North Staffordshire Combined Healthcare
NHS Trust

Outstanding
Our journey continues

Annual Report and Accounts 2025/26

Welcome

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 is 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.

We have been singled out by the Care Quality Commission in the past as an example for others to follow in our ability to sustain improvement after being rated Outstanding. For example, during the year covered by this Annual Report, Holmcroft Surgery was awarded a ‘Good’ rating by CQC across all domains, with no regulatory breaches identified.

We provide system-wide leadership for a range of key areas across Staffordshire and Stoke-on-Trent, as well as continuing to strengthen integration alongside our partners as we develop and advance the NHS vision for integrated care and new models of delivery towards a strong Staffordshire and Stoke-on-Trent Integrated Care System.

We have also delivered huge innovation and partnership across Staffordshire and Stoke-on-Trent as part of the Community Mental Health Transformation Programme.

This Annual Report sets out how we have successfully continued on our improvement journey, what we do and how we work, the major improvements we’ve made this year, the people who’ve delivered them, and our ambitions and partnerships for the future.

What's in this report?

Outstanding at a glance

Our ambitious journey continues - to be outstanding in all we do and how we do it. Here are some of the highlights of how we're doing.

Proud to be Outstanding, but never complacent.

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 biggest ever engagement@ combined event.

Praised by 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 3 strategic priorities - Prevention, Access, Growth.

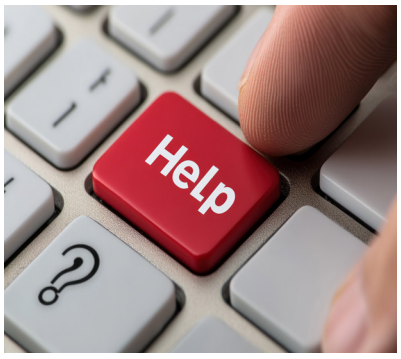
Children and Young People services exceeding national targets in-line with 100% coverage by 2029.

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.

holmcroft surgery



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.

Freedom to Speak Up

One of the strongest Freedom to Speak Up infrastructures in the NHS, with every Directorate – as well as all staff networks - Black, Asian and Minority Ethnic, LGBT+, Neurodiversity and Disability - represented with a champion.

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

Full integration of NHS 111 and 24/7 crisis text services, providing easier access to support at any time.

Chair and Chief Executive's statement

Welcome to our Annual Report for the year 2025/26. Another truly Outstanding Year for Combined and its people.

We are often told by our staff that working at Combined feels like being part of a family. As everyone knows, at their best, families celebrate each other in the good times and support each other in challenging times. That continues to have been true in the year just passed.

It was particularly rewarding to be able to celebrate the news during the year that we had been officially ranked as the number one 'Non-Acute' NHS Trust in England by NHS England and the Department of Health in the new NHS Oversight Framework.

By 31st March 2026, to give just a few further examples, the Trust had:

- delivered its 27th consecutive year of delivering financial balance, the entirety of the current century;
- completed its 7th year of being rated Outstanding by the Care Quality Commission;
- continued a proud record of innovation and growth, with further new services, new facilities and new teams;
- seen growth in our services for Children and Young People, exceeding national targets and in-line with 100% coverage by 2029, showing commitment to improve the emotional wellbeing of our young people;
- introduced a new Forensic Liaison Partnership service to enhance the way patients from Stoke-on-Trent transition from secure inpatient settings into community mental health services safety and with adequate support;
- 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;
- 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;
- hosted our biggest ever stakeholder engagement event – Engagement@Combined – with attendees praising the momentum we have built together.

Supporting and advancing research and innovation are extremely important to us, and we are proud that this Annual Report contains details of our continuing success in this regard.

One thing we keep constantly in mind is that strategies, plans and aims are nothing without brilliant, talented, determined and compassionate people to make them a reality. If there is one major theme that has run throughout everything we have done this year, it has been our unwavering commitment to protecting and promoting the health and wellbeing of everyone for whom we have responsibility - our people and our service users.

In this regard, one of the most welcome things we saw this year was the results of the NHS Staff survey which showed us – yet again - to have maintained our record of being amongst the higher scoring Trusts in the NHS, with above average scores across all the NHS People Promise domains and increased scores for 'we are compassionate and inclusive' and 'staff morale'.

