

Outstanding

Our quality journey continues

NHS

North Staffordshire
Combined Healthcare
NHS Trust



Quality Account 2024/25

Quality matters

North Staffordshire Combined Healthcare NHS Trust is a leading provider of inpatient and community mental health, learning disability, substance misuse and primary care services in the West Midlands.

We were delighted and proud that in November 2022 we won the prestigious award of 'NHS Trust of the Year' at the National Health Service Journal Awards. This was the first time a mental health Trust had won this accolade.

This was the latest step in our continuing journey of improvement and achievement and positive proof that our determination to deliver our vision – **to be Outstanding – in ALL we do and HOW we do it** – burns as strong and as bright as ever.

We are proud to be an outstanding Trust, but we constantly make clear – to our leaders, our people, our service users and stakeholders – that we are never complacent and that our journey of improvement always continues to deliver our vision.

And at the heart of that vision is our commitment to the pursuit and promotion of the highest quality possible in our services, our processes and the care we provide.

Put simply, we know that quality really matters.

What is the Quality Account?

Quality accounts, also known as quality reports, are produced annually to provide information and assurance for service users, families, carers, the public and commissioners, to demonstrate that the Trust reports on quality and shows improvements in the services we deliver.

Quality accounts look back on performance from the previous year, describing what the Trust has done well, and where improvement is required. They also look forward, describing areas that have been identified as priorities for improvement resulting from patient and public consultation.

We hope that you find this Quality Account, covering the financial year 1 April 2024 to 31 March 2025, helpful in enlightening you about our work and priorities to date, to improve services over the coming year.

We also look forward to your feedback, which will assist us in improving the content and format of future quality accounts. Feedback can be given via our Trust website combined.nhs.uk.



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Part one – Quality statement

Outstanding quality at a glance

Our journey continues – to drive quality and be Outstanding in ALL we do and HOW we do it. Here are some of the highlights of how we're doing.



Proud to be outstanding, but never complacent.



Winners of the HSJ 'NHS Trust of the Year' 2022 – the first ever mental health Trust to win the accolade.

Strong results for staff involvement and all NHS People Promise themes in the NHS Staff Survey.



26th consecutive year of achieving financial surplus – making us one of the top financial performers in the region.



Praised by service users for our partnership with them in making appointments and deciding our quality priorities – including our annual Engagement@Combined event.

Sustaining improvement



A series of case studies showing how trusts have achieved significant improvements in their ratings - and how they have since sustained those improvements or improved further.

Praised by the CQC for our ability to sustain improvement – year after year – following receiving an outstanding rating.

Proud of our record in innovation in research, digital and communications – including launching new 'Quality Show' on Combined TV.



Our long-term Trust Strategy 2023-2028 driving forward improvement and transformation, underpinned by three strategic priorities – Prevention, Access, Growth.





Dedicated Intensive Outreach Team developed service model and pathway working with adult community mental health teams (CMHTs) for those with short-term enhanced needs and support.

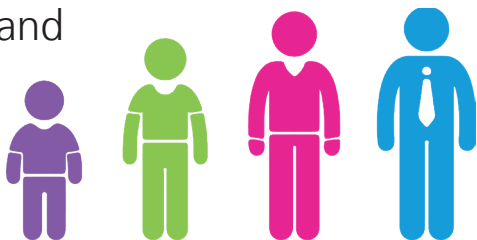


Improved care planning co-produced with service users and carers locally achieving new nationally co-produced standards.

37% decrease in 'Do Not Attend' delivered through pilot of automated text system in community mental health teams.



Strengthened links between child and adolescent mental health services (CAMHS), CMHTs, Talking Therapies and community resources, smoothing the transition for young people leaving CAMHS and accessing adult services.

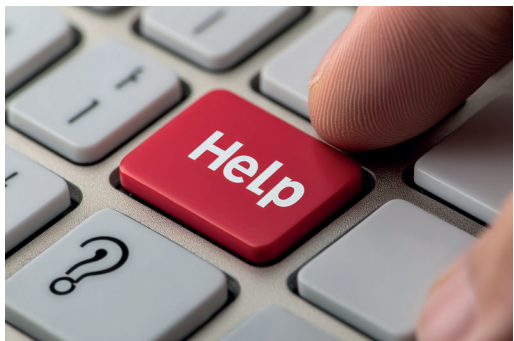


Improved screening process by the Autism Spectrum Disorder Team (Children, young people and adults) reducing referral response times.



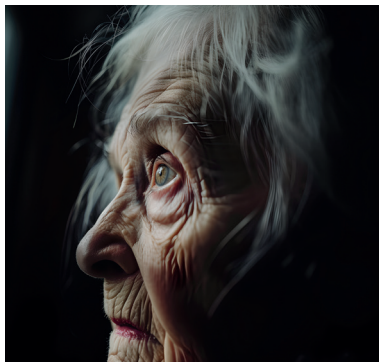
One of the strongest Freedom to Speak Up infrastructures in the NHS with every directorate and staff network represented with a champion.

Mental Health Crisis Access Centre bringing together under one roof a whole range of teams offering a service to people of all ages, 24/7, 365 days a year.



Every ward set up with a dedicated project group to deliver Culture of Care in their area.





Evidence-based self-injury reduction protocol, supported by psychology team, assisting women with emotionally unstable personality disorder.



Mid-week feel-good beauty makeover Wednesdays, offering a range of beauty and makeover services for both patients and staff.

Yellow socks initiative to easily identify patients at risk of falls.



NHS 111 mental health option supporting people experiencing mental health crisis.



Proud to be part of community lounges held in community settings to give support with food, debt, housing, mental health and other social adversities.

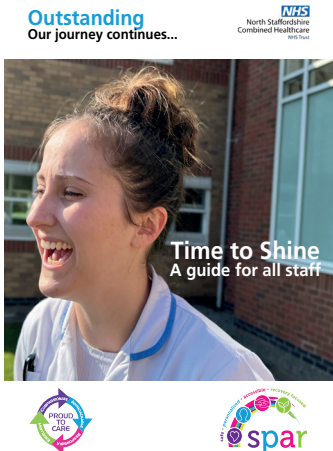


Over 350 patients supported with energy advice through Moorcroft Medical Centre 'Beat the Cold' partnership with voluntary sector.

Mental Health Liaison Team awarded Psychiatric Liaison Accreditation Network (PLAN) accreditation by the Royal College of Psychiatrists.



'Time to Shine' guide produced to support our frontline teams to prepare for inspections and showcase their quality and innovation.





Engagement@
Combined event
delivered to embed co-
production and service
user and stakeholder
engagement in agreeing
our quality priorities.



Early Intervention in Psychosis
(EIP) rated 'Top Performing',
with evidence that service
users received a full physical
health assessment and any
relevant interventions in 98%
of cases.

47 change initiatives
across our three strategic
priorities supported by our
Transformation Office.



87% of memory
services patients
received discussion of
falls, eyesight/ vision,
hearing and alcohol
consumption. All patients
had received one or more
of these physical health
assessments.



Individual Placement and
Support performing well
against engagement
and into-work targets,
with increased capacity
to meet even more
ambitious targets in
2025/26.



Youth Council relaunched as
ELEVATE seeing increasing
numbers attending and
working directly to support
inpatient CAMHS service in
developments.

Detailed carbon footprint
reporting tool enabling
us to more accurately
track our emissions and
focus activity where it is
needed most.



New Avoidant/
Restrictive Food Intake
Disorder (ARFID)
training package
for primary schools
developed and rolled
out.



Our commitment to quality

Overview from our Chair and Chief Executive

Welcome to our Quality Account for 2024/25.

It is now just over six years since the CQC awarded the Trust an overall 'outstanding' rating – the highest overall rating they can award. At that time, we said we were far from complacent, and our journey of improvement would continue. Our vision was, and remains, to be 'Outstanding in ALL we do and HOW we do it', including continuing to strengthen integration with our partners and engagement with staff, service users, their families and communities.

Quality lies at the heart of delivering that vision, whether that be achieving high-quality service delivery and outcomes, carrying out high-quality communications and engagement, conducting high-quality research, delivering high-quality innovation or providing high-quality support and corporate operations.

At a time of severe financial challenge, some might be tempted to think that high quality can only be delivered at high cost. In fact, time and time again, we have been able to prove that quality and cost effectiveness can go hand in hand. For example, our achievement in 2024/25 of becoming the first NHS Trust to be awarded Silver Status by the One NHS Finance Engagement Value Outcome (EVO) Framework was delivered on the back of demonstrating improved quality and reduced cost in our frontline services.

We also launched our new show on Combined Television (CTV) – the Quality Show – precisely to give a platform for corporate and frontline clinical teams and services to showcase and highlight the range of quality improvement initiatives being undertaken across Combined, whether that be improving our approach to supporting carers, strengthening child protection in our communities or delivering thousands of pounds of direct financial savings through streamlining equipment procurement for resuscitation trolleys. In all these examples, higher quality is delivered at lower cost and with greater outcomes.

Put simply, quality is something that everyone can do and benefit from. This Quality Account demonstrates how this relentless pursuit of continued, sustained quality, improvement and innovation burns as brightly as ever at Combined.

Of course, the bedrock of our success is our commitment to delivering outstanding services that live up to our promise of being safe, personalised, accessible and recovery-focused.

In this regard, it was pleasing to see the development of an improved screening process by our Autism Spectrum Disorder Team (Children, young people and adults) reducing referral response times. Or a 37% decrease in 'Do Not Attends' delivered through a pilot of an automated text system in community mental health teams. Or again, strengthened links between CAMHS, adult community mental health teams, Talking Therapies and community resources, smoothing the transition for young people leaving CAMHS and accessing adult services.

All of the examples above show the remarkable ability and determination of our people at Combined to innovate, improve and deliver quality outcomes for the people and communities it continues to be our privilege to serve. We hope you enjoy learning about these and a whole host of other examples in this year's Quality Account.



Dr Buki Adeyemo
Chief Executive



Janet Dawson
Chair

About us

North Staffordshire Combined Healthcare NHS Trust is a statutory body which came into existence on 1 April 1994 under The North Staffordshire Combined Healthcare National Health Service Trust (Establishment) Order 1993.

We provide inpatient and community mental health, learning disability, substance misuse and primary care services to people predominantly living in the city of Stoke-on-Trent and in North Staffordshire. The Trust runs a number of GP surgeries and is one of seven providers of mental health, social care and learning disability services in the West Midlands.

We currently work from hospital, general practice and community-based premises, operating from approximately 30 sites to approximately 464,000 people of all ages and diverse backgrounds in our core area of Stoke-on-Trent and across North Staffordshire. Our main site is Harplands Hospital which opened in 2001 and provides the setting for most of our inpatient units.

A number of our teams provide services across Staffordshire, the West Midlands and beyond.

We provide services to people with a wide range of mental health, substance misuse and learning disability and/or autism needs. Sometimes our service users need to spend time in hospital, but much more often we can provide care in community settings and in people's own home.

We also provide specialist mental health services such as child and adolescent mental health services (CAMHS), substance misuse services and psychological therapies, plus a range of clinical and non-clinical services to support University Hospitals of North Midlands NHS Trust (UHNM).

The Trust has a range of formal and informal mechanisms in place to facilitate effective working with key partners across the local economy. These include participation in partnership boards which bring together health, social care, independent and voluntary sector organisations in the city of Stoke-on-Trent and the county of Staffordshire.

We look to involve our service users in everything we do, from providing feedback about the services we provide, to helping shape our priorities, to helping us find the right people to work for and with us. This work is co-ordinated by our Service User and Carer Council.



Visit by Baroness Merron to Combined – March 2025

Our vision and values

The Trust’s core purpose is to improve the mental health and wellbeing of our local population, some 464,000 people living across North Staffordshire and Stoke-on-Trent. We strive to be recognised as a centre of excellence in both integrated and specialist care, bringing innovative solutions to the services we deliver and the strategies we develop, embedding a culture of continuous learning across our organisation, and supporting and inspiring others.

This is reflected in our vision, values and objectives. These guide not only how we deliver our services on a day-to-day basis, but also how we support and develop our people and our own organisation, how we manage and develop our partnerships and relationships with our service users, carers and families, as well as our external stakeholders across the local health and care economy.

Our vision and values

Our vision is

'To be Outstanding' – in ALL we do and HOW we do it

Our SPAR quality priorities

Our vision is underpinned by our SPAR quality priorities – developed with service users, carers and staff, forming the framework for our annual improvement programme – to provide services that are **safe**, **personalised**, **accessible** and **recovery-focused**. These guide all we do and are the benchmark against which we judge how we perform.



Our Proud to CARE values

In delivering those services, as well as in all of our working relationships with service users, carers, families, stakeholders and each other, we are guided by our Proud to CARE values – to be **compassionate**, **approachable**, **responsible** and **excellent**.



Our Trust Strategy

In 2023, we unveiled our five-year Trust Strategy, 'The future of North Staffordshire NHS Trust 2023-2028'.

This outlined our ambitions over the five years of the strategy in addressing how we respond to the evolving wellbeing needs of our local population and changes in our NHS and government landscapes.

The strategy sets out our sustained commitment to continuously improve services with co-production, recovery and partnerships at the heart of how we work, ensuring national requirements and local priorities are taken into account.

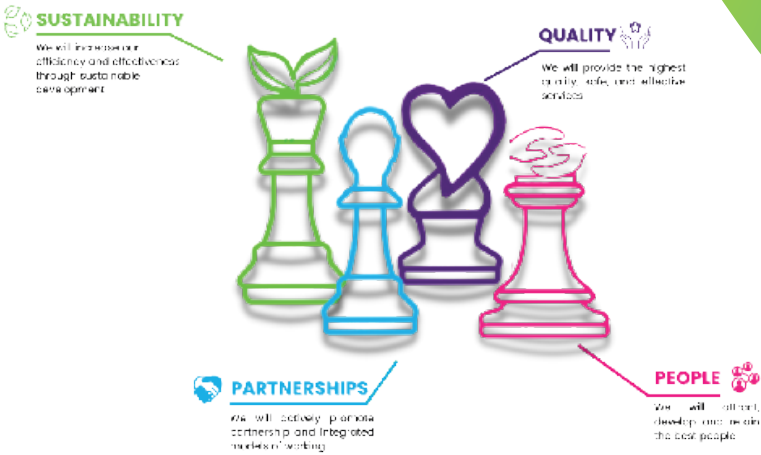
Our values and quality priorities shaped our three strategic priorities and are underpinned by four key enablers, which act as the pillar of why, how and what we do.

The strategy also set out our measures by which we would demonstrate the impact of our plans.

We are an organisation that lives by our values. We recognise this is an ambitious strategy in which we will focus on preventing people becoming more unwell, provide timely and easy access to care and maintain and develop high quality, outstanding services.

Over the five years of the strategy, we will invest and develop our people so the Trust becomes an organisation of excellence, delivering this change through our strategic and operational plans.

Enablers					
Strategic Priorities		Quality	People	Partnerships	Sustainability
	Prevention	Reduce suicide rates year on year by 2028	Improve staff health year on year	Embed Mental Health service within NHS 111	By 2024 we will have supported 35% of service users into employment
	Access	Improve access by co-producing new services with our communities	Ensure our Trust is the best place to work in the NHS	Expand our primary care offer	Develop digital access to all our services by 2028
	Growth	Reduce waiting times for services	Increase our workforce by developing our services	Increase the number of services delivered in collaboration with partners by 50%	Deliver a 50% Carbon Net Zero reduction by 2028



Services covered by this Quality Account

This Quality Account covers the period 1 April 2024 to 31 March 2025. Over this period, our services have been delivered from within a locality structure with an associate director and clinical director formally responsible for each of the directorates. These are supported across the Trust by our corporate services.

Our Organisational Structure



Chief Executive				
Chief Medical Officer		Chief Finance Officer/Deputy Chief Executive		Chief Nursing Officer/Deputy Chief Executive
Chief Strategy Officer		Chief People Officer		Chief Operating Officer
Community	Specialist Services	Acute Services and Urgent Care	Primary Care	Corporate Services
Clinical Director Associate Director	Clinical Director Associate Director	Clinical Director Associate Director	Clinical Director Associate Director	Exec PAs Governance Digital / IT Strategy and Partnerships Transformation Management Office
Senior Service Manager	Senior Service Manager	Senior Service Manager	Clinical Lead	Estates Finance Performance Communications Education and Training Medical Staffing Organisational Development People Operations Recruitment Staff Counselling Temporary staffing
Adult CMHT ASD Assessment ASD School Age CAMHS CAMHS Eating Disorders Care Home Liaison / Physio Community Assessment Stabilisation Treatment County Older Person's Mental Health Team Criminal Justice Team Dementia Primary Care Early Intervention in Psychosis Looked After Children Yellow House Memory Services Mental Health Support Teams Mental Health Youth Offending Team Multiple Disadvantaged Team Older Person's Mental Health Team Outreach Team Older People Parent and Baby Specialist Adult Eating Disorders SMI Physical Health Team Step On Vascular Wellbeing	Assessment and Treatment CAMHS Intensive Support Hub Children's Community LD Team Children's Short Breaks (Dragon Square) Community and Hospital Alcohol Community Learning Disabilities Team Community Rehab Team Darwin Centre Healthcare Facilitation Hilda Johnson House Intensive Support Team IOU (Adult / Substance Misuse) Neuro Community Services Out of Area / Resettlement Team Substance Misuse Inpatients (Edward Myers Unit) Transforming Care Partnership Team Ward 5 Neuropsychiatry	All-Age Access Team Community (Street) Triage ECT Team High Volume Users Home Treatment Team (Adult) Mental Health Liaison Team Psychiatric Intensive Care Unit Place of Safety Ward 1 – Acute Admission (mixed) Ward 2 – Acute Admission (male) Ward 3 – Acute Admission (female) Ward 4 – Discharge to Assess Ward 6 – Older People's Complex Care Ward 7 – Acute Admission (Older People)	ARRS Mental Health Direct Enhanced Services Education Locally Enhanced Services Primary Care Development Primary Care Networks Primary/General Medical Services Talking Therapies	MACE Mental Health Law Team Pharmacy Psychology Research and Development Facilities Infection Prevention and Control North Staffordshire Wellbeing College Patient Experience Team Patient Safety Quality Improvement Safeguarding Volunteers

How to find out more about our services

In December 2024, the Trust released the new version of its public website, including introducing a new and improved suite of user-friendly service pages.

Almost 70 teams across the Trust’s portfolio of mental health, learning disabilities, substance misuse and primary care services are listed in the comprehensive new section of the website, improving functionality and usability.

Each page now provides key core information such as contact details, location and what the service offers. Users will also find additional updates from the services including testimonials, videos, podcasts and virtual tours of the building.

The layout has been standardised and teams and services can be searched for by name or alphabet, making it easier than ever for the user to find what they are looking for.

The pages have been built with accessibility in mind and have been carefully considered to ensure that information is clear, easy to understand and easy to find.

This complete library of patient-facing services can also be translated into over 130 languages with the click of a button.

The launch assists the Trust to further improve how it delivers its key requirements to be responsive, accessible and to deliver high-quality services to its users.

The pages will continue to be developed as the Trust builds on its offering to users, providing detailed and easy-to-use resources about its services.

You can see the new service section of the website at combined.nhs.uk/services.

You can access our complete library of patient stories, including those for Ward 6 show in the picture opposite on our YouTube channel at youtube.com/playlist?list=PLuLnRckD7bTep22NYgl_CfuY3WE2dxLaL.

Ward 6

Details

Phone Number	01782 441706
Service Hours	24 hours a day, 7 days a week
Out of Hours Contact Number	N/A

About the service

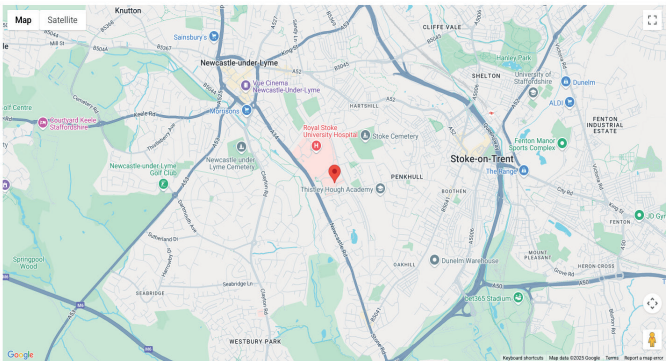
Ward 6 is a 15-bedded mixed-sex ward for older people aged 65 and above who suffer with a functional or organic mental health problem that causes complex multiple care issues.

The team provides specialist person-centred assessment, treatment and management of complex factors for the older person with a diagnosis of dementia or suspected dementia. The team aims to understand the root cause/contributory factors to the behaviour to enable the delivery of effective interventions that minimise the frequency and intensity of the behaviour and maximise the person's functioning, autonomy, independence and wellbeing.

Assessment and treatment is provided by medical staff, mental health nurses, healthcare support workers, advanced nurse practitioners, occupational therapists, physiotherapist, psychologists and diversional therapists.

Location

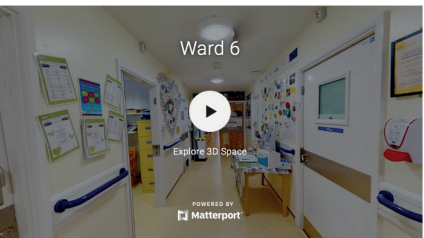
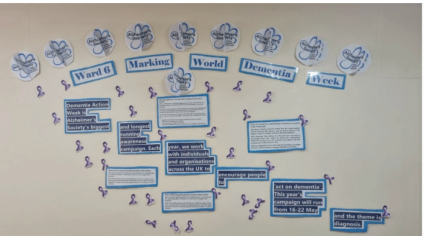
Harplands Hospital, Hilton Road, Harplefield, Stoke-on-Trent ST4 6TH



Ward 6 - Harplands Hospital Accessible



Gallery



Directorate key achievements 2024/25

Our directorates are shaped to provide secondary mental health, substance misuse and learning disability care and treatment. We also provide primary care services for parts of the communities we serve.

The following overview describes the services within each of the directorates, alongside details of their achievements throughout 2024/25. It also provides patient and carer feedback which has been obtained from within the directorates to bring our service users and carers voice into this year's Quality Account.

Our directorates' key focus throughout 2024/25 has remained focused on delivering successful improvement after attaining an 'outstanding' CQC rating.

Community Directorate

Community mental health services for working age adults

The Community Directorate is proud to deliver adult, children's and older people's secondary care services across the city of Stoke-on-Trent and North Staffordshire.

Throughout 2024/25 the directorate has led a successful programme of **Community Mental Health Transformation** in line with the ambitions of the Long-Term Plan and Community Mental Health Framework.

Through the Community Mental Health Transformation Programme, the trust has enhanced its psychological therapies offer through transforming care and treatment pathways to deliver tailored, person-centered, evidence-based care and treatment in a much more streamlined manner. This has included the introduction of a dedicated Intensive Outreach Team, providing an enhanced level of community-based care for seriously mentally unwell patients when they require it.

The **Intensive Outreach Team** continues to grow, with the merging of the Multiple Disadvantage Service into the team. Over 2024 and into 2025, the focus has been to embed these pathways.

Patient experience of Intensive Outreach Team

This patient had disengaged with secondary community services, the team were concerned that they had stopped taking their treatment and were increasingly becoming at risk of harm. The community requested enhanced support from the Intensive Outreach Team

The enhanced support and frequency of contact allowed for improved levels of engagement, leading to the individual re-commencing their treatment, moving back home to their mum and are currently being supported back into work.

The patient reports:

"I cannot fault the outreach team members, the opposite in fact, I believe them to be a very good advertisement for the merits of the NHS and am extremely grateful to them for their help during a difficult time which got a lot better thanks to them. I have absolutely no negatives to report, and I wish them well in their careers in the NHS, I would like them to know they won't be forgotten by me and will remember them with high regard."

