

Outstanding

Our quality journey continues

NHS

North Staffordshire
Combined Healthcare
NHS Trust



Quality Account
2025/26

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 particularly proud in November 2025 to be officially ranked as the number one 'Non-Acute' NHS Trust in England in the new NHS Oversight Framework.

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 2025 to 31 March 2026, 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.

CareQuality Commission

Outstanding

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Outstanding
Well-led	Good

Proud to be outstanding, but never complacent.



Officially ranked as the number one ‘Non-Acute’ NHS Trust in England in the new NHS Oversight Framework.

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



27th 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 biggest ever Engagement@Combined event.

Sustaining improvement

CareQuality Commission

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 virtual walkthroughs of all our services



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





Children and Young People services exceeding national targets in-line with 100% coverage by 2029

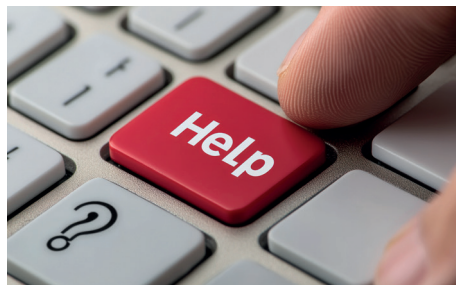


New Forensic Liaison Partnership service enhancing the way patients from Stoke-on-Trent transition from secure inpatient settings into community mental health services

New patient wellbeing initiative exploring a variety of therapeutic activities, including recent autism informed engagement approaches.



Holmcroft Surgery awarded a 'Good' rating by CQC across all domains, with no regulatory breaches identified.



New Ascend Recovery Service offering evidence-based, psychological treatment and support to anyone aged 16+ experiencing trauma symptoms as a result of sexual assault or abuse



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

24/7 mental health support for all adults and young people in North Staffordshire and Stoke-on-Trent by text, including new free text messaging service.



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





57% increase in active students using our Wellbeing and Recovery College and rising expressions of interest to enrol



New 'What to Expect' service information videos delivered in partnership with our Service User and Carer Council

Inpatient services fully transitioned to co-produced care planning.



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.

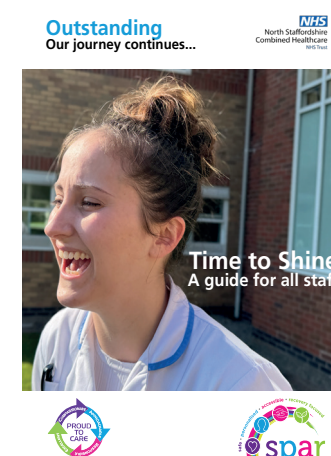


Peer Support workers expanded significantly, strengthening our foundations of 'lived experience'

Strong results in the PLACE (Patient Led Assessment of the Care Environment) annual assessments



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





Sensory packs co-developed for wards to support trauma-informed, neuro-inclusive therapeutic environments



New Community Meetings Standard Operating Procedure introduced, cofacilitated by someone with lived experience

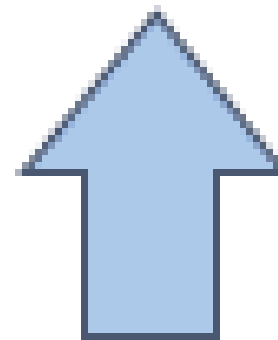
Elevate youth council rebranded and expanded to strengthen youth voice across health and social care.



Volunteer interest remaining consistently high with 30–32 expressions of interest each quarter and 10 new applications progressed

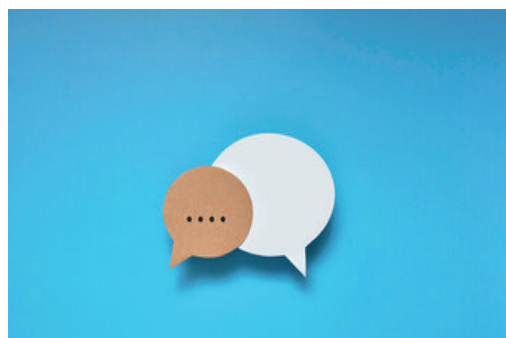


Hub-and-spoke engagement model progressed with three CMHTs establishing regular service-user forums feeding insights into SUCC



Talk and Change Group playing pivotal role in shaping LD service improvements, ward documentation and co-producing the care planning frameworks

Recovery Conversations and TRIP plans rolled out Trust-wide across inpatient wards..



1,933 compliments either directly to an individual team or via the FFT responses.



Our commitment to quality

Overview from our Chair and Chief Executive

Welcome to our Quality Account for 2025/26.

It is now more than seven years since the CQC awarded the Trust its overall ‘Outstanding’ rating—the highest recognition available.

At the time, we were clear that we would not become complacent, and that our improvement journey would continue. Our ambition was, and remains, to be ‘Outstanding in ALL we do and HOW we do it’, strengthening integration with our partners and deepening engagement with staff, service users, families and communities.

Quality sits at the centre of that ambition—whether we are delivering services and outcomes, communicating and engaging with the public, undertaking research, driving innovation, or providing the support and corporate functions that enable our teams to do their best work.

Against a backdrop of significant financial pressure, it can be easy to assume that quality is only achievable through increased spend. Our experience shows the opposite can be true: when we focus on doing the right things, in the right way, quality and cost-effectiveness can reinforce one another.

This is especially evident when peer support and lived experience shape how we design, deliver and improve care. We have seen this in practical, meaningful improvements—such as new sensory packs codeveloped for wards to support trauma-informed, neuro-inclusive therapeutic environments, and our new ‘What to Expect’ service information videos produced in partnership with our Service User and Carer Council.

In essence, quality is everyone’s business—and everyone should feel the benefit. This Quality Account shows how our drive for sustained improvement and innovation continues to be a defining feature of life at Combined.

None of this is possible without our commitment to delivering outstanding services that keep people safe and reflect our promise to be personalised, accessible and recovery focused.

One example of this progress is our new Ascend Recovery Service, providing evidence-based psychological treatment and support to anyone aged 16+ experiencing trauma symptoms following sexual assault or abuse.

We also launched a new Forensic Liaison Partnership service, strengthening how patients in Stoke-on-Trent move from secure inpatient settings into community mental health services.

Together, these examples reflect the determination and creativity of our people at Combined to keep innovating, improving and delivering better outcomes for the individuals and communities we are privileged to serve.

We hope you find this year’s Quality Account informative and inspiring, and that it brings to life the many ways quality continues to shape everything we do.



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

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.

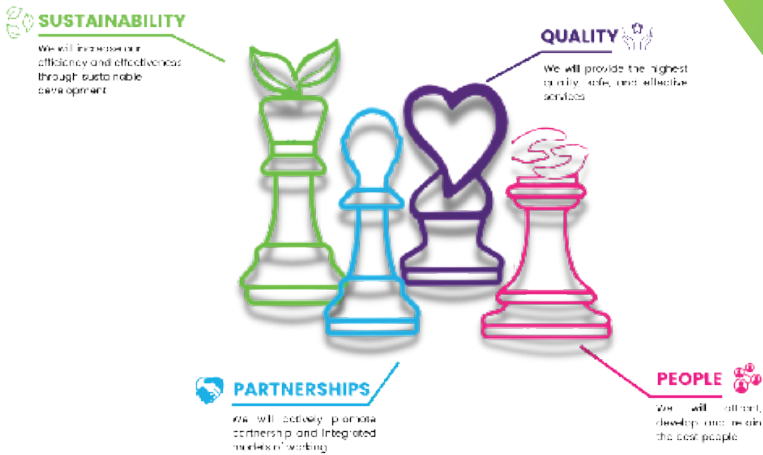
Our values and quality priorities shaped our three strategic priorities and are underpinned by four key enablers, which act as the pillar of why, how and what we do.

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 2025 to 31 March 2026. Over this period, our services have been delivered from within a locality structure with an associate director and cinical director formally responsible for each of the directorates. These are supported across the Trust by our corporate services.

Our Organisational Structure



Chief Executive - Dr Buki Adeyemo				
Chief Medical Officer - Dr Dennis Okolo		Chief Finance Officer/Deputy Chief Executive - Eric Gardiner		Chief Nursing Officer/Deputy Chief Executive - Kenny Laing
Chief Strategy Officer - Liz Mellor		Chief People Officer - Frieza Mahmood		Chief Operating Officer - Ben Richards
Community	Specialist Services	Acute Services and Urgent Care	Primary Care	Corporate Services
Clinical Director Associate Director Senior Service Manager	Clinical Director Associate Director Senior Service Manager	Clinical Director Associate Director Senior Service Manager	Clinical Director Associate Director Clinical Lead	Exec PAs Governance Digital / IT Strategy and Partnerships Transformation Management Office Estates Finance Performance Communications Education and Training Medical Staffing Organisational Development People Operations Recruitment Staff Counselling Temporary staffing 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
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	

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

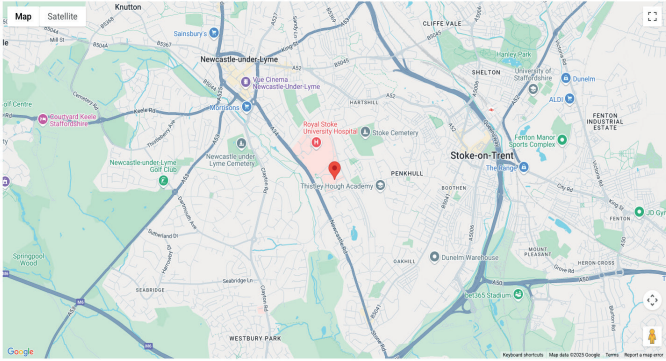
Ward 6 is a 15-bedded mixed-sex ward for older people aged 65 and above who suffer with a functional or organic mental health problem that causes complex multiple care issues.

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

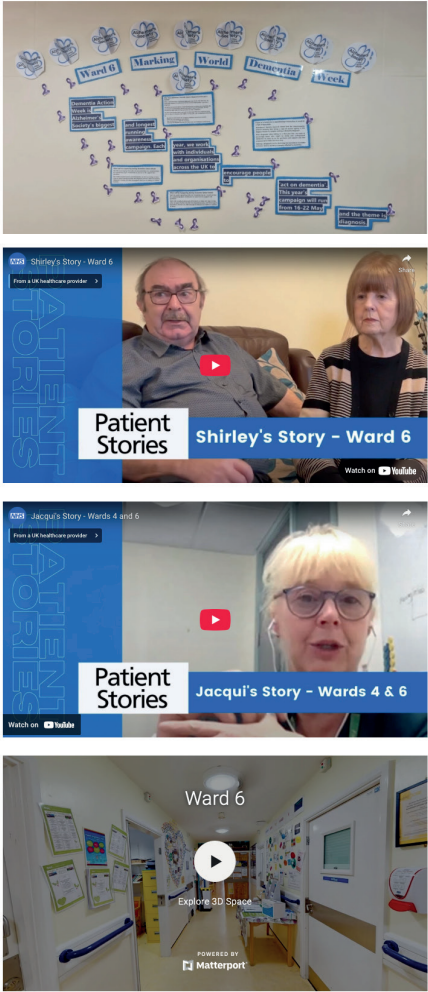
Harplands Hospital, Hilton Road, Harplefield, Stoke-on-Trent ST4 6TH



Ward 6 - Harplands Hospital Accessible



Gallery



Outstanding – Our quality journey continues – Quality Account 2025/26 13

Directorate key achievements 2025/26

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 2025/26. 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 2025/26 has remained focused on delivering successful improvement after attaining an 'outstanding' CQC rating.

Community Directorate

Children's Mental Health Services (CAMHS)

Throughout 2025-26 the CAMHS services have grown the offer from Mental Health Support Teams in Schools, exceeding national targets. This aligns to the national expectation of 100% coverage by 2029 and shows the commitment to improve the emotional wellbeing of our young people.

The service has improved integration with the Local Authority (especially within Children in Care) improving transitions from health teams to social care ensuring safe and effective handover and improved outcomes for the Children and Young People.

Throughout the year the CAMHS teams have focused on embedding the following improved pathways: Trauma, Self-Harm, Attachment, Anxiety, Depression, Post Traumatic Stress Disorder, Trauma Informed Care and Disordered Eating.

As part of the community Mental Health transformation programme the Trust entered the fifth and final grant round in May 2025. The aim to provide accessible mental health and wellbeing support in local communities, delivered in a safe, youth friendly environment, with a primary focus on early intervention and prevention of mental health difficulties. Out of 29 total applications, 15 projects were awarded funding covering a diverse range of organisations and activities across North Staffordshire and Stoke-on-Trent, ranging from creative arts, boxing, and specialist bereavement support.

Service User feedback on CAMHS

"I wanted to say a huge thank you. You gave us the support we needed to stay strong at times when it felt horrendous for us all, and you reassured us that things could improve for the family if we continued our support and in implementing your advice> we will never forget that"

Older Adults Community Services

In 2025-26 our Memory services for older adults achieved the Memory Services National Accreditation, a quality improvement programme led by Royal College of Psychiatrists and focused on improving care for people undergoing assessment, diagnosis and treatment for dementia.

Our Deputy Clinical Director attended the Select Committee at Westminster evidencing National recognition for the virtual reality delirium training and also the virtual reality service walkthroughs.

The Memory Services have also developed a new outpatient model moving towards neighbourhoods, this ensures service users have maximum choice of location for appointments that is convenient to them and their needs. It also maximises on clinical effectiveness, allowing for additional appointments to be offered.

Service User feedback for
Memory Service

“Just want to say a huge thank you to you all for the great care you give to Mum and the excellent way you communicate with me, It makes such a huge difference to both of us. Love to you all”) came from, what was keeping them from working towards recovery and what we can do together to support their on-going journey.

During 2025-26 the service has reconfigured the operational structure, which ensures a more efficient and higher quality service for all those accessing Older Adult Teams.

The Care Home Liaison service have developed a new referral and triage system which offers a more effective access process ensuring timely and rapid response to those most urgently requiring support. This has been met favourably by those care homes accessing the service.

Adult Community Mental Health Services

The services have focused on embedding a newly introduced Standardised Assessment Framework (SAF) across all four Community Mental Health Teams (CMHTs). The framework allows for a consistent approach to assessment for Service Users across Stoke and North Staffordshire.

The services have improved their performance in the areas of Referral to Assessment, Referral to Treatment, Risk Assessment and Care Planning compliance demonstrating the Directorates dedication to improve services for the benefit of service users.

Service User
feedback
Greenfields

“In my time seeing Shaun for therapy CBT and EMDR I have been so satisfied with both therapies. I found Shaun to be a very efficient therapist, and he has helped me enormously. He has given me tools to take away with me so that I can carry on working on myself in the future. I would certainly recommend Shaun for both therapies. Shaun throughout has been supportive, consistent and patient”

The service has also implemented two new clinical pathways across all core teams and plan to imminently implement a third.

The Trauma Pathway – This is a clinical pathway focused on supporting people with a history of complex trauma. The pathway has core elements including Trauma Stabilisation Group and 1:1 trauma therapy, with additional opportunity for individualised interventions bespoke to the needs of the service user.

Anxiety and Depression Pathway – this is known as a ‘Non-Serious Mental Illness (SMI) Pathway focused on supporting individuals with Coping Skills and Emotional regulation. This goal-based pathway is designed to support people to better regulate their emotions to help them to be in better control of their own wellbeing.

Development of the SMI Pathway remains underway and will be mobilised in 2026.

Elements of the Pathway including Mood on Track (for Bipolar Affective Disorder). The medication elements of this pathway are already established across all four CMHTs.

The services have also received investment for additional training for Multi-Disciplinary Staff members to offer additional skills to deliver on all aspects of the pathways.

Other Adult Community Services

Throughout 2025 – 26 the Community Directorate have received investment to Grow the Step On services, allowing for more people with mental health difficulties to access support to find and maintain meaningful employment.

The Community Assessment Stabilisation and Treatment Team (CASTT) continues to support adults with severe personality difficulties and high-risk behaviours; acknowledging the vital care and support that carers offer and provide informal emotional support and practical help.

The Trust's Reconnect service offer has extended into an additional four prisons, demonstrating a dedication to growth and commitment to this service user group.

Service user feedback on CASTT

"You have made such a difference in my life, stopped me in my tracks at the point I needed to be stopped. I really feel like I have changed for the better, in all aspects of life"

Neurodevelopmental and Ageless Services

CYP ADHD service is now a functional stand-alone team and separate from CAMHS to allow for dedicated and bespoke focus for children with ADHD needs, the plans for 2026-27 is to further develop the service into an ageless Neurodevelopmental Service in line with NHSE aspirations.