There were no changes to the board during 2025/26 reflecting the stable and settled nature of the governance arrangements. The board has undertaken a programme of board development supported by external facilitators and is pleased with the progress it has made during the year. We were pleased to host a NeXT aspiring non-executive director for twelve months, Nicola Bullen and we wish her every success with her future non-executive career.

We would like to take this opportunity to record our thanks to everyone who has contributed to the success of Combined this year. We cannot do what we do without our amazing team.

We hope you enjoy reading this Annual Report. It really has been another remarkable year for North Staffordshire Combined Healthcare NHS Trust.

Dr Buki Adeyemo
Chief Executive

Janet Dawson
Chair

About us

North Staffordshire Combined Healthcare NHS Trust (the 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 no. [2635], (the Establishment Order).

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, GP practice and community-based premises, operating from approximately 30 sites to approximately 464,000 people of all ages and diverse backgrounds in our core area of Stoke-on-Trent and across North Staffordshire. Our main site is Harplands Hospital, which opened in 2001 and provides the setting for most of our inpatient units.
A number of our teams provide services across Staffordshire, the West Midlands and beyond.

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

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

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

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

Visit by Baroness Merron to Combined - March 2025

Our vision and values

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

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

Our vision and values

Our vision is

"To be Outstanding" - in ALL we do and HOW we do it.

Our SPAR quality priorities

Our vision is underpinned by our SPAR quality priorities - to provide services that are safe, personalised, accessible and recovery-focussed. 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 strategy

In 2023 we launched our five-year Trust Strategy, The Future of North Staffordshire Combined Healthcare NHS Trust 2023–2028, setting out a clear vision for how we would respond to the evolving needs of our population and a rapidly changing health and care landscape. The strategy reaffirmed our long-term commitment to delivering high-quality, co-produced, recovery-focused and partnership-driven services, grounded in our Proud to CARE values and aligned to national and local priorities.

Our values and quality priorities continue to shape delivery of our three strategic priorities Prevention, Access and Growth, supported by four key enablers that guide how we design, deliver and continually improve services. We remain focused on preventing avoidable deterioration, ensuring timely and equitable access, and sustaining the high standards of care for which the Trust is recognised.

Delivering Our Strategy Through Medium-Term Planning

Throughout 2025/26, the Trust aligned its strategic and operational planning to the NHS Medium-Term Planning Framework, developing a robust Integrated Delivery Plan for 2026–2031. This work ensured a clear golden thread between our existing Trust Strategy, system commissioning intentions, neighbourhood health developments and the transformation programmes required to deliver the medium-term plan.

A strengthened strategic commissioning approach has underpinned this activity, considering population need, care pathways, workforce, digital capability and estates to ensure our plans are deliverable, financially sustainable and clinically led.

While our current strategic priorities remain well aligned with the national "three shifts", the Trust recognises the need for a strategy refresh during 2026/27. This will ensure our future strategy remains fully aligned with emerging national and local developments, including the NHS 10-Year Plan, evolving ICS commissioning models, the neighbourhood health agenda and wider system reforms, and continues to be guided by our values. This refreshed strategy will provide the stable, values-driven platform needed to maintain Outstanding in all we do and how we do it.

Contributing to System Ambitions

During 2025/26 the Trust continued to make a significant contribution to the Staffordshire and Stoke-on-Trent Joint Forward Plan 2023–2028 and wider system priorities, working closely with the Integrated Care Board (ICB) throughout planning and delivery.

Our response to the Medium-Term Planning Framework included extensive joint working with the ICB to ensure full alignment between our five-year Integrated Delivery Plan and the ICB's Strategic 5-Year Strategic Commissioning Plan which was developed concurrently in accordance with NHSE timescales. This has strengthened coherence across Trust, place and system priorities and supports a shared commitment to prevention, integrated community-based care and reducing inequalities. As system programmes evolve during 2026, we will continue to ensure strong alignment with commissioning requirements.

We have maintained system leadership roles across key programmes, particularly within the Mental Health, Learning Disabilities and Autism Portfolio, where we act as Senior Responsible Officer. This included commissioning the Centre for Mental Health to develop a shared vision for the future of mental health, learning disability and neurodivergence services across Staffordshire and Stoke-on-Trent and securing £3.8m investment to establish a new system multi-disciplinary team model to support children and young people in complex situations.

