leaders ensured there were effective and proactive ways to engage with and involve staff. The Trust had equality networks for staff with protected characteristics. This encouraged staff to meet, have an impact on policies and procedures and be involved in the recruitment of staff.

## Governance, management and sustainability

### Feedback from staff and leaders

Staff told us they were involved in audits. These were reported back to the community clinical governance committee so they could be used to manage and deliver good quality care and treatment. Staff said the risk register is an item on business meeting agendas and any one can raise an item to be added. Some staff said they could add items to the risk register. Staff said they received feedback from audits. Staff told us there had been a recent audit of the duty system in the teams. This showed staff had to deal with some queries which were not appropriate to the duty roles and based on this some guidance was circulated. Managers said they completed audits and from these they provided feedback to staff to improve the service. Where needed extra training was provided to staff and procedures updated to improve the quality of care. Team managers used ‘dashboards’ to monitor staff training, management supervision and appraisals.

### Processes

Since our previous inspection the governance processes had improved. The audit programme included audits of: Community Treatment Orders, Clozapine monitoring, medicines management, care records & infection prevention and control. Clinical leads completed monthly audits of 10 randomly selected care records & fedback their findings to the nurses to improve the quality of care. The Trust wide audit tracking system was being tested by senior nurses & matrons. The plan was to put all audits on this system to ensure clear roles, systems of accountability & good governance. At each team there was an infection prevention and control (IPC) lead. They were responsible for completing audits which included monthly observation of staff hand hygiene. They submitted this to the Trust IPC team, so there were clear roles, systems of accountability and good governance. The Trust risk register for the community mental health teams clearly defined risks, how they were managed, who was accountable and timescales in which they were to be reduced or action taken to remove the risk. Risks include the transformation of the service, the appointment of new roles & the creation of the Neighbourhood Mental Health Teams (NMHT). The Trust had positive feedback from people who used this service and planned to use this to improve services. They were piloting at Longbridge CMHT a multidisciplinary triage hub. This allowed for a joint triage of all professionals to ascertain the right next step for the service users right at the front door. Step down meetings had commenced to identify service users suitable for step down. Through this review they had identified 515 service users who could be stepped down from using the CMHT service to a NMHT. The Trust now planned to pilot this at other teams. Other risks included doctor vacancies & recruitment, the use & development of care records & waiting times for psychological assessment & treatment. There were clear roles, responsibilities and actions.

## Partnerships and communities

### Feedback from staff and leaders

Staff said they worked with other services to ensure that people had continuity of care. Staff said they shared information and learning with partners to improve the service. Staff said they engaged with people in the local communities and partners to share learning and look at ways to improve the service for the people living there.

### Processes

The Trust led the Provider Collaborative in the local Integrated Care Board (ICB). Staff were represented in regular oversight and surveillance meetings with the ICB.

## Learning, improvement and innovation

### Feedback from staff and leaders

Staff said they used feedback from people who used the service to make improvements where needed. They also celebrated positive feedback which they put on the teams ‘Excellence board’. Staff said they were looking at the duty system in the team as to how this could be improved, what works well and what needed to change. Managers said they shared lessons learned with the team, but this included reassurance for staff to ensure that learning was implemented safely. Managers said if improvements or changes to processes were not sustainable, they raised this. Staff told us about quality improvement projects they were involved in. This included tracking when people had collected their prescriptions. We found this was an improvement from our previous inspection. Staff were asked for their ideas as to how to improve this and were encouraged to lead the projects. Staff told us how they discuss complaints and learn from them. One staff said, “Every complaint is a learning curve.”

### Processes

The Trust had processes in place to ensure that learning happened when things went wrong but also learnt from examples of good practice. The Trust were engaged in the NHS England Patient Safety Incident Response Framework (PSIRF). This is an approach to develop and maintain effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The Trust used this approach and reported on it through the various committees to ensure there is continuous learning and improvement in the organisation.