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.

The Community Mental Health Rehab Team

This newly established 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 supports people returning to the locality from out-of-area inpatient units. The rehab team works seamlessly with the Complex Care Mental Health Team with a joint multi-disciplinary team approach which now includes specialist psychology input.

Hilda Johnson House

This service continues to provide safe, supported accommodation for adults with mental health needs. Our interventions are delivered in a variety of community-based settings, and are designed to promote wellbeing, independence, and recovery. The service supports adults to develop and maintain their independence and overall wellbeing, enabling them to live confidently within their own accommodation in the local community. (add service user feedback)

Summers View Rehabilitation Inpatient Service

Continues to be a CQC outstanding rated service. Summers View provides comprehensive and holistic assessment with a key aims to make effective use of partnership resources to identify the most appropriate accommodation solutions that meet each person's needs as they transition through their mental health recovery.

Throughout 2025-26 the service has continued to support timely and effective repatriation of individuals placed out of area; this supports the services long-term goal of developing local resources that prevent the need for service users to move away from their own community.

Forensic Liaison Partnership

This is newly funded service launched in April 2026; the service is designed to enhance the way patients from Stoke-on-Trent transition from secure forensic inpatient settings into community mental health services, ensuring that transfers are timely, well-coordinated, clinically appropriate and recovery focused.

Complex Care Team

Throughout 2025/26 the Complex Care Mental Health Team has repatriated 9 more people from out-of-area placements into local settings such as their own family home, supported accommodation and residential and nursing care.

Since the Trust took over management of the Complex Care Mental Health Team in April 2021, the caseload has reduced from 86 to 30 by the end of 2025/26 — a reduction of 65.1%. This has enabled more people to be supported in local, more appropriate, and least restrictive environments.

Inpatient Neuropsychiatry Service

This 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 behaviour. The service completes the pathway offer 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.

Specialist psychology services

Throughout 2025-26 the service has continued to manage a range of specialist psychology services to other healthcare providers. Providing 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, paediatric oncology, cystic fibrosis, diabetes and paediatric psychology.

Throughout 2025-26 the Physical health psychology service focused on rebranding and promoting their services to other health professionals to help ensure that all people with long term health conditions, pain and cancer who are eligible for psychological support are aware and referred into the service.

Assessment and Treatment Unit

This service is led by a Positive Behavioural Support (PBS) model of care and incorporates trauma-informed approaches to promote rehabilitation, emotional wellbeing, and the reduction of restrictive practices. The inpatient service works closely with the Intensive Support Team and Community Learning Disability Team to ensure a seamless transition and continuity of care.

CQC feedback on Assessment and Treatment Unit

The service underwent a CQC Mental Health Act Inspection in February 2026, the feedback was;

“All carers interviewed spoke positively about the ward and staff. They told us that their relatives had made good progress and continued to do so.”

“Care plans are patient centred and took account of patients’ views and preferences.”

“All the patients on the ward were treated as individuals and with respect”.

The CQC feedback recognised a proactive and dynamic approach to risk management, particularly in relation to a complex patient whose care has been guided using the HOPE(S) model. This work has supported a sustained reduction in restrictive practices and a structured pathway towards ending long-term segregation, with the CQC acknowledging that the restrictions in place were proportionate and clinically justified.

In addition, current inpatients and their families are actively engaged in the Cecilia Project, contributing to the review and development of the Community Treatment Review process, further demonstrating our commitment to co-production and person-centred care.

Community Learning Disability Team

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.

Primary Healthcare Facilitation and Acute Liaison Service

This service works closely with local mainstream and specialist health services to reduce the overall health inequalities experienced by people with learning disabilities. The 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 Keyworker Team

This is a newly implemented service which supports patients and their families by navigating their care from health, local authorities and the private sector for patients from the age 0-25 with learning disabilities and/ or people with autism who are at risk of placement breakdown or hospital admission.

**Feedback on
The Specialist Children's
Short Break Service**

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 service received an OFSTED Inspection in January 2026 and have successfully retained their OFSTED rating of ‘Good’.

The report offers the following feedback;

“Staff are welcoming and nurturing towards children, who receive individualised care from staff who understand their complex care needs and are familiar to them”

“Children respond to interactions with staff with excitement and affection. Staff communicate with children using their preferred method. This helps them to understand children's views, wishes and feelings and informs the care that children receive. Staff encouraged children to make decisions about things that are important to them. This ensures that children feel heard and are valued”

Children's Community Learning Disability Team

The multi-disciplinary team provides specialist assessment and treatment interventions to children with a diagnosed learning disability with associated complex health needs.

The Darwin Centre

The Darwin centre 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. In 2025 the service proudly opened their new multifunctional enhanced support suite, this is the first of its kind in the UK and was co-designed with the young people accessing the services. The 'Peace Pod' has been widely used by young people; its key benefits have been supporting self-regulation and de-escalation during periods of heightened distress, providing a calm, sensory informed environment that enhances emotional safety, reduces the use of restrictive interventions, and empowers young people to use personalised coping strategies co designed with them.

Children and Young People (CYP) Complex situations

In 2026, we launched a new team as part of the CYP Complex Situations Project. This team operates as a Multidisciplinary Team (MDT) supporting Children and Young People (CYP) with complex needs and challenging circumstances. It will focus on those experiencing significant mental health needs and high levels of psychological distress, including children and young people in care, across the Stoke and Staffordshire area.

Key features and desired outcomes of the team –

- MDT Pathway, A coordinated, trauma-informed care model integrating health, social care, and education services.
- Rapid Response Panel: A multi-agency panel convened within 48 hours of a crisis for swift intervention.
- Community-Based Stabilisation: Focus on supporting CYP at home or in local placements to avoid secure or out-of-area placements.
- Education Support: Collaboration with schools to prevent exclusions and maintain engagement.
- Transition Planning: A co-produced exit strategy to ensure sustained support and prevent re-entry into crisis care.

The Edward Myers Unit

This Inpatient unit continues to offer hospital-based drug and alcohol detox and treatment. The unit accepts local and national referrals, often the most complex, 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)

Throughout 2025 – 26 the team have continued 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

The 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.

Acute and Urgent Care

The directorates' key focus throughout 2025/26 has remained focused on delivering successful improvement after attaining an 'outstanding' CQC rating.

Acute Inpatient Wards

The Psychiatric Intensive Care Unit (PICU)

This is a specialised, high-specification service providing intensive nursing support for working-age adults (18–65), both male and female, who are experiencing an acute phase of their illness.

The team delivers care using a trauma informed model, ensuring that each patient is treated individually and receive high quality, intensive nursing support. 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 supported the introduction of a less intrusive zonal observation approach.

Service user feedback on PICU

"I had a good time here. Your staff are so kind and have the patience of saints you have a lovely team of help."

"I get treated right. Didn't have to wait very long to see the consultant."

The positive culture within the unit is further strengthened by the ongoing use of the psychological Reinforce, Appropriate, Implode Disruptive (RAID) approach, which has been pivotal in supporting recovery for some of our most acutely unwell patients.

This approach, combined with sustained psychological input, has made a significant contribution to creating a safer and more therapeutic environment that promotes both recovery and overall well-being.

Ward 1

Ward 1 is a mixed-gender acute admissions ward supporting patients aged 18 to 65 and specialising in the treatment of individuals with complex mental health needs. The ward remains focused on delivering high quality, compassionate care that promotes independence and recovery for people experiencing mental health challenges.

As a multi-disciplinary team, Ward 1 uses an evidence-based approach, adopting a holistic view of each patient's needs to guide treatment and support. Alongside nursing and medical care, the psychology team plays a significant role in the care model, offering therapeutic interventions tailored to each patient's psychological needs.

Throughout 2025- 26 Ward 1 has maintained a dedicated focus on ensuring sexual safety and have actively participated in the Sexual Safety Collaborative led by the Royal College of Psychiatrists (RCP). The ward has also worked closely with the Trust's diversity and inclusion leads to ensure that care for non-binary and transgender patients is inclusive, sensitive, and tailored to their individual needs.

Service User feedback on Ward 1

"I was well understood."

"You help me to recover thanks very much."

"The staff are good people you just have to work with them."

"Whilst being ill the nurses helped me a lot including applying for benefits for me. thank you."

Ward 2

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 centred care, Ward 2 places patients at the centre of everything they do, offering tailored and intuitive interventions that focus on everyone’s unique needs and aspirations

Throughout 2025-26 patients accessing Ward 2 have benefitted from a ward based personal trainer, who delivers exercise and wellbeing initiatives designed to enhance both physical and mental health.

The ward operates within a multi-disciplinary team (MDT) model, ensuring a collaborative and holistic approach to care and treatment. The psychology team plays a vital role within the MDT, providing psychological assessments, therapeutic interventions, and guidance in supporting patients through their mental health challenges.

Service User feedback on Ward 2

"Informative helpful staff doing their best to make my dad comfortable in a stressful environment."

"How well the staff deal with my partner and his mental health."

"Solely due to all the amazing staff members, who do a truly diligent job, with great compassion and care."

"Whilst being ill the nurses helped me a lot including applying for benefits for me. thank you."

Ward 3

Ward 3 is a dedicated female acute ward within the Acute and Urgent Care Directorate, providing compassionate, person centred care for women aged 18 to 65 who are experiencing a broad range of mental health challenges.

The ward is committed to delivering high quality care that not only addresses patients’ immediate mental health needs but also supports their wider wellbeing during times of crisis.

In addition to core mental health interventions, Ward 3 offers access to bespoke women’s health programmes, including tailored support around menopause, recognising the significant impact that hormonal and physiological changes can have on mental health and overall wellbeing.

Service user feedback on Ward 3

"The support from staff was amazing."

"Everything brilliant ☺kind caring staff, very clean, excellent food and choice, big THANKYOU to everyone on ward 3."

"They supported me when I became unwell with my Mental Health and arranged for assessments and support. I had lots of assessments and joined a few groups. Most of the staff were kind and supportive."

"All staff have been caring and supportive during my admission. Activity workers Lewis and Sarah in particular have been crucial to my recovery by enabling me to go to the gym and have that dedicated support for activities. Angela has also been so lovely and kind and always found time for a chat."

Ward 3 has adopted an evidence based self-injury reduction protocol, supported by 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 brings together a range of services such as psychiatry, psychology, nursing, financial advice, housing support, exercise programmes, and occupational and diversional therapy.

Older Persons Inpatient Wards

Ward 4

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 that best meets the patient's needs. The service supports timely discharge from Royal Stoke University Hospital and admission or transfer avoidance via emergency portals. It operates a multi disciplinary team model with involvement from the mental health liaison team, health and social care, and independent agencies, with other services included as required based on individual needs.

Ward 4 prides itself on its close working relationships with families and carers, ensuring they are kept informed and involved from admission through to discharge. The ward continues to adapt to ensure it offers the same excellent level of care and experience to its patients and their relatives. During 2025-26 the team have reinstated the family group, which provides valuable support for families whose relatives have been admitted to Ward 4.

The team have also improved their activity schedule which is more structured and embedded into the daily routine of the ward. This enhanced programme offers meaningful, therapeutic, and engaging activities tailored to individual capabilities. It has been instrumental in promoting patient recovery, supporting cognitive stimulation, improving mood and confidence, and increasing social interaction across the ward. In addition, 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 initiative focuses on enhancing wellbeing, boosting morale, and improving social engagement.

Service user feedback on Ward 4

To all the staff on Ward 4, just a little thank you for the wonderful care Jean has received whilst staying with you on Ward 4. The family have seen a big change in Jean since being admitted and we feel it is down to the care and attention from all the staff on Ward 4."

"Following her admission to Royal Stoke, my mum was transferred to Ward 4. The ward itself offers a safe, welcoming environment and an impressive range of activities. Yet it is the people who make the real difference. The staff care not only for patients, but also for relatives, who may be struggling to cope with difficult circumstances and changes in their loved ones. As a frequent visitor, I saw first-hand that Ward 4 is a challenging clinical environment requiring immense skill, patience, creativity, and empathy. The team consistently delivers all of these and more. Their ability to work together seamlessly allows them to manage highly complex needs—calmly de-escalating difficult situations with compassion and respect. During what has been one of the most difficult times in my life, knowing my mum was in safe, skilled, and in caring hands was an enormous comfort. The Ward 4 team are not only experts in their field—they are role models for what healthcare should be. Their dedication, humanity, and genuine compassion improve lives every single day, even in the most challenging circumstances. I will be forever grateful for the care they provided to my mum and to me"

Ward 6

Ward 6 is a 15 bedded, mixed inpatient ward for patients with a diagnosis of dementia and associated complex health needs. It provides outstanding care through a person centred, individualised approach. The ward's aim is to make a positive difference to the lives of patients, supporting them to live well with dementia and, where possible, return home, or assisting them and their carers in identifying the most appropriate 24 hour care setting for their ongoing needs.

Over the last 12 months, Ward 6 has continued to implement innovative practices that enhance patient safety and wellbeing. These include:

- The purple wristband initiative – a clear way of identifying patients with a 'Respect' form in place, ensuring that important decisions are upheld appropriately in specific situations.
- Yellow socks – an initiative to easily identify patients at risk of falls
- Sunflower initiative – introduced for patients who wear dentures. A sunflower picture is placed on the wall in their bedroom to alert staff to check bedding and clothing for misplaced dentures, significantly reducing the risk of loss.
- Patient wellbeing initiative – the clinical team is exploring a variety of therapeutic activities, including recent autism informed engagement approaches, all designed to be inclusive and respectful of individual needs.
- Veterans support initiative – the team is raising awareness among families and patients about how support and intervention plans take past trauma into account. This informs nursing and psychological approaches, increasing staff awareness and enhancing their ability to support patients in their recovery. The carer support group has been instrumental in working alongside families to develop and strengthen this initiative

Service user feedback on Ward 6

"The team works hard to include family, friends, carers on the ward. Using their own time too, to ensure success of events on the ward. It's good to enjoy making more happy memories with my husband."

"The facial was so lovely and relaxing and so nice to chat with the therapist which was very therapeutic"

"Our Aunty arrival at Ward 6 was a bit sudden and we were all saddened that she'd had to leave home but all the staff on Ward 6 helped her settle so quickly and it was a huge reassurance to us. Thank you."

"Nothing but positives to say about Ward 6."

Ward 6 also offers a dedicated health and beauty experience through its own on ward salon. This space provides patients with opportunities for pampering and relaxation in a calm, familiar environment that supports dignity and wellbeing. Staff delivering these services have received suitable training to ensure treatments are safe, personalised, and appropriate for individuals living with dementia and complex health needs. The salon has become a valued feature of the ward, helping to enhance confidence, promote positive self-esteem, reduce anxiety, and increase social engagement among patients

Ward 7

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 receive a comprehensive needs assessment conducted by a multi disciplinary team, ensuring a holistic and person centred approach to recovery.

Both inpatient and community teams work closely together to facilitate safe and timely discharges back into the community.

The carer support worker continues to provide dedicated support to carers, following the triangulation of care ethos. This approach emphasises equal partnership among carers, service users, and professionals to promote safety, aid recovery, and maintain wellbeing. Innovative multi-disciplinary team (MDT) working continues to be a strength within Ward 7, with MDT Screen One enabling the remote attendance of external professionals in ward rounds and reviews.

Ward 7 works in close collaboration with the Outreach Team to identify patients suitable for early facilitated discharge into the community. Throughout 2025-26 Staff from the ward, including healthcare support workers and nurses have spent time shadowing the Outreach Team to gain a better understanding of their services, and Outreach staff have done the same in return. This shared learning has significantly reduced readmissions by helping patients make more 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. Its aim is to identify new ways of working that enhance team efficiency and ultimately improve the overall patient experience and journey.

Service user feedback on
Ward 7

"Mum and family wish to thank all day and night staff for all their kindness and support with Mum throughout her stay at Harplands. We would like to thank Andrea especially for brightening up Mums stay with your cheerful attitude and caring nature".
"I don't know how the world would manage without the lovely staff on ward 7".

"Ward 7 has given me my life back. thank you".
"Never known staff always very happy and caring, lovely ward to visit my lovely wife"

Ward 7 continues to receive consistently positive feedback from patients and carers. Recently, two patients shared their experiences through the Outreach Team, highlighting the strong and effective collaboration between Outreach and the Ward 7 team, which have been captured in a Patient Story video.