The growth of our Primary Care Directorate has strengthened prevention and early intervention, improving pathways between primary and secondary care. In 25/26 this included leading the development of the system's first children and young people's neighbourhood multidisciplinary team in accordance with national guidance. Wider activity across primary care has also supported closer integration across frailty, neurodevelopmental and mental health pathways.

We have also contributed to wider system ambitions, including:

- active participation in Provider Collaboratives, including the Staffordshire and Stoke-on-Trent Provider Collaborative with the Trust holding key leadership roles as part of both Provider Collaborative governance and priority programmes;
- progressing our Green Plan and delivering on sustainability commitments;
- digital transformation, including significant progress on our Electronic Patient Record upgrade and further integration of our Patient Engagement Portal (Patient Aide) with the NHS App.

Together, these activities ensure our strategic priorities, transformation programmes and operational delivery remain closely aligned with system commissioning direction and the long-term ambitions for health and care across Staffordshire and Stoke-on-Trent.

Strategy

During 2025/26, North Staffordshire Combined Healthcare NHS Trust continued to make strong progress against its Trust Strategy, delivering high-quality care while adapting to rising demand and preparing for future transformation. The Trust strengthened its prevention priority through activities including Mental Health Support Team expansion, enhanced support for children and young people in complex situations and new community support groups for neurodiverse adults. Access improved through redesigned CAMHS pathways, extension of the all-age neurodevelopmental service, strengthened crisis responses including NHS 111 and 24/7 crisis text provision.

Growth continued through neighbourhood health development, early pilots of neighbourhood multi-disciplinary teams, strong partnership working on crisis alternatives, sustained recruitment improvements, and significant digital programmes including the transition to ORBIS U electronic patient record and expanded patient digital access through Patient Aide.

This progress provides a solid foundation for delivering the medium-term plan. The Trust has high confidence in its ability to meet the ambitions of its five-year Integrated Delivery Plan due to a strong financial base, mature governance, and clear, evidence-based delivery routes. A clinically led Transformation Framework is in development, ensuring that all change is sequenced, risk-assessed, and aligned to four transformation portfolios spanning population need, care model redesign, workforce optimisation and enabling digital and estate developments.

Delivery will be supported through strengthened system partnerships, including neighbourhood health structures, the Provider Collaborative, and joint commissioning arrangements, which underpin the shift to community-based, preventative and digitally enabled models of care. Progress will be monitored through monthly performance review, Board oversight via the Integrated Quality and Performance Report, transformation assurance reporting, quality impact assessment and enhanced business intelligence capability enabling real-time monitoring of access, safety, experience and productivity. By combining strong delivery to date with robust forward planning and system-aligned governance, the Trust enters 2026/27 with a clear, credible and assured route to continuing to deliver outstanding, equitable and sustainable services for the population it serves.

Performance Report
People we care for

Overall, Trust activity has continued to grow at pace. When comparing 2025/26 with 2024/25, total referrals have increased by 11.5% and direct contacts by 11.9%, demonstrating sustained growth in both demand and service delivery.

As at the end of March 2026, there were 18,845 active patient pathways, representing a 12.4% increase compared to March 2025. This growth reflects sustained demand across services over the course of the year.

Notably, 44.4% of all active patient pathways include at least one open referral to neurodivergent services (67% within CYP and 33.3% within adult services). This highlights the significant and ongoing impact of neurodevelopmental demand on overall service capacity and the composition of the Trust's caseload.

Referrals

Growth in referrals is evident across all age cohorts:
- Children and Young People (CYP): +12%
- Adults: +13.8%
- Older Adults: +8.3%

At service level:

- Core CAMHS CMHTs (-0.5%), Adult CMHTs (+1.5%) and Older Adult CMHTs (-0.2%) have received broadly consistent volumes of referrals year on year.
- Single Point of Access and Crisis Resolution and Home Treatment services combined have experienced a 15.5% increase in referrals, highlighting rising urgent and crisis presentations
- The Mental Health Liaison Team has seen a 13.1% increase in referrals, indicating growing pressure within acute hospital pathways.
- Demand for the Autism Assessment Service remains high, with 3,248 new referrals received in 2025/26 compared to 2,796 in 2024/25, representing a 13.9% increase.
- The Mental Health Support Team has experienced the most significant growth, with referrals increasing by 36.4% year on year, reflecting expanded reach within education settings.