Patient experience of secondary community mental health care

Following a referral in September 2024 due to an attempt to take their own life, a patient was offered assessment, treatment and intervention in line with the new pathway model of care which was designed to meet their needs.

The new holistic assessment allowed for a more person-focused discussion, along with an opportunity to understand potential ongoing risk factors for the individual. This led to a multidisciplinary team decision to progress within the Standard Assessment Framework where patient led assessments are completed. These are known as patient reported outcome measures (PROMs), which help the patient to co-produce their own goals and plan of care. The formulation process undertaken in this manner helped the patient to understand their current and future needs.

The patient has praised this new process and fed back to the team that they really benefited from having the time and space to build a therapeutic relationship and to be guided to really understand where their difficulties came from, what was keeping them from working towards recovery and what we can do together to support their on-going journey.

Patient experience of secondary community mental health care

Following a referral into the service in June 2024 from the Urgent Care Service, an individual was supported through the Single Assessment Framework Pathway.

The formulation process allowed them to make an informed decision to not receive ongoing care and treatment from the secondary service and to focus on their goal to be supported back into employment. The individual is now receiving support from our Step On service which actively supports people back into employment.

The **Sutherland, Lymebrook, Ashcombe and Greenfields Centres** based through Stoke-on-Trent and North Staffordshire are the locations of our secondary community mental health services for working-age adults. They have been on a fantastic journey this past year, building on the success of the clinical pathways with focus and drive to embed them into practice with a much more recovery-focused package of care on offer to patients. This ensures that the specific physical and/or mental health needs of patients are being delivered with consistency and aligned with best practice national guidance.

Within the new pathways the community mental health teams also continue to make great strides in improving care planning and ensuring a collaborative, person-centred approach to the development and progression of individuals care and treatment. Using tools like the

DIALOG scale and goal-based outcomes to engage patients in their own care decisions ensures they have a voice and role in leading their recovery. These tools also allow clinicians to facilitate more meaningful, recovery-focused conversations which lead to empowering patients to take an active role in setting their recovery goals.

The incorporation of **voluntary, community and social enterprise (VCSE) workers** into community mental health teams, which includes peer recovery coaches, a health and lifestyle service and a financial wellbeing service, has offered a holistic approach which has complimented the clinical work of the community mental health teams.

The services have supported patients to access community groups and improve social inclusion, promoted healthier lifestyle choices and the benefits of physical activity and healthy diet on positive mental wellbeing and have offered practical financial support enabling a collaborative, personalised and community-based approach to recovery.

Service user feedback on peer recovery coaches

"I could not have done this without your help."

"Having someone who understands me is helpful."

Our adult and older adult services have introduced an improved approach to care planning. This enables teams to achieve the new nationally co-produced standards; they have gone the extra mile to further co-produce with service users and carers locally to design the format of the care plan. The care plan is co-produced with service users through the use of the DIALOG patient-reported outcome measure scale which allow service users to identify areas in which they would like support to change and improve their level of satisfaction from a health and wellbeing perspective. Service users are encouraged to set recovery goals, and these are captured and measured using an additional patient rated outcome measure – goal-based outcomes.

Patient experience of the financial wellbeing service

A patient was referred to the financial wellbeing service for support with a benefit check. They were supported to apply for a council tax reduction and severely mentally impaired (SMI) discount for council tax.

Their carer was supported to apply for carer's allowance. They were provided with budgeting tips to reduce expenditure ways to be mindful of spending, such as meal planning for the week and writing food shopping lists before leaving the home and sticking to these. They were provided with information to enable them to make their home more energy efficient and completed an energy comparison check resulting in a yearly financial gain of over £8,500.

Service user feedback on the health and lifestyle service

"The group has become an important part of my week; I really look forwards to the sessions and learning new things. I have felt quite lonely since I moved here not knowing many people, but everyone has made me feel welcome and have really helped me especially recently when I have had a few hard weeks. My meals have already changed, and I've lost weight too."

To support the implementation of this, the Trust has commissioned an in-person training programme which focuses upon the interactions between our clinicians and the service user and having patient-centred, recovery-focused conversations that lead to a meaningful co-produced care plan.

Our **community mental health teams** have worked together to improve the experiences of service users attempting to access our services via the telephone. A new business intelligence tool is used to monitor and improve against performance indicators around call pick up times. The teams can now identify peak times and appropriately align resource according to this information so that the community mental health centres are more accessible via the telephone.

Additionally, they have created and successfully piloted an automated text system within adult community mental health teams, with the intention to further roll out throughout all relevant Trust services. Teams are seeing benefits from this method of communication with fewer 'Did Not Attend' (DNA) appointments and therefore more people receiving the care they need. The pilot site for this saw a 37% decrease in DNAs in the 30-day post launch when compared to the pre-launch average.

Our **Memory Service** offers assessment and diagnosis and continues to excel in achieving high dementia diagnostic rates. The service achieved accreditation with the Memory Services National Accreditation Programme (MSNAP) which promotes learning and excellence in order to deliver the best possible service. There is a team of doctors, occupational therapists, support time recovery workers and admin support staff that all contribute. The team provide assessment, diagnosis and treatment for people with cognitive impairments and dementia. Additionally, they have dementia primary care nurses working closely with general practitioners (GPs), who also support and manage people living with dementia.

There was a recent event which was planned to raise awareness of the services within the directorate and to celebrate success and see the importance of each other's work. The clinic is now also supported by one of the consultant psychiatrists, helping to provide a more streamlined service.

Carer feedback on the Memory Service

Recent feedback from a gentleman who attended the memory clinic, with his wife, who had been diagnosed with dementia. Sadly, the gentleman had been diagnosed with a terminal brain tumor.

He took the time to handwrite a letter to share his personal gratitude to the practitioner who had seen his wife. He stated in the letter, that despite the circumstances, he felt that the care, advice and support they had both received was so valuable and understanding. It had given him some peace that by other agencies getting involved, he and his wife could be supported with the time they had left, and the support was crucial to their current situation.

He described the practitioner as compassionate and understanding.

The Memory Clinic also has close links and solid working relationships with the Alzheimer's Society, Drivability and other agencies/ stakeholders that support the patients and carers. Growing and expanding relationships like this remains a key priority.

Over the last 12 months in the two **older people's community mental health teams** have been working on the creation and implementation of mental health pathways. These pathways are required to provide evidenced-based treatment for service users, aligning with the NHS Long Term Plan being driven forward via the Trust's community transformation plan.

The pathways focus on being intervention based, and recovery focused and will be aligned to the working age adult pathways, with additions and changes made to make these more appropriate for the needs of older people. This will help to ensure parity of services for older-aged individuals. The implementation of the pathways will create a transparent, structured and streamlined service focused on recovery and empowerment. The pathway will help to improve the productivity within the teams, allowing for a strengthened focus on staff supervision, training and support as well as a reduced length of time in services for service users.

The older people's community teams have also implemented the Single Assessment Framework and have received training on the use of the 5p's formulation. This is a psychological framework which helps professionals to understand a service user's difficulties by considering the presenting problem, predisposing factors, precipitating factors, perpetuating factors and protective factors.

The first pathway that has been embedded into the teams is the anxiety and depression pathway. Within this pathway there is a regular anxiety and depression group. The feedback from this group has always been excellent and discharge rates have increased following attendance at this group.

The service has held team away days and training to ensure there is a collaborative approach to embedding the pathway. The next step is to design a supervision structure for the professionals providing treatment in these pathways to ensure and adhere to guidelines and clinical governance.

Patient experience of Older People's Outreach Service

A 77-year-old patient, still in employment and working with many businesses, was struggling with low mood and suicidal thoughts. He was seeing a private psychiatrist who prescribed sertraline; however, he became unwell in his physical health and was admitted into the Intensive Treatment Unit. During his admission at Royal Stoke University Hospital he expressed that he had plans of driving his car at high speed and crashing to end his life.

Discussion took place between the Mental Health Liaison Team and the Outreach Service to support the patient back home and review his medication and monitor mental health and risks. The patient continued to present with low mood with suicide thoughts and increased anxiety. The Outreach Service provided daily support, supporting with anxiety management, redirection techniques away from his suicidal thoughts and the nurse practitioner reviewed and commenced on medication and increased this the next week. Risks were managed in the community well.

The patient improved significantly in his mental health. He quoted, "I would never return to private after the support I have received from mental health services, the Outreach Service is like gold dust and I would not have got better without them."

The focus for the next 12 months will be to implement the trauma pathway. Further pathways will include psychosis and bipolar, personality disorder (complex emotional needs) and specific older person pathways if required. To support this work, there are several staff who are commencing structured clinical management and mentalisation based therapy to align with the complex emotional needs pathway. There will also be a focus on finalising the medication and physical health pathways which have already been implemented. Training will remain a key priority into 2025/26.

The directorate recognises the role it plays, in terms of broader health system requirements, in working closely with other teams in partnership services and across directorates to support the needs of older people via its Outreach Service. This enables rapid access to step down services, with a focus on community rather than bed-based support options.

The team were awarded Placement of the Year by Keele University in November 2024 which demonstrated the commitment that they have to education and teaching.

Our **young adult pathways lead** works across all directorates to provide support and guidance to practitioners regarding the transition of young people from CAMHS either into adult services or back to primary care. There is now a monthly multiagency transition panel for practitioners to discuss any young people who are age 17.5 years old with complex needs. This includes representation from health and social care and primary and secondary services. It provides a forum to support seamless transitions and is preventing young people from being 'bounced' around services. Strong community partnerships have been developed, and multiple projects are taking place to broaden opportunities for young people in communities.

Our young adult pathways lead is also leading on special educational needs and disabilities (SEND) for the Trust. They are working in partnership with the Integrated Care Board (ICB), Midlands Partnership University NHS Foundation Trust (MPFT) and both local authorities to embed best practice across the system when supporting young people with SEND.

Parent's feedback on son's contact with CAMHS service

"You have been an absolute rock for both me and K. You've been at the end of the phone when needed and if you weren't available you got in touch at the nearest opportunity. K felt comfortable with you and was able to start opening up to you, which was great. As his care coordinator you were superb, outstanding, amazing... all the words for just wonderful. I would never have been able to do this on my own and your support is so appreciated.

Sally and the family therapy team, I'm sorry I can't remember all of your names. I know I was sceptical at the beginning when we first met, and you told me you could help. And you did. You have opened my eyes to the care and compassion that is available for our younger generation. You listened to all of our sides and helped us all to understand each other.

I just want to say again THANK YOU! You brought my child back to me and I do believe that you all saved his life.

I can't finish this without thanking a couple of other people. Dr Raj was a godsend. His manner was truly amazing. And of course, the Intensive Support Hub Team. I wish they were available 24/7.

If you wish to use any of my comments you are more than welcome to, for me, it is important to share the good as much as possible."

Thank you for bringing my son out of his dark pit and bringing light back into our lives again."

There is also a network of enthusiastic and passionate SEND champions embedded within our teams who meet regularly to discuss any up-to-date developments, new legislation and help to identify training needs while providing support and guidance to colleagues.

Our **children and young people community mental health services (North and South Stoke CAMHS)** have been accepting their own team referrals since July last year. This has given them the ability to gatekeep referrals at the front door in an efficient manner and offer the most appropriate service, in connection with our partnership workers, to young people and their families.

During the last year CAMHS have taken significant steps to improve the transition for young people leaving CAMHS and accessing adult services. They have strengthened links with adult community mental health teams, Talking Therapies and community resources to ensure a smooth transition with the support of our preparing for adulthood lead.

North Staffs CAMHS have successfully developed a specific habit reversal therapy group for tic's/Tourette syndrome to support the development of this pathway. This group is now having a reflective article completed and is gathering further feedback on the impact of this group which will be shared more widely with Tourettes Action and the Great Ormond Street Hospital. They are also in the process of potentially developing a VR (virtual reality) system to help support young people to access interventions virtually to target young people who struggle to access the service. CAMHS are running a quality improvement (QI) project to gain further service user feedback which started in February 2025.

This involves the use of the Experience of Service Questionnaire and will be completed through written forms or QR code with the support of iPads for staff to support service users to give feedback. There will be two versions the team are collecting which is for young people and their parents/carers. This will aid and shape service delivery going forward by gaining more qualitative feedback.

The **Looked After Children CAMHS Team** continues to work closely with colleagues from Stoke-on-Trent children's services, offering consultation, assessment, therapeutic intervention and training as its central remit. The team works collaboratively with multi-agency colleagues from health, the local authority, education and third sector organisations to support evidence-based practice which specialises in attachment and trauma for children and young people who have experienced adverse circumstances within the care and development.

Our **Children and Young People (CYP) Eating Disorder Service** has reviewed its avoidant/restrictive food intake disorder (ARFID) pathway and developed positive working relationships with other teams offering consultation and advice. The team has developed and rolled out an ARFID training package for primary schools.

A service evaluation has been completed for planned therapeutic admissions to UHNM with intensive in reach from the teams supports recovery, parental engagement and confidence and has significantly reduced the need for CAMHS inpatient admissions.

Step On celebrated its 10th birthday this year and hosted an event in order to showcase the excellent work, recovery-focused employment outcomes and benefits of the service. The service was rated as having 'GOOD Fidelity' to the Individual Placement and Support (IPS) model in the external IPS Grow Fidelity review.

The **Autism Spectrum Disorder Team (Children, young people and adult)** has strengthened the screening process during 2023, resulting in a reduction in the time it takes to respond to referrals, improving signposting to other services where appropriate and offering brief support to families while awaiting assessment.

The overall aim of the directorate is to ensure that residents of Stoke-on-Trent and Staffordshire, regardless of age, have accessible and recovery-focused services which are responsive to their needs.

Specialist services

The Specialist Directorate provides a diverse range of services with pathways of community services operating across localities and inpatient units for substance misuse, learning disability, neuropsychiatry and CAMHS as well as a short breaks respite bed service for children with complex needs. Across the directorate our staff are skilled multi-professional practitioners from many different disciplines – psychiatrists, nurses, psychologists, occupational therapists, mental health practitioners, play and parenting practitioners, art therapists, social workers and trainees. These staff are supported by a dedicated group of administrators. The directorate has five service lines:

- neuropsychiatry, substance misuse and specialist psychology services
- complex care and adult mental health rehabilitation
- learning disabilities
- CAMHS inpatient and Intensive Support Hub
- Transforming Care Partnership (TCP)

The **Community Mental Health Rehab Team** offers support focused on keeping people in their existing accommodation or helping people transition to community from hospital placements working closely with the Complex Care Mental Health Team and Early Intervention Team. This pathway is also supporting those returning to the locality from out-of-area inpatient units and has a single referral process. The team works seamlessly with the Complex Care Mental Health Team with a joint multi-disciplinary team approach which now includes specialist psychology input.

Service user feedback on the Complex Care Team

Patient X was transferred to an out-of-area rehabilitation hospital following a serious deterioration in mental health. The Complex Care Team closely supported patient X throughout their time in the independent hospital, facilitating transfer to our local rehabilitation service, Summers View, at the first opportunity to minimise the time spent away from local area.

Patient X continued to engage with the rehab programme at Summers View and as a consequence, was discharged from hospital into supported accommodation.

The Community Rehab Team have continued to work with patient X post discharge, offering ongoing support and continued mental health rehabilitation.

Our **Complex Care Mental Health Team** provides care for people with complex psychosis or other serious mental health issues requiring specialist assessment, treatment and support to stabilise an individual's symptoms and help them live successfully in the community.

Inclusive working with **Summers View, Hilda Johnson House and the Community Rehab Team** enables successful, timely repatriation from out of area placements to the service users local or preferred community.

Throughout 2024/25 the Complex Care Team has repatriated 12 people from out-of-area placements:

- Six people moved into supported accommodation.
- Two people discharged to Hilda Johnson House.
- One person transferred to Summers View.
- One person went home to live with family.
- Two people were discharged into nursing care.

During 2024/2025 only three new placements were commissioned:

- One placement agreed for St Augustine's, locality was important due to family input.
- Two placements were agreed as a 'step down' from forensic services.

Our **Inpatient Neuropsychiatry Service** is one of only four such services in the UK. It provides treatment to patients with an acquired or progressive neurological condition that impacts on their physical and mental health, cognition and behavior. The service offers a complete pathway from community services, outpatient clinics and inpatient care. As part of neuropsychiatry outpatients, they assess and treat patients with younger onset dementia and make differential diagnoses.

Following the transformation of adult mental health rehabilitation services over the last four years the service offers a complete rehab pathway model. This includes a community inpatient ward (Summers View) and the Community Rehab Team, which is able to offer a unique supported living experience (Hilda Johnson House).

The Specialist Directorate continue to manage a range of contracts to provide specialist psychology services to other providers. They provide highly specialist psychological expertise to both inpatient and outpatient acute tertiary services as core members of the multi-disciplinary teams. This includes spinal injuries, inpatient and community stroke, acute rehabilitation and trauma, neuro-oncology, neurology, neuropsychiatry, cancer, critical care, bariatric services, pain, general physical health, pediatric oncology, cystic fibrosis, diabetes and pediatric psychology. There is also a small general pediatric psychology service.

Service user feedback on Hilda Johnson House

"They supported me by being there when I needed them, they were nice, and I had a good experience. I feel like I have more freedom with being able to go out whenever I want to, I now feel more confident when I do this. When I left, I moved into supported living which was a good next step. Staff put me at ease and helped me to go shopping for things for my new flat. They've been very supportive."

"I think it's incredible and brilliant, I love it here. I like the groups, wellbeing groups and cooking groups. I like it when staff help me to go shopping. I like it here, I like my bedroom, and I feel at home here, there's more freedom."

This recognises the directorate's ability to recruit to these specialist posts by offering comprehensive supervision, leadership structure and embedding research into our team cultures.

The directorate provides a range of services to clients with a learning disability. It provides care and support to help each person live in their own home, to be in control of their lives and engaged in their community through our **community learning disability services**. Where this is not possible it offers excellent assessment and 24-hour treatment support in the inpatient **Assessment and Treatment Unit**, where individual packages of care are designed, leading to discharge and successful community placements close to their homes. This inpatient unit links closely with the **Intensive Support Team**.

Service user feedback on specialist psychological services

"The service that's provided could not get any better. The person that provided this service is excellent."

"Everything was explained clearly to me and I'm going to get help with psychology and hopefully this will enhance my life."

"Having a child with chronic medical conditions and mental health needs is unbelievably challenging. You go from being 'mum' to 'mum, carer, nurse, pharmacist, organiser, taxi, therapist' overnight, all while trying to navigate the new normal. I will never underestimate how privileged we are to work with Ruth and everyone close to us knows the profound impact having Ruths support and guidance has had on us."

"I asked my son to describe Ruth in three words... he replied, "supportive, patient, understanding"... but he couldn't help but suggest that she needs to reconsider which football team she supports!"

This team provides service users, families and carers with access to rapid response, intensive assessment, treatment and support at times of crisis to reduce the need for admission to hospital. The team also supports timely discharges from inpatient services.

The **Transforming Care Partnership** looks after people with a learning disability and/or autism. People in these cohorts require highly complex care packages and are generally placed with independent sector providers, either locally or out of area.

Our **Keyworker Team** supports patients and their families by navigating their care from health, local authorities and the private sector for patients from the age 0 to 25 with learning disabilities and/or people with autism who are at risk of placement breakdown or hospital admission.

Our community teams bring together community learning disability nurses, psychiatrists, occupational therapists, physiotherapists, speech and language therapists, clinical psychologists and other applied psychological therapists. These teams work in partnership with local authorities and other organisations to provide a range of care services and therapies.

Our **Primary Healthcare Facilitation and Acute Liaison Service** works closely with our local mainstream and specialist health services to reduce the overall health inequalities experienced by people with learning disabilities.

The **Specialist Children's Short Break Service** at Dragon Square offers residential short breaks, including day visits, for children and young people between the ages of 4 to 19 years with severe learning disabilities and other complex needs. The service is registered with Ofsted as a children's home that can support children with learning disabilities, physical disabilities and sensory impairments and is rated as 'Good' by the CQC.

The multi-disciplinary **Children's Community Learning Disability Team** provides specialist assessment and treatment interventions to children with a diagnosed learning disability with associated complex health needs.

The **Darwin Centre (Children and adolescent mental health)** is a 14-bedded inpatient unit, providing specialist mental health services for young people and their families between the age ranges of 12 to 18 years. The centre is open 24/7. The catchment area covers Staffordshire, Shropshire and the West Midlands. The Darwin Centre is a partner within the CAMHS West Midlands Provider Collaborative.

The **Edward Myers Unit** continues to offer hospital based drug and alcohol detox and treatment. The unit accepts local and national referrals and following its recent digital movement and advertising of the unit has seen a recent surge in referrals. The unit now has plans to expand and increase capacity to accommodate the demand beyond its current 14 beds.

The **Community Hospital Alcohol Team (CHAT)** continues to support UHNM with patients who require alcohol detoxification, attending emergency portals and daily ward visits to prepare the patient for continuation of their detox while in the community.

The **Intensive Support Hub** directly supports patients in the community, seven days a week. This team supports young people locally at risk of admission to an inpatient bed and where possible reducing the need for admission through a more intensive offer of support.

Service user feedback on Intensive Support Hub (ISH)

"Lucy has been so lovely. Every time we have seen or spoken to her she has been kind, attentive, understanding and patient. She's always taken the time to explain everything to us, which has helped so much. She's a fabulous asset to the ISH Team."

"Just wanted to thank your team for being so supportive with my young person T over the last few months. Without the ISH team for their work and support it wouldn't have run as smoothly as it did, and I feel your help has also prevented her being admitted. Particularly want to thank Steph and Louise for supporting and helping. T has voiced herself that she built a positive relationship with Steph."

"I just wanted to let you know I've seen the service user today and they are doing amazing. They have left school and are doing a part-time job until they start college. They mentioned ISH support and, in particular, Chloe and said as a family they couldn't have done it without CAMHS support."

"This is a real example of how important the ISH role is in avoiding a tier four admission along with core CAMHS and psychiatry input. The service user would definitely have been in hospital had it not been for the ISH."

Acute and urgent care

Our acute inpatient services provide inpatient care to adults and older age adults at the Harplands Hospital. Wards 1, 2, 3 and the Psychiatric Intensive Care Unit (PICU) accommodate working age adults, and wards 4, 6 and 7 support older adults (aged 65 years and over).

Adult acute inpatient wards

The **Psychiatric Intensive Care Unit (PICU)** is a specialised, high-specification unit offering intensive nursing support for working-age adults (18-65), both male and female, who are experiencing an acute phase of their illness. The team follow a trauma-informed model of care, treating each patient individually to deliver high-quality, intensive nursing care. The team members are trained to conduct comprehensive mental state assessments, provide psychological evidence-based interventions, and utilise de-escalation techniques. Psychological input is central to the care model on PICU, with team formulations and reflective practice being key elements in guiding clinical decision-making. Regular team formulations, led by the psychology team, allow them to collectively assess and understand the complex psychological needs of the patients, ensuring a coordinated and holistic approach to care. Reflective practice within the team fosters continuous learning and development, allowing staff to explore and refine their clinical approaches to improve patient outcomes.

The PICU has maintained its commitment to the National Association of Psychiatric Intensive Care Units (NAPICU) framework, achieving accreditation since opening in 2019. A continued focus on reducing restrictive practices has led to the implementation of a less intrusive zonal observation approach.

Service user feedback on the Psychiatric Intensive Care Unit

"Even when I could see no light, the staff off PICU helped me to see a brighter end, thank you staff."