Electroconvulsive Therapy (ECT) Department

The Electroconvulsive Therapy (ECT) Department is staffed by a small team of specialist doctors and nurses, delivering both inpatient and outpatient services twice a week. The team also provides support to medical and nursing students, who frequently offer positive feedback on their learning experience.

The service has a high success rate in treating severe depression, mania, and catatonia. A typical course of ECT may include up to 12 treatments, allowing the team to build positive therapeutic relationships with patients and their families. This is consistently reflected in the excellent feedback received throughout treatment and upon completion.

Service user feedback on ECT

- " "Friendly, helpful staff. Clean hospital. "
- "The nurses are all very kind and patient. "
- "Lovely staff so so nice."
- "Staff friendly and helpful. very caring and considerate.")

The team works closely with referring services to ensure a smooth referral and review process, promoting continuity of care at every stage of the patient’s recovery.

The ECT clinic is accredited by the Electroconvulsive Therapy Accreditation Service (ECTAS) every three years, ensuring that high standards of care are maintained and continuously improved. 7 s a functional unit for elderly patients over the age of 65. The war

Urgent and Emergency Mental Health Care

Crisis Care Centre

The Crisis Care Centre, based at Harplands Hospital offers an all-age single point of access to mental health services and providing an immediate response for individuals experiencing a mental health crisis, either by telephone or in person. This ensures that people are signposted to the most appropriate pathway to meet their needs.

The Crisis Resolution Home Treatment Team (CRHTT) is a multi-disciplinary team of mental health professionals providing a 24 hour, seven day 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 individuals experiencing an episode of acute mental health crisis. The team also supports earlier discharge from inpatient care and undertakes gatekeeping for acute hospital admissions, ensuring that all admissions are appropriate and that, where possible, admission is avoided.

Service user feedback on Crisis Resolution Home Treatment Team

- "I just wanted to say a big thank you for all of the help that I have received over the past few weeks. I am slowly getting back to my life and attending counselling. The work that you all do is amazing and I am so grateful. "
- "My Clinician was excellent and actually made me aware of an issue that I had not previously thought of which was fundamental in my moving forward."

During 2024/25, the NHS 111 Mental Health option was introduced within the team, offering a 24/7 route for individuals of any age to seek help. This service can be used by someone experiencing a mental health crisis themselves, or by someone concerned about another person. As part of the ongoing improvements in the accessibility of crisis services, the team have introduced the 24/7 Text services during 2025-26 which is now well embedded within the service.

An interim review completed in 2025 saw CRHTT successfully maintain its accreditation with the Royal College of Psychiatrists Quality network for Crisis resolution and Home Treatment.

In response to feedback from patients and carers, improvements have been made to the reception area within the Crisis Care Centre, with new artwork and the installation of acoustic tiles to reduce noise transmission between rooms, helping to create a calmer and more therapeutic environment.

The Support Time and Recovery (STR) Crisis Café Team Care Centre

This team continues to provide an alternative crisis pathway designed to offer low level support and practical interventions to service users experiencing a self-defined crisis. The team plays a crucial role in offering early help and preventing escalation, ensuring individuals have access to timely emotional support, practical guidance, and a safe, non clinical environment in which to talk through their difficulties.

Alongside offering immediate crisis response, the team also holds an active caseload, enabling them to provide ongoing short term support to people who may require additional follow up, monitoring, or signposting to other relevant services.

In addition to their core role, the STR Crisis Café Team contributes significantly to the Communities Together Lounges initiative. These lounges operate within community-based venues rather than traditional healthcare premises, helping to reduce stigma and encourage individuals to seek support in a more familiar and accessible setting.

Within the Community Lounges, people receive help with a variety of social and practical difficulties, including food availability, debt management, housing issues, mental health concerns, and other social adversities that may be contributing to their crisis.

By offering early intervention, compassionate guidance, and partnership based support, the STR Crisis Café Team and the Communities Together Lounges work collaboratively to prevent deterioration, promote resilience, and help individuals feel supported, connected, and empowered within their local communities.

The High Volume Users (HVV) Team

The High-Volume Users (HVV) Team works holistically with service users who frequently attend accident and emergency (A&E). The primary goal of the team is to identify the reasons behind repeated A&E attendances and to reduce or prevent avoidable presentations by supporting service users to engage with the most appropriate primary care and community services.

Service user feedback on the High Volume Users Team

If the team were medicine, everyone would be well. "

"Can't fault at all, they have been brilliant so thank you".

"Very pleased with the help"

Throughout 2025/26, the team further developed and expanded its existing role, continuing to work closely with A&E and the University Hospitals of North Midlands (UHNM) wards to strengthen discharge planning processes. This has included ongoing community-based support for service users following discharge, helping to minimise reattendance and/or readmission. These practices are now fully embedded into day-to-day operations and continue to demonstrate positive impact.

As a result of their consistent in-reach work, the team has effectively strengthened the link between acute hospital services and community-based support. This enhanced continuity of care has contributed to improved outcomes for service users, ensuring that their needs are met across both clinical and social domains.

The HVU Team continues to support service users in reducing avoidable attendances, and they have received excellent feedback from those they work with. Service users regularly highlight the compassion, responsiveness, and effectiveness of the support offered.

The Mental Health Liaison Team (MHLT)

This is part of the crisis care service line and aims to provide a timely, comprehensive, and multidisciplinary assessment service to people presenting with urgent mental health problems within the emergency portals and inpatient settings at the acute hospitals operated by the University Hospitals of North Midlands NHS Trust (UHNM).

In addition to delivering direct clinical assessment, the team aims to increase the detection, recognition, and early treatment of impaired mental wellbeing and mental disorder.

A core objective of the service is to work collaboratively with the acute trust to develop joint care pathways for patients with mental illness. These shared pathways support a consistent, integrated approach across services and help ensure that individuals receive coordinated care regardless of the setting in which they first present.

Throughout the year, the team has faced increased challenges due to a significant increase in referrals across all age ranges. This rise in activity has been further compounded by the introduction of a new way of working in line with the updated National Institute for Health and Care Excellence (NICE) guidelines relating to self-harm presentations. Implementing these new guidelines has required extensive adaptation and enhanced clinical responsiveness, with the team continuing to deliver high quality and timely assessments despite increased demand.

The team has achieved Psychiatric Liaison Accreditation Network (PLAN) accreditation through the Royal College of Psychiatrists. This accreditation confirms that the team is meeting recognised standards for delivering safe, effective, and sustainable patient care, in line with other accredited services across England and Wales.

Service user feedback on the Mental Health Liaison Team

" Very friendly service. Also extremely friendly understand conversations were taken into account.. "

"Very caring and I got to speak freely and they were understanding"

"Well informed throughout the process, good communication, easy to understand"

"Staff member did everything she could for me, full of praise"

"Caring and understanding, actually got us the help we needed, sincerely thank you"

"More support than expected, lovely, helpful people, thank you"

Carer feedback

"A heartfelt thank you for looking after us in our most difficult time! How you were with *****, we'll never forget. "

"You supported my dad in AED when he was referred to MHLT. The nurse assessing him was compassionate and kind towards my father and your input really put him at ease'

The team has continued to maintain the 'attend to assess' approach, which has significantly strengthened the relationship between MHLT and UHNM. This model has enabled patients to be seen within one hour in A&E, within four hours in emergency portals, and within 24 hours on the wards. This timely response supports patient flow across the system and ensures individuals receive prompt assessment and appropriate care planning.

Primary Care Services

The directorate has continued to develop primary care physical and mental health services, working in partnership across teams, including integrated general practice teams, talking therapies, primary care networks (PCNs), Serious Mental Illness (SMI) Physical Health Check Team and Additional Roles Reimbursement Scheme (ARRS) mental health teams, supporting integrated and community-based care. Following the integration of Keele Practice, the directorate has worked with Keele University to review the physical and primary care mental health offer available to students, promoting groups such as Managing Your Own Wellbeing facilitated by the ARRS mental health team and promoting general practice services across the campus. In partnership with Keele University, improvements have been made to the practice building and surrounding areas. The directorate has continued to develop cross site functionality to maximise quality and consistent service provision across different directorate teams.

The General Practice Service Team

This team provides a responsive approach, monitoring access and patient satisfaction. The practices have continued to develop a digital offer for patients to reduce telephone demand and provide a convenient alternative, whilst ensuring that patients care is safely and appropriately navigated. Patches® software has become embedded into the general practice service offer and in preparation for national changes to provide an "all day" online consultation service.

The Holmcroft General Practice Team

This team was inspected by the Care Quality Commission in October 2024, which was the first inspection since the integration of the practice. Holmcroft received an overall rating of "good" with "good" achieved in all domains.

Working with our voluntary sector partner

The Primary Care service has continued to work with voluntary partners and Beat the Cold initiative. Moorcroft Team reached out to 81 people from identified patient groups during the December to February period to provide support and energy advice. As part of the Keep Warm Keep Well project, 36 patients were referred for a heating grant and 32 referrals for water tariff support and an approximate £17,000 in tariff support savings. The Trust achieving highly commended for Driving Change Through Data and Analytics award as part of the Keep Warm Keep Well project.

The ARRS mental health team

This team have continued to work closely with their respective PCNs, developing networking opportunities and working with local practices in partnership, rolling out the Managing Your Own Wellbeing groups across Stoke on Trent and North Staffordshire. The ARRS mental health team have attended a number of PCN and community events to promote primary care mental health and the services available. This included a men's event at Newcastle South PCN where men's physical and mental health were promoted and was well received by the local population.

The ARRS Mental Health Team continue to develop the children and young people's service, 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.

North Staffordshire and Stoke-on-Trent NHS Talking Therapies Team

This 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. The team lead and support on a number of projects to promote Talking Therapies services and the support available, including long term condition management, menopause, university students, men’s health, equality, diversion and inclusion.

As part of the Talking Therapies team, the Ascend Recovery Service has been established in partnership with MPFT, to provide evidence-based, psychological treatment and support to anyone aged 16+ who might be experiencing trauma symptoms because of sexual assault or abuse.

What the Care Quality Commission said about the Trust

The Trust continues to maintain its overall Outstanding rating from the Care Quality Commission (CQC), held since 2019, reflecting our sustained commitment to safe, effective and compassionate care. The Trust remains fully compliant with all CQC registration requirements under the Health and Social Care Act 2008, with no enforcement action taken during 2025/26 and no conditions placed on its registration. We remain one of the few mental health providers nationally to retain an Outstanding rating for both Caring and Responsive services.



North Staffordshire Combined Healthcare NHS Trust

Last rated
1 June 2020

Overall rating

Inadequate

Requires improvement

Good

Outstanding

Are services

Safe?

Good

Effective?

Good

Caring?

Outstanding

Responsive?

Outstanding

Well-led?

Good

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at <https://www.cqc.org.uk/provider/RLV>. We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail enquiries@ccq.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

PRIMARY CARE SERVICES

	Safe	Effective	Caring	Responsive	Well-led	Overall
Moorcroft Medical Centre & Moss Green Surgery	Good	Good	Good	Good	Outstanding	Good
Holmcroft Surgery	Good	Good	Good	Good	Good	Good
Keele Practice	Good	Good	Good	Good	Good	Good

In February 2025, the CQC undertook a comprehensive inspection of Holmcroft Surgery, with the final report published in May 2025. The service was awarded a ‘Good’ rating across all domains, with no regulatory breaches identified.

Further focused inspections were undertaken in May 2025 as part of the national mental health inspection programme, reviewing the Trust’s Mental Health Crisis Services and Health-Based Places of Safety. The report, published in August 2025, gave an overall rating of Good, highlighting exemplary staff compassion, strong safeguarding practice, and positive patient involvement. Opportunities for improvement were identified in the consistency and quality of care planning, reflected in the Effective domain rating down from Good to Requires Improvement.

In addition, the CQC undertook unannounced Mental Health Act monitoring visits to Ward 2, Ward 5 and Ward 3. The Trust continues to strengthen its quality and assurance processes in response to the findings, ensuring that learning is shared and improvements are embedded consistently across all inpatient areas. Ongoing Mental Health Act audits are completed to monitor adherence, provide assurance of compliance, and support continuous improvement.



North Staffordshire Combined Healthcare NHS Trust

Last rated
1 June 2020

Overall rating

Inadequate

Requires improvement

Good

Outstanding

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

Building capacity and capability

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

- We now 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.
- Frieza Mahmood was appointed as Chief People Officer from June 2025

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.


North Staffordshire
Combined Healthcare
NHS Trust

North Staffordshire Combined Healthcare NHS Trust Board Briefing – March 2026 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.

Service User Story

This month's Service User Story featured Richard's story, which was shown only during Board proceedings at Richard's request.

REACH Recognition Team Award

This month's REACH Recognition Team Award was presented to the Mental Health Law 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 wanted to draw the Committee's attention to our continuing support for veterans and high performance in the PLACE assessment (Patient Led Assessments of the Care Environment).

There was particular interest from the Board in how the trust is ensuring equality in access and delivery of its services. There was also a welcome from the Board to the investments made through the community mental health transformation programme and for the message of support for any staff affected by the recent events in the Middle East. You can watch the recording of the CEO Report [at this link](#).

Chair's Report

The Chair's report to the Board is available [at this link](#). Janet wanted to thank everyone involved with the successful conclusion of Project Chrysalis, which had been an excellent example of great partnership working between the contractor, Interclass and the Trust. Janet had enjoyed her Board to Ward visits, in particular a visit to the Parent and Baby Unit.

You can watch the recording of the Chair's report [at this link](#).

Questions from Members of the Public

There were no questions from members of the public. N.B. Anyone can submit a question for consideration and discussion at the Board via the [Ask The Board facility](#) on the Trust website.



Terrorism (Protection of Premises) Act 2025 ("Martyn's Law") - appointment of Designated Senior Individual (DSI) and Implementation plan

Ben Richards, Chief Operating Officer, presented the report. The Board noted this was still work in progress and approved the appointment of Ben Richards, Chief Operating Officer as the Trust's Designated Senior Individual under the Terrorism (Protection of Premises) Act 2025, complimenting his role as the Trust's designated Accountable Emergency Officer.

There was an extended discussion and assurance was received about the nature of the role and how the associated processes and procedures dovetail with existing policies and practice at the Trust.

The Board also approved the delegation from Trust Board to Quality Committee to endorse board compliance ahead of full implementation and to provide the assurance route for the Trust. The full report is available in the [Trust Board bundle](#).

Board Assurance Framework Quarter 3

Nicola Griffiths, Deputy Director of Governance/Board Secretary, presented the report.

In line with an audit recommendation and following a facilitated Board development session with MIAA in August 2025, a risk appetite tolerance upper and lower levels has been added to the dashboard for each risk linked to the tagged risk

The risk tolerance range has been included which is based on the risk appetite level within each individual risk graph and a proposed risk appetite statement produced which is showing on the risk dashboard.

There was a particular discussion about how the Trust is addressing risks around sickness absence, with a recognition that action is being taken in this regard, notwithstanding the effects of external factors outside the control of the organisation.

The full report is available in the [Trust Board bundle](#).

Listening to our people

Being open raising concerns and Freedom to Speak Up

At Combined, we strive to create an open and inclusive culture for our workforce. Our people are our most valuable resource, so providing safe spaces for them to have their voices heard is critical for supporting their wellbeing, which ultimately leads to better patient care. It is essential therefore, that we ensure any concerns or issues raised by our people, are heard, taken seriously, investigated and supported with actions.

Our primary focus will always be to encourage our people to raise any issues or concerns within their immediate management team or with the patient safety team if it is safety related, but we recognise that in some cases, speaking up using this approach may feel uncomfortable.

We therefore take pride in providing our people with alternative options to be able to share their voice or to raise a concern, using our well-established routes, to ensure people do feel heard, with their concerns explored and supported.

Our alternative speaking up routes available for our people to use freely are:

- Dear Buki
- Freedom To speak Up (FTSU)

The Trust also provides a more formal process, should this be needed, through our Resolution of Grievance and Dispute Process.

The aim of these routes is to provide our people with spaces to help them feel safe to share any issues that impact on the safety or wellbeing of themselves, patients, or others, when staff are exposed to a negative working experience. Our raising concerns routes are promoted through our Trust intranet, with additional and alternative routes for people’s voices to be heard, promoted on our Freedom To Speak Up pages.

Each year, the Trust Board is provided with an 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.

Our Peoples Voices - Annual Activity 2025/26

Every concern, communication received or issue is heard and taken seriously before it is reviewed and categorised into themes. These themes help to provide us with consistency to identify any potential patterns arising as well as invaluable insight to support any further developmental actions that may be needed.