Direct Contacts

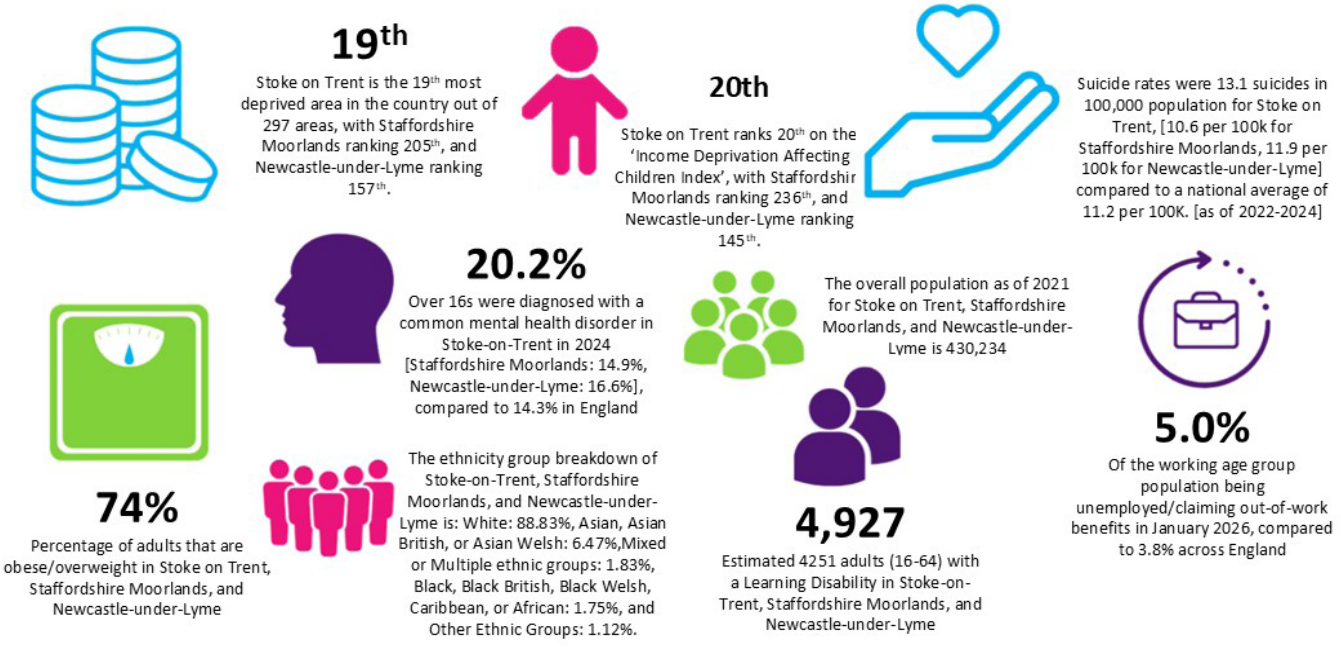
Direct contacts have also increased across all age groups, demonstrating that services are not only receiving more referrals but are delivering higher volumes of patient-facing activity.
- CYP: +2.4%
- Adults: +16.9%
- Older Adults: +2.7%

At service level:
- Core CAMHS CMHTs (+1.7%), Adult CMHTs (+8.6%) and Older Adult CMHTs (+5.2%) have all seen increases in direct contacts year on year.
- Single Point of Access and Crisis Resolution and Home Treatment services combined have seen a 23.8% increase in direct contacts, consistent with rising urgent and crisis presentations.
- The Mental Health Liaison Team has experienced a 35.7% increase in direct contacts, suggesting greater complexity within acute settings.
- The Autism Assessment Service has seen a 7.1% increase in direct contacts, reflecting continued high assessment demand.
- The Mental Health Support Team has recorded a 32.1% increase in direct contacts, aligned with the substantial growth in referrals.

Inpatient Pressures

Adult Acute Inpatient occupied bed days (OBDs) have increased by 1.9% year on year, indicating continued pressure on inpatient capacity.
More significantly, the use of inappropriate out-of-area (OOA) placements has risen sharply, increasing from 616 OBDs in 2024/25 to 6,406 OBDs in 2025/26, a 940% increase.

When local Adult Acute and OOA occupied bed days are considered together, this represents an overall year-on-year increase of 33.2%. This level of growth reflects constrained local capacity and a material operational risk for the Trust and financial risk for the system.