"Don't worry, the staff are here to guide you so that you will get well again. Trust and believe in them. They want the very best of you and will help in your road to recovery."

The positive culture within the unit is further reinforced by the ongoing adoption of the psychological reinforce, appropriate, implode disruptive (RAID) approach, which has been instrumental in supporting recovery for some of our most acutely unwell patients. This approach, combined with psychological input, has significantly contributed to a safer, more therapeutic environment, promoting both recovery and well-being.

Ward 1 is a mixed-gender acute admissions ward that caters to patients aged 18 to 65, specialising in the treatment of individuals with complex mental health needs. Known for its dynamic and fast-paced environment, the ward focuses on delivering high-quality, compassionate care that promotes independence and recovery for people with mental health challenges. As a multi-disciplinary team, the ward adopts an evidence-based approach to care, taking a holistic view of each patient's needs to guide treatment and support. In addition to nursing and medical input, the psychology team contributes significantly to the care model, providing therapeutic interventions tailored to individual psychological needs. Ward 1 is also committed to maintaining sexual safety and has actively engaged in the Sexual Safety Collaborative from the Royal College of Psychiatrists (RCP), ensuring that all patients are treated with respect and dignity in a safe environment.

Service user feedback on Ward 1

"Thank you to all the wonderful caring and supportive staff on Ward 1 who have helped in my recovery. You truly do an invaluable job. During my short stay I have realised that I do matter. A bad day isn't a negative thing, and every day is a new day. No regrets, life will throw curve balls at us, but it is how we deal with it is what matters. It ok to fail and its ok to not be ok! Every member of staff I encountered were understanding and approachable, Ward 1 rocks!"

"Here is to all the staff at the Harplands for helping me through a difficult time in my life. It is now that I am better due to your skill and professionalism constantly through those many hours of need, here in return is my biggest thank you and love forever."

Additionally, the ward has collaborated with the Trust's diversity and inclusion leads to ensure that the care provided to non-binary and transgender patients is inclusive, sensitive, and meets their individual needs.

Ward 2 is a dedicated acute ward for males of working age, providing comprehensive assessment and initial treatment for individuals experiencing a range of mental health challenges. The ward works closely with a variety of other services to ensure continuous support and recovery. With a strong commitment to person-centered care, Ward 2 places patients at the heart of everything they do, offering tailored, intuitive interventions that focus on the individual's unique needs and aspirations.

A standout feature of Ward 2 is the presence of a ward-based personal trainer, who facilitates exercise and wellbeing initiatives aimed at enhancing both physical and mental health for patients. The ward operates within a multi-disciplinary team (MDT) model, ensuring a collaborative, holistic approach to care and treatment. The psychology team plays an essential role in the MDT, offering psychological assessments, therapeutic interventions and guidance for supporting patients through their mental health challenges

Service user feedback on Ward 2

"This was my second time here and only for a short while but once again staff were fab, they treated me with warmth and respect and have again given me my life back, thank you."

"I'm so pleased there are no longer any dormitories, I find the increased privacy better. It also great that the new gym facility and personal trainer is so much better than before, it feels like I don't have to take time out of my gym routine just because I'm in hospital."

Ward 3 is a dedicated female acute ward within the Acute and Urgent Care Directorate, providing compassionate, person-centered care for women aged 18 to 65 who are experiencing a wide range of mental health challenges. The ward is committed to delivering high-quality care that not only addresses the immediate mental health needs of patients but also supports their overall wellbeing during times of crisis.

Ward 3 has adopted an evidence-based self-injury reduction protocol, supported by the expertise of the psychology team, specifically designed to assist women with emotionally unstable personality disorder. The staff team takes great pride in their holistic, multi-agency approach, which integrates a range of services, including psychiatry, psychology, nursing, financial advice, housing support, exercise programmes, and occupational and diversional Therapy.

This comprehensive approach ensures that patients are treated as individuals, with consideration given to the additional stressors influencing their mental health.

The ongoing refresh and implementation of the evidence-based self-harm pathway model of care align with the Trust's strategic direction for managing and supporting patients with emotionally unstable personality disorder, ensuring that care is both informed by the latest research and tailored to the unique needs of each patient.

Service user feedback on Ward 3

"The ward helped me during my crisis when I didn't have much hope, they helped me understand my triggers and gave me some safer coping tools thank you."

"Staff were kind, non-judgmental, and always listened. They supported me as a whole not just looking at my diagnosis."

Older age adult acute inpatient wards

Ward 4 is a dual-care assessment unit commissioned inpatient ward. The service accepts patients with complex physical health needs and organic illnesses and supports them to reach their maximum potential before identifying the most appropriate discharge destination which best meets the patient's needs.

The service supports timely discharge from Royal Stoke University Hospital and admission/transfer avoidance via the emergency portals. The service operates a multi-disciplinary team model with involvement from the mental health liaison team, health and social care and independent agencies. Other agencies may be involved dependent on the individual's needs. Ward 4 prides itself on the close work with families and carers, ensuring they are kept informed and involved from the point of admission to discharge.

Ward 4 continues to adapt to ensure that it offers the same excellent level of care and experience to its patients and their relatives. The team have been pleased to have been able to restart the family group which is there as a support tool for families whose relatives have been admitted to Ward 4. Ward 4 continues to work flexibly to support continued pressures across the system, ensuring it maintains effective partnership working to support patient flow.

Ward 4 has introduced 'mid-week feel good' beauty makeover Wednesdays, offering a wide range of beauty and makeover services for both patients and staff. This focuses on a person's wellbeing and increasing social interactions and confidence. The multi-disciplinary team on the ward comprises of various skill set and diverse knowledge base which is embedded into the daily practices of supporting patients unique and complex needs.

The nursing team on Ward 4 consists of mental health nurses, general nurses and learning disability nurses, providing the ability to specialise in supporting the physical health and mental health of older person's admitted to the ward.

Care and support is predominantly nurse led and is fuelled with the support of an advanced nurse practitioner. Ward 4 specialises in identifying and tailoring support and treatment plans focusing on a person's current and future care needs to facilitate and aid a safe and appropriate discharge. Ward 4 continues to receive outstanding feedback from relatives of patients which highlights the wonderful care that Ward 4 deliver.

Service user feedback on Ward 4

"Without doubt Ward 4 at the Harplands is by far the best. I visit regularly and am always impressed with the professional, dedicated and the genuine friendliness of the staff. I have witnessed exceptional service and in my opinion, this is how all wards should be run."

"In my humble opinion there is significant differences within the cultures of the workings of Ward 4 from which others could learn."

"During the last few years, I have visited my mother and father in many hospitals and without a doubt, Ward 4 at the Harplands is by far the best. I visit the ward regularly and I am impressed by the professionalism, dedication and genuine friendliness of the staff. I have witnessed exceptional service on multiple occasions, and I visit and receive updates on virtually every day. This is how wards should be run but sadly I have witnessed behaviour and attitudes in other wards on other hospitals which doesn't compare with the high standards on Ward 4."

"Within the boundaries of realistic expectations I feel that my dad's quality of life actually improved during his time on Ward 4, rather than deteriorating which was actually what happened in virtually all the other hospital environments. It is fair to say that other wards did treat his infection, but I witnessed a rapid deterioration mentally."

"I get the impression that Ward 4 is genuinely trying to make a difference and working together as a team, thank you."

Ward 6 is a bedded, mixed inpatient ward for patients with a diagnosis of dementia and associated complex health needs. It provides outstanding care, using a person-centered individualised approach. The ward's aim is to make a positive difference to the lives of patients and support them to live well with dementia, and help them where possible to return home or support them and their carers to find the appropriate 24-hour care setting for their ongoing needs.

Ward 6 continues to strive and as a team, they are totally committed to ensuring safe, high-quality care to all our patients, therefore ensuring that the patient journey is a memorable one for the right reasons. Over the last 12 months, Ward 6 has continued to deliver innovative practices which support patient safety and wellbeing. Some of these are listed below:

- The purple wristband initiative, which clearly and easily identifies patients who have a 'Respect' form in place to ensure decisions are upheld in certain situations.
- Yellow socks – patients at risk of falls wear yellow socks to be easily identifiable.
- Sunflower initiative – for those patients who wear dentures. A sunflower picture is on the wall in their bedroom to alert staff to check bedding /clothes in case dentures have been misplaced. This reduced the risk of patients losing their dentures.
- Patient wellbeing initiative – The clinical team is exploring various therapeutic activities, including recent autism-informed engagement activities, all designed to be inclusive and respectful of individual needs.

- Veterans support initiative – The team is raising awareness among families and patients about how their support and intervention plans address past trauma. This approach guides nursing and psychological support, enhancing team awareness and effectiveness in aiding patients through their recovery journey. The carer support group has played a crucial role in collaborating with families to develop this successful initiative.
- Collaborative networking across different multi-disciplinary teams such as occupational therapy colleagues collaborating with colleagues to discuss complex cases and develop solutions that support patient discharge.

Service user feedback on Ward 6

"I would like to thank all the staff for caring for my family member for the last 6 months. Over the last 6 years I have tried my hardest to care for them, however their needs became too much for me to deal with. You made sure she was always given the best care available. There are not enough words for me to express my appreciation. I hope you all realise how invaluable you all are and what a difference you make to people's lives by doing what you do. All my love and thank you."

"Thank you so much for looking after ***** , it has not been easy for you some days. He was a lovely man, sorry you did not see him before the illness. You have given him all the care and attention he needed, you are all doing a wonderful job on Ward 6. "

"I would like to say a big thank you for all the love and support given to my Dad. The care, love and support given was above and beyond anything I have ever experienced. A big thank you. "

This includes positive engagement with external services to ensure safety management and effective care, leading to successful discharges. This process has enabled Ward 6 to maintain a 100% discharge success rate.

Ward 7 is a functional unit for elderly patients over the age of 65. The ward provides mixed-gender accommodation for short-term assessment and treatment, supporting service users either informally or under the Mental Health Act. Patients admitted to the ward undergo a comprehensive needs assessment conducted by a multi-disciplinary team, ensuring a holistic and person-centered approach to recovery. Both inpatient and community teams work closely together to ensure safe and timely discharges back into the community.

The carer support worker continues to offer dedicated support to carers, guided by the triangulation of care ethos. This approach emphasises equal partnership among carers, service users, and professionals to promote safety, support recovery, and sustain wellbeing. Innovative multi-disciplinary team (MDT) working remains effective in Ward 7, with MDT screen one facilitating the remote attendance of external professionals in ward rounds and reviews.

Ward 7 collaborates closely with the Outreach Team to identify patients suitable for early-facilitated discharge into the community. Staff from Ward 7, including healthcare support workers and nurses, have spent time shadowing the Outreach Team to better understand their services and vice versa. This collaboration has significantly reduced readmissions, as it enables patients to make effective use of their leave.

As part of the Culture of Care initiative, a quality improvement project has been established to review the team’s operational structure. The project aims to identify new ways of working to enhance team efficiency, ultimately improving the patient experience and journey.

consistently receives positive feedback from patients and carers. Recently, two patients shared their experiences through the Outreach Team, highlighting the effective collaboration between Outreach and the Ward 7 team.

**Service user feedback on
Ward 7**

"Over the past few years, we have continued to work closely with Ward 7 to enable patients to have a smooth transition from community to inpatient and again from inpatient to community. We feel as the Outreach Team that patient’s journeys are followed throughout their time with services showing a patient centre focus. Due to different roles within community and inpatient it has been nice to see staff shadowing the team, so they get more of an idea what support community has to offer. The outreach team do have a regular presence on the ward, and it feels that both the Outreach Team and Ward 7 are one team."

Ward 7

Electroconvulsive Therapy (ECT) Department

The Electroconvulsive Therapy (ECT) Department consists of a small team of specialist doctors and nurses, providing both inpatient and outpatient services twice a week. Our ECT team also supports medical and nursing students, frequently receiving positive feedback.

The service has a high success rate in treating severe depression, mania, and catatonia. A course of ECT can include up to 12 treatments, allowing the team to establish positive therapeutic relationships with patients and their families, as evidenced by the excellent feedback receive throughout and at the end of treatment.

The team also collaborate closely with referring teams to ensure a smooth referral and review process, maintaining continuity of care throughout the patient’s recovery.

The ECT clinic is accredited by the Electroconvulsive Therapy Accreditation Service (ECTAS) every three years to ensure that the standards and care provided are maintained and continually improved. The clinic recently hosted a visit from the Integrated Care Board which allowed the team to showcase the service and received extremely positive feedback.

Currently, there is further showcasing the ECT service through patient stories. This initiative allows patients to share their experiences with ECT, benefiting new patients at the beginning of their ECT journey and hopefully alleviating any fears they may have.

Service User feedback on ECT

"Fantastic, caring staff offering wonderful care. They go above and beyond not only looking after Mum, but both Dad and I. Thank you for your support"

"All the nurses and staff are first class and lovely people and treat patients and family really well."

"Everything was explained to me. Everyone is very good"

Urgent and emergency mental health care – Crisis Care Centre

The Crisis Care Centre, based at Harplands Hospital, opened in October 2019 and is situated at Harplands Hospital. The centre brought together many NHS specialists within the Trust to offer crisis care services for individuals of all ages, 24/7 and 365 days a year.

The Crisis Care Centre is an essential component of the urgent care pathway and provides an all age single point of access to mental health services while also offering an immediate response for individual's experiencing a mental health crisis either by telephone or in person to ensure individuals are signposted to the most appropriate pathway to meet their needs.

The below services are based at the Crisis Care Centre at Harplands Hospital:

- All Age Single Point of Contact
 - Crisis Resolution Home Treatment Team
 - STR (Support Time and Recovery) Pathway

The **All-Age Single Point of Access Team** offers a single point of contact for all mental health crisis for individuals of all ages. The service provides prompt and expert triage of individual's needs and signpost to appropriate services. It also provides advice and support to service users, families, carers and primary care with the use of collaborative working.

The year of 2024 involved a service review for the previous All-Age Access Team and Home Treatment Team which resulted in the merger of the two teams to form the **Crisis Resolution and Home Treatment Team (CRHTT)** with the aim to ensure that services continue to be highly effective in response to an increase in activity; reducing

duplication and increasing efficiencies.

The CRHTT is a multi-disciplinary team of mental health professionals providing a 24-hour, seven days a week service as an alternative to psychiatric hospital-based treatment for service users aged 18-65, as well as an all-age access service for those experiencing an episode of acute mental health crisis. The team also works to enable earlier discharge from inpatient care and to 'gatekeep' acute hospital admissions ensuring that all admissions are appropriate and that where possible admission is avoided.

In April 2024, the **NHS 111 mental health option** for mental health has been introduced within the team, which is available 24 hours a day, 7 days a week for all ages. People can use this number if they are experiencing a mental health crisis themselves or someone they know. Following this, the next step in improving crisis service access is integrating 24/7 nationally available mental health text messaging services into established crisis care pathways. This will be in place from April 2025 within the CRHTT. This digital platform will reduce stigma, overcome geographical barriers and enhance accessibility for individuals in crisis.

Following CRHTT's interim review in January 2025, the team have maintained their accreditation with the Royal College of Psychiatrists' Quality Network for Crisis Resolution and Home Treatment.

The team is currently undertaking a project to implement therapeutic pathways across the service. The primary aims of the pathways are:

- to increase the therapeutic offering across the service and ensure that input offered is equitable and consistent
- to provide evidence-based, timely and responsive therapeutic interventions for individuals in crisis
- to provide psychoeducation and introduce initial coping techniques and skills for a range of psychological difficulties
- to ensure a seamless patient journey when transitioning between the CRHTT and other community services

Following on from feedback from our patients and carers, improvements are being made to the reception area within the Crisis Care Centre including artwork and acoustic tiles to reduce the transmission of noise from room-to-room.

Service user feedback on Crisis Resolution Home Treatment Team

"Thank you so much for all your help. I think you guys are the only service that's truly been understanding and actually listened to me so far. And I really appreciate and respect that."

"Both professionals were very helpful and empathic practitioners. They were both very professional and friendly. They were both great listeners and the service user felt he was able to build up a great rapport with them. They were both extremely helpful and gave him direction in addressing his needs. He described them as both being "absolutely brilliant and an asset to the CRHTT".

"The family were very complimentary as to the efficiency of the CCC night staff on duty on 16 November 2024, who were dealing with a distressing incident that took place in their home. They were particularly complimentary about the kindness and patience that they received from a member of our health care staff, Claire Frain, who offered support via the telephone".

The **Support Time and Recovery (STR) Crisis Café Team** is an alternative crisis pathway providing low-level support and interventions to service users in self-defined crisis. They hold a caseload as well as support the Communities Together lounges initiative. The Community Lounges are held in community settings as opposed to health premises and are facilitated by the local authority, support time recovery workers and charities where people can get support with food, debt, housing, mental health and other social adversities.

The **High Volume Users (HVV) Team** work holistically with service users who are regularly attending accident and emergency (A&E). Its goal is to identify the reasons why a service user is attending A&E and attempt to reduce or negate avoidable A&E attendances, by supporting service users to engage with the most appropriate primary care services.

The team have developed and expanded the existing role, continuing to work closely with A&E and UHNM hospital wards to support discharge planning by continuing to support service users in the community to minimise reattendance and/or readmission. As a result of the in-reach work the team provide a link between acute hospital services and community services to aid continuity of care for the service user, which improves their outcomes. The team continue to work hard at establishing and maintaining relationships with primary, secondary and third sector services.

In late 2024 the team successfully started undertaking their duty offer from the A&E department. This has enabled the team to provide a more prompt response to service users and be more accessible to discuss referrals or complex cases with staff within A&E.

The team continue to support service users to reduce avoidable attendances, the team have had some wonderful feedback from service users.

UHNH A&E staff feedback on the High Volume Users Team

Integrated Discharge Hub Director – “HVU's presence has been well noted and appreciated.”

Integrated Discharge Hub (IDH) staff in A&E feedback – “HVU being present in A&E is a huge benefit to the IDH service. Working collaboratively to achieve the best outcome for the patients we support by the sharing of information where appropriate, discussing holistic needs of the patient to enable the most appropriate package of care being implemented. This in turn provides a safe and more timely discharge and a support plan that meets patient needs, often resulting in fewer A&E attendances. Where patients have been re-referred to IDH on several occasions we are able to discuss these individuals with the HVU team as they are supporting these individuals, or have done previously. This enables us to gain better insight of their home situation and support network which enhances our assessment and outcome plan.”

A&E – “With regards to HVU basing themselves within the emergency department, the staff find it really beneficial. They can discuss ongoing patients with someone face-to-face and any new patients that are alerted can be discussed and consented with you at the time, rather than a phone call or email and you then attempting to contact the patient. It also helps staff understand how HVU can support, and which patients are most suitable to the service. Patients can also be discussed within the daily emergency department huddles who have presented. The team assists the clinicians with discharge planning and can offer the support needed in the community to safely discharge someone timely. So all in all, staff find it a great help when there is a HVU practitioner in the emergency department.”

Service user feedback on High Volume Users Team

"HVU have been absolutely amazing, they have helped me immensely and have been great support. I've built up a good relationship with team members."

"Great support. I've built up a good relationship with team members."

"Brilliant support, can't thank the HVU staff enough. So easy to talk to, I could not of got through the last few weeks without them."

"My support time recovery (STR) worker has been amazing, and I will never be able to thank her enough. So inspiring, so amazing, not to just Mum, but me too. So, encouraging. Thank you so much"

"I initially felt not good, I felt unsafe and very unwell and very anxious. my STR worker has helped me so much with my confidence. She has helped me so much being there for me. I feel very good, very motivated, I enjoy life now. My mental health is so good."

The **Mental Health Liaison Team (MHLT)** is part of the crisis care service line and aims to provide a timely, comprehensive, multidisciplinary assessment service to people presenting with urgent mental health problems in the emergency portals and inpatient settings at the acute hospitals run by University Hospitals of North Midlands NHS Trust (UHNM).

It also aims to increase the detection, recognition and early treatment of impaired mental well-being and mental disorder through effective liaison with partners in other departments within the acute trust.

The objective of the service is to work with the acute trust in developing joint care pathways for patients with mental illness. The service is provided to people of all ages and comprises of doctors, nurses, social workers, occupational therapists and psychologists.

The team has faced unprecedented challenges over the year with an increase in referrals across all age ranges, and the introduction of a new way of working in response to the new National Institute for Health and Care Excellence (NICE) guidelines relating to self-harm presentations.

The team supports a hospital that is a major trauma center, so deal with the added complexities of supporting patients that may be out of area and then linking them back into local services. The team won an award for 'Partnership Working' which demonstrates the hard work they do with other services.

In 2024, the team were extremely pleased to hear that they had successfully achieved Psychiatric Liaison Accreditation Network (PLAN) Accreditation via the Royal College of Psychiatry. The accreditation recognises that the team are meeting standards in relation to safe, effective and sustainable patient care in line with other services in England and Wales.

The team has also introduced 'attend to assess', which has significantly strengthened the relationship between MHLT and UHNM. It has enabled patients to be seen within time scales of one hour for A&E, four hours for emergency portals and 24 hours for wards, supporting flow through the system and ensuring patients receive timely assessment and plans of care.

UHNM staff feedback on the Mental Health Liaison Team

"Easy to contact, speak to and get advice, friendly and supportive staff, provide sensible plans for patients."

"Can take too long for a patient to be accessed due to low staffing."

"Offer guidance if new staff have queries about the best way to support patients' mental health, approachable and friendly."

"The medics on MHLT are really helpful."

The **Community Triage Team (Street Triage)** work with people suffering mental distress who have come into contact with Staffordshire Police. The team works collaboratively and is based with the First Response Team at Staffordshire Police to offer advice and assessment for people where there are concerns about their mental health.

The Place of Safety/136 is for people in extreme mental distress who are detained for their own safety and the safety of others under Section 136 of the Mental Health Act by the police. Under Section 136, people can be detained for assessment for up to 24 hours.

Primary Care Directorate

The directorate has continued to build networks across primary care services over the past 12 months, including integrated **general practice teams, talking therapies, primary care networks (PCNs) and Additional Roles Reimbursement Scheme (ARRS) mental health teams**, supporting integrated and community-based care.

The **Serious Mental Illness (SMI) Physical Health Check Team** have also joined the directorate during 2024/25, again, supporting the development of proactive and seamless physical and mental health services.

Following the integration of **Keele Practice**, the directorate has continued to develop cross site functionality, redesigning specific team functions as part of this process and providing dedicated support to quality to approve and assure services across the general practice teams.

The **General Practice Service Team** aims to provide a responsive approach, monitoring access and patient satisfaction. As part of this work, representatives from the Holmcroft Patient Participation Group and wider practice patient population have created a Holmcroft Patient Working Group, developing and co-creating actions to continue to improve access to services and improve communication methods. This work has been a positive and successful collaboration, particularly focusing on the utilisation of digital software to request appointments.

Patient satisfaction continues to be an area of continuous improvement and focus for our general practice teams, care navigation is also supporting the number of patients being seen by the right person at the right time.

The **Moorcroft Team** have worked in partnership with voluntary organisation Beat the Cold, to target identified patient populations who may benefit from support and energy advice. This has been a really successful partnership with over 350 patients being contacted to date regarding the service.

The practices work closely with their respective PCNs, developing networking opportunities and working with local practices in partnership.

The **North Staffordshire and Stoke-on-Trent NHS Talking Therapies for Anxiety and Depression Team** continues to provide assessment and psychological therapies as first choice interventions for depression and anxiety. The service is achieving above national targets for rates of reliable recovery and reliable improvement consistently throughout the year. The Talking Therapies Team have continued to develop strong and effective relationships both internally and externally. This is demonstrated through continued joint partnership working with MPFT to provide the service for Staffordshire, with the NSCHT Talking Therapies Team presenting at the Staffordshire and Stoke-on-Trent Talking Therapies Mid Summer Annual Conference, regarding the provision of services to our service user population.