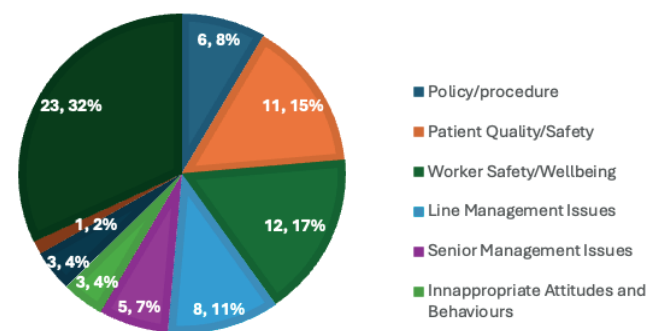
Dear Buki Communications

Dear Buki is an anonymous option for our people to use, through a secure website that enables our people to share their voice about any issue, concern or query they may have about quality, safety, or any other related issue in our Trust. Although this option is anonymous, it can sometimes be difficult to review some of the communications received, without further detail. The website does therefore encourage users to leave their contact email address or contact number, if they feel safe to do so, to enable us to liaise directly if necessary, with an individual, to support cases with more detail.

This year the Trust received a total of 72 Dear Buki communications. An overview of the themes from the issues raised through Dear Buki are provided here.

To ensure Combined continues to support its open and transparent culture, all non-identifiable Dear Buki communications are accessible to our people through the Trust intranet and any person identifiable communications are responded direct to the originator.

DEAR BUKI - ANNUAL ACTIVITY 2025/26



Freedom To Speak Up (FTSU) Concerns

FTSU aims to work alongside senior leaders and local leadership teams to support a more open and transparent place of work and approach with communication and behaviours, where colleagues are actively encouraged, enabled, and supported to speak up freely and safely, while feeling heard and supported.

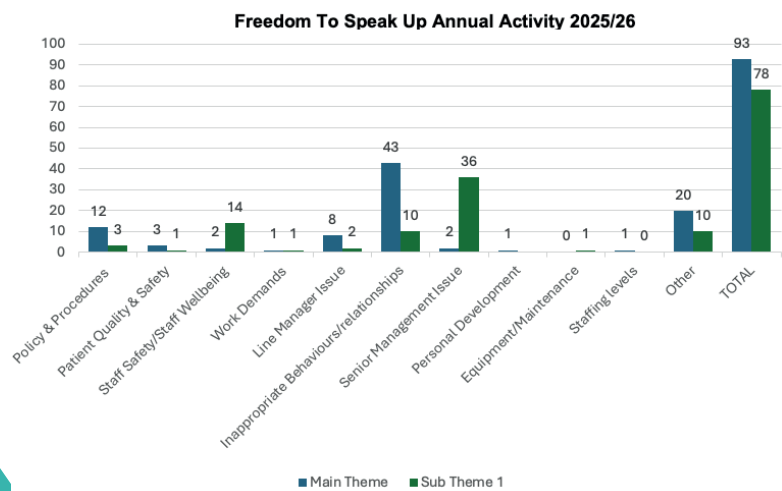
Any FTSU activity remains confidential between the individual raising the concern and the FTSU Guardian, apart from a FTSU champion, if an individual chooses to reach out to a champion for any initial engagement.

Any action to support an individual who has raised a concern will be supported by the Trust's FTSU Guardian, with actions agreed and progressed by the Guardian on behalf of the individual.

Our people have the option to raise a concern in a number of ways through FTSU:

- Openly
- Confidentially
- Anonymously

This year the Trust received 93 FTSU concerns. The figure below shows the themes arising through our people using this route.



Outcomes of FTSU Concerns Raised

Concerns raised through FTSU are escalated and supported using different approaches, depending on their content and sensitivity. The table below shares the position to date or outcome for each concern raised during 2025/26:

Concern Position / Outcomes	Number
Number of concerns supported and closed at local senior management level	79 concerns
Number of concerns open and still in progress	14 concerns

Resolution of Grievance and Disputes

During 2025/26 the Trust received 12 grievance cases.

New grievance cases were received from the following directorates:

- Corporate Directorate: 1 grievance
- Acute and Urgent Care Directorate: 5 grievances
- Specialist Directorate: 1 grievance
- Community Directorate: 5 grievances

The NHS Staff Survey

The National NHS Staff Survey results for 2025 showed that we continue to maintain high levels of performance and engagement through our survey results. Overall, 65.4% of our people shared their feedback and experiences with us, by responding to the survey in Autumn 2025. This was 1.4% higher than the feedback we received during 2024 and 9.4% higher than the average for our comparator group. This is particularly great news for our Trust due to the reported positive upward trend contrast with the national average, which has declined and the reported overall decline in other mental health organisations, making this response rate notable.

We will however still not be complacent. We very much want to hear from as many of our people as we possibly can, so we will be looking at Trust areas where responses were lower than most in our Trust and we will be working with teams to encourage positive change to be effectively and regularly communicated to the whole team throughout the year, sharing how their feedback has influenced such change. As well as this, we will be thinking over the coming year about how we can encourage even more people to share their experiences with us through this metric, to improve our participation rate further.

We are delighted that our overall results for all of the NHS People Promise's and the Themes are higher than the average for our

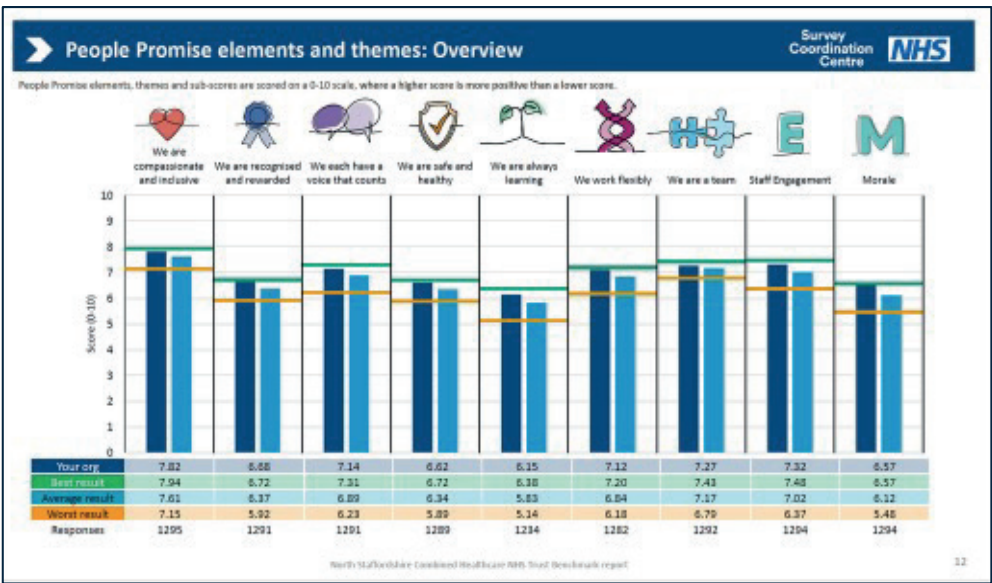
comparator group, with two People Promises showing an improved score when compared to our 2024 scores and the remaining promises and theme maintaining their score from last year. This gives us a clear indication that there is much we continue to do well.

After another really challenging year for the NHS, we have seen an increase in our scores for 'we are recognised and rewarded', 'we are a team' and 'staff morale' since 2024.

There was also a positive improvement in the number of colleagues reporting they would recommend our Trust as a place to work and that they are unlikely to be leaving the Trust or looking for alternative employment in the next 12 months. Our people also shared they would be happy with the standard of care provided by us if a friend or relative needed treatment and they recognise that our Trust takes positive action to support their health and well-being. Our most improved areas showed a reduction in the number of staff working additional unpaid hours over and above their contracted hours, a reduction on the number of staff coming to work when feeling unwell and a reduction in the number of people experiencing work related stress.

We also recognise from the feedback received, that we need to further support reasonable adjustments for our people to be able to carry out their work, review our safety management to ensure that errors or incidents are not repeated and ensure our colleagues are able to access clinical supervisions and the right learning to continue to develop their career.

We have heard this feedback and will take positive actions of support. We will continue to progress actions that we began during 2024 to help to further develop those areas which included leadership, team working, inclusion and belonging and health and wellbeing and we have heard the feedback from our peoples voices from this year's survey and we will support areas that have been reported that are not so good such as: Workload and wellbeing, Discrimination by ethnicity, sexual orientation and religion, Career progression opportunities, personal development, effectiveness of appraisals and Safety and Incident management.



Promoting and celebrating quality

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 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

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.

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 centred 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 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



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.

2026 was our third year hosting our stakeholder, service user and carer event, and it has truly gone from strength to strength. This is down to sheer commitment and dedication from our staff, service users and stakeholder organisations, and we would like to extend a huge thank you to everyone for showing up and participating in this engagement event.

The power, energy, and ‘can-do’ attitude in the room were both heart-warming and encouraging, highlighting the strength of what we offer to our community members with mental health, learning disability and neurodiverse needs.

Many of the attendees commented on the momentum we have built together, and we are keen to keep this moving forward. We are committed to exploring how we can sustain these partnerships and make the most of the unique assets, experiences, and resources that everyone brings.

Our ambition is to work in genuine partnership—helping to reach communities that may currently feel out of reach, and collaborating in ways that are meaningful, balanced, and mutually beneficial for everyone involved in delivering or receiving services.



You can watch a highlight film from the day by [clicking here](#).

REACH Awards 2025

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 2025 awards on 13 November 2025 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/QqxePjUwdbY?feature=share>

We were delighted to be presenting REACH in partnership with our main event sponsor, Dedalus.

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

- Browne Jacobson
- Interclass
- LEDsynergy
- 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: Sarah Lawton, Ward 6
- Highly Commended: Children's Community Learning Disability Team

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: Dr Jason Lines, Mental Health Liaison Team
- Highly Commended: Dr Hannah Cowan, Older People's Community Mental Health

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: Charis Hancock, Mental Health Liaison Team
- Highly Commended: Ella Baddeley, Mental Health Nursing

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: Michele Nicholson, Peer Support
- Highly Commended: Justyna Novak-Rowcliffe, Peer Support

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: Additional Roles Reimbursement Scheme (ARRS) Mental Health Team, Hanley, Bucknall and Bentilee Primary Care Network (PCN)
- Highly Commended: Stoke-on-Trent Youth Collective

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: Dr Bethan Brace, Greenfields Adult Community Mental Health Team
- Highly Commended: Lisa Nagington, Quality Improvement

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: Children's Community Learning Disability Team
- Highly Commended: Enhanced Support Suite Project 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: Boluwatife Adeoye, Organisational Development
- Highly Commended: Molly Mansfield, Communications Team

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: Jaime Lowe, Neuropsychiatry
- Highly Commended: Parent Engagement Group in Stoke (PEGiS)

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: Substance Misuse Inpatients Team
- Highly Commended: CAMHS Eating Disorders Team

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: Dave Norcup, Performance and Business
- Highly Commended (joint winners): Julie Chapman, Mental Health Liaison Team and Jenny Reynolds, Discharge Pathway Lead Management

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: Dr Jason Lines, Mental Health Liaison Team

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-2025.



Part two – Priorities for improvement and statements of assurance

Our progress against strategic priorities

During 2025/26, North Staffordshire Combined Healthcare NHS Trust continued to make strong progress against its three strategic priorities: Prevention, Access, and Growth. This year has been shaped significantly by national change, including the NHS Medium Term Planning Framework and the emerging NHS 10 Year Health Plan, which together emphasise a future NHS built on prevention, neighbourhood models of care, digital innovation and improved productivity.

Against this backdrop, the Trust sustained delivery of high quality, compassionate and personalised care, while also preparing for the substantial transformation required over the coming years.

We continued to respond to rising demand across crisis care, children and young people's services and neurodevelopmental pathways, and worked closely with system partners to improve access, reduce variation and support earlier intervention.



A Transitional Year of Delivery and Preparation

- A major focus of 2025/26 has been the development and submission to NHS England of our three year Medium Term Plan and accompanying five year Integrated Delivery Plan. This plan sets out how the Trust will transition towards delivery models aligned with national policy direction, including:
- Neighbourhood health and integrated multi-disciplinary teams, enabling care closer to home and earlier intervention.
- Prevention focused models across the life course, with expansion of early intervention, school based prevention, and population health approaches.

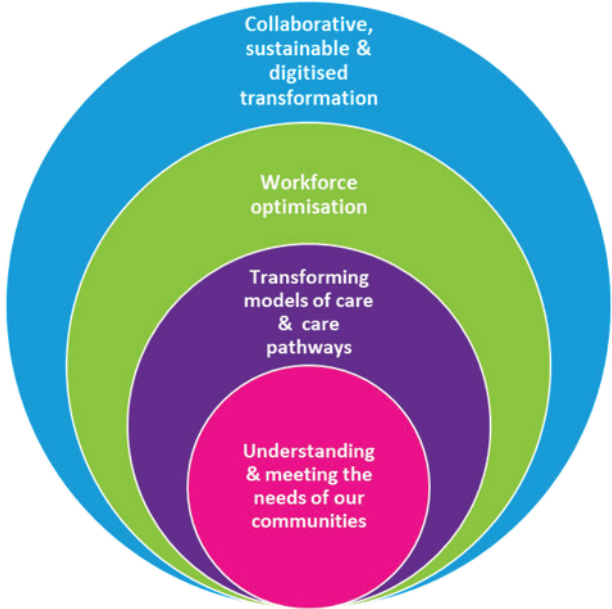
The development of Neighbourhood Mental Health Centres and Mental Health Emergency Departments, delivered through strong system partnership.

- A substantial step forward in the analogue to digital transition, including the upgrade of our Electronic Patient Record to ORBIS U and improved digital access for patients through our patient engagement portal PatientAide.
- Ensuring sustainable, high quality and productive services through new workforce, estates and digital plans.

This work positions the Trust to meet the requirements of future NHS models and helps ensure that our services reflect the needs, aspirations and experiences of our local communities.

Quality Embedded Throughout Our Plans

Quality remains at the heart of everything we do. As part of the Integrated Delivery Plan, our Quality Priorities were mapped directly across the Trust's four emerging transformation portfolios:



This alignment ensures that every major area of change is underpinned by quality, with clear accountability for delivering improvements in safety, experience, access, equity and outcomes.

The transformation portfolios integrate quality impact assessment, clinical leadership and data driven improvement, providing assurance that:

- Quality, safety, experience and equity remain central to service redesign.
- Productivity and efficiency improvements enhance rather than compromise quality.
- Lived experience, co production and recovery focused practice are embedded throughout.
- Workforce, digital and operational changes are aligned with clinical leadership and evidence based best practice.

These arrangements give assurance that, even in a period of substantial transformation, we remain committed to delivering outstanding, inclusive and sustainable care.

Our Key Achievements in 2025/26

Throughout the year, we achieved significant progress across our strategic priorities. Highlights include:

Prevention: We will commit to investing in providing high quality preventative services that reduce the need for secondary care

Strengthening Early Help and Community Prevention

- Expanded Mental Health Support Teams and deepened early intervention work in schools across North Staffordshire and Stoke on Trent.
- Developing new community based prevention initiatives, including enhanced support for young people in complex situations and expanded whole school wellbeing approaches.
- Continued development of social and community models such as Diverse Minds, supporting people with neurodivergence in community settings.
- Successful system leadership and delivery of the Transforming Care Programme (TCP) with Staffordshire and Stoke-on-Trent (SSOT) TCP identified as the third best performing in the country and the best performing in the Midlands.

Improving Physical Health and Reducing Inequalities

- Increased delivery of holistic support for people with mental illness, learning disabilities and autism, including physical health checks, expansion of Talking Therapies including for those with long-term physical health conditions and further growth in our Step-On service supporting access to work.
- Progressed targeted prevention pathways informed by our Health Equity Framework, ensuring needs led support for communities experiencing the greatest inequalities.

Embedding Trauma Informed, Recovery Focused Care

- Continued embedding of trauma informed, compassionate and recovery focused practice across all services, supported by an expansion of lived experience roles in inpatient settings and community co production.

Access: We will ensure that everybody who needs our services will be able to choose the way, the time and the place in which they access them.

Better Access for Children and Young People

- Redesign of CAMHS pathways to improve flow, ensure clearer access routes and strengthen early intervention, including Expanding our All-Age Neurodevelopmental service line to include children's ADHD supporting better understanding and visibility of demand that can be used to shape service provision going forward.
- Addressed long waits through productivity improvements, pathway redesign and digital opportunities in neurodevelopmental services.