Health Inequalities

The 3-year Community Health Transformation Programme, which began in 2022/23, has continued to mature during 2025/26, driving sustained transformation in community mental health care. With the ongoing higher-than-average levels of deprivation across Staffordshire and in particular, the City of Stoke-on-Trent—and the lasting effects of the Cost-of-Living pressures on our local communities—our services remain strongly focused on recognising and addressing inequalities and barriers to equitable care. Throughout 2025/26 we have further developed our use of conscious, inquisitive analysis of service data through enhanced Business Intelligence tools, enabling deeper insights into underserved groups and areas of unmet need.

Working collaboratively with partner organisations and local communities through our Health Inequalities Co. Lab, we have strengthened our collective understanding of the barriers that affect access, experience, and outcomes for people who require mental health support. This year, our work has increasingly centred on co-produced solutions and targeted interventions for under-represented groups, ensuring we continue to make meaningful progress in transforming community mental health care.

In exercising our functions during 2025/26, the Trust has aligned its approach with NHS England's latest Statement on Information on Health Inequalities (published February 2026). This includes strengthening our systems for collecting, analysing, and publishing health inequalities information as required under section 13SA of the NHS Act 2006. The Statement sets clear expectations for NHS bodies to improve the quality, completeness and transparency of health inequalities data; disaggregate information by deprivation, ethnicity, age, and sex; address data gaps; use insights to inform commissioning, service design, and delivery; and publish this information within annual reports.

During 2025/26, we have taken these expectations forward by:
Improving the completeness and quality of demographic data across community mental health pathways.

- Expanding routine disaggregation of performance and outcomes data across key population groups identified through the Core20PLUS5 framework, enabling clearer identification of unwarranted variation.
- Using inequalities-focused analysis to inform targeted interventions within our transformation programme, including resource allocation and service redesign for groups experiencing the poorest access and outcomes.
- Embedding health inequalities intelligence into governance processes and reporting structures, ensuring that inequalities data increasingly informs decision-making and evaluation.

As a result, the Trust has taken demonstrable steps during 2025/26 to exercise its functions in a way that is consistent with NHS England's latest expectations, strengthening our commitment to measurable reductions in health inequalities across the communities we serve.

Our service users and carers

Service Users and Carers

Our clinical services deliver models of care that reflect the needs of people who use our services and their experience of care. We achieve this by having on-going conversations with our service users and carers through a variety of both formal and informal feedback mechanisms.

Our Service User and Carer Council

The Service User and Carer Council (SUCC) continue to hold business meetings on a monthly basis, moving to a more hybrid model, with a mixture of face to face, virtual and blended meetings to maximise on accessibility whilst recognising the value of 'in person' contacts to further aide social contact and relationship building amongst the members. The SUCC strengthened their involvement in Trust wide transformation work, including the second year of the Mental Health Inpatient Transformation Programme and supporting our Culture of Care standards project work. This has included co-produced care planning, 'what to expect from our services' videos, carers leaflet design and content and Triangle of Care accreditation work. The SUCC members also support our Observe and Act visits and PLACE inspections. These visits offer feedback to teams regarding patient experience issues which are either positive or where improvements could be considered and inform the Trust's wider quality assurance agenda.

The Wellbeing College continues to increase student numbers and community partners who co-produce and host recovery education workshops. We have strengthened the link between our SUCC members and our peer support work staff / mentors to ensure that all opportunities to gain feedback and make improvements regarding patient experience are maximised. Our peer support network has grown and includes 60 members of lived experience staff and volunteers. The network meets monthly to share opportunities for training, development and for peer-to-peer supervision. Colleagues have received additional development and training opportunities.

Co-production, Involvement and Volunteering

This year we have continued towards our plan to grow our lived experience involvement, peer workforce and co-production activity. This includes recruiting an additional 6 Lived Experience Peer Support workers to support our Inpatient Transformation Programme in ward areas. In November 2024, the Acute and Urgent Care Directorate moved fully over to co-produced care planning and introduced weekly lived experience co-facilitated ward recovery conversations which have continued to generate ideas for our Culture of Care improvement plans.

Our Peer Support Workers and Wellbeing College team have supported a number of improvement workstreams including developing the Stress at Work Policy, Enhanced Observations Policy and documentation, Trauma-informed practice and co-produced a training package and several workstreams relating to reasonable adjustments – ensuring meaningful involvement.