The **ARRS Mental Health Team** continue to support the development of PCN teams, with the creation of additional mental health posts and growing PCN mental health teams. The ARRS MH team have been working with PCN partners to support increased uptake of SMI physical health checks in conjunction with the SMI Physical Health Check Team.

The ARRS Mental Health Team have also introduced a children and young people's pilot supporting Moorcroft and Keele's patient population under the age of 25 years. The service supports patients with potential eating disorder, self-harm or post-COVID mental health needs, linking with the Trust's Children and Adolescent Mental Health Service as needed. The service also aims to increase and enhance links with our student patient population.

What the Care Quality Commission said about the Trust

The Trust continues to maintain an overall 'outstanding' rating from the Care Quality Commission (CQC) since 2019. The Trust remains fully compliant with the registration requirements of the CQC under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The CQC has not taken any enforcement action against the Trust during 2024/25, nor are there any conditions on its registration. Additionally, the Trust has not been involved in any special reviews or investigations by the CQC during the reporting period.



Last rated
1 June 2020

North Staffordshire Combined Healthcare
NHS Trust

Overall rating

Inadequate

Requires improvement

Good

Outstanding

Are services

Safe?Good

Effective?Good

Caring?Outstanding

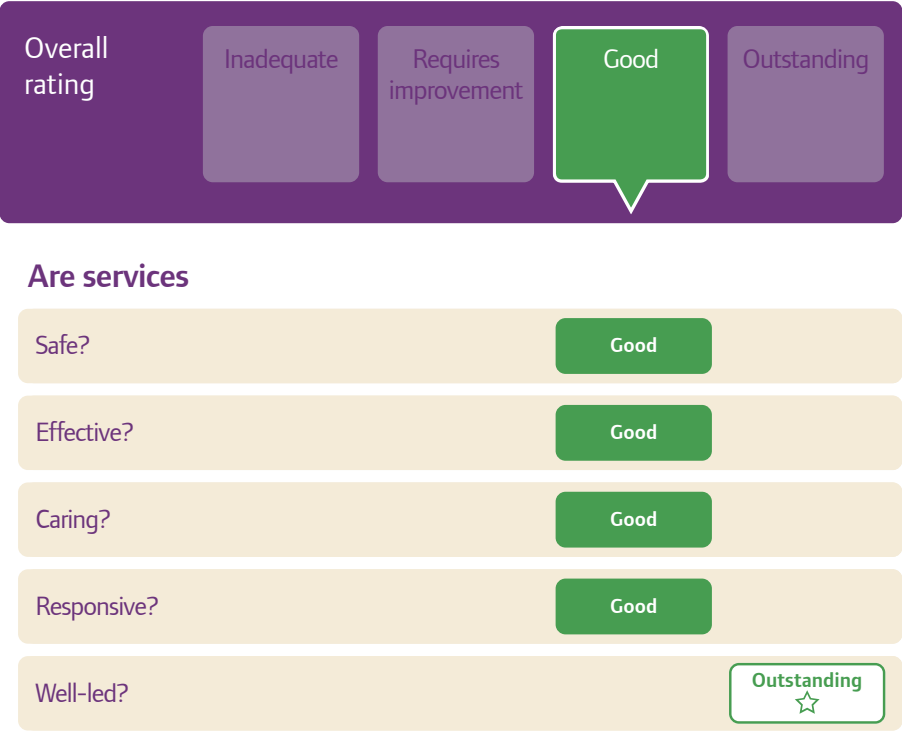
Responsive?Outstanding

Well-led?Good

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018	Good Feb 2018	Outstanding Feb 2018
Child and adolescent mental health wards	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Wards for older people with mental health problems	Good ↑	Requires improvement ↓	Good ↔	Good ↔	Requires improvement ↓	Requires improvement ↓
Wards for people with a learning disability or autism	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good ↔	Good Feb 2018	Good Feb 2018
Community-based mental health services for adults of working age	Good ↑	Good ↔	Good ↔	Good ↔	Good ↔	Good ↔
Mental health crisis services and health-based places of safety	Good ↔	Good ↔	Outstanding ↑	Outstanding ↑	Good ↔	Outstanding ↑
Specialist community mental health services for children and young people	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Community-based mental health services for older people	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Good Sept 2016	Outstanding Sept 2016
Community mental health services for people with a learning disability or autism	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Substance misuse services	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Overall	Good ↑	Good ↔	Outstanding ↑	Outstanding ↑	Good ↔	Outstanding ↑

In November 2021, two of the Trust's primary care sites, Moorcroft and Moss Green, underwent an announced inspection by the CQC. These services were rated 'outstanding' in the 'well-led' category and received an overall rating of 'good'. They continue to uphold these ratings. Holmcroft Medical Centre and Keele Practice have maintained their previous ratings of 'good' since being acquired by the Trust. Holmcroft was inspected by the CQC in February 2025 and no immediate issues were identified.



The CQC postponed the 'well-led' inspection scheduled for April 2020. However, we have continued to ensure that robust evidence supports the improvements recommended during the unannounced inspections in 2018/19.

The following enhancements are now embedded and continue to be monitored:

- consistent and full compliance with patient observation (as per Trust policy)
- established network of Nutritional Link Nurses within all inpatient wards
- improved admission and transfer processes within acute inpatient ward areas
- enhanced physical health monitoring of all patients
- structured approach to daily handovers
- person-centred support for individuals requiring seclusion
- cleaning schedules in place in all community locations
- improved side effect monitoring for patients receiving depot medications
- consistency in crisis management plans for patients
- capacity reviews for all patients detained under a Community Treatment Order
- management plans for community environmental ligature risk assessments

Additionally, the programme to eliminate the use of dormitories across inpatient wards is now in its final stages. We also ensure that applications for authorisation of Deprivation of Liberty Safeguards and their outcomes are notified to the CQC.

Building capacity and capability

During the past year, our Board membership was refreshed and further enhanced:

- Elizabeth Mellor was appointed as Chief Strategy Officer in October 2024
- Martin Evans was appointed as a Non-Executive Director in August 2024
- Dr Roger Banks was appointed as an Associate Non-Executive Director in August 2024
- Prem Gabbi was appointed as Non-Executive Director in February 2025
- Katie Lavery was appointed as Associate Non-Executive Director in February 2025
- Kerry Smith was appointed as Interim Chief People Officer from January 2024

The Board has a wide range of experience and skills to provide effective leadership. Our continuous cycle of board development acts as an opportunity for ongoing organisational development and quality improvement. A core component of the development programme is to ensure that all board members have a focus of continued improvement in order to deliver the highest quality, safe services for our community, within resources available. This includes individual appraisal, personal development, board development schedule, statutory and mandatory training and additional learning development, for example, the Trust's Veteran Aware and Equality, Diversity and Inclusion Training.

Our Open Trust Board proceedings are livestreamed – full papers and recordings of key elements are made available on our website thereafter at combined.nhs.uk/about/our-board/board-meetings/board-meeting-archive the recordings include:

- Chair's Report
- CEO Board Report
- REACH Award
- Patient/Service User Story


In addition, our [Ask the Board](#) facility allows anyone to ask a question or make a comment or suggestion ahead of the Board meetings. It is answered live during the meeting as part of the Chair's Report.

We also produce a Trust Board briefing summary immediately after each open Trust Board meeting. This is circulated to all our staff and stakeholders, so they can easily be kept abreast of latest proceedings.



North Staffordshire Combined Healthcare NHS Trust Board Briefing – February 2025 Board

This briefing aims to keep you informed of the discussions at our Trust Board. To watch the recording and read the papers, please visit the [Board Meeting page](#) on the Combined Healthcare website. Please note this briefing does not replace the official Board minutes, which will be published in due course and be available on the website.



Patient Story

This month's Patient Story featured Paul - a peer support worker at Combined, who outlined his experiences of receiving care from Harlands Hospital and his interactions with the Crisis Care Centre. You can watch the recording of the story and Board discussion [at this link](#).

REACH Recognition Individual Award

This month's REACH Recognition Individual Award was presented to Kerry Richardson, Undergraduate Coordinator/ SARD lead in the Medical Education Team. You can watch the recording of the REACH Award [at this link](#).

Chief Executive's Report

Dr Buki Adeyemo, Chief Executive, presented the report, which is available [at this link](#). Buki also drew the Board's attention to a highly complimentary quality assurance visit from Keele University, as well as a highly successful stakeholder engagement event at Port Vale FC. There was discussion about progress on our sustainability agenda, as well as operational pressures in the local system. You can watch the recording of the CEO Report [at this link](#).

ICB Briefing 16 January 2025

Dr Buki Adeyemo, Chief Executive, presented the report to the Board. The report is available [at this link](#).

Chair's Report

Janet Dawson gave a Chair's Report to the Board, which is available [at this link](#). Janet in particular wanted to stress the strong Board level commitment to diversity and inclusion. She also welcomed the new approach from NHS England to engage with leadership via webinar on key issues like the new operating model. You can watch the recording of the Chair's Report [at this link](#).

Questions from Members of the Public

There was a question from a member of the public about wait times for Autism Spectrum Disorder treatment. You can watch the response from our Chief Operating Officer and extended Board discussion on this topic [at this link](#). N.B. Anyone can submit a question for consideration and discussion at the Board via the [Ask The Board facility](#) on the Trust website.

Quality Committee Assurance Report

Prof Pauline Walsh presented the report from the meeting of the Quality Committee held on 6 February 2025. The Chief Nursing Officer provided an update on system pressures - there have been 5 critical incidents declared this winter. There has been significant demand on the Urgent and Emergency (UEC) pathway. The Trust has supported our system partners to undertake necessary actions. The Committee received a presentation on Quality Improvement from the Quality Improvement Lead Practitioner. Discussion took place regarding the NHS Impact self-assessment of quality improvement and identified areas for future work. The committee had had a useful review of safer staffing and noted good progress in relation to key areas of priority. A CQC inspection of Holmechcroft surgery is underway.

Improving Quality and Performance Report (IQPR) Month 9

Eric Gardiner presented the report. There are 5 special cause variations (orange variation flags) – signifying concern:

- CAMHS 4 week wait (Referral to Assessment)
- CAMHS 18 week wait (Referral to Treatment)
- CYP Eating Disorders Referral to Assessment (Urgent) 1 week
- Statutory and Mandatory Training
- Sickness Absence

The Quality Committee

The Quality Committee is chaired by Professor Pauline Walsh, Senior Independent Director and Non-Executive Director. Kenny Laing is Chief Nursing Officer at North Staffordshire Combined Healthcare NHS Trust and the Executive Lead for Quality, his role is to ensure the Trust effectively trains, develops, and retains nursing, AHP and social work staff to deliver high quality care and treatment to its users.

The Quality Committee is one of six board committees at Combined and plays a crucial role by:

- ensuring that healthcare services provided by the Trust are safe, effective, and centered around the needs of patients
- monitoring clinical quality and safety
- overseeing governance of patient care
- managing risk related to quality of care
- reviewing serious incidents and complaints
- ensuring compliance with regulations
- supporting a culture of quality improvement

The Quality Assurance Group

The main forum for overseeing quality at an operational level is the Quality Assurance Group (QAG), which reports into the Quality Committee. This was established to ensure continuous improvement in the quality of services provided at Combined. The group reviews governance, performance, and internal control systems to support the delivery of safe, high-quality patient care.

Its membership includes:

- Chief Nursing Officer (Chair)
- Deputy Chief Nursing Officer (Vice Chair)
- Head of Nursing
- Clinical Directors (or nominated representative) for each directorate
- Quality Assurance and Improvement Manager
- Towards Outstanding Improvement lead
- Recovery and Experience Lead
- Legal Services Manager or Mental Health Law Lead
- Head of Facilities
- Head of IPC
- Head of Estates
- Clinical Audit Manager or Research and Development Lead
- Associate Director of Communications
- Transformation Management Office Representative

Its key objectives are:

- monitor and review: assess the quality of the services we provide
- compliance: ensure compliance with national quality standards and local requirements
- risk management: identify and manage risks associated with the quality of patient care
- quality improvement: oversee the implementation of quality improvement initiatives and action plans

It carries out its function by, amongst other things:

- examining quality and safety reports, audit findings, and performance data
- monitoring action plans to address identified issues from quality assurance visits, clinical and quality audit findings and progress against self-assessments
- receiving updates and insights into engagement activity with patients, carers and staff – and how this is being used to improve services/care
- ensuring staff training and development needs are identified

Listening to our people

The Trust recognises that the pursuit and delivery of quality ultimately depends on its people – the staff who deliver our clinical services and those who play a crucial role in enabling them to do so via our corporate services.

It is essential, therefore, that we have strong mechanisms to allow our people to have a voice, raise concerns where necessary, and have a strong voice to shape our ultimate goal of being Outstanding in ALL we do and HOW we do it.

Being open, raising concerns and Freedom to Speak Up

We strive to create an open and inclusive culture for our workforce, recognising the critical importance of the wellbeing of our staff, which ultimately leads to better patient care.

To support this culture, the Trust provides staff with multiple options to raise concerns including raising matters either with their line manager, senior managers, or with the Patient Safety Team. If staff feel unable to raise matters via these avenues, other options are available for raising concerns both internally and externally.

The Trust's additional internal raising concern platforms include:

- Dear Buki
- Freedom To Speak Up (FTSU)
- Resolution of Grievance and Dispute Process

The aim of these platforms is to provide our people with space to help them feel safe to raise concerns or issues that impact on the safety or wellbeing of themselves, patients, or others when staff are exposed to a negative working experience.

Each year, the Trust Board is provided with the annual Being Open Report which presents the Trust's combined annual activity for these three main raising concern services, identifying key themes and patterns for assurance and consideration at senior level.

For 2024/25, the Being Open Report found the following for each raising concern service:

Dear Buki communications

Dear Buki is a totally anonymous, secure website that allows anyone to raise concerns they have about quality or any other related issue in our Trust. Users don't need to give any information about themselves and are free to say as much or as little as they are able about their concerns. Although anonymous submissions are permitted, it is sometimes difficult to assess the exact nature of the concerns raised and further information is required. As such, we do encourage users to leave a contact email address or contact number to ensure the Trust can liaise with them directly.

During 2024/25 the Trust received a total of 81 Dear Buki submissions. This is an increase of 22 communications when compared to the number of communications (59) during 2023/24. Out of the 81 submissions raised:

- 56 communications were raised anonymously
- 25 communications were person identifiable

An overview of the themes from the concerns or issues raised through Dear Buki communications during 2024/25 is provided below:

- senior management concerns (13 communications)
- inappropriate attitudes and behaviours (11 communications)
- worker safety/wellbeing theme (10 communications)
- patient quality and safety (9 communications)
- policy and procedure (7 communications)
- staffing levels (1 communication)
- other various concerns or issues (30 communications)

Freedom To Speak Up (FTSU) concerns

FTSU received a total of 86 concerns during 2024/25. This is an increase of 15 concerns when compared to 2023/24.

Out of the 86 concerns raised during 2024/25:

- 1 concern raised was an open concern
- 10 concerns were raised anonymously
- 75 concerns were confidential to the FTSU Guardian but person identifiable
- 42 concerns were closed and supported at local managerial level
- 35 concerns were still open and in progress
- 8 concerns were open and part of invited review
- 1 concern was open and part of investigation

An overview of the themes from the concerns or issues raised through Freedom to Speak Up during 2024/25 is provided below:

- inappropriate attitudes and behaviours (53 concerns)
- policy and procedure (12 concerns)
- line manager issues (9 concerns)
- patient quality and safety (6 concerns)
- senior management concerns (5 concerns)
- worker safety/wellbeing (3 concerns)
- bullying and harassment (2 concerns)
- work demands (1 concern)
- staffing levels (1 concern)
- other various concerns or issues (13 concerns)

Resolution of Grievance and Dispute

During 2024/25 the Trust received 18 grievance cases with 3 cases carried forward from the previous tax year.

New grievance cases were received from the following directorates:

- Corporate Directorate: 1 grievance
- Acute and Urgent Care Directorate: 6 grievances
- Specialist Directorate: 5 grievances
- Community Directorate: 4 grievances
- Primary Care Directorate: 2 grievances

The NHS Staff Survey

The National NHS Staff Survey 2024 results showed that North Staffordshire Combined Healthcare NHS Trust has maintained its very high levels of involvement in the survey.

Overall, two thirds of our workforce – 64% – made sure their voice was heard by responding to the survey in Autumn 2024 – 11% higher than the average for our comparator group. But it still means that 1 in 3 of our people did not feel able or willing to take part, so we will be thinking over the coming year about what we can do to improve that participation rate.

We are delighted that the Trust's overall results for all NHS People Promise themes are higher than the average for our comparator group. That tells us there is much we are doing right.

After a really challenging year for the NHS, we saw increases in our scores for 'we are recognised and rewarded', 'we are always learning' and 'staff morale' since 2023.

There was also a positive improvement in the number of colleagues reporting that there is enough staff in the organisation to be able to do their job properly, and a reduction in reports of unrealistic time pressures, along with increased reporting of opportunities to improve knowledge and skills, and enthusiasm about work.

The results also showed a reduction in the number of colleagues reporting discrimination related to their religion or a disability, and sexual orientation.

However, there are some areas where the results

were not so good, and where it is clear we need to be taking action.

For example, reports of discrimination on grounds of ethnic background and gender both worsened – albeit only slightly. There was also an increased number of colleagues reporting feeling unwell through work related stress.

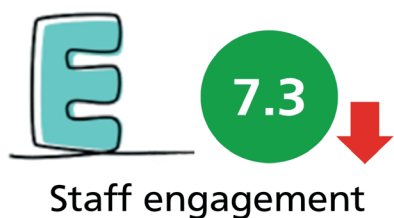
The survey also highlighted a reduction in team working towards achieving objectives, and increased reports of experience of physical violence from service users, families or members of the public.

We have heard this feedback loud and clear and are actively working to address these concerns. As initial steps:

- we are working to strengthen our anti-discrimination activities and efforts
- we will launch a civility and respect campaign and toolkit
- we will be reviewing leadership, organisational development and career development offerings within the Trust



NHS Staff Survey 2024: People Promise Scores



Final response rate **64%**

Scores are presented on a 0-10 scale and have been rounded.
● Average or above for comparator group. ● Below average for comparator group.
↑ Score has increased since 2023 survey. ↓ Decrease since 2023 survey.

Promoting and celebrating quality

The Trust places great importance on promoting and celebrating quality and raising awareness of the importance of quality amongst its frontline staff and teams – as well as supporting, showcasing and rewarding quality improvement initiatives and projects.

During 2024/25, the following key activities and outcomes were introduced and/or supported.

The Time to Shine handbook

The Time to Shine handbook has been created to:

- support our frontline people and teams in shining a light on the fantastic care they provide
- support them to feel confident in keeping in line with health and social care regulations
- maintain the expectations set out in our Trust Quality Strategy
- prepare for a CQC inspection

The handbook is designed as a 'checklist' to help everyone to continue to maintain good standards, keeping in line with health and social care regulations. As a result, we will always be prepared for any inspection and we will continue to meet expectations and aspire to exceed them:

- showing how the Trust adapts, learns and continues to make positive progress
- ensuring that the Trust has addressed all the areas where improvements were recommended at previous well-led reviews
- providing evidence of any changes that have made a positive impact on people who use our services and staff working for the Trust

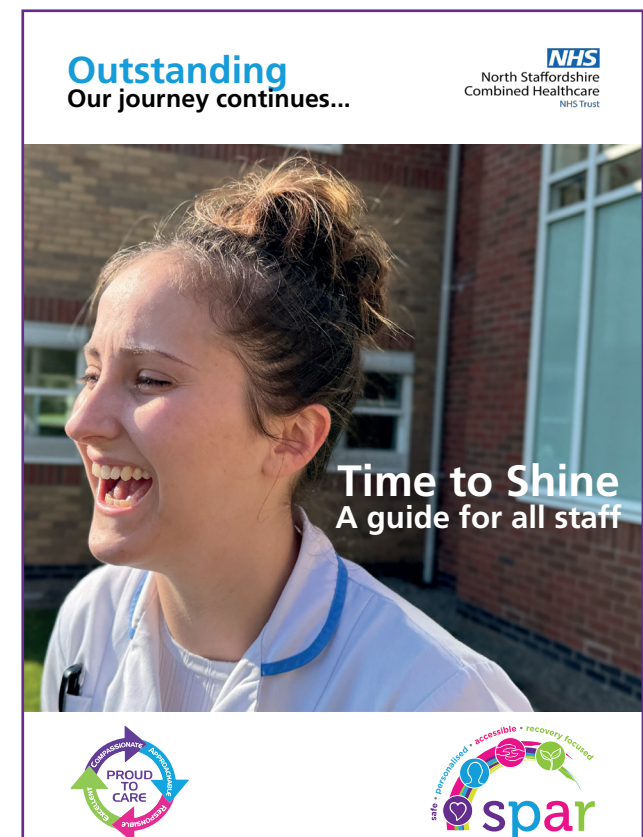
Helping our people to shine isn't just about inspection and regulation – it's also about helping them and their services gain profile and recognition for the fabulous work they do. We have always recognised the value and benefit of highlighting and promoting information and feedback about our services and celebrating the very best that our people and services can be.

We have invested heavily over the years in content, innovations and channels to enable this to happen.

Doing so is a powerful way to support our people, our services, our service users and their families. It also helps us to meet key requirements of the CQC assessment framework.

By completing a self-assessment in the handbook of the use of our communications channels, each of our services can:

- learn more about the channels and innovations available to them and their service
- review existing content to ensure it remains accurate and up to date
- identify where there are currently gaps in information or content
- prioritise and timetable actions to ensure they and their service are reflected across all of the channels available to them



Innovation events and initiatives

Innovation at Combined is orientated around innovative approaches and forms one of the three key building blocks to making an organisation outstanding. During 2024/25, we coordinated key events and initiatives which focused on supporting, developing, and showcasing innovation, these included:

Motivating Combined 2024

The Research, Quality Improvement, and Clinical Audit Teams came together for a second year to host a joint event which aimed to motivate staff to take forward innovations and improvements and make change happen. Guest speaker, Kerry Leigh from Laughology, brought energy to the morning, with useful tools and techniques for motivating themselves and the people around them. Attendees also participated in breakout sessions aimed at improving their presentation skills and teams were invited to share what motivates them to innovate and improve in a panel-style hosted discussion. Finally, we were joined by Ashley Mellor from The Music in You who brought much enthusiasm to an invigorating singing workshop tailored specifically for our staff.

Dragons' Den 2024

Dragons' Den 2024 saw applicants pitch to our panel, which consisted of our Chief Executive, Dr Buki Adeyemo, our Chief Finance Officer, Eric Gardiner, our Chief Medical Officer, Dr Dennis Okolo, our Director of Medical Education and Research, Dr Ravi Belgamwar, and our Peer Recovery Coach, Andrea Davis. The Dragons' Den pitches included exploring how we support accessibility in our Trust gym, developing solutions to support our peer recovery workers in their role, and enabling family carers to safely and proactively support those who show behaviours of concern at home. A range of support was extended to all applicants, with some receiving full funding, assistance to progress their projects, or to collaborate with the R&D team for further idea development.

**WELCOME TO
DRAGONS' DEN 2024**
19 JUNE 2024

Ideas Café 2024

Ideas Cafe is a support platform for all staff to start thinking about, sharing, or gaining support for ideas and innovations. During 2024/25 we hosted several ideas cafes and for 2025/26, we are considering how best to take Ideas Café forward in a format which supports the varying needs of different professional groups.