Strengthening Urgent and Crisis Support

- Full integration of NHS 111 and 24/7 crisis text services, providing easier access to support at any time.
- Continued market engagement to support the development of crisis alternatives, including work with VCSE partners to offer community based support options.

Reducing Use of Out of Area Placements

- Implemented a Trust wide programme to reduce inappropriate out of area placements, in collaboration with system partners, supported by strengthened discharge pathways and flow improvement.
- A continued downward trajectory of adults in out of area level 2 mental health rehabilitation settings from a peak of 89 in 2021 to 32 in January 2026.

Expanding Digital Access and Communication

- Prepared for the transition to ORBIS U, our new electronic patient record, which will support safer, more joined up care.
- Expanded digital access for patients through Patient Aide, including further integration with the NHS App and NHS Notify for appointments, letters and results.

Growth: We will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce.

Building Neighbourhood and Community-Based Models

- Initiated the development of the first children and young people's neighbourhood multidisciplinary teams through the Primary Care Directorate.
- Commenced initial system discussions and planning around the design and delivery of Neighbourhood Mental Health Centres and Mental Health Emergency Departments, supporting the shift from hospital to community based care.

Strengthening and Supporting Our Workforce

- Improved recruitment, reduced reliance on agency staffing and supported a more stable and sustainable workforce model.
- Strengthened leadership and career pathways aligned with future neighbourhood models and integrated care.

Continued delivery of the Culture of Care programme to enable inclusive, therapeutic and recovery focused inpatient environments.

Digital Growth and Productivity

- Expanded digital tools that support staff productivity, decision making and improved care coordination including the roll-out of co-produced care planning to inpatient settings.
- Strengthened data and business intelligence capability to support real time decision making and operational flow.

Maintaining Financial Stability

- Delivered another year of financial balance, marking 27 years of financial stability for the Trust.
- Developed robust plans for long term productivity, sustainable transformation and digital investment aligned to the national Medium Term Planning Framework.

Looking Ahead

Given the scale of national change, 2025/26 has been a transitional year—for the Trust, the ICS and the wider NHS. The work completed this year provides a clear blueprint for how we will realign our strategic priorities to deliver the expectations of the Medium Term Planning Framework, future strategic commissioning arrangements, and the 10 Year Health Plan.

To ensure ongoing alignment with national, system and population needs, the Trust will undertake a refresh of its strategy and strategic priorities during 2026/27. This refresh will set out the organisation's direction for the next 3–5 years, ensuring our priorities fully reflect neighbourhood-based care, prevention, digital transformation and the needs of the communities we serve.

Throughout this period of transition, our commitment remains unchanged: to deliver safe, compassionate, personalised and recovery focused care. We remain proud of our track record of high quality delivery and financial discipline, and the progress made during 2025/26 provides a strong platform for the next phase of transformation and improvement.

Quality planning, governance and quality improvement

Quality Improvement

At Combined, our shared purpose is to support everyone to improve the care we provide and the way we work, every day. We have focused embedding Continuous Quality Improvement (CQI) into routine practice, enabling the people closest to the work to identify what matters most to them and to make meaningful small changes that enhance patient care and staff experience.

In 2024/25, the NHS IMPACT (Improving Patient Care Together) self-assessment tool was used to review the organisation's Quality Improvement maturity. This has helped us to identify our strengths and opportunities for development as an organisation. NHS IMPACT is based on five key principles considered to be the "DNA" of an improvement culture.

- Building a Shared Purpose and Vision
- Building Improvement Capability
- Developing Leadership Behaviours for Improvement
- Investing in Culture & People
- Embedding into Management Systems and Processes

This created a fresh CQI team driver diagram, here are the highlights of our progress over throughout 2025/26.

Building a Shared Purpose and Vision

The Quality Improvement (QI) Team continues to promote a shared commitment to CQI across the organisation and wider system.

This is demonstrated through ongoing leadership of the ICS CQI Network, supporting system partners to collaborate around common improvement priorities. Strong national connections are maintained through participation in the National Improvers Learning Network. Motivating Combined was our sharing event in 2024. Leading clinicians shared stories about what motivated them and how they motivated their team.

Amy Spruce, at 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 plan do study act cycles.

Innovative communication continues to support a shared improvement vision, three episodes of The Quality Show have been delivered via Combined TV, achieving 440 views to date. These episodes showcase improvement activity across the Trust, improving visibility and engagement.

Investing in People and Culture

Quality improvement is more of a philosophy or ethos; the team continue to invest in people and culture. Our inpatient wards who are participating in the Culture of Care programme are actively working with service users to identify areas of improvement using the Team Recovery Implementation Plan (TRIP) in community meetings and collaborating to create and test improvement ideas using PDSA methodology, strengthening co-production and ownership of change.

Ward 2 successfully completed a Culture of Care QI project focused on improving staff knowledge and team cohesion. The project introduced structured teaching sessions, guest speakers and team-building activities, resulting in a measurable improvement in staff knowledge (average scores increasing from 6.25 to 8.61) alongside positive qualitative feedback. These sessions are now embedded as business as usual and the project has been formally closed.

A Community Directorate project undertaken as part of Improvement Leaders training also illustrates CQI, the project aim was to improve the number of staff, patients & 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 31st March 2025 which evolved into a further improvement which aimed to improve the number of referrals to North Staffs Carers Association by 100% made by staff for carers, from a baseline of 3, by March 31st, 2024. This CQI 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 recovery focused holistic care.

Developing Leadership Behaviours

System leadership continues to be demonstrated through active collaboration with ICS partners and sustained national engagement. The QI Team plays a key role in shaping improvement approaches across the wider health system by sharing learning, influencing practice and modelling collaborative leadership behaviours. Engagement Value and Outcomes was completed throughout 2024, leading combined to be the first trust to be awarded EVO Silver site status.

Three dynamic teams from our Community and Acute Directorates engaged in the Engagement Value Outcome (EVO) Framework, developed by One NHS Finance. This innovative approach focuses on improving value and best quality within the available resources. Clinical teams were supported by Combined Finance and Costings Team, QI Lead and the Transformation Management Office. The benefits of this collaborative working between the EVO leads and clinicians generated insights beyond intended focus opening new areas for interest.

Improvements included:

- Community Eating Disorders Teams (Children and Adults): Delved deep into their patient pathways, focusing on refining recording processes, optimising resource use, and identifying added value across services.
- Adult Community Mental Health Team Text Message Reminder Service: To evidence a reduction in unattended appointments this project aimed to ensure we are always optimising clinical time. With promising results, the trust plans to fully implement use of Lorenzo diaries to expand text reminder services.
- Acute and Urgent Care Directorate: Analysed patient length of stay and acuity measures across wards. This has identified the potential functionality of the Safe care system, with future focus on more informed workforce planning and acuity measurement.
- Lymebrook Adult Community Mental Health Team Triage: The aim of this project was to reduce the referral to triage times within Lymebrook CMHT. Achieved a two-week reduction in triage process times following a QI process to review activity data, achieving next-day triaging.
- The Team also wished to improve the referral to assessment (RTA) time by 70% by to improve patient experience and access to appropriate treatment in a timely manner. Wait times reduced - previous data suggested that the RTA was 166 days which reduced to just over 4 weeks, two service users waited over the referral to assessment, which is due to service users who did not attend their appointments.

Building Improvement Capability and Capacity

The QI Team continues to build improvement capability across clinical and managerial teams, designing and delivering learning opportunities to promote "Improvement Thinking" to understand everyday problems and apply QI methodology. We continue to use the Model for Improvement as our clear and consistent improvement method for the organisation.

The growing culture is reflected in increasing engagement across the organisation, with rising demand for Quality Improvement mentoring and facilitation as colleagues take ownership of improvement in their day-to-day roles.

The team have placed focus upon re-designing learning opportunities and recording training activity utilising LMS. In 2025, thirty-four people undertook QI Quickstart and 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. Following a Kirkpatrick-aligned evaluation of the Leaders Programme the team will be testing a new approach by launching the Applying QI programme early 2026. This initiative aligns with Trust priorities and will include clinical staff and people with lived experience ensuring improvement is driven by those closest to care delivery.

In line with the drive to instil the spirit of QI in all that we do, we have now integrated the Fundamentals of QI into our Trust Preceptorship programme, Student and Medical Staff Master classes, Foundations in Leadership and Management, Trust Induction programme and the Connects Leadership programme. This way we reach more of our people.

We have worked with system partners to design and deliver coproduced QI training for patients, families and carers who wish to get involved and 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. With Shropshire and Telford & Wrekin ICS and system partners we have delivered four Connect, Learn and Share QI Network sessions that also includes how Quality Improvement links to Patient Safety developing our links with Patient Safety colleagues.

Embedding Improvement into Management Systems and Processes

Making continuous quality improvement (CQI) part of everyday management is still a key focus. After reviewing how the previous system was used and listening to staff feedback, the Life QI platform was stopped. Instead, we now use simple Microsoft Teams forms to register and close projects. This helps us keep track of improvement work across the Trust, saves time, and reduces costs. There are currently 30 quality improvement projects registered using this consistent process.

A culture of continuous improvement is now clearly taking hold at Combined. For example, the Infection Prevention and Control Team (IPC) used improvement methods to reduce avoidable bloodstream infections. In the Community Directorate, Community Mental Health Teams have improved attendance and engagement with child protection processes. Both pieces of work achieved their aims.

We will keep linking quality improvement work to assurance processes and staff survey action plans across the Trust. This includes connecting projects to key priorities such as efficiency, capacity, and demand.

Our “what matters to you” approach empowers staff to fix day-to-day problems where they arise. This supports a culture of continuous improvement and helps staff feel more satisfied and supported in their work.

Continuous quality improvement is also built into several priority areas. These include supporting clinical teams involved in the National Audit on Melatonin prescribing, improving ward environments through the Culture of Care programme, and supporting the Crisis Care Service following its CQC inspection.

The Towards Outstanding Regulatory Compliance Lead has strengthened assurance by making sure every core service completed a self-assessment using the CQC Preparedness Tool. Quality improvement methods were then used to identify gaps and move action plans forward following Quality Assurance visits.

We are also working with the Patient Safety Facilitator to apply improvement methods within the Patient Safety Incident Framework. One example of clear impact was shared on The Quality Show: by streamlining how resuscitation trolley equipment is ordered, the team achieved a £7,500 cost saving.

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 was 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.

Culture of Care Programme

The Culture of Care Programme (CofC) was a national quality improvement initiative led by the Royal College of Psychiatrists (RCPSych), aimed at improving the culture of inpatient mental health wards so they are safe, therapeutic, equitable places to receive care and fulfilling environments in which staff can work. A core principle of the programme is coproduction, ensuring that the voice and experience of people who use services are central to quality improvement activity.

The Trust participated in the programme over a two-year period, initially piloting CofC on Wards 2, 3, 6 and 7, supported by both external and internal quality improvement expertise. Building on learning from the pilot phase, the Trust extended the approach to Wards 1, 4, PICU and Summers View, supported by internal quality improvement coaches, embedding the programme across the inpatient pathway.

Key quality improvements delivered

A series of focused steering groups were established over the programme period to drive sustainable improvements in care quality, including:

- Co-produced care planning
- Embedding co-production and quality improvement through community meetings (Team Recovery Implementation Plans – TRIP)
 - Reasonable adjustments
 - Therapeutic engagement
 - Trauma-informed care
 - Enhanced therapeutic care

Workforce developments

We developed fixed term lived experience peer roles and a trauma informed care assistant psychology role within our inpatient teams.

co-produced care planning

co-produced care planning is now embedded in inpatient practice, supported by changes to the electronic patient record (EPR). A coproduced care planning dashboard has been implemented, enabling monitoring of timeliness and assurance of high-quality, person-centred care planning across inpatient areas.

Community meetings and ward-level quality improvement

Ward-based project teams, comprising ward managers, lived experience partners and quality improvement coaches, redesigned community meetings to place coproduction at their core. This led to tangible ward-level improvements, including accessible information booklets, welcome packs, reading corners, patient goals walls, sensory resources and enhanced therapeutic and engagement activities, directly improving patient experience and participation.

Reasonable adjustments and accessibility

Experts by Experience co-developed easy-read formats of the Team Recovery Implementation Plan and undertook reviews of inpatient environments. Their recommendations informed changes to community meeting templates, environmental improvements and the introduction of sensory resources. Training was delivered to staff on creating accessible information to support equitable care.

Trauma-informed care

Trauma-informed care champions were trained and a steering group established. co-produced trauma-informed care training, developed and co-delivered by an assistant psychologist and senior peer, has now been delivered to over 80% of inpatient staff, supporting consistent trauma-informed practice across wards.

Enhanced therapeutic care

The Trust reviewed and transformed its approach to enhanced therapeutic care (previously known as observation levels), shifting from task-focused observation to a therapeutic engagement model. This represents a significant cultural change, recognising that observation can be distressing and re-traumatising, and prioritising safety, trust, collaboration and meaningful therapeutic interaction. Practice changes have been embedded within documentation, training and clinical oversight.

Therapeutic engagement and things to do

Staff were trained in therapeutic interventions and complementary therapy. We have reviewed our therapeutic offer, co-developed more groups, supporting connection and recovery. We have enhanced the way this is recorded and will capture this on a dashboard going forward.

Sustainability and assurance

To ensure changes are sustained, relevant policies and standard operating procedures have been developed or updated, embedding Culture of Care principles into everyday practice. Quality improvement and coproduction boards have been introduced within inpatient areas to support ongoing community meetings and continuous improvement. Work is also underway to enhance dashboards capturing therapeutic engagement and activity, strengthening quality oversight and assurance.

Engagement Value Outcome (EVO)

The Engagement Value Outcome (EVO) Framework, developed by One NHS Finance, supports system level improvement in patient care by enabling evidence driven, value-based decision making at specialty and service level, explicitly aligning quality improvement with cost optimisation.

Over the last 12 months, the framework has been applied across four priority areas, including community service improvements such as the introduction of text message reminders prior to appointments, reductions in referral to assessment waiting times, pathway review of children's eating disorder services, and the exploration of acuity measurement across acute wards. This work enabled transformation across multiple services and resulted in the Trust becoming the first organisation nationally to receive Silver EVO Recognition. EVO has since been embedded within the Trust's quality improvement approach, ensuring a sustained organisational focus on value and outcomes across all improvement activity.

The Trust was also subsequently invited to present its experience at a Healthcare Financial Management Association (HFMA) Midlands conference and to deliver a seminar for aspiring NHS finance leaders. The aim was to share our learning and discuss the benefits of utilising the framework.

Review of services

During the period from 1 April 2025 to the 31 of March 2026, we have reviewed all data available on the quality of care, in all 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 12.

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 2025/26, 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 Dementia
- National Audit of Eating Disorders
- National Audit of Inpatient Falls (NAIF)
- National Clinical Audit of Psychosis
- 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.

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)	21	100%
National Audit of Care at the End of Life	All those meeting eligibility criteria (100% return)	1	100%
National Audit of Inpatient Falls	All those meeting eligibility criteria (100% return)	6	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	All those meeting eligibility criteria (100% return)	15	100%
Use of clozapine (POMH Topic 18c)	No minimum number specified	50	NA
Improving the quality of valproate prescribing in adult mental health services (POMH Topic 20c)	No minimum number specified	67	NA
Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services (POMH Topic 22b)	No minimum number specified	104	NA
National Audit of Dementia	NA - Service mapping exercise only		
National Audit of Eating Disorders	NA – Service mapping exercise and staffing survey only.		
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 five national clinical audits were reviewed by the provider in 2025/26 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.

National Audit of Inpatient Falls

Good practice	Key actions
N/A – Data reported nationally at aggregate level. All national recommendations reviewed during action planning and narrative recorded in relation to current processes.	• To communicate to staff clarifying PSIRF guidance and that severe harm should always be attributed to inpatient fall-related hip fractures. • To undertake a Quality Improvement project focused on the assessment and recording of lying and standing blood pressure

POMH Topic 18c: Use of clozapine

Good practice	Key actions
• Significant improvement in assessment of blood pressure and body weight, glycaemic control and plasma lipids. • 96% of patients prescribed clozapine for more than one year had received an annual review.	• To communicate with all Consultants (including locums) that off-label prescribing should form part of all clozapine reviews for discussion with the patient.

POMH Topic 20c: Improving the quality of valproate prescribing in adult mental health services

Good practice	Key actions
• There has been an improvement in compliance with regards to the documentation of target symptoms or behaviours for valproate treatment, annual assessment of the risk-benefit balance, and compliance with the conditions of the Prevent programme, bringing performance above the national average in relation to all these criteria.	• To finalise and implement the clinical protocol for valproate prescribing. • To extend the valproate protocol to the Early Intervention team. • To review and republish the SOP for the safe prescribing of valproate, to include reference to how external prescribing of valproate for non-mental health indications should be recorded.

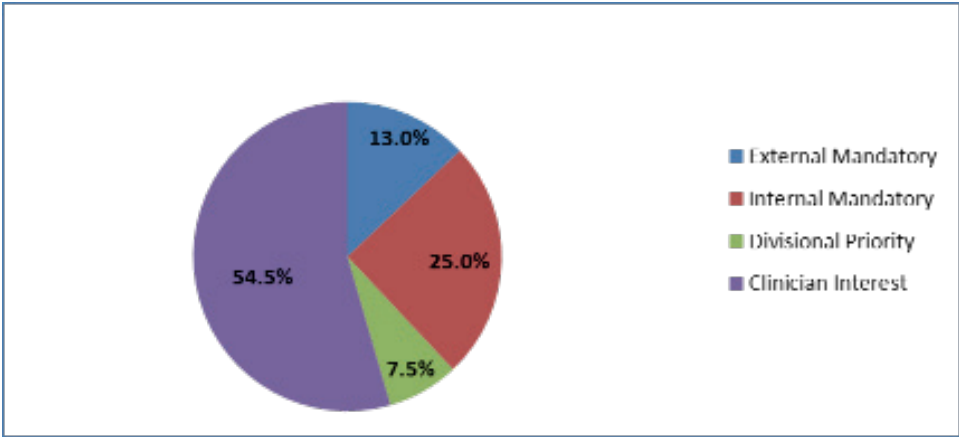
POMH Topic 24a: Opioid medications in mental health services

Good practice	Key actions
• Where opioids were prescribed for pain, this was as part of a pain management plan in 78% cases, significantly above the national average (27%)	• A reminder to be sent to staff regarding the need to discuss and document a pain management plan wherever continuing opioid prescriptions for pain are present. • A reminder to be sent to staff regarding the need to regularly review continuing opioid prescriptions to ensure that the benefits of continued use outweigh the risks. • A reminder to be sent to staff emphasising the need for clear documentation of the rationale when benzodiazepines are prescribed alongside opioid medications.

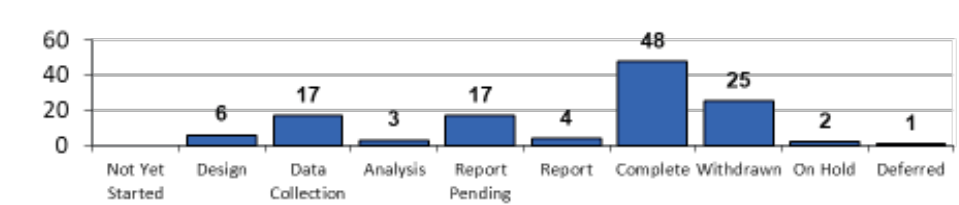
Local clinical audit and evaluation programme 2025/26

External mandatory and internal priority projects were facilitated by the Clinical Audit Team. 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



The graph below outlines the 123 projects registered on the clinical audit programme for the period, and their status



Of the 95 active projects undertaken by the Clinical Audit Department during 2025/26, 48 (50.5%) were completed. 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 for implementation and monitoring.

The reports of 100% of completed local clinical audits and evaluations were reviewed by the provider in 2025/26 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:
- Creation of a visual display / infographic of relevant physical health forms on the electronic patient record, to be posted in doctors' rooms.
 - Development of tic management posters in line with local guidelines.
 - Display of an antipsychotic monitoring sheet in all clinic rooms.
 - Education to be provided to staff around prescribing of parenteral thiamine.
 - Encourage outcome measure completion via engagement strategies.
 - Standardisation of completion points for outcome measures for all participants of the coping skills group.
 - Training for ward staff to be provided by the diabetic team.

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

Research and Development – Research, Evidencing Practice, and Innovation

In 2025, we completed our three year research and innovation roadmap, aligned to the Trust strategy and our ambition to inspire research, support evidence based practice, and foster innovation. This final year reflects significant achievements and learning that will shape our next phase.

Research Hosted

Hosted research was supported across our clinical teams, with R&D playing a central part in identifying and determining suitable studies, supporting Principal Investigators (PI), managing setup and delivery, and assuring compliance with sponsor and regulatory approvals. In 2025/26, the Trust hosted 27 research studies, 17 of which were high quality studies adopted onto the National Institute for Health and Care Research (NIHR) portfolio, and recruited 256 participants to those studies, a 43% increase (n=179) from 2024/25. There has been a 17% increase in the number of Principal Investigators (PIs) leading studies at the Trust over the past year, from 12 to 14. An additional 22 staff completed Good Clinical Practice (GCP) training (the agreed international standard for involvement in clinical research), a 16% increase (n=19) from 2024/25.

Research Sponsored

A key achievement for 2025/26 was the development and launch of the Research Sponsorship pathway in April 2025. Over the last year, we have engaged internal and external stakeholders, liaison with key regional partners, and created a robust framework. To date, there are nine potential applications with one pending application – ready to be taken to Stage 2 of the sponsor review.

Research Engagement

In 2025/26, we strengthened research visibility by creating a presence in community lounges, built partnerships with our vertically integrated Primary Care practices, appointed Research Champions, and supported Chief and Principal Investigators to develop their skills.

Research Partnerships

The R&D team continued to collaborate with a wide range of partners, including Keele and Staffordshire Universities, the NIHR Regional Research Delivery Network West Midlands, Midlands Partnership NHS Foundation Trust, the Staffordshire and Stoke-on-Trent / Shropshire / Telford and Wrekin Research Partnership (SSHERRPa), and the new Central and North West Midlands Clinical Research Delivery Network. These partnerships support portfolio management, staff development, and opportunities for joint research activity.

Evaluation

R&D continued to lead and support strategic evaluations within the Clinical Audit and Evaluation programme. Clinical Academics enhanced the Trust's evaluation and research output through collaboration, publications, and proposal development. Staff were encouraged to evidence and share their work, resulting in 21 publications this year. Some of these include:

- Lister, J., Ulleri, G., & Kaur, R. (2026, January 26). Down's syndrome guidance: Why learning disability nursing must be at the centre. Learning Disability Today.
- Gaskell, C., Keeling-Ball, C., Furniss, C., & Evans, J. (2025). Practice effects and long delays: A case report exploring a novel approach to detecting accelerated long-term forgetting. Archives of Clinical Neuropsychology, 40(7), 1444–1452.
- Lonsdale, J. (2025). Let's play with EMDR: The fundamentals of EMDR with children, adolescents and teens. EMDR Therapy Quarterly, Spring 2025.

Innovation

Innovation at the Trust is orientated around innovative approaches, and forms one of the three key building blocks to making an organisation Outstanding. During 2025/26 we coordinated key events and initiatives focused on supporting, developing, and showcasing innovation, including:

Dragons' Den 2025

Dragons' Den saw applicants pitch to our fantastic panel. Successful projects included; Reducing MRI anxiety through CBT-based virtual reality exposure therapy; Expanding our behavioural support pathway through bespoke and evidence-based group interventions; Connecting Care – supporting diversity of accessibility information for patients and carers; Flock of Hope - An art installation promoting recovery, unity and sustainability; and Supporting Inpatient Peer Support Workers' meaningful, accessible engagement activities and interventions.

Celebrating Combined 2026

Celebrating Combined was held on the 11th of February 2026 - showcasing how storytelling is strengthening the Trust's culture of clinical audit, quality improvement, innovation, and research. Keynotes demonstrated, Dr Amar Shah (National Clinical Director for Improvement) and Nancy Dixon (Healthcare Quality Improvement Quest), how data and clear communication drive meaningful change, while breakout sessions focused on shared purpose and action planning. The event also highlighted Trust led innovations—from improved neuropsychology documentation and enhanced carer support to Dragons' Den funded wellbeing tools and the new research sponsorship pathway.

Looking forward to 2026/27

2025/26 was an exciting year for research, evidence and innovation. In 2026/27, we will refresh our Research and Development Roadmap, explore opportunities to recruit additional clinical academics, expand the research portfolio, and pilot our new research sponsorship process. We will also strengthen innovation processes, including developing our approach to Intellectual Property.

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 98.7% (November 2025). This position places the Trust as having the joint second 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 2025/26 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, included in the latest published data (November 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 2025 the Trust was subject to the annual external clinical coding audit for 2025/26 by an NHS Digital approved auditor.

The results in the audit report for accuracy regarding clinical coding (diagnosis and treatment) are:

- 100% Primary diagnosis
- 97.5% Secondary diagnosis
- 100% Primary procedures coded
- 100% Secondary procedures coded

The services reviewed in the audit were Adult Mental Health Illness and Old Age Psychiatry.

The Trust achieved Exceeded for the Data Security & Protection Toolkit contributing outcome E4b.

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 of 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:

- 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
- Embedding Outcome Reporting within services

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.



Part three – other quality achievements and reporting against Key indicators

Key achievements 2025/26

Key Achievements in Co-production, Involvement and Lived Experience (2025/26)

1. Year-on-Year Increase in Service User and Carer Engagement & Co-Production

Across Q1–Q3 2025/26 the Trust recorded clear, measurable growth in engagement.

The Wellbeing & Recovery College saw active students rise from 321 in Q4 2025 to 505 by Q3 2025/26, a 57% increase

Expressions of interest to enrol as a wellbeing college student climbed steadily (69 in Q4 2025, 83 in Q1 2025, 60 in Q3)

SUCC engagement remained strong with monthly meetings, contributing to service redesign, care planning, and the new 'What to Expect' service information videos

The Talk & Change Group contributed to LD resources, co-delivered workshops, and directly informed OT assessment tools
Youth voice via Elevate expanded into digital transition tools and supported Families First project.

2. Embedding Cultures, Systems and Processes Supporting Co-Production

The Trust fully transitioned inpatient services to coproduced care planning in November 2025, which included new Electronic patient records forms and documents. This change has released more time to care and ensures care plans and recovery goals are co-produced with patients and families.

A new Community Meetings Standard Operating Procedure was introduced to standardize and ensure weekly co-produced ward conversations happen and are cofacilitated by someone with lived experience. The meeting agenda templates have been designed as Easy Read templates by our learning disability and Autism experts by experience supporting accessibility for all.

Lived-experience staff shaped multiple policies – including Stress at Work, enhanced observations, trauma-informed practice, reasonable adjustments – ensuring meaningful involvement in governance

Peer and volunteer voices were consistently present in PLACE inspections, recruitment panels, and Observe & Act reviews across Harplands wards, ATU, Summers View, Dragon Square, Darwin Centre and Hilda Johnson House.

The Wellbeing & Recovery College team contributed to internal Trust training, including:

- Delivery of Team Recovery Implementation Plans for each ward. We also delivered group-facilitation workshops for inpatient and community staff to support recovery-focused group delivery.
- Reasonable Adjustments training input, offering lived-experience insight around neurodiversity and disability inclusion.
- CAN Disability History Month presentations, including personal reflections on Access to Work and workplace adjustments.
- Contributions to and production of the quarterly Culture of Care Newsletter, supporting shared learning across the Trust.

This positioned the College not only as a service to the public, but as a core internal development resource for workforce culture, compassion, and inclusive practice.

3. Progressing the Recovery-Focused Culture of Care Programme

Recovery Conversations and TRIP plans were rolled out Trust-wide across inpatient wards. As part of the Culture of Care programme, the Wellbeing College team delivered group-facilitation training for staff responsible for leading patient-participation spaces. This included TRiP-aligned facilitation skills, co-production methodology, and frameworks for hosting psychologically safe group conversations. The training increased staff confidence in running structured, recovery-oriented group sessions and ensured consistency across inpatient areas.

Peer Support Workers expanded significantly: one Band 5 Senior Peer Worker recruited, plus six new Band 3 PSWs across four WTE roles, embedding lived-experience input in MDTs and ward activity.

Sensory packs were co-developed for wards to support trauma-informed, neuro-inclusive therapeutic environments.

Trauma-Informed Care training was fully co-developed by lived-experience and clinical staff and delivered Trust-wide from February 2026

Feedback from wards shows improved therapeutic engagement, reduced distress, and clearer recovery-focused pathways.

4. Increasing Partnerships & Lived Experience Workforce Recruitment

Volunteer interest remained consistently high with 30–32 expressions of interest each quarter with 10 new applications progressed.

Active volunteers (including PSPs) supported EMU, wards 1,2,6, Dragon Square, Harplands Garden, Wellbeing College and more.

Peer roles increased toward the 30% expansion target, already achieved in Q3.

Nine new facilitators were trained in Q3 – combining Trust staff and lived-experience students – strengthening coproduced delivery.

Several volunteers transitioned successfully into paid PSW roles, confirming effectiveness of lived-experience pathways.

Partnerships grew significantly across Q1–Q3, with the College actively collaborating with at least nine new partner organisations, bringing the total number of College partner organisations to 50.

New community partner organisations: Support Staffordshire, British Ceramic Biennial, South Stoke Primary Care Network (PCN), Urban Wilderness USAH (Uniting Staffordshire Against Hate), Everyone Health, Royal Literary Fund, RISE, Project 93.

This expansion brought record partner-forum attendance and introduced new creative, heritage workshops, a focus on physical-health, and neurodiversity-themed sessions into the College curriculum.

5. Talk & Change Group – Learning Disability Involvement

This group played a pivotal role in shaping LD service improvements, reviewing police resources, ward documentation, and co-producing the care planning frameworks.

They contributed to the 2024 newsletter, co-delivered Wellbeing College workshops, and advised on redevelopment of the LD Assessment & Treatment Unit.

Group members also supported research projects and represented the Trust at regional awareness and inclusion events.

6. Service User & Carer Council (SUCC)

SUCC maintained consistent involvement by reviewing Trust financial updates, crisis care developments, ASD pathways, and Culture of Care progress.

Members co-produced the new carers leaflet (now published on the Wellbeing Portal) and contributed to Triangle of Care accreditation efforts.

The hub-and-spoke engagement model progressed, with three CMHTs establishing regular service-user forums feeding insights into SUCC.

SUCC members also selected REACH award winners, demonstrating their role in celebrating positive practice across services.

The Trust achieved the Triangle of Care Star 2 accreditation, with SUCC members and carers contributing to the Year 2 community review and action plan submission. Carers also sit on the Triangle of Care Steering Group, where they shape learning-lessons sessions, improvements in confidentiality documentation, and Trust-wide carer-support planning.

7. Elevate – Youth Participation & Co-Production

Elevate strengthened youth voice across health and social care. Contributions included evaluation of assessment processes for the Families First initiative, testing of a new app supporting CAMHS-to-AMHS transitions, and participation in local youth-focused engagement events.

Efforts to increase youth attendance included targeted outreach, sessions with Dragon Square, and partnerships with external providers. Their insight is now shaping new CYP complex-situations projects and Ashcombe Centre redesign.

8. Peer & Lived Experience Network Development

The Peer Support Worker Network grew to include 22 PSWs, 4 MPFT PSWs, 18 Trust staff attendees and volunteer contributors. Regular supervision, training, and shared-learning sessions ensured safe, high-quality practice.

PSWs supported recruitment, policy updates, transformation programmes and regional NHSE initiatives such as Learning in Networks and Out-of-Area Bed workstreams.

Newly recruited Peer Support Workers (PSWs)—including the Band 5 Senior Peer Worker and the six Band 3 PSWs completed a 10 week Peer Support Worker training provided by 'WithYou'.

8 Peer support workers trained to be Domestic Violence Champions for their clinical areas.

Lived experience colleagues made substantial contributions to multiple operational, strategic, and transformational workstreams, including:

- Trauma-Informed Care staff training rollout, developed and co-produced with lived-experience staff, and delivered through structured workshops designed to prevent re-traumatisation and support emotionally safe practice.
- Peer-to-Peer Supervision, delivered by senior peer staff to build reflective practice and ensure safe boundaries.
- Care Planning Transformation – co-developing new EPR templates, minimum standards, and data-capture fields to support Trust-wide adoption of co-produced care plans.
- Length of Stay / Out-of-Area Bed Placement Programme (NHSE LiN) – participating in regional collaboration with MPFT and contributing lived-experience perspective to the development of Carers Corners on inpatient wards and in community.
- Reasonable Adjustments workstreams across both Culture of Care and TMO, ensuring neuro-inclusive and accessibility-informed approaches for staff and service users.
 - Autism Champions Network re-launch, shaping Trust-wide autism-inclusive practice.