Looking forward to 2025/26

2024/25 was an exciting year for research, evidence, and innovation. In 2025/26, we look forward to reviewing and reinforcing our research and innovation roadmap, considering the potential to recruit additional clinical academics, and developing our research and evaluation portfolio further. In particular, we anticipate taking further projects through the newly developed sponsorship process, enabling us to expand and improve upon the research activity of Trust staff.



The Quality Show

Combined Television (CTV) was created in April 2022 to be the Trust's in-house digital TV channel. It is available:

- online and on demand via combined.nhs.uk/news/combined-tv-ctv
- on-site via large format screens across our services and locations

Combined Healthcare started 2025 with a major initiative to drive understanding and engagement with our quality improvement agenda – through the launch of a brand new show on CTV called The Quality Show. This is filmed entirely in-house by the Communications Team, utilising the Trust's unique Digital Production Studio created in the Lawton House headquarters.

The Quality Show is delivered in a panel show format, hosted by the Chair of our Quality Committee, Professor Pauline Walsh, and our Chief Nursing Officer, Kenny Laing. It provides an opportunity for corporate and frontline clinical teams and services to showcase and highlight the range of Quality Improvement initiatives being undertaken across Combined.

The first three editions of The Quality Show featured:

- a QI approach to supporting carers – youtu.be/PadYnW-i26c
- how we can strengthen child protection in our communities – youtu.be/lcWAPZN_QHY
- waste to savings: streamlining resuscitation trolleys – youtu.be/epcmKkGOMp0



Engagement@Combined

Engagement@Combined is one of the most important stakeholder and service user engagement events we hold each year and a key part of our engagement around our quality priorities.

Engagement, co-production and partnership are all things that are dear to the heart of Combined Healthcare. So we want to ensure that what we do is meeting the needs and preferences of our service users, their families and stakeholders.

This event is an annual opportunity for our Trust to spend time with them – to celebrate what we have achieved together so far, learn from each other and ‘dream big’, so we can together achieve even more.

We do this because we recognise that outstanding, compassionate, high-quality care is not achieved alone. It requires thought, imagination, dedication and determination, and, above all, it requires people and communities engaging – working together, listening and learning from each other, supporting each other and achieving in partnership.

The Engagement@Combined event is an opportunity to look back and celebrate. But also an opportunity to hear from our service users and stakeholders, to look forward and plan for the future. Each year, we hear from a number of initiatives and projects that have truly demonstrated the power of engagement, co-production and partnership with service users and stakeholders.

For 2025, this included a discussion around the Patient, Carer Race Equality Framework (PCREF) and series of roundtable discussions on:

- culture of care – inpatient wards
- specialist services
- community transformation – including ADHD and autism pathway
- partnership working
- crisis care services
- peer recovery and co-production
- Additional Roles Reimbursement Scheme (ARRS) and talking therapies

We discussed how engagement and involvement with our service users drives our quality agenda and received feedback from them on our draft Quality Account. We also had the chance to learn about and discuss existing and emerging communications and engagement forums and channels which are designed to drive forward how Combined Healthcare engages and involves service users, their families and local communities.

Detailed feedback from the event can be found on page 91 of this Quality Account.

A summary film of this year's event can be seen at youtu.be/HMYtGYJNxKA



REACH Awards 2024

The annual REACH (Recognising Excellence and Achievement in Combined Healthcare) Awards is Combined Healthcare's staff awards ceremony. Running since 2015, the evening gives us a chance to celebrate Combined staff and teams, as well as volunteers and service user representatives who have made a truly outstanding contribution and gone above and beyond to promote compassion and quality in all we do.

We hosted the 2024 awards on 20 November 2024 at the DoubleTree by Hilton Hotel, Stoke-on-Trent. For those not able to attend in person, the whole event was broadcast live and a catch-up recording can be viewed at: <https://youtube.com/live/vVWROcjtEkE>

We were delighted to be presenting REACH in partnership with our main event sponsor, Interclass, for the second year.

We were also grateful for award sponsorship from the following organisations:

- Dedalus
- Port Vale FC
- RLDatix
- Rowtype Printers Ltd
- SERCO
- Stoke City FC
- Town Hospitals Ltd
- Unison



Awards and Winners

Diversity and Inclusion Award – sponsored by Stoke City FC

This award recognises the contribution of staff and volunteers who have made a positive difference in developing greater diversity and inclusion. This might be improving access and experience to services or employment for people in disadvantaged or minority groups, improving quality of life or quality of working life.

- Winner: Abdullah Shariff, Trainee Mental Health and Wellbeing Practitioner
- Highly Commended (joint winners): Simon Bratt, Senior Mental Health Practitioner; Stevan Thompson, Activity Worker/LGBT+ Network Lead

Leading with Compassion Award – sponsored by Rowtype Printers Ltd

This award recognises a member of staff who values and develops people, sees them as individuals and encourages working together for better lives through an open and honest approach. It recognises an individual who has demonstrated compassionate leadership with patients, colleagues or their wider team.

- Winner: Beth Griffiths, Team Leader
- Highly Commended (joint winners): Andrea Slinn, Clinical Lead; Gemma Andrew, CASTT Consultant Psychiatrist

Learner of the Year Award – sponsored by RLDatix

This award recognises and celebrates our learners and the contribution they make to Combined and its service users. This award is open to students, apprenticeships and anyone studying as part of their role across the Trust.

- Winner: Nomi Mosoang, Mental Health Nursing Student
- Highly Commended: Shoban Adam, Trainee Clinical Associate Psychologist

Lived Experience Shining Star Award – sponsored by Town Hospitals Ltd
This award recognises an individual who has lived experience of mental distress or who has accessed mental health services and champions recovery values, inspiring hope and supporting others to be the best version of themselves.

- Winner: Adam Fenn, Peer Recovery Worker
- Highly Commended: Simon Newman, Peer Support Worker

Partnership Award – sponsored by Interclass

This award showcases how an individual or team can work in partnership to produce results to improve the lives of others. Successful individuals or teams will have broken down professional barriers across the Trust and/or with partner organisations, leading to a positive impact on the experience of service users.

- Winner: EDIE Team in partnership with Junction 15 Productions and Newcastle and Stafford Colleges Group
- Highly Commended: Ward 3 and Project Chrysalis

Proud to CARE Award – sponsored by Serco

This award recognises someone who exemplifies our Proud to CARE values: compassionate, approachable, responsible and excellent. Staff vote to decide the final winner from a shortlist.

- Winner: Adrian, Senior Mental Health Nurse
- Highly Commended: Jayne Mitchell, Ward Clerk

Research and Innovation Award – sponsored by Dedalus

This award recognises innovation or achievement in research and development or practice which has a positive impact on mental health care or improves quality or value for money services through innovative approaches.

- Winner: Riding the Rapids training
- Highly Commended: Performance Team

Rising Star Award – sponsored by Dedalus

This award recognises emerging exceptional leaders who are exceeding expectations and making change happen. The award aims to recognise the influencers of today, and the senior leaders of tomorrow.

- Winner: Elke Henson, Advanced Nurse Practitioner
- Highly Commended: Cassie Powell, Whole School Approach Coordinator

Service User and Carer Council Award – sponsored by Interclass

This award values individual or teams who stand out from the crowd for being thoughtful, for listening and responding to our service users' needs.

- Winner: Martina Vilanculo-Laita, Trainee Family Therapist
- Highly Commended (joint winners): Andrea McNicol, Carers' Support Worker; PEGiS (Parent Engagement Group in Stoke)

Team of the Year Award – sponsored by Port Vale FC

This award is given to a team which shows, through their actions and approaches, how they work together to improve the lives of others and demonstrate creative approaches to problem solving.

- Winner: Complex Care Team
- Highly Commended: Edward Myers Unit

Unsung Hero Award – sponsored by Unison

This award pays tribute to an individual who has exceeded the expectations of their role with an outstanding attitude and behaviour. Working behind the scenes, or in a supportive role, they have a positive attitude and, through their actions, help to make a difference to others.

- Winner: Dan Waite, Administrator
- Highly Commended (joint winners): Megan Williams, Occupational Therapist; Jason Snape, Consultant Nurse

Chair's Award

Chosen by the Chair from the winners on the night, this award recognises an individual or team who embodies the Trust's values.

- Winner: Beth Griffiths

Details of the winners of each award, what their nominators said about them, and videos of each ceremony segment can be found at combined.nhs.uk/about/staff-reach-awards/staff-reach-awards-2024.



Part two – Priorities for improvement and statements of assurance

Our progress against strategic priorities

A focus on continuous improvement, innovation and transformation has been a core focus for the Trust. Across the Trust’s three strategic priorities of Prevention, Access and Growth, the Transformation Management Office (TMO) has supported a total of 47 change initiatives throughout 2024/25.

Reporting the 2024/25 projects and programmes of work to date against the Trust’s strategic priorities shows that:

- 11 projects focused on high quality preventative services
- 24 projects focused on improving service access
- 12 projects committed to delivering growth through innovative, quality and sustainable services



While championing and driving transformation there has been a commitment to the strategic enablers; ensuring that high quality care is delivered by a skilled workforce, recognising the value of wider partnerships and our journey towards delivering net zero.

Prevention – high-level performance for 2024/25

	Enabler			
	Quality	People	Partnerships	Sustainability
Strategic Priority Prevention	Reduce suicide rates year on year by 2028.	Improve staff health year on year.	Embed Mental Health Service within NHS 111.	By 2024 we will have supported 35% of service users into work
2024/25 Performance	Fluctuations across 2023/24 and 2024/25. The Trust is engaged in a review of priorities as part of a system suicide prevention group and has achieved the highest levels of compliance for suicide mitigation training in 2024/25.	The 2024/25 NHS Staff Survey presents a mixed picture with improved scores for the 'Morale' theme, but a slight increase in staff feeling unwell due to work-related stress. Sickness/absence has remained above target with a small but sustained increase.	NHS 111 Option 2 is now operational and embedded as part of crisis response. Plans to mobilise a 24/7 crisis text service by April 2025 are also in place.	Individual Placement and Support (IPS) continues to perform well against both engagement and into-work targets. During 24/25 we have received funding to increase capacity in the service to meet even more ambitious targets in 2025/26.

Access – high-level performance for 2024/25

	Enabler			
	Quality	People	Partnerships	Sustainability
Strategic Priority Access	Improve access by co-producing new services with communities.	Ensure our Trust is the best place to work in the NHS.	Expand our primary care offer.	Develop digital access to all our services by 2028.
2024/25 Performance	There has been a continued growth of the Wellbeing College and a significant emphasis on co-production within inpatient quality transformation, particularly as part of the Culture of Care Programme and through new inpatient care plans.	High levels of satisfaction maintained across all NHS People Promise themes within 24/25 NHS Staff Survey.	Evaluation conducted of Keele GP integration delivered in 2024/25 and a series of activities undertaken to support the maturity of the Primary Care Directorate.	All services are enabled for e-referral service and Wellbeing Portal to accept digital referrals.

Growth – high-level performance for 2024/25

	Enabler			
	Quality	People	Partnerships	Sustainability
Strategic Priority Growth	Reduce waiting times for services.	Increase our workforce by developing our services.	Increase services delivered in collaboration with partners by 50%.	Deliver a 50% Carbon Net Zero reduction by 2028.
2024/25 Performance	National targets for Early Intervention, CYP Eating Disorders and NHS Talking Therapies met in year. Areas where performance has declined has generally been in the context of significant increases in demand.	We have grown our workforce in 2024/25 through national investment in priorities that include individual placement support, mental health support teams, perinatal services and crisis care.	We have recommissioned VCSE contracts established through community transformation, secured new contracts in partnership with providers such as Catch 22, and launched procurement for a delivery partner for a new safe haven provision.	During 2024/25 we developed and implemented a detailed carbon footprint reporting tool enabling us to more accurately track our emissions and focus activity where it is needed most.

Quality planning, governance and quality improvement

Quality improvement

Our shared purpose at Combined is to embed Continuous Quality Improvement (CQI) in all areas of our work so that 'improvement thinking' becomes part of everyday life.

CQI is focused on 'what matters to you' – the people who use our services and those who deliver them. During 2024, we completed our NHS IMPACT self-assessment. This has helped us to identify our strengths and opportunities for development as an organisation. NHS IMPACT (Improving Patient Care Together) is based on five key principles considered to be the 'DNA' of an improvement culture:

- building a shared purpose and vision
- developing leadership behaviours for improvement
- investing in culture and people
- building improvement capability
- embedding into management systems and processes

Here are the highlights of our progress over the last year.

Building shared purpose, engaging, and inspiring belief in QI

Motivating Combined was our sharing event in 2024. Leading clinicians shared stories about what motivated them and how they motivated their team. Amy Spruce from North Stoke Child and Adolescence Mental Health Service, shared that her team benefited from taking a quality improvement approach to their triage process and reducing unwarranted variation. The triage process has improved, and the team is keen to sustain this as standard work. The team now believe they can make changes in the way they work, developing further plans to study act cycles.

Developing leadership behaviours for improvement

EVO – Engagement Value and Outcomes was completed during 2024 by three clinical teams in partnership with the Costings Team and the Transformation Management Team. The EVO framework focuses on improving value – the best quality within the available resources. The benefits of this collaborative working between the EVO leads and clinicians generated insights beyond intended focus, opening new areas for interest. This included safer staffing for eating disorders, and in the community the text reminder service and triage at Lyme Brooke Community Mental Health Service. The aim of this project was to reduce the referral to triage times at Lyme Brooke, to improve the referral to assessment (RTA) time by 70% by November 2024, and to improve patient experience and access to appropriate treatment in a timely manner.

Wait times have reduced – previous data suggested that the RTA was 166 days prior to the project, this is now just over four weeks. Two patients waited over four weeks, however, this is due to attendance, and will be corrected. Triage is now taking place the next day, while the average wait time for triage before the project was 14 days.

Investing in culture and people



Quality improvement is more of a philosophy or ethos – rather than and a bunch of QI tools. A Community Directorate project undertaken as part of Improvement Leaders training illustrates this.

The aims of the project were:

- to improve the number of staff, patients and carers trained in the Triangle of Care approach, working together to provide holistic care – from a baseline in March 2024 of zero, to 32 by 31 March 2025
- to improve the number of referrals to North Staffs Carers Association, made by staff for carers, by 100%, from a baseline of 3, by March 31 2024 – this project features in The Quality Show on Combined TV, sharing the story of how taking a QI approach has enabled the team to include carers in the delivery of recovery focused, holistic care

Building improvement capability

We continue to use the Model for Improvement as our map or guide to delivering Quality Improvement (QI). Our QI team has designed and delivered a comprehensive suite of learning opportunities to support teams and individuals to understand problems before they act, set measurable aims, test on a small scale, and learn fast without fear of failure.

34 people have undertaken QI Quickstart or QI Fundamentals training. In addition, five people completed our flagship Improvement Leaders Programme becoming QI Leaders, with each participant delivering a QI project which was shared at a celebration event.

In line with the drive to instill the spirit of QI in all that we do, we have now integrated the fundamentals of QI into our Trust Preceptorship Programme, Foundations in Leadership and Management, and the Connects Leadership Programme. In this way we reach more of our people.

QI is now included in our Trust induction programme and we now offer student master classes and training for medical staff. We have worked with system partners to design and deliver co-produced QI training for patients, families and carers who wish to get involved, and have developed a new intro to QI video for everyone, this can be seen on the Staffordshire and Stoke-on-Trent ICS website.

This year has seen the growth of our Integrated Care System (ICS) QI Network, with 565 members and 70 attending live events. With system partners and Shropshire and Telford and Wrekin ICS, we have delivered 4 Connect, Learn and Share, and QI Network sessions. Including Quality Improvement and the links to Patient Safety, developing our links with patient safety colleagues.

Embedding into management systems and processes

An ethos of continuous quality improvement at Combined is now evident. For example, the Infection Prevention and Control Team have used QI methodology to reduce avoidable Healthcare Acquired Infections (HAI) associated with bacteremia. While our Community Directorate has focused on attendance and/or engagement with Child Protection processes within the City Community Mental Health Teams. Both teams have achieved their aims.

Moving forward, we will build upon current ideas and seek new opportunities to embed QI, keeping agile and responsive.

We will continue to connect the QI approach to our assurance processes and staff survey action plans throughout the Trust, linking QI projects with the key pieces of work including efficiency, capacity and demand.

Our 'what matters to you approach' will give our staff the permission and ability to resolve daily work issues locally, creating a continuous quality improvement culture and enabling our workforce to enjoy their work and thrive.

Statement of assurance from the Board

How progress will be measured and monitored

This section assures that we are performing well, as a Trust, against our internal and external (independent assurance) assessment processes, via procedures which measure clinical outcomes including audit, research and development, and participation in national projects and initiatives.

Quality was monitored by our monthly performance meetings, through Board Committees and through the Trust’s Integrated Quality Performance Report (IQPR). There is a contract in place to ensure clarity regarding the services commissioned for local people, the expectations of the service provider, and expectations for the quality of services.

Compliance with the Health and Social Care Act 2008, and the essential standards of quality and safety

The Trust registered with the Care Quality Commission in 2010, without conditions, to provide a range of regulated activities. We have self-assessed against the outcomes, defined by the regulations, and declared compliance against all, including the NHS Provider License requirements.

Measuring clinical performance

Clinical audit, clinical excellence, and research and innovation, all contribute to measuring effectiveness, (including both clinical outcomes and patient-reported outcomes) safety, and patient experience via quantitative and qualitative information, including reporting on data regarding the impact of services on patients.

Our clinical audit programme, detailed below, is developed to reflect these needs, and national priorities. We have continued to evolve our Improving Quality and Performance Report Board Report (IQPR), primarily using statistical process charts to analyse trend data across both clinical and non-clinical performance metrics. This enables the Trust to demonstrate quality improvement and describe the process changes that have resulted in it. It also enables the early detection of any issues and development of performance improvement plans to rectify them.

National quality improvement projects (service accreditation programmes): managed by the Royal College of Psychiatrists’ centre of quality improvement:

Acute and Urgent Directorate (QNPICU and QNWA)

The Psychiatric Intensive Care Unit (PICU) have registered with the Royal College of Psychiatrists’ (RCPsych) Quality Network for Psychiatric Intensive Care Units (QNPICU). They have completed their developmental year and will undergo a formal peer review in November 2025.

Ward 1 has completed the developmental year for the Quality Networks and Accreditation (QNWA) scheme and is seeking formal accreditation in October 2025.

Wards 2 and 3 will begin the QNWA developmental year in 2025, with a view to formal accreditation in 2026/27.

Older Adult Wards (AIMS)

Ward 7 is currently accredited under AIMS and is due for review in June 2025, followed by a self-review period from July to October, followed by an accreditation review in November 2025.

Ward 6 did not previously meet accreditation standards but are pursuing re-applying to re-start the formal accreditation process in Summer 2025, pending financial considerations.

Crisis services (PLAN and QNCRHTT)

The Mental Health Liaison Team were successfully accredited under the RCPSych Psychiatric Liaison Accreditation Network (PLAN) scheme in July 2024, valid until 11 December 2026. The Crisis Resolution Home Treatment Team (CRHTT) were accredited under The RCPSych Quality Network for Crisis Resolution and Home Treatment Teams (QN-CRHTT) in May 2023. CRHTT remains accredited until January 15 2026, following an interim review by the accreditation committee in January 2025.

ECT Service (ECTAS)

The Electroconvulsive Therapy (ECT) Service holds RCPSych Electroconvulsive Therapy Accreditation Service (ECTAS) accreditation, valid until March 2027.

Specialist Directorate

Learning Disability ward (QNLD)

The Assessment and Treatment Team commenced the RCPSych Quality Network for Inpatient Learning Disability Services (QNLD) accreditation process, but this is currently stalled due to environmental requirements.

CAMHS inpatient (QNIC)

The Darwin Centre has had an RCPSych Quality network for inpatient CAMHS (QNIC) peer review completed, with another scheduled for May 2025. Formal accreditation is anticipated in 2025/26, once the multidisciplinary team (MDT) is fully established.

Rehab services (AIMS and QN-Neuro)

Summers View and the Community Rehabilitation Team are pursuing Accreditation for Inpatient Mental Health Services (AIMS) accreditation in 2025/26, pending financial considerations. Ward 5 is in a developmental year with the newly developed Quality Network for Neuropsychiatry Services (QN-Neuro) accreditation for Neuropsychiatry from RCPsych.

Community Directorate

Memory services

The memory services have been successfully reaccredited with the Memory Service Network Accreditation Programme (MSNAP), they will be reviewed again in December 2025.

Parent and Baby Service

The Parent and Baby Service have completed the Perinatal Quality Network (PQN) accreditation process and are currently awaiting panel decision and formal notification.

Carer support

The Trust earned the Triangle of Care Star 1 Accreditation from the Carers Trust in December 2023. The organisation is working towards Star 2, with a panel review in September 2025 and an annual review in March 2026.

Quality Improvement Initiatives

Culture of Care Programme

The Culture of Care Programme (CofC) is a national quality improvement initiative delivered by the Royal College of Psychiatrists (RCPsych). The programme aims to improve the culture of inpatient mental health wards so that they are safe, therapeutic, and equitable places to be cared for, while also fulfilling places to work. It is designed to embed principles of co-production, by ensuring the voice of patients is central to quality improvement.

The Trust has four pilot wards for the CofC programme: Wards 2, 3, 6 and 7, these wards are receiving external and internal quality improvement support.

Internally, the Trust has extended the programme to inpatient wards 1, 4, PICU and Summers View, who are being supported by internal quality improvement coaches.

EVO – Engagement, Value, and Outcomes

Launched in March 2024, the EVO framework helps teams make value-based, evidence-driven service improvements. Three projects were undertaken over 20 weeks:

1. Lyme Brook CMHT: improved triage and introduced text reminders, eliminating waiting lists and reducing non-attendance.
2. Acute and Urgent Care: optimised SafeCare software, improving ward compliance and reducing service duplication.
3. Community Eating Disorder Service: analysed demand and capacity, uncovered unrecorded activity, and initiated improvements.

The Trust has successfully completed the programme and are the only Mental Health Trust to do this. Combined was awarded the Silver Engagement Value Outcome (EVO) Site Award by One NHS Finance – the national leads of the programme.

Review of services

During the period from 1 April 2024 to the 31 of March 2025, we have reviewed all data available on the quality of care, in all of the NHS services we provide.

Our main services, as referred to above, are listed in the introductory section of this Quality Account – see 'services covered by this Quality Account' on page 10.

Participation in clinical audit

"Clinical audit is a quality improvement process which seeks to improve patient care and outcomes against specific criteria and the implementation of change. Where indicated, changes are implemented at an individual, team or service level, and further monitoring is used to confirm improvement in healthcare delivery. As such, clinical audit is an essential part of the quality assurance framework and a key element of clinical governance."

In 2024/25, eight national clinical audits, one national confidential inquiry and one national review programme included relevant health services provided by the Trust, where eligible cases were identified, and data collection was in progress.

During the period, we participated in all (100%) of these audits/inquiries /review programmes, for which we were eligible, as follows:

- Learning Disabilities Mortality Review (LeDeR)
- National Audit of Cardiovascular Disease Prevention
- National Audit of Care at the End of Life
- National Audit of Inpatient Falls (NAIF)
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
- National Core Diabetes Audit
- National Obesity Audit
- Prescribing Observatory for Mental Health (POMH) (three topics)

The national clinical audits and national confidential inquiries we participated in, and collected data for the period, are listed below, alongside the number of cases submitted to each audit or inquiry as a percentage of the number of registered cases required by the terms of that audit or inquiry.