- Trauma-Informed Policy & Enhanced Therapeutic Observations policy, including the redesign of observation practices into therapeutic engagement.
- Lived-experience representatives were integral to recruitment processes throughout the year, participating in interview cycles for roles across multiple directorates. They brought authentic insight into values-based recruitment, helped assess candidates' recovery-focused approaches, and shaped selection decisions. This included PSW, clinical, and administrative posts. Their involvement provided a crucial safeguard for ensuring staff attitudes aligned with compassion, accessibility, and co-production principles. The lived experience input is also provided in the Band 7 and above Assessment Centres redesign.
- The Trust's commitment to embedding lived experience in governance structures was strengthened by appointing a Band 5 Senior Peer Support Worker in Acute & Urgent Care, whose role includes supporting development work linked to the Co-production & Lived Experience Plan and contributing to higher-level governance forums. This creates a direct line of lived-experience influence on Trust leadership conversations and strategic direction.

These contributions ensured lived-experience thinking influenced policy, training, environmental improvement, governance, and inter-agency systems.

Feedback

"As a result of this session I will look at my life differently, and attempt to make simple changes"

"I will remember that it's ok and valid to feel as I do"

"I've learnt that other people have the same feeling as me as I often feel like I'm the only one. I enjoyed the workshop, found it was delivered well, did not feel uncomfortable"

"I now have a greater understanding of lived experience from someone with this condition" (professional's feedback)

"As a result of this workshop I feel I can give my clients hope" (professional's feedback)

"Amazing that the college has become a thing in this time of depression, anxiety and mental health crisis in this country... Thank you so much for bringing it to Biddulph!" — from Biddulph mental health support group coordinator

Landau Staff Feedback (After a workshop)

"Hi, just wanted to let you know the guys loved the workshop today they haven't stopped talking about it. I would like too personally thank you for the opportunity — keep up the good work. I look forward to seeing you in the future, Many Thanks Andy"

Complaints Overview Year to Date

Overall, we receive a very low number of complaints when compared to NHS benchmarking data. During 2025/26 we have received 67 formal complaints (YTD to Feb 26) compared to 70 in 2024/25. When these are set against the circa 300,000 face to face and telephone clinical patient contacts equates to 0.02% of the clinical activity undertaken. Our continued focus is around early resolution and addressing concerns via PALS and front-line teams where possible.

Over the past year we have strengthened our complaints procedure to provide timely and quality investigations and responses. This has also been confirmed by the removal of the PIP having achieved over 3 months of timely responses to complainants.

Main themes of the 67 received to date

- 19 around Lack of Support/Communication
- 2 around Attitude of Staff Nursing/Medical
- 9 CAMHS with pathway and outcome of assessment

Compliments Overview

During 2025/26 we have received 1933 compliments either directly to an individual team or via the FFT responses.

PALS Overview Year to Date

Main themes of the 258 received to date

- 60 around Lack of Support/Communication
- 13 around Attitude of Staff Nursing/Medical
- 18 around Discharge Decision
- 10 around Medication concerns

FFT Overview Year to Date

Using this important national feedback tool, which supports the fundamental principle that people who use NHS services, should have the opportunity to provide feedback of their experience we have during 2025/26 received to date feedback from 2247 service users, which is in line with responses received during 2024/25. There is a continued high rate of satisfaction with 83% of responses rating the Trust as good or very good, 4% were undecided and 11% who rated the Trust as poor or very poor.

We have continued to utilise new technologies with the text messaging service and MS Forms, alongside the FFT cards, QR codes on all correspondence and on the Trust website.

Rating of the 2247 received to date

- 1561 Very Good
- 318 Good
- 88 Neither Good nor Poor
- 72 Poor
- 188 Very Poor

Overall percentage of Good/Very Good is 83%

Progressing our Patient Carer Race Equality Framework (PCREF)

Over the past 12 to 18 months, progress has been made in strengthening the collection and analysis of data related to health inequalities, ethnicity recording, patient safety incidents and Mental Health Act activity. The work underpins both PCREF implementation and broader regulatory compliance.

Throughout the year we have improved our compliance with recording ethnicity allowing for more accurate data to be collected around;

- Admissions into Hospital
- MHA detentions
- Patient Safety incidents
- Incidents of racial abuse
- Referrals into service

Thus far the data suggests;

- for the area we have slightly less “White” and “Other ethnic groups” admissions as a percentage of the population than the census split suggests, with all other ethnicity admissions / ethnic group's admissions being slightly higher than the census split. Our current data analysis shows a relatively stable inpatient ethnicity profile.
- When reviewing Mental Health Detentions, the ethnicity breakdown of people detained under the Mental Health Act broadly aligns with the Stoke-on-Trent population ethnicity breakdown.
- Analysis of Patient Safety data shows that most incidents involve patients from the White British ethnicity group, which reflects the local population demographics. Most reported incidents result in no or minor harm
- Ethnicity recording is generally high, although some variation remains across services, including a small proportion recorded as unknown or not stated.

- Incidents of racial abuse mainly occurs within our inpatient setting. We do have processes in place to support individuals who are subject to racial abuse, we also ensure that this is recognised as a hate crime, we still have more to do to reduce the occurrence of this.
- The occurrence of racially motivated incidents is across multiple groups, though most perpetrators are recorded as White British.

In response to the Care Quality Commission published guidance outlining how PCREF implementation will be assessed during inspections. The Trust has completed a self-assessment; throughout 2026-27 the following will remain key areas of focus and development;

- Cultural competency and anti-racism training
- Staff awareness and engagement with PCREF
- Improved recording and completeness of ethnicity data
- Further validation of self-assessment findings through inspection and patient feedback

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

The learning management system (LMS) supports over 300 courses, covering:

- 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 2025/26:

- 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
- Assessment and Risk Assessment of Children and Adolescents in Crisis
- RAID® (Reinforce Appropriate, Implode Disruptive)
- Institute of Leadership and Management (ILM) coaching
- Motivational interviewing theory and skills
- DBT (Dialectical Behaviour Therapy)
- Trauma-informed care
- Compassion focused therapy
- ACT Skills for children and adolescents
- Stress and anxiety
- Degree / master modules
- Neuropsychiatric Disorder
- Children's bowel and bladder training
- Civility and respect
- Safety pods
- Quality improvement

Patient-Led Assessments of the Care Environment (PLACE) 2025

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

PLACE assesses a number of non-clinical aspects of the healthcare premises identified as important by patients and the public:

- Cleanliness
- Food and Hydration
- Privacy, dignity and wellbeing
- Condition, appearance and maintenance
- Dementia: how well the needs of patients are met
- Disability: how well the needs of patients with a disability are met

All assessments were completed in accordance with the PLACE guidelines and with a team of at least 50% representation from NSCHT Service User Care Council (SUCC) or Patient representatives. This year we were fortunate to have four patient assessors who engaged and completed the 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. The management representation included Facilities and Estates

PLACE 2025	Cleanliness	Food and Hydration			Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
		Food	Organisation Food	Ward Food				
	%	%	%	%	%	%	%	%
Harplands Hospital	98.92	95.92	91.32	98.35	98.05	94.51	99.19	97.46
Dragon Square	100	N/A	N/A	N/A	100	100	N/A	100
A&T Unit	100	92.07	90.43	100	95.12	98.81	N/A	90.38
Darwin Centre	100	94.88	89.54	100	97.56	100	N/A	92.31
Hilda Johnson House	100	N/A	N/A	N/A	91.89	100	N/A	91.67
Summers View	100	N/A	N/A	N/A	94.74	98.75	N/A	91.67
NSCHT Organisation score	99.13	95.66	91.10	98.34	97.47	96.52	99.19	96.23
National Mental Health and LD average scores	98.82	93.15	90.60	95.34	96.36	97.37	93.29	91.97
National (mean) average score – all site types 2023	98.55	92.13	92.79	92.30	89.37	97.00	85.68	87.12

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). Across all 2025/26 inpatient and community audits, most areas score between 93% and 100%. Overall, Trust compliance is 94.7%; an improvement of 1.3% 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 96.4%. The Trust total for IPC training compliance for Level 2 mandatory training for clinical staff was 87.83% (excluding bank staff).
- Quarterly IPC Link Worker completed.
- Use of the weekly Newsround as a means of communication to staff.
- Flu vaccination, 52.6% uptake among frontline staff exceeding the 5% improvement required by NHS England for 2025/26 flu campaign
- The eradication of dorm style accommodation has resulted in a reduction of 66.6% of declared outbreaks.

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 five years.

Year	MRSA Bacteraemia	Gram-negative bacteraemia	MSSA bacteraemia	COVID-19 HCAI
2025/26	0	1	1	18
2024/25	0	0	0	51
2023/24	0	0	0	77
2022/23	0	1	0	140
2021//22	0	0	0	67

Our Infection

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

All patient incidents are 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.”

All identified patient safety incidents are directly uploaded to the national Learning From Patient Safety Events (LFPSE) platform for oversight from the national team as well as local integrated care boards (ICB)

The reported data is fluid, and can alter 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	2023/24	2024/25	2025/26
General Incidents	5257	5253	6760
Moderate	70	107	164
Major	12	7	21
Catastrophic	71	49	59
Total	5411	5697	7004
Major and Catastrophic incidents as a % of total (i.e. those resulting in severe harm or death)	1.50%	0.98%	1.14%

The above table illustrates static reporting of the number of incidents reported for the period of 2023/24 to 2025/26 in yearly breakdowns with minimal deviations noted.

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. When required, in accordance with our Patient Safety Incident Response policy and plan, we would commission a proportionate review to enable that wider learning into patient safety incident to help reduce the likelihood of occurrence.

The table below, relates to the number of patient safety incidents that were reported to the LFPSE and is for the period 1 April 2025 to 31 March 2026 (at present to the end of January 2026)..

Area of performance	Incidents reported to the Learning From Patient Safety Events (LFPSE) platform
Performance	There were 4014 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 1.29%

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 2022/26.

Area of performance	Never events
Performance	There were 0 never events during 2025/26

Patient safety incidents (previously serious incidents):

For this report, we are working within the framework that has been provided by NHS England in relation to the Patient Safety Incident Response Framework.

The table below illustrates the number and type of proportionate reviews which have been completed since the commencement of PSIRF.

Proportionate review	Q1	Q2	Q3	Q4	Total 2024/25	Q1	Q2	Q3	Q4	Total 2025/26
Rapid Review	11	5	3	2	21	2	6	3	3	14
After Action Review	2	8	9	12	31	13	6	13	12	44
MDT Review	0	0	0	0	0	0	0	1	0	1
Patient Safety Review	0	1	0	0	1	0	0	2	0	2
Comprehensive Safety Review	5	7	11	14	37	14	6	10	10	40
Falls Comprehensive Safety Review	0	0	0	6	6	0	0	0	0	0
Thematic Review	1	0	1	0	2	1	0	0	0	1
Patient Safety Incident Investigation	0	1	0	1	2	1	1	2	2	6
TOTAL	19	22	24	35	100	31	19	31	27	108

In 2024/25 we have:

- Completed a QI project around family engagement in relation to our PSIRF policy and plan and made improvements to family involvement at all proportionate reviews
- Commenced a Trust wide review with the support of the Transformational Management Office (TMO) to ensure that our processes for suicide mitigation are embedded and match national expectations in line with the Staying Safe from Suicide best practice guidance.
- Embedded the Staying Safe from Suicide national training programme onto our learning management platform for staff training.
 - Increased our compliance with our suicide mitigation training to a high of 85% to support the above approaches.
 - Continue to work closely with our Quality Improvement colleagues to ensure that sustainable learning is maintained through our learning from patient safety incidents and projects have been completed to demonstrate this.
 - Continue to collaborate and present learning at the systems bi-annual patient safety learning conference hosted by Staffordshire and Stoke on Trent ICB.
 - Support the Real Time Suspected Suicide Surveillance meeting hosted by Staffordshire Police to share learning, review incident data support wider systems learning.

Learning lessons

During 2025/26, the Trust has continued to strengthen its organisational learning culture through the further development of its Learning Lessons Programme. Monthly Learning Lessons workshops and bulletins have provided a structured, Trust-wide mechanism for sharing insights from contemporary patient safety issues and supporting staff to embed improvements across services.

The workshops, which remain open to all staff, have focused on key areas of risk and opportunity, including reducing medication errors on acute wards; learning from national and local Regulation 28 recommendations; strengthening child protection processes within the Community Directorate; reducing avoidable device-related healthcare-associated infections; and improving how we listen to, respond to and learn from the experiences of patients and families. Together, these sessions have fostered a consistent and inclusive forum for reflection, discussion and shared ownership of safety and quality.

The monthly Learning Lessons bulletins have complemented this work by disseminating broader national and local learning across the organisation. Over the past year, bulletins have highlighted learning from national court rulings, the Nottingham Inquiry, the national Staying Safe from Suicide publications, and key topics such as consent and confidentiality, hydration, and Mental Health Act compliance. This has strengthened the visibility of safety issues, supported staff awareness and helped align local practice with national expectations.

In line with the Patient Safety Incident Response Framework (PSIRF), the Trust has continued to embed a systems-based, learning-focused approach to patient safety. To ensure learning translates into sustainable improvement, the Patient and Organisational Safety Team has continued to bridge the gap between patient safety and quality improvement. Embedding QI approaches to recommendations and action plans has ensured that learning is not only identified but tested, implemented and monitored to create lasting change. This integrated approach has supported a range of quality improvement projects arising from Comprehensive Patient Safety Reviews, including improving safety within community depot clinics, strengthening family-involvement processes, strengthening documentation and decision-making processes, addressing gaps in services for people with co-occurring needs and streamlining patient journeys across the wider system.

Collectively, these achievements demonstrate a mature and forward-looking approach to patient safety. By combining PSIRF principles with structured quality improvement, the Trust continues to strengthen its ability to learn, adapt and deliver safer, more reliable and compassionate care.

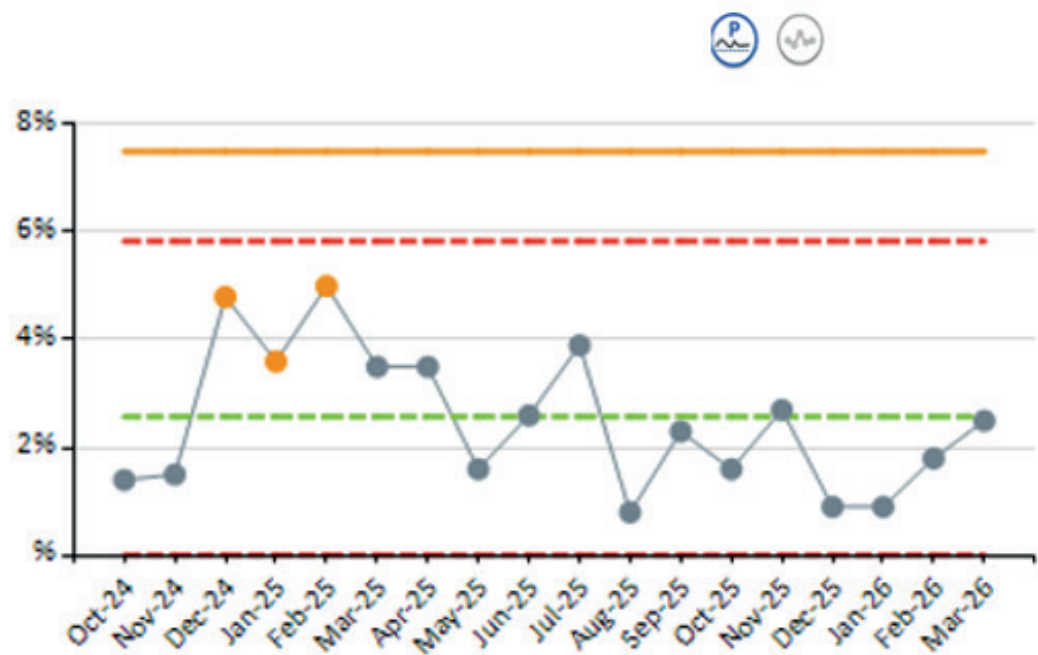
Emergency Readmission rates

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 show the rate of unplanned readmissions for patients (adults and older adults) within 30 days. The target for this metric is <7.5%.