Title	Number of cases required to be submitted	Number of cases submitted	Percentage of cases submitted
Learning Disability Mortality Review	All those meeting eligibility criteria (100% return)	15	100%
National Audit of Care at the End of Life	All those meeting eligibility criteria (100% return)	NA	NA (data collection ongoing at year end)
National Audit of Inpatient Falls	All those meeting eligibility criteria (100% return)	1	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	All those meeting eligibility criteria (100% return)	24	17% of cases checked
Rapid tranquilisation (POMH Topic 16c)	No minimum number specified	31	NA
The use of melatonin (POMH Topic 21b)	No minimum number specified	52	NA
Opioid medications in mental health services (POMH Topic 24a)	No minimum number specified	14	NA
National Audit of Cardiovascular Disease Prevention	NA – Data extracted automatically from the General Practice Extraction Service.		
National Core Diabetes Audit	NA – Data extracted automatically from the General Practice Extraction Service.		
National Obesity Audit	NA – Data extracted automatically from the General Practice Extraction Service		

The reports of seven national clinical audits were reviewed by the provider in 2024/25 and Combined Healthcare intends to take the following actions to improve the quality of healthcare provided. Actions are monitored by the Trust’s Clinical Effectiveness Group.

POMH Topic 22a: the use of medicines with anticholinergic (antimuscarinic) properties in older people’s mental health services

Good practice	Key actions
Where antidepressants had been prescribed, there was evidence that a medication with a low/no anticholinergic burden had been considered in the majority of cases (89%). Total anticholinergic burden of medicines prescribed to service users in the sample was largely in line with the national picture.	To raise awareness among prescribers and clinical staff, including sharing the anticholinergic burden calculator. To highlight this topic to educational supervisors as a potential QI project for a trainee to take forward.

POMH Topic 23a: sharing best practice initiatives

Good practice	Key actions
A total of 35 Trusts participated, identifying 123 examples of good practice in relation to 10 programmes. The most common programmes reported against were use of clozapine, improving the quality of valproate prescribing, and prescribing antipsychotic medication in adult mental health services. Factors associated with a positive contribution to the success of initiatives were receiving strong support from senior clinicians and managers and having a single, focused aim.	The full report has been shared with all POMH clinical leads, as well as pathway leads..

National clinical audit of psychosis: spotlight on EIP services 2024

Good practice	Key actions
The Trust service was rated 'Top Performing' for 2024.	To review referral rates and barriers to onboarding.
There was evidence that the service user had received a full physical health assessment and any relevant interventions in 98% of cases.	To ensure that adequate support is provided to the Family Interventions Lead to enable compliance to be maintained.
	To consolidate use of outcome measures across the team and to ensure that data collated through the BI tool correlates with data collated at team level.

National audit of dementia: spotlight audit in memory services

Good practice	Key actions
87% of patients had received discussion of falls, eyesight/ vision, hearing and alcohol consumption.	To review documentation of physical health assessments as part of an upcoming process mapping exercise.
All patients had received one or more of these physical health assessments.	
There was a significant improvement on baseline in relation to the inclusion of READ/SNOMED codes in GP correspondence, having gone from 0% to 36%, slightly above the national average.	

POMH Topic 16c: rapid tranquillisation in the context of the pharmacological management of acutely disturbed behaviour

Good practice	Key actions
There was evidence of monitoring for mental and behavioural state at least hourly in 77% of cases.	To review the monitoring form set out in policy against national standards and audit results to agree a version and upload as a Clinical Data Capture (CDC) form.
	To encourage the use of short RAID forms (once available) to record triggers, early warning signs and preferences, and to link this to the rapid tranquilisation monitoring CDC form on Lorenzo.
	To ensure that the agreed CDC form records monitoring of mental and behavioural state.
	To ensure that the agreed CDC form clearly documents where patients have declined observations and links to noncontact observations undertaken.
	To ensure that the agreed CDC form documents interventions attempted prior to rapid tranquilisation, including offer of oral medication.

NCEPOD: enquiry into end-of-life care

Good practice	Key actions
N/A – Data reported nationally at aggregate level. Small number of returns (n=4) required and returned by the Trust. All national recommendations reviewed during action planning and narrative recorded in relation to current processes..	No new actions were required, with ongoing workstreams identified as follows. Policy around palliative care in development. System-wide review of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) document in relation to 'Do Not Attempt Resuscitation' decisions. System-wide pilot of sharing of the electronic ReSPECT form via One Health and Care.

POMH 21b: the use of melatonin

Good practice	Key actions
Target symptoms were documented in 92% of cases, with the CAMHS team achieving 100% compliance by recording clear reason for melatonin reviewed in all 19 cases reviewed. Annual reviews of melatonin efficacy were completed in 94% of cases, reflecting strong adherence to follow-up protocols.	To send out a practice note to all prescribers reminding them of prescribing standards in relation to melatonin addressed by this audit.

Local clinical audit and evaluation programme 2024/25

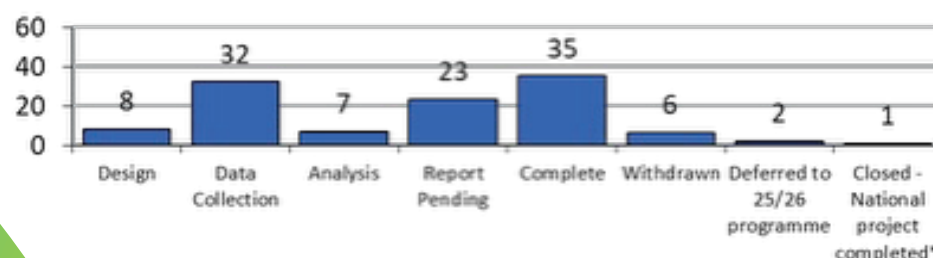
All projects on the clinical audit programme (with the exception of clinician interest projects) were facilitated by the Clinical Audit Department. The programme is split into four priority levels in line with national requirements/standards, including National Institute for Health and Clinical Excellence (NICE) guidance, Prescribing Observatory for Mental Health (POMH) and other national audits and standards produced by the royal colleges.

The chart below reflects the total number of projects identified, split by the four priority areas:



Of the 114 active projects undertaken by the Clinical Audit Department during 2024/25, 35 (32%) were completed and one (3%) was a national project which had been completed but for which no report had been provided.

The graph below outlines the 114 projects registered on the clinical audit programme for the period, and their status:



For all clinical audits on the formal programme of work, an action plan to improve the quality of healthcare is developed in conjunction with the project steering group. The process includes reviewing the findings and devising appropriate actions to reduce any shortfalls identified.

The action plans are agreed with the audit lead and then submitted to the Clinical Effectiveness Group (CEG) for ratification. Once this process is completed, the reports are published and disseminated appropriately. Individual action plans are then entered onto the action plan monitoring database, and regular updates requested from the action 'owners' to ensure progress is being made.

The reports of 100% of completed local clinical audits and evaluations were reviewed by the provider in 2024/25 and Combined Healthcare intends to take the following actions to improve the quality of healthcare provided:

Areas for action include but are not limited to:

- training for nursing staff on the use of the non-verbal pain assessment table
- amendments to consent form to improve recording for patients on community treatment orders
- development of a flow chart to demonstrate vitamin D management in patients <18 years old;
- inclusion of ReSPECT training in mandatory training
- exploration of the integration of qualitative data analysis to complement and enhance the interpretation of quantitative outcomes within adult community services
- develop and display High Dose Antipsychotic Therapy (HDAT) monitoring flowcharts/posters in community clinic rooms for quick reference
- explore whether quicker clozapine serum level results can support new clozapine pathways, ensuring timely and accurate results for effective patient management

Once actions have been implemented, a re-audit is undertaken to determine if the actions made have resulted in improvements to the quality of healthcare. Further details are available via the Trust website: combined.nhs.uk/about/quality-and-innovation.

Participation in research, development and innovation

In 2022, we developed a three-year research and innovation roadmap – aligned to several strategic influences, including the Trust strategy and ambitions to inspire research, evidence in practice, and innovation. Below, we explore and share some of the areas of work to support the roadmap during 2024/25.

Supporting the successful set-up and delivery of National Institute of Health Research (NIHR) research.

Supporting and ensuring the successful set-up and delivery of research in the Trust remains a priority. The Research and Development (R&D) team played an integral part, supported by clinicians and teams, in finding suitable studies and ensuring rapid assessment, alongside providing valuable support around feasibilities (n=70), set up, amendments (n=32), delivery, close-out (n=12) and archiving.

During 2024/25, the Trust hosted 22 studies (n=15 NIHR portfolio, n=7 non-portfolio), recruiting 215 participants (n=182 NIHR portfolio, n=33 non-portfolio).

Engagement in research

We are pleased to report an increase in Principal Investigators (PIs) over the past year, rising from 10 to 11. The uptake of Trust staff with active Good Clinical Practice (GCP) training, the minimum standard training requirement for involvement in research, saw an additional 14 staff completing training. This brings the total number of staff with an in-date GCP to 47 at year end.

Research sponsorship

A key objective for 2024/25 was the development and rollout of research sponsorship at the Trust. Following engagement with internal and external stakeholders, as well as liaison with key regional partners, a robust process supported by necessary standard operating procedures has been developed. In its initial phase, this is focused on small-scale, low-risk, single-site studies and does not include clinical trials. The Trust's research sponsorship process was officially launched in April 2025.

Research partnerships

The R&D team continued to provide extensive support and guidance to Trust staff conducting research, providing valuable support and guidance throughout the research lifecycle to assist local Universities (Staffordshire and Keele) in their research sponsorship roles. The Trust is a partner of Staffordshire and Stoke-on-Trent and Shropshire, Telford and Wrekin Health and Care Research Partnership (SSHERPa), collaborating, supporting, and leading on various workstreams.

The Trust was a key regional partner in the successful bid led by the Black Country Provider Collaborative and Birmingham Health Partners, supported by SSHERPa, to establish one of the UK's new National Institute for Health and Care Research (NIHR) Commercial Research Delivery Centres (CRDCs).

Strengthening research and evidencing practice

The Trust continued to support the management and monitoring of NICE guidance via the Clinical Effectiveness Group (CEG) to assist the wider Medicine and Clinical Effectiveness (MACE) Directorate, Trust policy and clinical remits around monitoring and implementation.

R&D has continued to lead on and support strategically focused evaluation activity, while service evaluations and other evaluation projects form part of the Clinical Audit and Evaluation Programme.

Our clinical academic posts continue to strengthen and develop our research portfolio – collaborating with universities, publishing their work and developing future proposals for research and evaluation. We encourage staff to evidence their practice and share and showcase their work and have continued to monitor publication activity throughout the year.

Publication spotlight

Di Basilio, D., King, L., Lloyd, S., Michael, P. and Shardlow, M. (2024). 'Asking questions that Are 'Close to the Bone': Integrating thematic Analysis and natural language processing to explore the experiences of people with traumatic brain injuries engaging with patient-reported outcome measures. *Frontiers in Digital Health*, 6.

Foster, M. and Nadir, H. (2024) 'Child and adolescent mental health conditions and crisis management: Bespoke education of local police forces'. *BJPsych Open*, 10 (S1), pp. S102.

Gaskell, C. The Importance of Language in FND treatment. In G.H. Rawlings., M. Reuber., J. Stone and M. McCormick (Eds.) 'FND Stories: Personal and Professional Experiences of Functional Neurological Disorder'. Jessica Kingsley Publishers: London. (p230-233). G.H. Rawlings., M. Reuber., J. Stone and M. McCormick (Eds.) (2024). *FND Stories: Personal and Professional Experiences of Functional Neurological Disorder*. Jessica Kingsley Publishers: London. (p215-217).

Kellett, S., Gaskell, C., Keslake, A., Seneviratne, M. and Simmonds-Buckley, M. (2024) 'Treating taboo thoughts on a psychiatric intensive care unit: A four-phase mixed methods single case experimental design.' *Behavioural and Cognitive Psychology*, 52, pp. 508-521.

Lovatt, S., Das, L., King, L., Isherwood, A. and Melia, Y. (2024) 'Evaluation of a new long-Covid telephone triage service within clinical neuropsychology'. *Clinical Psychology Forum*, 380, pp. 36-43.

Innovation

Innovation at Combined is orientated around innovative approaches and forms one of the three key building blocks to making an organisation outstanding. During 2024/25, we coordinated key events and initiatives which focused on supporting, developing and showcasing innovation. These included:

Motivating Combined 2024

The Research, Quality Improvement, and Clinical Audit teams came together for a second year to host a joint event which aimed to motivate staff to take forward innovations and improvements and make change happen. Our guest speaker, Kerry Leigh from Laughology, brought energy to the morning, with useful tools and techniques for motivating themselves and the people around them. Attendees also participated in breakout sessions aimed at improving their presentation skills and teams were invited to share what motivates them to innovate and improve in a panel-style hosted discussion. Finally, we were joined by Ashley Mellor from The Music in You who brought much enthusiasm to an invigorating singing workshop tailored specifically for our staff.

Dragons' Den 2024

2024 Dragons' Den saw applicants pitch to our fantastic panel, which consisted of our Chief Executive, Dr Buki Adeyemo; our Chief Finance Officer, Eric Gardiner; our Chief Medical Officer, Dr Dennis Okolo; our Director of Medical Education and Research, Dr Ravi Belgamwar; and our Peer Recovery Coach, Andrea Davis. The Dragons' Den pitches included exploring how we support accessibility in our Trust gym, developing solutions to support our peer recovery workers in their role, and enabling family carers to safely and proactively support those who show behaviours of concern at home. A range of support was extended to all applicants, with some receiving full funding, assistance to progress their projects, or to collaborate with the R&D team for further idea development.

Ideas Café 2024

Ideas Café is a support platform for all staff to start thinking about, sharing or gaining support for ideas and innovations. During 2024/25 we hosted several Ideas Cafés and for 2025/26, we are considering how best to take Ideas Café forward in a format which supports the varying needs of different professional groups.

Looking forward to 2025/26

2024/25 was an exciting year for research, evidence and innovation. In 2025/26 we look forward to reviewing and reinforcing our research and innovation roadmap, considering the potential to recruit additional clinical academics, and developing our research and evaluation portfolio further. In particular, we anticipate taking further projects through the newly developed sponsorship process, enabling us to expand and improve upon the research activity of Trust staff.

Statement from the Care Quality Commission

North Staffordshire Combined Healthcare NHS Trust is required to register with the Care Quality Commission (CQC) (registration number CRT1 – 17707835325), and our CQC-regulated activities include:

Accommodation for persons who require nursing or personal care:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 Mental Health Act
- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services

Surgical procedures at the following locations:

- Ashcombe Centre
- Bennett Centre
- Blurton CAMHS
- Broom Street
- Darwin Centre
- Dragon Square
- The Greenfields Centre
- Harplands Hospital
- Hilda Johnson House
- Holmcroft Surgery
- Hope Centre
- Keele Practice
- The Lymebrook Centre
- Marrow House
- Moorcroft Medical Centre (Branch surgery – Moss Green)
- Roundwell Place
- Summers View
- Sutherland Centre
- Trust headquarters
- The Willows

Further information regarding our registration and compliance process can be found in the papers to the Trust Board at combined.nhs.uk/about/our-board/board-meetings, on the Trust's public website combined.nhs.uk/about/cqc/ or on the Care Quality Commission's (CQC) website cqc.org.uk.

CQC inspection

North Staffordshire Combined Healthcare NHS Trust received an overall 'outstanding' rating from the CQC in 2019. This prestigious rating placed us among the top mental health providers in England.

In November 2021, the CQC inspected our primary care services, Moorcroft and Moss Green. The services received an 'outstanding' rating for being well-led. Additionally, they were rated as 'good' within Safe, Effective, Caring and Responsive domains.

There have been no enforcement actions required by the Trust during 2024/2025 CQC Special Reviews and Investigations.

The CQC has not required the Trust to participate in any special reviews nor investigations during 2024/2025.

Statement on data quality

Data Quality Maturity Index (DQMI)

The DQMI is a monthly publication intended to raise the profile and significance of data quality in the NHS by providing trusts with consistent and transparent information about their data quality.

NHS providers, and any third-sector organisations providing secondary mental health services are measured against key national data sets to create a composite indicator of data quality at a provider level.

The latest published DQMI score for the Trust stands at 98.3% (January 2025). This position places the Trust as having the fourth highest DQMI score across NHS trusts that submit the mental health services data set. Planned workstreams are in place to seek continuous improvement of data quality through clinical engagement and focused reporting.

NHS number and General Medical Practice Code validity

The Trust submitted records during 2024/25 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, included in the latest published data (January 2025).

The percentage of records in the published data, including patients' valid NHS number, was:

- 100% for admitted patient care
- 100% for outpatient care

The percentage of records in the published data, including patients' valid General Medical Practice Code, was:

- 100% for admitted patient care
- 100% for outpatient care

N.B. The Trust does not provide accident and emergency care.

Data Security and Protection Toolkit

The Trust measured its performance using the online self-assessment tool declaring compliance with the National Data Guardian's 10 data security standards.

External clinical coding audit

In October 2024 the Trust was subject to the annual external clinical coding audit for 2023/24 by NHS Digital-approved auditors. The results in the audit report for clinical coding (diagnosis and treatment) are:

- 98% primary diagnosis correctly recorded
- 94.2% for secondary diagnosis correctly recorded
- 100% for primary procedure correctly recorded
- 100% for secondary procedure correctly recorded

The services reviewed in the audit were Adult Mental Illness and Old Age Psychiatry. The Trust achieved Standards Exceeded Data Security Standard 1 on Data Quality and achieved Standards Met on Data Security Standard 3, Training.

Relevance of data quality

The availability of complete, comprehensive, accurate and timely data is an essential component in the provision of high-quality mental health services and risk management. It is also required to ensure compliance with external regulatory requirements and national and local targets, standards and contractual requirements.

Good data quality is essential to ensuring that, at all times, reliable information is available throughout the Trust to support clinical and/or managerial decisions. Poor data quality can create clinical risk, compromise effective decision-making and impact on the Trust's ability to monitor standards of care and secure income for its services.

Safe and efficient patient care relies on high-quality data, and by taking responsibility for their clinical data, clinicians can improve its quality and help drive up standards of care.

Data quality metrics

To make our governance process manageable, and monitoring proportionate, appropriate key data quality metrics have been developed and kept under review to support governance arrangements. This is discharged via review of our business processes; identification of critical data flows; analysis (potential and actual) of data quality issues; definition of key data quality performance measures; and agreeing tolerance thresholds (beyond which issues are escalated).

Action to improve data quality

There is a need to create a culture and understanding in staff of the value of capturing high-quality data in real time, to improve patient care. All staff are required to continually record accurate data to ensure and evidence high-quality care to all patients and stakeholders.

Other actions include:

- on-the-job training and induction programmes to ensure that data is entered correctly onto systems, and system champions to support clinicians
- regular audits to check the quality of data to ensure that data is recorded accurately, completely and kept as up to date as possible.

Data Quality Forum – data issue management

The Trust has a clear management structure which clarifies responsibilities and accountabilities for individuals who enter data. This ensures accountability for levels of data quality and accuracy.

The Data Quality Forum consists of representatives from corporate services and clinical directorates (data champions who take a leadership role in resolving data integrity issues).

The Forum is responsible for data issue management and the process of reducing and removing barriers that limit the effective use of data within the Trust. This includes identifying data quality issues, approving definitions, establishing quantification of issues, prioritising data quality problems, tracking progress and ultimately resolving data quality issues.

The Forum also guarantees a high standard of data quality within clinical systems across the Trust, and identifies changes needed for systems or processes to deliver improvements in data quality. It also ensures that clinical and non-clinical staff are aware of their responsibilities surrounding excellent data quality standards via continuous communication and promotion of standards.

Data Quality Assurance Framework

The Trust has signed up to, and participates in, the Data Quality Assurance Framework run by NHS Digital. The framework is aimed at provider organisations who, in terms of data quality assurance, wish to expand their existing data quality assurance processes and practices.

It covers five main themes:

- oversight
- process
- people
- systems
- measures

Looking ahead

Within each theme, objectives are described, benefits associated with it, and current best practice, such as:

1. Having a detailed and comprehensive systems training programme is critical to defining data quality responsibilities and expectations, establishing best practice and gaining user acceptance of the system. Training is used to provide clear understanding of how the system has been configured to deliver best practice, what good data quality looks like and how this directly supports delivery of high-quality patient care. Furthermore, high-quality systems training promotes user confidence, which reduces the risk of data errors.
2. Having a dedicated group within the organisation's governance structure to define and oversee the implementation the data quality strategy and associated data quality policies provides the focus to set and drive the data quality agenda. The Trust's Data Quality Forum meets on a regular basis to ensure our data quality policies and strategy remain relevant and are implemented.

3. Using internal data quality metrics to ensure that acceptable quality thresholds are clear, in place and visible to all. They provide assurance of adherence to national information standards and internal quality standards, thereby offering confidence to data users across both primary and secondary use settings. The Trust manages a suite of internal metrics through the Improving Quality and Performance Report (IQPR) and directorate performance dashboards. This enables improved identification of data quality issues, planning and prioritisation of actions and improvements.

Data Quality Internal Audit

In the Internal Data Quality Audit 2024/25, MIAA undertook a Key Performance Indicator (KPI) Data Quality Review of the risk assessment and care plan metrics to provide assurance that systems and processes are in place to accurately report performance against the Trust's KPIs.

They made an overall assessment opinion of substantial assurance with three medium and two low operative effectiveness improvement opportunities.

The report concluded that there is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.

Although the Trust is performing well in terms of ensuring excellent data quality across our systems, there are a number of initiatives underway to maintain and improve performance in the following areas.

Meeting key national performance/ data requirements 2025/26:

- implementation of new waiting time standards
- performance monitoring of NHS mental health operational planning priorities, including demonstrating and improving productivity in our services
- performance monitoring of NHS mental health national metrics
- improved outcome reporting

Our strong partnerships with digital colleagues and closer collaboration with our clinical teams across all areas of the Trust will enable us to continue on our journey towards ensuring outstanding data quality.

Performance clinics have been fundamental in increasing engagement at directorate, service line and team levels. The meetings are held on Microsoft Teams, which is the ideal setting for the performance team and clinical services to efficiently collaborate. Validation of performance KPIs and driving improvements in data quality are the key focus within these meetings.



Part three – review of key priorities from last year's Quality Account and statements from key partners

Key achievements

This section builds on the content provided in the previous sections of the Quality Account and views our performance and progress against key priorities defined in last year's Quality Account.

Last year we committed to maintaining our focus on our commitment made within our Trust's five-year strategy which was launched in 2023. The strategy sets out our sustained commitment to continuously improve services, with co-production, recovery and partnerships at the heart of how we work, ensuring national requirements and local priorities are taken into account.

Our three strategic priorities are:

- prevention
- access
- growth



We have continued this journey, maintaining great traction around co-production, recovery and partnerships. Here is an overview of our key achievements.

Year-on-year increase in service user and carer engagement and co-production

- We co-produced a workshop titled 'Getting involved, selecting the best' which aims to train service users and carers to be an integral part of the Trust recruitment processes.
- We further developed a digital Friends and Family Test (FFT) to improve accessibility, increase service user engagement and provide real-time feedback from service areas.
- Our volunteers and Service User and Carer Council (SUCC) members completed 'Observe and Act' training and carried out six site assessments, providing feedback to clinical areas on topics such as service user experience and access.
- Our peer veterans supported our veteran accreditation work, co-facilitating trauma-informed veteran awareness training to inpatient staff. Our peer veterans also co-facilitated a Help for Heroes-accredited course specifically for veterans via our Wellbeing College for a third cohort of veterans in the community.
- We collaborated with the SUCC and used service user feedback themes to influence our quality improvement (QI) agenda.
- We continue to increase the number of service users being offered the opportunity to be involved in all aspects of the Trust, with streamlined contact and involvement information, and a new expression of interest form on our Trust website.
- A programme of service user and carer engagement sessions continue to help progress the service user and carer strategy.
- The Youth Council (hosted by CHANGES Staffordshire) has worked with its young people to rename, rebrand and relaunch the council, now called ELEVATE. It is seeing increasing numbers attending and is working directly to support our inpatient CAMHS service in developments.
- The SUCC continues to contribute to Trust business and service changes. For example, Project Chrysalis plans, the Community Mental Health Team (CMHT) pathway, community mental health survey, project Orbis and many other trust wide initiatives.
 - We have developed a range of opportunities to support our service users to share their stories with us, which are then heard at our bi-monthly Trust Board meetings.

Maintained focus on embedding the cultures, systems and processes to support co-production throughout the Trust

- We are celebrating the second year of our fully co-produced Wellbeing College (since September 2022) and increasing the number of registered students each term. Students can be service users, carers, staff or members of the public. We have been able to drive holistic, recovery-focused practice through the college workshops.
- We continue to co-produce additional Wellbeing College workshops to increase the variety of wellbeing opportunities and offering alternative volunteer opportunities for people with lived experience to co-facilitate workshops. We have also increased the number of community partners we work with, again increasing community-based opportunities for the college students to access.
- Our co-produced improvements and co-delivered training to improve our complaints response also reinforce person-centered, compassionate responses to concerns and complaints. We have maintained a peer review of complaint responses to ensure we maintain our values of compassionate communication with all our complainants and their families.
- We have delivered workshops and presentations at our conferences and for our Keele University students and preceptees on co-production and the value of lived experience in our services. We have also been able to embed the CHIME (Connectedness, Hope and optimism, Identity, Meaning and Empowerment) recovery model across multiple platforms as a universally understood model in the Trust.
- We have launched a co-produced co-production logo which can be added to Trust documents to say that co-production principles have been used in the development of it and awarded this to two projects.
- Our learning disabilities Experts by Experience have engaged in development days and events, co-producing and co-delivering a wellbeing college workshop. We are now looking to broaden their offer to share their experiences at Keele University and with local special needs primary schools.
- We are transforming the volunteer policy to become an involvement and co-production policy, with a standard operating procedure which includes differing volunteer opportunities, training and a process for paying involvement fees and participation in research studies. Furthermore, we will use this policy and offer remuneration for support in co-production projects.
- We continue to embed our Co-production Team to advertise and consolidate our involvement offer in our service design and delivery across the Trust.
- Co-produced quality improvement training for service users, carers and volunteers.
- We have offered co-produced recovery conversation training to staff and lived experience experts to support our individual ward teams to have recovery conversations with patients and staff as part of our culture of care transformation work.
- We have three trained lived experience peers as Freedom to Speak Up Champions.

Progressing our recovery focused Culture of Care Programme

Culture of Care is a quality improvement programme we are delivering alongside all mental health trusts in England.

The programme represents the standards of care we all want to see for our inpatient areas and the goal is to make our inpatient areas safe, therapeutic and equitable places for patients to be cared for, including those that require reasonable adjustments for a learning disability or autism, as well as creating fulfilling places for healthcare staff to work.

The Culture of Care Programme is based on 12 core commitments to improving care:

Lived Experience	Safety	Relationship	Staff Support
Equality	Avoiding harm	Needs led	Choice
Environment	Things to do on the ward	Therapeutic support	Transparency

Our progress during 2024/25:

- Each ward has set up a dedicated project group to deliver the project in their area. The project group is responsible for speaking to patients and staff about the Culture of Care.
- The wards have made sure that the patient voice is central to the approach to quality improvement by holding regular community meetings with patients and staff on the ward.
- The meetings bring together everyone on the ward to have their say on how the ward may run on a day-to-day basis, from the activities provided, to the wider ward environment. These ideas have been collated and used to develop quality improvements on the ward.
- To make sure patients feel their voice is heard and they are in a safe space to voice their opinion, the community meetings are supported by one of the Trust's Experts by Experience, a peer or volunteer.

- To make sure our approach has a positive impact on patients, we have been using surveys to collect information on the experience and care patients receive during their stay.
- A Team Recovery Implementation Plan (TRIP) survey tool is used to deliver the community meetings. The tool helps to guide conversations which are recorded and used to better understand the needs of patients and identify quality improvement opportunities.

As an example, Ward 3 has held a series of community meetings with patients. It has identified 12 project opportunities and 10 'quick wins', three of which have already been implemented. These include;

- improving the size of the activity space
- creating a noticeboard for psychology
- implementing a goals wall where patients can share their goals and aspirations to inspire others on the ward to set recovery-focused goals

Work is also commencing with staff and patient volunteers participating in a trauma-informed care working group to help co-produce trauma-informed changes across the wards. The key focus is to:

- realise the widespread impact of trauma and understand potential paths for recovery
- recognise the signs and symptoms of trauma in patients, families, staff and others involved
- respond by fully integrating knowledge about trauma into our policies, procedures and practices
- resist re-traumatisation by actively seeking to avoid triggers that could cause re-experiencing of trauma.

Increasing partnerships and recruitment into the workforce of people with lived experience

- We have developed roles for our volunteer patient safety partners who support improvements in patient safety.
- We worked in partnership with Implementing Recovery through Organisational Change (ImROC) to develop our peer workforce strategy and commitment to improving career pathways within the Trust.
 - We created five new peer roles who were recruited to our Acute and Inpatient Directorate to embed our co-production and will support our commitment to achieving our Culture of Care action plans.
 - Our Community Senior Peer Worker post offers peer-to-peer supervision and chairs our lived experience monthly network meetings, which has been growing in numbers and includes staff members not employed in lived experience roles but who have lived experience.
 - We have tendered Future Focus peer recovery coaches through a local voluntary community and social enterprise (VSCE) organisation, provided by CHANGES Health and Wellbeing Staffordshire, for the past three years. This is based on the feedback from service users about the impact of their unique interventions.
 - All Peer recovery coaches continue to have access to ImROC peer mentor training and peer supervisor training.
 - A peer recovery coach role is fully established into the multi-disciplinary team in our Community Mental Health Teams. One of these coaches won a REACH Award this year, nominated by their team.
 - We have successfully supported our volunteers with lived experience into paid peer roles in the Trust where they have identified those aspirations.

- Recognising the value of peer support workers and Experts by Experience in our teams, we have continued to strengthen our Trust-wide approach with a dedicated network to ensure a continual learning approach to successfully embedding these roles.

Our safeguarding is another good example of effective partnership working throughout 2024/25

Safeguarding children, young people and adults at risk is a statutory duty of organisations across the health economy. We are committed to ensuring that people who encounter our services are safeguarded from abuse. In support of this, the Safeguarding Team works alongside staff to ensure that they are aware of their safeguarding roles and responsibilities, in not only recognising and responding to abuse, but in relation to access training and supervision. We also have a set of policies covering safeguarding.

Safeguarding has been strengthened during the past year by:

- contributing to statutory reviews such as Domestic Abuse Related Death Reviews, Rapid Reviews, Child Safeguarding Practice Reviews, Child Death Overview Panel, and Safeguarding Adult Reviews and sharing any learning across the organisation and part of learning lessons
- attending subgroups and task and finish groups that sit under the Stoke-on-Trent Safeguarding Children's Partnership, Staffordshire Safeguarding Children's Partnership, Staffordshire and Stoke-on-Trent Safeguarding Adults Board, Domestic Abuse Commissioning Board and Domestic Homicide Board, enabling the Trust to be involved and part of these processes to bring learning back into the organisation and contribute to multi-agency action plans
- producing safeguarding reports that demonstrate and provide assurance that we are recognising and responding to abuse, that we have a safe and effective workforce, that we work in partnership and that we are learning from safeguarding incidences
- the Safeguarding Team working to deliver extra safeguarding sessions for Adult Safeguarding Week, Children's Safeguarding week and contributing to the Adult Safeguarding Board Practitioners Forum
- the development of an annual audit schedule linking effectively with wider Trust agendas and to provide assurance of safeguarding practices within Combined Healthcare
- supporting the Domestic Abuse Champions across the Trust with New ERA by a quarterly domestic abuse forum to enable education, professional development and provide group peer supervision
- increasing the safeguarding supervision offer across all clinical teams

- achieving training compliance for Safeguarding Children's Level 1 and 2 (90%), Safeguarding Children's Level 3 (86%), Safeguarding Adults Level 3 (95%) and Prevent (95%)
- continuing to offer and deliver group and individual supervision to members of Trust staff
- Working in partnership with the Provider Collaborative within the Integrated Care System to drive improvements in patient outcomes and experience for our local population
- developing the Domestic Abuse and Sexual Violence Charter which aims to enforce a zero-tolerance approach to unwanted, inappropriate and harmful sexual behaviours within NHS services which may affect both patients and members of staff
- improving the Electronic Patient Record, allowing for much clearer recording of safeguarding information and performance data

Progressing our Patient Carer Race Equality Framework (PCREF)

In line with the national expectation, we published our PCREF intentions on our Trust website by 25 March 2025. The PCREF is a national framework designed to address racial disparities in mental health services, ensuring that care is equitable, culturally appropriate and responsive to the needs of diverse communities.

The steering group, led by our Chief Nursing Officer, will help to take forward programmes of work throughout 2025/26.

Through this framework, we aim to improve access, service quality and outcomes for racialised patients and their carers.

We have conducted our own self-assessment against these competencies and will form the basis for our approach to implementation.

Cultural awareness

Recognising and understanding the needs of the diverse cultural backgrounds of the

communities a Trust serves. This encompasses awareness of, and sensitivity to, socioeconomic issues faced by local populations to ensure services are more inclusive.

Staff knowledge and awareness

Recognising and understanding the racialised experiences of the communities a Trust serves and overcoming biases and prejudices by acting upon them.

Partnership working

This means that mental health services work more closely with racialised and ethnically and culturally diverse communities, leaders and other organisations beyond the NHS, such as religious groups, ethnic-led VCSE organisations, social care and others to support wellness in the round.

Co-production

Ensuring ethnically and culturally diverse patients and carers are treated as equal partners in decision-making on their care and treatment plans, and actively involved in the design, development and review of care pathways. When describing a service, project or piece of work as co-produced, this must mean power-sharing from design to delivery.

Co-learning

This is a two-way process that strengthens collaborative knowledge sharing beyond co-production principles and focuses on how Trusts can raise awareness of early intervention support among racialised and ethnically and culturally diverse communities and learn more about community concerns and barriers in return.

Workforce

A culturally competent and diverse workforce that has a positive impact on patients and carers from racialised and ethnic minority communities, and creates a safe space where the workforce champions inclusive leadership, shares learning, intentionally embeds anti-racist approaches and tracks progress.

Other quality achievements

Infection prevention and control (IPC)

Infection prevention and control is an essential component of our care. We want our patients to feel they are safe and receiving the best possible healthcare with us. While the risk of an infection is small, continuing to reduce the risk of infections remains of paramount importance. The Trust has a zero tolerance to healthcare-associated infections (HCAI).

The Trust demonstrates its commitment to quality improvement in IPC practice for the prevention of HCAI through the annual IPC audit programme and education and training programmes. The following is an outline of the performance in these areas during this reporting period:

- Annual environmental audits have been completed across the organisation. Audits demonstrate the Trust's compliance to the Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and related guidance (revised July 2022). Overall, Trust compliance on 7 February 2025 is 93.4%; an improvement of 7.1% on last year's performance.
- Mandatory training (e-learning) – at the end of quarter 3, the overall Trust IPC training compliance for Level 1 was 97% (excluding bank staff). The Trust total for IPC training compliance for Level 2 mandatory training for clinical staff was 93% (excluding bank staff) and 86% for bank staff.
- Quarterly IPC Link Worker completed.
- Use of the weekly Newsround as a means of communication to staff.
- Quarterly IPC newsletters with the introduction of 'At a Glance' resources available on the Trust CAT intranet.
- Implementation of the quality improvement project for standardisation of aseptic non-touch technique (ANTT).

Our Infection Prevention and Control Team uses a surveillance system to monitor and record data on alert organisms and alert conditions found in the patients that we care for. Alert organisms and alert conditions are those that may give rise to outbreaks.

The table below is based on locally produced information in the absence of information available from an independent source. Alert organisms are those bacteria responsible for several difficult-to-treat infections in humans e.g. MRSA, MSSA and E-Coli bacteraemia, Clostridium difficile and COVID-19 diagnosed through laboratory tests.

Preventing outbreaks depends on prompt recognition of one or more infections with alert organisms and instituting special control measures to reduce the risk of spread of the organism.

The below table shows our performance over the last four years.

Alert organisms

Year	MRSA Bacteraemia	E Coli Bacteraemia	MSSA	Clostridium Difficile	HCAI COVID-19
2024/25	0	0	0	1	51
2023/24	0	0	0	0	77
2022/23	0	1	0	1	140
2021//22	0	0	0	1	67

Service user and carer feedback

We view all feedback as valuable information about how our services and facilities are received and perceived. We continue to develop a culture that sees feedback and learning from complaints as opportunities to improve and develop. Therefore as part of improving our services, we proactively gather feedback from service users and carers via a number of routes including:

Patient Advice and Liaison Service (PALS) – We recognise the importance of PALS in being a key source of information and feedback for the Trust, an early warning system for emerging issues and concerns and a time-limited opportunity to resolve low-level concerns without recourse to the formal complaints process. During 2024/25 the Trust received 280 PALS contacts.

Compliments – Each year, our staff receive compliments and praise from people they have cared for. During 2024/25 the Trust received 1,700 compliments as direct compliments to teams or via Friends and Family Test (FFT) responses. The Trust is currently piloting a digital solution, giving service users and their families the opportunity to provide real-time customer feedback at the point and time of care delivery.

Complaints – Overall, we receive a very low number of complaints, compared to NHS benchmarking data. During 2024/25 we received 76 formal complaints, which, when set against the circa 300,000 face-to-face, video and telephone clinical patient contacts, equates to 0.02% of the clinical activity undertaken. Our focus continues to be on early resolution and addressing concerns via PALS, and local resolution by frontline teams where possible.

During 2024/25 the complaints and PALS processes were audited by MIAA, which was a very useful exercise. Areas of best practice were identified and the few recommendations made have been implemented, which have further enhanced the service we provide to service users and their families.

During 2024/25 the Patient Experience Team has been supported by two service users to deliver the new Reviewing Officer training which was one of the outputs from the co-produced QI project; to review and revise the language used in formal complaint responses. The revised training is based on Root Cause Analysis (RCA) principles but has a stronger focus on the language used to move away from clinical phraseology, jargon and acronyms.

Friends and Family Test (FFT) – This is an important NHS England feedback tool, supporting the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

During 2024/25 2,347 service users participated in the FFT process, giving us their views across all services. We are pleased to report a continued high rate of satisfaction, with 81% of patients who rated the Trust as good or very good, 9% were undecided and 10% rated the Trust as poor or very poor.

The Trust has invested in new technology to offer new and wider opportunities for service users to feedback their experiences of our services. Since April 2021 we have had the functionality for service users to respond to text messages, complete the FFT questionnaire via a QR code, via a link on the Trust website combined.nhs.uk or via a link which will be added to all correspondence distributed from Lorenzo.

Advocacy Services – The Trust works with the local Asist advocacy service. Asist provides the Independent Mental Capacity Advocacy service (IMCA) and the Independent Mental Health Act Advocacy service (IMHA) in Staffordshire and Stoke-on-Trent. Asist also offers advocacy to people in Stoke-on-Trent through several specialist projects including Care Act, BME, NHS Complaints and Parents Advocacy.

Asist works alongside people with physical disabilities, learning disabilities or mental health conditions. It provides support for people who have difficulty speaking out so that they can have an equal voice in the choices and decisions that affect their lives.

Service User and Carer Council (SUCC) – The Service User and Carer Council has reviewed the virtual meeting structure and, based on members' preferences, now holds alternating face-to-face and hybrid meetings.

Members of Service User and Carer Council have continued to be part of interview panels for a wide variety of posts throughout the Trust.

We have reintroduced peer mentors into clinical areas and have supported training opportunities for personal development. We continue to actively raise awareness of the benefits of having a peer mentor within in the inpatient teams and the value of co-production at all levels of the organisation with our service users and carers.

We have introduced patient safety partners into clinical areas and we have supported these individuals to access training opportunities in readiness to develop the role. We are actively raising awareness of the benefits and the value of co-production via our inpatient Wellbeing College bite-size workshops which started to be delivered from April 2024 from the Harplands site. These workshops are facilitated by peers and are accessible to inpatients, carers and staff.

We have reintroduced volunteers onto our wards and we have reflected the varied volunteer involvement and co-production roles in our new volunteer, involvement and co-production policy. The policy gives us the framework to offer a payment for involvement for specific projects in the Trust. Observe and Act training has been delivered and assessments of clinical areas implemented.

The community learning disabilities Talk and Change group meets monthly. There have been online meetings with service users and carers and the involvement collaborative group involving Midlands Partnership University NHS Foundation Trust (MPFT) service users and carers has also continued and is set to continue beyond the Community Transformation Programme end, as we value the relationship and learning we can share between ourselves.

The Youth Council, now called ELEVATE, continues to meet and is actively working on projects with our CAMHS services.

The Trust carers links meet quarterly and share good practice and updates throughout this forum. We achieved our star one Triangle of Care award in 2024. Carers also co-produced the new pages in the digital aspirant programme which can be viewed on the Combined Wellbeing Portal.

Patient-Led Assessments of the Care Environment (PLACE) 2024

The Patient-Led Assessment of the Care Environment (PLACE) for Combined Healthcare was completed in line with the target dates set by NHS England. PLACE aims to promote the principles established by the NHS England that focus on areas that matter to patients, families and carers:

- putting patients first
- active feedback from the public, patients and staff
- adhering to basics of quality care
- ensuring services are provided in a clean and safe environment that is fit for purpose

All assessments were completed in accordance with the PLACE guidelines and with a team of at least 50% representation from Combined Healthcare's Service User Care Council or patient representatives. This year we were fortunate to have two former patient assessors who engaged and completed PLACE assessments in all our premises.

Many favourable comments were received on how we had maintained/improved our standards and taken on board previous recommendations to enhance our environment and our service users experience overall.

PLACE 2024	Cleanliness	Food and Hydration			Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
		Food	Organisation Food	Ward Food				
	%	%	%	%	%	%	%	%
	2024	2024	2024	2024	2024	2024	2024	2024
Harplands Hospital	99.35	96.76	92.36	98.96	98.54	94.51	98.87	97.88
Dragon Square	100	N/A	N/A	N/A	100	100	N/A	100
A&T Unit	100	94.51	90.43	100	95.12	97.62	N/A	90.74
Darwin Centre	100	94.54	89.54	100	97.44	100	N/A	92.31
Hilda Johnson House	100	N/A	N/A	N/A	94.59	98.75	N/A	92.31
Summers View	100	N/A	N/A	N/A	94.87	97.50	N/A	92.31
NSCHT Organisation score 2023	99.52	96.46	92.01	99.10	97.88	95.72	98.87	96.68
National Mental Health and LD average scores	98.07	92.09	89.52	94.33	95.67	95.91	91.93	90.39
National (mean) average score – all site types 2023	98.31	91.32	92.17	91.38	88.22	96.36	83.66	85.20

Providing continual access to our staff for continual professional development (CPD)

The learning management system (LMS) now houses 12 chapters, supporting over 300 courses:

- Statutory and Mandatory
- Staff Counselling and Support
- Health and Wellbeing
- Admin and Corporate
- Information and Bite-size Workshops
- Organisation and Personal Development
- Physical Health Training
- Talent and Leadership
- Quality Improvement
- Digital and Clinical Systems
- Coaching Culture
- Physical Skills

Our CPD outside of our online offer has expanded. Here are some examples of the training and development our staff have attended during 2024/25:

- funded attendance at numerous conferences – nationally, regionally and locally
- funded numerous leadership programmes – nationally, regionally and locally
- non-medical prescribing programmes
- therapeutic intervention and therapy training and development
- Cognitive Behavioural Therapy (CBT) essentials
- Institute of Leadership and Management (ILM) coaching
- sleep practitioner course
- family and multi-family therapy for bulimia
- master's motivational interviewing theory and skills
- DBT (Dialectical Behaviour Therapy)
- advanced drawing and talking
- non-medical nurse prescribing

- practice educator course
- eye movement desensitization and reprocessing (EMDR) 1 and 2
- PRINCE2
- The DICES system for risk assessment and management
- foundation Chartered Governance Institute
- physical assessment
- principles of physical assessment
- degree/master's module(s)
- Avoidant/Restrictive Food Intake Disorder (ARFID) training
- Level 1 British Sign Language (BSL)
- trauma-informed care
- safety intervention foundation and advanced training
- Business and Technology Education Council (BTEC) Level 5 in practice leadership
- dyadic developmental psychotherapy (DDP) Level 1
- professional nurse advocacy
- enhanced clinical practitioner
- Story Stem Assessment training

Reporting against core indicators

This section describes how we have performed against core indicators required by NHS England, and indicators of interest to key stakeholders. The indicators are grouped, as per the three quality dimensions (patient safety, clinical effectiveness and patient experience).

Each section describes the review area, the metric used to measure performance and our overall performance.

Patient safety incidents

We have successfully transitioned to the new Patient Safety Incident Response Framework (PSIRF) and all patient safety incidents are reported via the Learning From Patient Safety Events (LFPSE) system. A new policy and plan have been developed based upon the current incident profile and demographics of our current patient cohort. All patient incidents continue to be reported via Ulysses (the Trust's incident reporting system). The NHS-agreed definition for reportable patient safety incidents is as follows:

“A Patient Safety Incident (PSI) is any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving NHS care.”

Data is fluid, and alters over time, therefore the table below represents our position at year end, in relation to the number of patient safety incidents within our incident report system, and the harm impact, in comparison to previous years. All incidents (clinical and non-clinical), are displayed.

Area of performance	Incidents (clinical and non-clinical)		
Impact	2022/23	2023/24	2024/25
General Incidents	5529	5257	5534
Moderate	50	70	107
Major	9	12	7
Catastrophic	76	71	49
Total	5664	5411	5697
Major and Catastrophic incidents as a % of total (i.e. those resulting in severe harm or death)	1.50%	1.50%	0.98%

The above table illustrates an increase in the number of incidents reported for the time period of 2022/23 to 2024/25 in yearly breakdowns. All incidents are subject to weekly review and analysis, ensuring issues and/or trends are quickly identified, and actions implemented, enabling improved delivery of care services.

The table below, relates to the number of patient safety incidents that were reported to the LFPSE and is for the period 1 April 2024 to 31 March 2025.

Area of performance	Incidents reported to the Learning From Patient Safety Events (LFPSE) platform
Performance	There were 3560 incidents reported to LFPSE, of these the number of incidents resulting in severe harm or death of service users as a percentage of the total was 1.15%

Never events

A never event is a serious, largely preventable, patient safety incident that should not occur if the available, preventable measures have been implemented (for example, an inpatient suicide, using curtain or shower rails). The below table details our performance in 2024/25.

Area of performance	Never events
Performance	There were no never events during 2024/25

Patient safety incidents (previously serious incidents):

For the purpose of this report, we are working towards the framework that has been provided by NHS England in relation to the new Patient Safety Incident Response Framework. The below table references the proportionate reviews that are currently available for us to utilise to support the most appropriate level of review that is required to support the review of the incident, as well as to elicit the required learning outcomes.