The readmission rate during 2025/26 was 2.1% against the less than 7.5% standard.

During 2024/25 this was 3.0% and during 2023/24 this was 3.8% and during 2022/23 this was 4.8% and during 2021/22 this was 4.5%.

Emergency Readmissions rate (30 days) (Trust Measure)



13 Month Trend

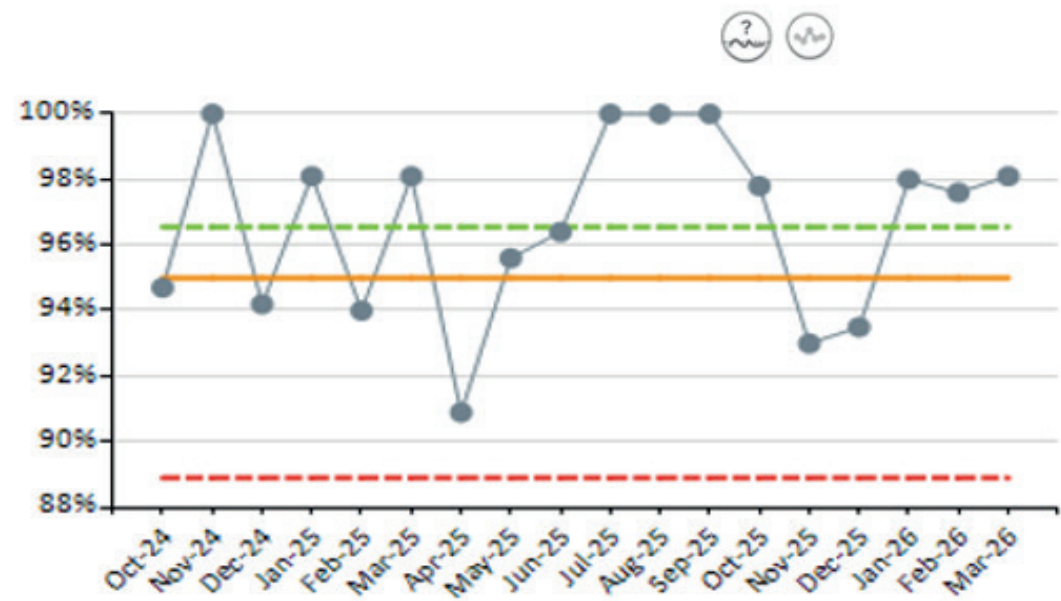
3.5%	3.5%	1.6%	2.6%	3.9%	0.8%	2.3%	1.6%	2.7%	0.9%	0.9%	1.8%	2.5%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

48 hour follow up

The Trust’s performance continues to be positive for 48-hour follow up. During 2025/26 this was 96.7% against a standard of 95.0%.

During 2024/25 this was 96.1% and during 2023/24 this was 95.3% and during 2022/23 this was 94.2% and during 2021/22 this was 94.4%.

48 Hour Follow Up (Trust Measure)



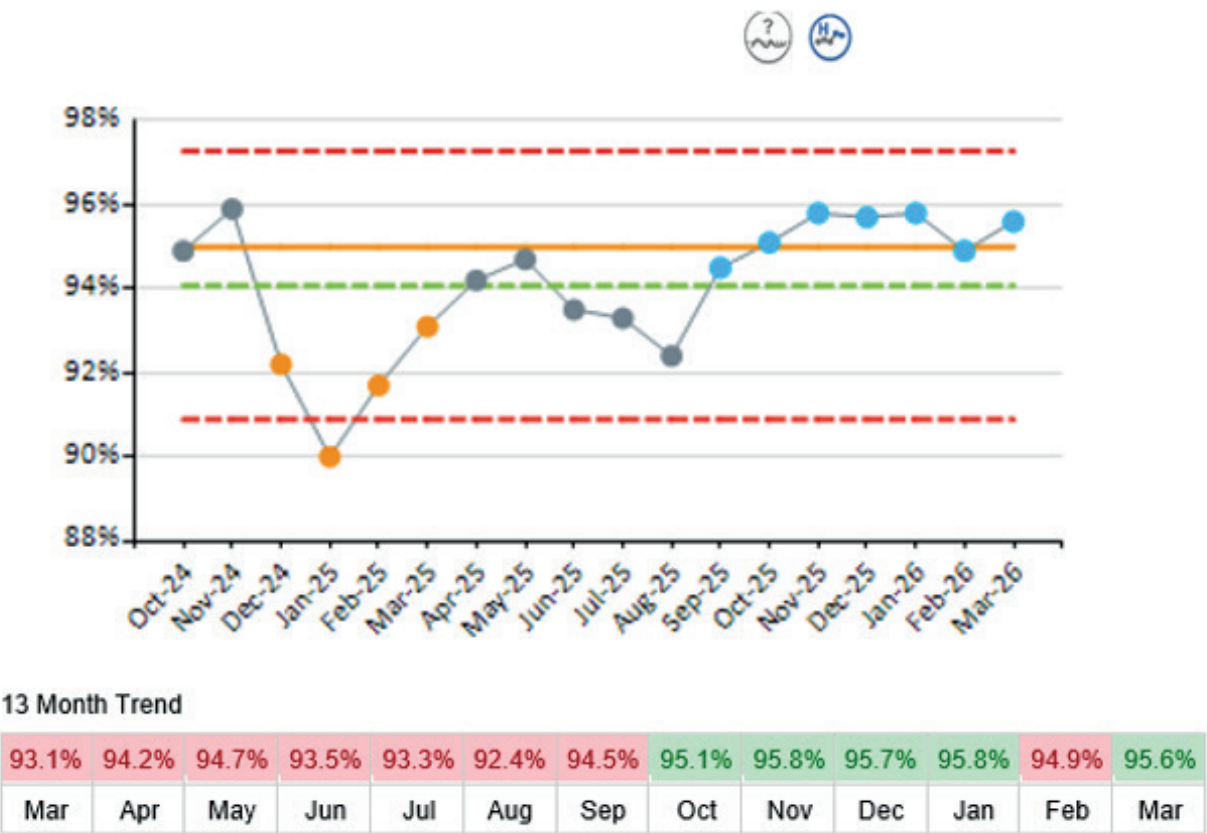
13 Month Trend

98.1%	90.9%	95.6%	96.4%	100.0%	100.0%	100.0%	97.8%	93.0%	93.5%	98.0%	97.6%	98.1%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Referral to assessment within four weeks

The Trust’s performance for referral to assessment within four weeks for 2025/26 was 94.6% against a standard of 95.0%.

During 2024/25 this was 93.5% and during 2023/24 this was 95.0% and during 2022/23 this was 94.9% and during 2021/22 this was 96.6%.

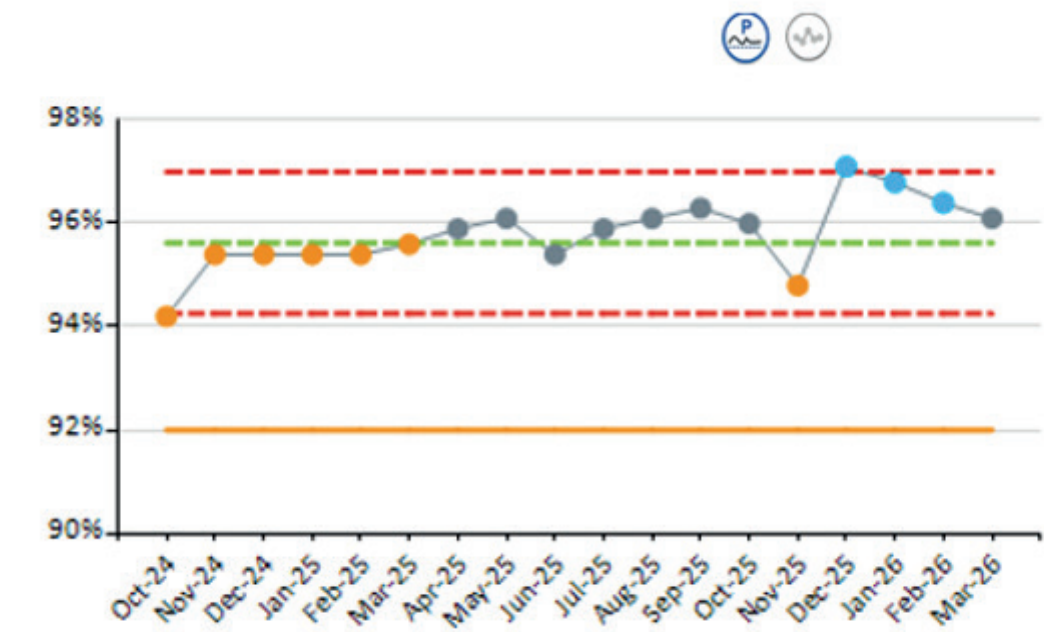


Referral to treatment within 18 weeks

The Trust’s performance for referral to treatment within 18 weeks for 2025/26 was 96.1% against a standard of 92.0%.

During 2024/25 this was 95.3% and during 2023/24 this was 96.4% and during 2022/23 this was 97.2% and during 2021/22 this was 98.0%.

Referral to Treatment within 18 weeks (Trust Measure)



13 Month Trend

95.6%	95.9%	96.1%	95.4%	95.9%	96.1%	96.3%	96.0%	94.8%	97.1%	96.8%	96.4%	96.1%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

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 2025, the survey was sent to 1,250 people who received care from the Trust between April and May 2025.

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 March 2026 (<https://www.cqc.org.uk/publications/surveys/community-mental-health-survey>). The national findings showed that experiences of mental health care are improving, but that there are still significant barriers to appropriate care. In particular, crisis care, waiting times, involvement in and planning care, care reviews, provision of psychological therapies, and support with other areas of life were identified as areas for improvement.

At Trust level, the following areas for focus were identified:

- support in other areas of life – finding support for help with money or benefits
- involving family / carers and particularly supporting them when service users have a crisis
- 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 25th March 2026, we held our 3rd consecutive annual engagement event with Service users / carers, key partners and stakeholders at Port Vale Football Club. The primary reason for the event was to present our quality headlines for 2025/26 and to seek engagement and feedback which will help to validate or improve the findings. The feedback from the event has also helped us to further shape our quality objectives, going forward into 2026/27. The event was well attended with service user and carer representatives and over 50 different partners who we work in collaboration with to ensure that we can provide high-quality, safe and outstanding care.

Feedback from our Service users, partners and stakeholders helped us to shape this years engagement event with a key focus on the vast range of support offers available to members of our communities in the context of their mental health and wider wellbeing and offering opportunities to explore how services can come together and provide more cohesive care and support offers to our communities. The day ended with collective commitment and pledges; these will further inform our priorities for 2026/27.

Sharing the draft Quality Account

In line with the Department of Health guidance, the draft Quality Account was shared with all 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 2026

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 2026, this included

- Strong partnership engagement and collaboration: The event brought together a wide and diverse range of VCSE organisations, statutory partners and community services, creating a positive environment for collaboration and shared learning. Attendees described a strong energy and shared commitment to improving outcomes for local people.
- Improved awareness of community-based services: Stakeholders reported increased awareness of the breadth of community, voluntary and charitable services available locally, supporting improved referral, signposting and co-production.
- Value of face-to-face networking: Attendees highlighted the importance of face-to-face engagement, putting faces to names and forming personal relationships. The marketplace format and short presentations were effective in building meaningful connections.
- Inclusive and engaging event format: The interactive structure, including marketplace stalls, short presentations and facilitated discussions, was viewed as inclusive, accessible and supportive of open and transparent dialogue.
- Commitment to partnership working and lived experience: Feedback and pledges demonstrated a clear commitment to reducing silo working, strengthening partnership approaches and keeping lived experience at the heart of service development.

We asked for feedback on our key areas of focus going forward into 2026/27, feedback included;

- To maintain our focus on strengthening co-production and lived experience, future engagement should further embed the involvement of service users and carers in planning, delivery and evaluation activities.
- Maximising networking opportunities: Stakeholders valued the opportunity to network and understand what is available in our communities with an appetite for more opportunities to do this.
- Improving accessibility and communication: to improve how we present information in accessible formats for audiences at events, as well as a continued focus on accessible information for service users and families.
- Widening representation and system engagement: Opportunities were identified to increase representation and focus on fostering relationships and collaboration with more Trust services, adult services and wider system partners.
- Clarifying organisational roles and expectations: Clearer communication about the Trust's role and remit within the wider system would support shared understanding.
- Building on momentum: There was strong support for regular stakeholder engagement events and wider public-facing opportunities to sustain partnership working.

Summarizing our Priorities going forward into 2026-2027

The Trust's quality priorities focus on delivering safe, personalised and recovery-focused care through co-production, continuous improvement and strong partnership working.

Key priorities include improving access and reducing waits (particularly for children and neurodevelopmental services), strengthening patient safety and trauma-informed care, reducing inequalities, embedding lived experience, and developing a skilled and compassionate workforce.

These are underpinned by a commitment to prevention, early intervention, digital innovation and a culture of continuous learning, with success measured through improved outcomes, experience, equity and staff wellbeing.

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 2025/2026.

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 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 they have brought to this.

The ICB would like to recognise the Trust’s commitment to making progress, improving the following quality and safety priorities during 2025/26:

- Continuation of the annual ‘Engagement at Combined’ stakeholder and service user event to discuss future quality priorities, co-produced through collaboration and partnership.
- Increased delivery of holistic support for people with mental illness, learning disabilities and autism, including physical health checks, expansion of Talking Therapies including for those with long-term physical health conditions.
- Targeted prevention informed by the Health Equity Framework, ensuring needs led support for communities experiencing the greatest inequalities.
- Redesign of Child and Adolescent Mental Health Services (CAMHS) pathways to improve flow, ensure clearer access routes including expanding the All-Age Neurodevelopmental service to include children’s ADHD, supporting better understanding and visibility of demand.
- Continued market engagement to support the development of crisis alternatives, including work with Voluntary, Community, and Social Enterprise (VCSE) partners to offer community-based support options.
- Continuing to build quality improvement capability across teams, delivering learning to promote “Improvement Thinking” to everyday problems and apply QI methodology.

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.

- Continue to embed cultures, systems and processes supporting co-production noting the Trust transitioned inpatient services to coproduced care planning in November 2025, which included new electronic patient records forms and documents releasing more time to care
- Progressing the Patient Carer Race Equality Framework (PCREF) strengthening the collection and analysis of data related to health inequalities, ethnicity recording, patient safety incidents and Mental Health Act activity.
- Continuing to develop the Integrated Quality Performance Report (IQPR) including performance improvement plans.
- Continue to implement a programme to reduce inappropriate out of area placements in collaboration with system partners.

The Integrated Care System will look forward to seeing the outcomes of the priorities for 2026/27 and looks 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.



Vanessa Whatley
Chief Nursing Officer (Interim)
NHS Shropshire, Telford & Wrekin ICB
NHS Staffordshire and Stoke-on-Trent ICB

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

Stoke-on-Trent City Council were given the opportunity to review and comment on this Quality Account. The Trust did not receive a final response.

Staffordshire County Council Health and Care Overview and Scrutiny Committee

The Health and Care Overview and Scrutiny Committee were grateful to receive the NSCHT quality account for 2025/26 alongside a briefing presentation.

This is a strong and credible Quality Account that reflects a high performing organisation with a genuine commitment to quality, improvement and co-production. It is a high quality, well evidenced account that reflects a strong and mature organisation.

Healthwatch Stoke-on-Trent

Healthwatch Stoke-on-Trent appreciates being given the opportunity to provide a comment on the Quality Account. During the year covered by the Account, Healthwatch Stoke-on-Trent has been engaging with parents and carers of children and young people suspected of being Autistic or having Attention Deficit Hyperactivity Disorder.

The feedback received was published in a report entitled "If you start with kind, you've won". In researching the report, we spoke to many parents and carers who have spent years trying to get a referral for an Autism assessment accepted. Once a referral is accepted, we understand the wait is 98 weeks. We, therefore, note with interest the reference to addressing long wait times on page 43, in the section about 'Better Access for Children and Young People'.

During our engagement, we received positive feedback from some parents about improvements in relationships with Combined. We also heard there was a greater willingness to listen to, and work with, parents to make improvements to services. We hope this continues and look forward to seeing the successful implementation of the recommendations contained within our report.

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

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:

Freepost RTCT-YEHA-UTUU
Communications Team
North Staffordshire Combined Healthcare NHS Trust
Lawton House
Bellringer Road
Stoke-on-Trent
ST4 8HH