Activity / Learning Response	Description	Impact score threshold for activity	Examples
Ulysses incident form completion	Standard response to all identified patient safety incidents	Identification of patient safety incident	Any patient safety incident regardless of impact
Rapid review	"This is completed on incidents where there was a deviation from the perceived normal outcome requiring review into circumstance to identify concern and mitigation for this episode of care. This would be completed as a precursor to any death of patient in receipt of service (last six months) to determine further patient review response. To be completed if request is received from an external reviewer in relation to a current PSII, if further learning response is required then this can be agreed upon to illicit the correct response."	Patient safety incident that meets threshold of minor impact	Medication errors, self-harm, violence and aggression, post notification of a death to be completed for initial review and findings (within 72 hours)
MDT review / After Action Review (AAR)	"These should be completed where there has been a deviation from the perceived normal outcome requiring further review due to the impact of the incident to patient care. These reviews are to be completed alongside CISM or formal debriefs if there has been psychological trauma identified from the incident as to not adversely affect staffs wellbeing. If concern please review appropriateness with PSII oversight lead"	Patient safety incident that meets the threshold of minor / moderate impact	MDT review / AAR – Falls, medication error leading to harm caused, self-harm leading to treatment required, patient on patient incidents

Activity / Learning Response	Description	Impact score threshold for activity	Examples
Patient Safety Review (PSR)	This is completed on incidents where there has been a deviation from the perceived normal outcome where we need to explore potential implications of care delivery in care that require a detailed review to understand the circumstances that lead to the event	Patient safety incident that meets the threshold of minor / moderate impact and there is a potential deficit in care identified	Falls leading to a fracture of a minor bone, harm caused direct from episode of care, harm caused requiring external acute hospital treatment, breach of mental health act framework
Comprehensive Safety Review (CSR)	This is completed on incidents where there has been a deviation from the perceived normal outcome where we need to explore potential implications of care delivery that require an in depth review to understand the circumstances that lead to the event	Patient safety incident that meets the threshold of moderate / severe / catastrophic impact and there is a potential deficit in care identified	Injury requiring hospitalisation / complex treatment, death, falls leading to a fracture of a major bone, safeguarding concern as a result of care received
Patient Safety Incident Investigation (PSII)	This is completed when an incident or near-miss indicates significant patient safety risks and potential for new learning	Patient safety incident that meets the threshold of severe / catastrophic impact and there is an identified deficit in care identified	Deaths related to care delivery received, death of an inpatient detained upon the mental health act, never events

The table below illustrates how many of which proportionate review have been completed since our commencement on our PSIRF journey:

Proportionate review	Q1	Q2	Q3	Q4	Total 2023/24	Q1	Q2	Q3	Q4	Total 2024/25
Rapid Review	N/A	N/A	8	11	19	11	5	3	2	21
After Action Review	N/A	N/A	2	9	11	2	8	9	12	31
MDT Review	N/A	N/A	0	0	0	0	0	0	0	0
Patient Safety Review	N/A	N/A	2	2	4	0	1	0	0	1

In 2024/25 we have:

- implemented a review into our learning from patient safety incidents and re-structured the format of the weekly review meeting to include feedback from proportionate reviews that are approved by the Patient Safety Incident Investigation (PSII) oversight and learning lead role
- maintained strong performance in relation to the timely patient safety reviews, quality of completed investigations and the approaches taken to learning from serious incident investigation, including developing our learning lessons approach
- utilised quality improvement projects to support sustained learning from patient safety incidents
- commenced a quality improvement plan to review our engagement process for our PSIRF plan to ensure that we engage with patients and their family or identified other in relation to safety incidents
- received a review from external auditors into our current processes and alignment to policy with substantial assurance offered
- monitored and identified learning and trends, reported and shared learning from these via learning lessons processes
- complied with statutory duties and monitored this via our governance structures
- shared data and reports externally via the Clinical Quality Review Meeting (chaired by commissioners)
- in conjunction with our Transformational Management Office (TMO), we have reviewed our approach to suicide reduction inclusive of our strategy and steering group
- supported the wider integrated care system (ICS) group for mortality surveillance reviews to support wider learning and development from those that have died while accessing our services through natural causes

Learning lessons

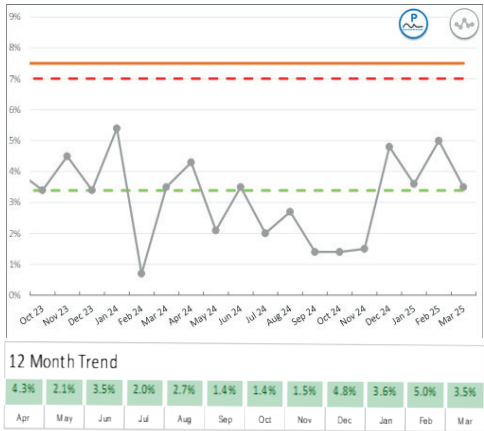
We have progressed the following safety improvement initiatives to improve our incident reporting and management framework:

- continued advancement of the Learning Lessons framework (quarterly bulletin, and monthly Learning Lessons workshops for staff)
- continued advancement of patient safety incident (PSI) reviewer training, for investigating officers, team leads and those in managerial positions, as well as senior managers
- continued development of our proportionate review templates based upon feedback received
- continued partnership working across wider integrated care system, including local authorities, neighbouring NHS Trusts and social care to promote good mental health, patient safety and reduction of stigma by participating in local, regional and national events
- continued weekly review and analysis of all incidents occurring within our Trust, to ensure themes and trends are quickly identified, and improvement actions implemented
- continued development of our hate crime reporting processes to ensure that we are using a co-produced response to supporting our staff and patients that are affected by these hate crimes
- continued partnership working with Staffordshire Police, Stoke and Staffordshire local authorities, National Highways and British Transport Police in relation to review and assessment of Staffordshire and Stoke-on-Trent Suicide Prevention Partnership – this includes work around priority sites, aiming at exchange of information and ensuring that each agency is aware of recent incidents at each site as well as putting mitigations in place
- continued partnership working with Stoke-on-Trent and Staffordshire local authorities in reviewing and learning from drug- and alcohol -related deaths, as well as wider prevention of those deaths

Readmission rates

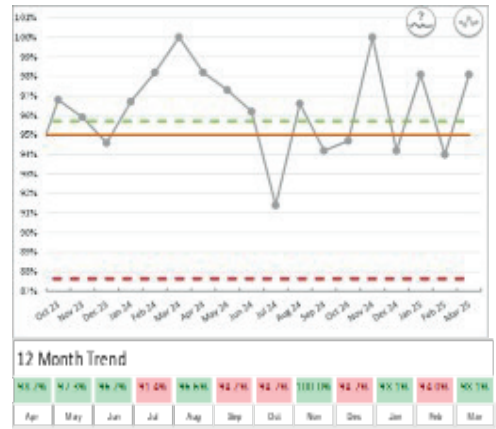
This has been a key area of work and focus around embedding our person-centred framework tools in collaboration with service users and carers. The below table shows the rate of unplanned readmissions for patients (adults and older adults) within 30 days. The target for this metric is 7.5%.

Area of performance	Patients re-admitted within 30 days of discharge
Performance	<div>The readmission rate for 2024/25 is currently 3.0% against the less than 7.5% standard.</div> <div>During 2023/24 this was 3.8% and during 2022/23 this was 4.8% and during 2021/22 this was 4.5%</div>



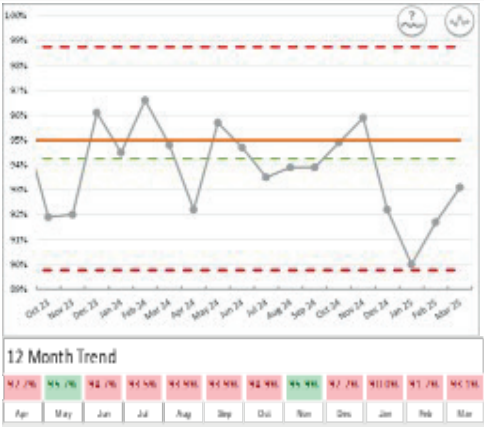
48-hour follow up

Area of performance	48-hour follow up
Performance	<div>The Trust's performance continues to be positive for 48-hour follow up during 2024/25</div> <div>96.1% against a standard of 95%</div> <div>During 2023/24 this was 95.3% and during 2022/23 this was 94.2% and during 2021 this was 94.4%</div>



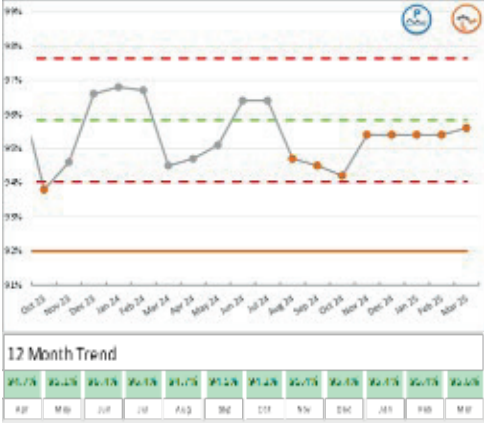
Referral to assessment within four weeks

Area of performance	Referral to assessment within four weeks
Performance	<p>The Trust's performance for referral to assessment within four weeks for 2024/25 is 93.5% against a standard of 95%</p> <p>During 2023/24 this was 95.0% and during 2022/23 this was 94.9% and during 2021/22 this was 96.6%</p>



Referral to treatment within 18 weeks

Area of performance	Referral to treatment within 18 weeks
Performance	<p>The Trust's performance for referral to treatment within 18 weeks for 2024/25 is 95.3% against a standard of 92%</p> <p>During 2023/24 this was 96.4% and during 2022/23 this was 97.2% and during 2021/22 this was 98.0%</p>



Patient experience of community mental health services – the annual mental health community survey

On an annual basis, the CQC commissions a national survey to explore the experiences of people who receive care and treatment from community mental health services, which all mental health trusts participate in.

For 2024, the survey was sent to 1,250 people who received care from the Trust between April and May 2024. Survey response data was analysed by the national survey team and national and Trust-level results were subsequently published by the CQC on its website in April 2025 ([cqc.org.uk/publications/surveys/community-mental-health-survey](https://www.cqc.org.uk/publications/surveys/community-mental-health-survey)).

The national findings showed that experiences of community mental health services are generally poor. In particular, crisis care, support while waiting, involvement in and planning care, quality of care and support with other areas of life were identified as areas for improvement.

At Trust level, support while waiting was benchmarked as slightly above the national average, however the following areas for focus were identified:

- support in other areas of life – family/someone close being involved in their care
- support in other areas of life – help or advice with finding or keeping work
- how medications are discussed with service users

The results of the survey are under review by an internal working group, which is in the process of developing a responsive action plan. This will be approved at Trust level in due course and progress monitored via the performance pack.



Part four – Engagement and statements from key partners

Engaging our partners and stakeholders

North Staffordshire Combined Healthcare NHS Trust remains committed to working collaboratively with a range of partners and, as such, has engaged partners in the development and publication of this Quality Account.

We would like to take this opportunity to thank everyone who has worked with us and provided assurance. Their views and comments have helped to shape this Quality Account.

On 13 March 2024, we held a service user/carer and stakeholder engagement event at Port Vale Football Club. The primary reason for the event was to present the draft Quality Account for 2023/24 and to seek engagement and feedback which will help to validate or improve on the findings from within the Quality Account, alongside reviewing our quality objectives going forward into 2024/25.

The event was well attended with service user and carer representatives and over 30 different partners who we work in collaboration with to ensure that we can provide high-quality, safe and outstanding care.

Service users and stakeholders were given the opportunity to review the draft Quality Account in advance of the event and opportunities were created throughout the day for feedback to be shared about what went well during 2023/24 and what we can improve on going forward into 2024/25.

Sharing the draft Quality Account

In line with a Department of Health guidance, the draft Quality Account was shared with all of our key partners and stakeholders. We gained feedback from those who attended the event, and extended the offer of feedback to anyone wishing to contribute but unable to attend the event.

Stakeholder Engagement Event 2025

Engagement@Combined is one of the most important stakeholder and service user engagement events we hold each year and a key part of our engagement around our quality priorities.

For 2025, this included a discussion around the Patient Carer Race Equality Framework (PCREF) and series of roundtable discussions on:

- Culture of Care – inpatient wards
- specialist services
- community transformation – including attention deficit hyperactivity disorder (ADHD) and autism pathway
- partnership working
- crisis care services
- peer recovery and co-production
- Additional Roles Reimbursement Scheme (ARRS) and talking therapies

We discussed how engagement and involvement with our service users drives our quality agenda and received feedback from them on our draft Quality Account. We also had the chance to learn about and discuss existing and emerging communications and engagement forums and channels which are designed to drive forward how Combined Healthcare engages and involves service users, their families and local communities.

We asked for focused feedback regarding our PCREF. Here's what was said:

- stakeholders are keen to work in partnership around PCREF and have asked us to continue with our collaborative work to ensure we can collectively maximise on reaching out to racially, ethnically and culturally diverse members of our communities
- we were asked to ensure that we are fully aligned with community representatives and stakeholders retaining shared priorities around PCREF
- service users and carers want to see more patient stories from individuals who are racially, ethnically and culturally diverse

- we were asked to prioritise early intervention with robust communication and engagement
- the event members asked us to consider the diversity of our patient safety partners with a view of ensuing they are representative of the patients we serve
- we were asked to hold more engagement events with our local communities and representatives of ethnic groups in the area
- service users and carers asked us to give equal consideration to people from racially, ethnically and culturally diverse backgrounds who are not accessing our services yet have a need to do so

Areas for continued focus in 2025/26

We asked for reflections and feedback on our proposed quality priorities for 2025/26. Here's what was said:

- members of the event confirmed that our progress against last year's priorities was noticeable and reflected their own experiences of either accessing our services or working in partnership with us
- we were advised that our priorities appeared comprehensive and acknowledge the challenges faced
- there was mixed opinion around the language used to relay our priorities – some people informed us that it was refreshing not to see an excess of acronyms, but others commented that there was a little too much jargon
- we were informed that there was a good balance of focus internally and across professional boundaries as well as externally with patients, carers and relatives
- we were asking to consider accountability around working with partners and other services, with a strong focus on external links with carers
- service users, carers and stakeholders would like to see a greater focus on challenging stigma
- they liked the balance of focus around staff retention and wellbeing, alongside transformation and co-production
 - we were asked to be mindful around accessibility when expanding the use of technology and digital infrastructures

- service users and carers want us to improve on our response times to complaints
- we were encouraged to continue with meaningful co-production and expand this to working within our communities with partners and stakeholders
- it was felt that we could further improve on some of our communications that go out to patients, families and schools
- service users and carers wanted greater clarity of how to access services and to be better informed around care pathways and their treatment journey ahead
- we were ask to expand our reach to recruiting more volunteers
- patients would like improved access to their records and documentations made about them and with them
- we were praised for our efforts to engage people on our quality priorities

Comments from key partners

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)

Staffordshire & Stoke-on-Trent Integrated Care Board (ICB) are pleased to comment on this Quality Account 2024/2025. The Quality Assurance Framework that we as Commissioners use, reviews information on quality, safety, patient experience, outcomes, and performance, in line with national and local contractual requirements. This allows us as Commissioners to be reassured that the appropriate resource and systems are in place, that they work effectively and that they meet the agreed national standards.

The ICBs' Quality representatives meet with the Trust on a bi-monthly basis to ensure open dialogue and understanding of NSCHT Quality of care and quality improvement for all their service users. The ICB works collaboratively with the Trust to ensure continuous dialogue as issues arise and as improvements are commenced. They also conduct supportive quality visits to experience the environment, listening to the views of patients and front-line staff.

The ICB would like to thank the Trust for their continued commitment to improving services and note the Trust Vision "To be Outstanding" in ALL we do and HOW we do it which are underpinned with the SPAR quality priorities safe, personalised, accessible and recovery-focussed guided by the Proud to CARE values - to be compassionate, approachable, responsible and excellent.

The Trust has maintained a focus on its 5-year strategy launched in 2023 which sets out a commitment to continuously improve services with co-production, recovery and partnerships ensuring national requirements and local priorities are considered. We would like to thank and express our appreciation to all the Trust's staff for their continued hard work, commitment, and dedication.

The ICB would like to recognise the Trust's commitment to making progress improving the following quality and safety priorities during 2024/25:

- The introduction of the NHS 111 Mental Health Option, available 24 hours a day, 7 days a week for all ages. The ICB look forward to the next step of integrating 24/7 nationally available mental health text messaging services.
- The continued success of the Wellbeing College, developed and delivered in partnership and co-produced with service users and stakeholder organisations.
- The continued Community Mental Health Transformation providing enhanced psychological therapies, transforming the care and treatment pathways delivered, evidence-based person-centred care and treatment including a dedicated Intensive Outreach Team.

- A monthly multiagency transition panel providing support and guidance with the transition of young people from CAMHS into adult services or back to Primary Care across all directorates.

We look forward to continuing collaborative working with the Trust and other system partners to see further quality improvements in the following areas over the coming year.

- Continued collaboration with system partners in supporting patients and carers through expanding relationships.
- Acting on staff survey feedback and actively working to address learning for example strengthening the anti-discrimination activities and efforts; launching a civility and respect campaign and toolkit; reviewing leadership, organisational development and career development offerings.
- Continued work to improve complainant satisfaction with the support of two service users to deliver the new Reviewing Officer training, an output from the co-produced quality improvement project.
- Continuing the Patient Incident Response Framework (PSIRF) journey through considering the use of multi-disciplinary team reviews and plan to review the engagement process with patients and relatives.
- Continue to embed Continuous Quality Improvement (CQI) in all areas of work including links with learning identified through PSIRF.
- The review of the digital solution pilot giving service users and their families the opportunity to provide real time customer feedback at the point and time of care.

Priorities for 2025/26

The Integrated Care System will continue to support and collaborate in respect of the Trust’s Quality priorities for 2025/26 and have recognised the following areas as requiring further focused work to ensure that required standards are consistently achieved:

- Recruitment and retention as an ongoing priority for the Trust requiring a continued response to service expansion set against a backdrop of a national workforce supply shortage. The Trust has made continued improvements to stabilise the vacancy position through several initiatives including increasing partnerships and recruitment into the workforce of people with lived experience for example through developing roles for Volunteer Patient Safety Partners who support improvements in patient safety.
- Continued focus to improve the experiences of community mental health services following feedback from community surveys.

We look forward to working together with the Trust to ensure continued improvement over the coming year. The ICB wish to state that to the best of their knowledge, the data and information contained within the quality account is accurate.

Heather Johnstone
Chief Nursing & Therapies Officer
NHS Staffordshire and Stoke-on-Trent ICB

Dr Paul Edmondson-Jones MBE, (GMC Number 2549042)
Chief Medical Officer & Deputy Chief Executive
NHS Staffordshire and Stoke-on-Trent ICB

Stoke-on-Trent City Council Adults and Neighbourhoods Overview and Scrutiny Committee

The Committee were invited to comment, but no response was received.

Staffordshire County Council Health and Care Overview and Scrutiny Committee

Staffordshire County Council held elections in May 2025, and due to the timescales, was unable to comment on the Quality Account this year.

Statement of directors' responsibilities in respect of the Quality Account

The directors are required, under the Health Act 2009, to prepare a Quality Account for each financial year. The Department of Health (DoH) has issued guidance on format and content of annual quality accounts. This guidance incorporates legal requirements in the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce quality accounts if they deliver services under an NHS standard contract, have staff numbers over 50 and NHS income greater than £130k per annum.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- it presents a balanced picture of the Trust's performance over the period covered
- the performance information reported is reliable and accurate
- there are proper internal controls over the collection and reporting of measures of performance included, and that these controls are subject to review, to confirm they are working effectively in practice
- the data underpinning the measures of performance reported is robust and reliable, conforms to specified data quality standards, prescribed definitions and that this is subject to appropriate scrutiny and review
- it has been prepared in accordance with Department of Health guidance

The directors confirm that, to the best of their knowledge and belief, they have complied with the above requirements in preparing the Quality Account.

Glossary

A&E – Accident and Emergency	IQPR – Integrated Quality and Performance Report
ADHD – Attention Deficit Hyperactivity Disorder	ISH – Intensive Support Hub
ARFID – Avoidant/Restrictive Food Intake Disorder	IT – Information Technology
ANTT – Aseptic Non-Touch Technique	KPI – Key Performance Indicator
ARRS – Additional Roles Reimbursement Scheme	LD – Learning Disability
ASIST – Advocacy Services in Staffordshire	LFPSE – Learning From Patient Safety Events
BTEC – Business and Technology Education Council	LMS – Learning Management System
CAMHS – Child and Adolescent Mental Health Services	MACE – Medicine and Clinical Effectiveness
CAN – Combined Ability Network	MDT – Multi-Disciplinary Team
CASTT – Community Assessment Stabilisation and Treatment Team	MPFT – Midlands Partnership University Foundation NHS Trust
CBT – Cognitive Behavioural Therapy	MSNAP – Memory Services National Accreditation Programme
CEG – Clinical Effectiveness Group	NHS – National Health Service
CHIME – Connectedness, Hope and optimism, Identity, Meaning and Empowerment	NICE – National Institute for Health and Clinical Excellence
CMHT – Community Mental Health Team	NIHR – National Institute for Health and Care Research
CofC – Culture of Care	NSCHT – North Staffordshire Combined Healthcare NHS Trust
CPD – Continuing Professional Development	PALS – Patient Advice and Liaison Service
CQC – Care Quality Commission	PCNs – Primary Care Networks
CRDCs – Commercial Research Delivery Centres	PCREF – Patient Carer Race Equality Framework
CRHTT – Crisis Resolution Home Treatment Team	PICU – Psychiatric Intensive Care Unit
CTV – Combined Television	PNA – Professional Nurse Advocate
CYP – Children and Young People	POMH – Prescribing Observatory for Mental Health
DBT – Dialectical Behaviour Therapy	PROM – Patient Reported Outcome Measure
DDP – Dyadic Developmental Psychotherapy	PRSB – Professional Records Standard Body
DNA – Did Not Attend	PSII – Patient Safety Incident Investigation
DoH – Department of Health	PSIRF – Patient Safety Incident Response Framework
ECT – Electroconvulsive Therapy	PSP – Patient Safety Partners
ECTAS – Electroconvulsive Therapy Accreditation Service	QI – Quality Improvement
EMDR – Eye Movement Desensitization and Reprocessing	R&D – Research and development
ENRICH – Equality Network for Race Inclusion and Cultural Heritage	REACH – Recognising Excellence and Achievement in Combined Healthcare
EVO – Engagement Value Outcome	RCA – Root Cause Analysis
FFT – Friends and Family Test	SMI – Serious Mental Illness
FTSU – Freedom To Speak Up	SSHERPpa – Staffordshire and Stoke-on-Trent and Shropshire, Telford and Wrekin Health and Care Research Partnership
GP – General Practitioner	STR – Support Time Recovery
HCAI – Healthcare-Associated Infections	SUCC – Service User and Carer Council
HVU – High Volume Users	TRIP – Team Recovery Implementation Plan
ICS – Integrated Care System	UHNM – University Hospitals of North Midlands NHS Trust
ICB – Integrated Care Board	VCSE – Voluntary Community and Social Enterprise
IDH – Integrated Discharge Hub	VR – Virtual Reality
ILM – Institute of Leadership and Management	
IMCA – Independent Mental Capacity Advocate	
IMHA – Independent Mental Health Advocacy Service	
ImROC – Implementing Recovery through Organisational Change	
IPC – Infection Prevention and Control	
IPS – Individual Placement Support	

The Trust is committed to providing communication and foreign language support for service users and carers who may need it for any reason. This Quality Account can be made available in different languages and formats, including Easy Read. If you would like to receive this document in a different format, please contact the Communications Team at communications@combined.nhs.uk or write to the FREEPOST address below:

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