We are now able to offer renumeration for specific co-production project involvement and are receiving around 30 expressions of interest for volunteering and involvement opportunities per Quarter. We will have increased our number of volunteers by 50% by the end of the 25/26 financial year. We have had specific lived experience involvement into our Veterans Aware accreditation work and also our Triangle of Care accreditation workstreams.

Service User and Carer Feedback

There remains a strong focus on capturing feedback from Service Users and Carers through several routes including:

Patient Advice and Liaison Service (PALS)

We recognise the importance of our PALS service in being a key source of information and feedback for the Trust, an early warning system for emerging issues and concerns and a time limited opportunity to resolve low level concerns without recourse to the formal complaints process. During 2025/26 the Trust received 258 PALS contacts which is line with 24/25.

Compliments

Each year, our staff receive compliments and praise from people they have cared for. During 2025/26, the Trust received 1933 compliments either directly to teams or via Friends and Family Test responses. The Patient Experience Team collate anonymised compliments to services and staff members which can include emails, texts or cards. Some of these are shared via our internal weekly Newsround email in the compliments corner section.

To support our drive for continual improvement, the Friends and Family test questionnaire is now available via hard copy, QR codes on posters and on the Trust public website and is automatically sent out to service users at the point of discharge from any service they have accessed in the Trust.

Complaints

Overall, we receive a very low number of complaints, compared to NHS benchmarking data. During 2025/26, we received 77 formal complaints (YTD to Feb 26), compared to 70 in 2024/25. When set against the circa 300,000 face to face and telephone clinical patient contacts this equates to 0.02% of the clinical activity undertaken. Our focus continues to be on early resolution and addressing concerns via PALS and/or frontline teams where possible. This past year, we believe we have achieved the goals set in our Quality Improvement Plan which has enhanced and strengthened our complaints procedure, to improve the experience of those using the service, alongside having timely and quality investigation and response processes.

Friends and Family Test (FFT)

This is an important national feedback tool, supporting the fundamental principle that people who use NHS services, should have the opportunity to provide feedback on their experience. During 2025/26, 2,247 service users participated in the FFT process, giving us their views across all services. We are pleased to report a continued high rate of satisfaction, with 83% of patients rating the Trust as good or very good, 4% were undecided and 11% rated the Trust as poor or very poor. The Trust has invested in new technology to offer wider opportunities for service users to feedback their experiences of our services. We have utilised additional functionality for service users to respond to text messages, complete the FFT questionnaire via a QR code, via a link on the Trust website or via a link which has been added to all correspondence distributed from the Electronic Patient Record (EPR). In addition to this the Patient Experience Team have supported some individual clinical teams to develop their own bespoke Service User feedback surveys via QR codes.

People who work for us

This Annual Report covers the period 1st April 2025 to 31st March 2026. Over this period, our services have been delivered from within a locality structure with an Associate Director and Clinical Director formally responsible for each of the Directorates. These are supported across the Trust by our Corporate Services.

Our Organisational Structure

NHS North Staffordshire Combined Healthcare NHS Trust

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 and services 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 a 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 service section of the website at https://www.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 https://www.youtube.com/playlist?list=PLuLnRckD7bTep22NYgI_CfuY3WE2dxLaL

Where to find examples of service transformation and achievement during 2025/26

To accompany and complement the Annual Report and Accounts, each year the Trust also publishes its Quality Account. This contains extensive coverage of quality and service improvements carried out across the Trust throughout the year as well as details of how the Trust has responded to service user feedback and suggestions. The Quality Account is available for download from the Trust website.

Staff, Service User and Carer Stories

We continued to develop the quality and visibility of staff, service user and carer stories at Trust Board and at Quality Committee. These are produced as video stories, shown initially at the Board and/or Committee and then publicised and disseminated via a dedicated section on our public website and via our social media channels. Examples over the year include:

- Diverse Minds - a support group set up to provide mental health support, focusing on enhancing inclusion, education and support for people experiencing mental health challenges and neurodiversity.
- Amy's Story - discussing her experience with the Parent and Baby Service at Combined Healthcare during her third pregnancy.
- Ness's Story - discussing her family's experience with Non-Violent Resistance Supportive Parenting for Anxious Childhood Emotions (NVR SPACE) with the Children and Young People Intensive Support Hub.

Research evaluation 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. In 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, liaised with key regional partners and created a robust framework. To 31st March 2026, 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 (SSHERPa) and the new Central and Northwest 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 from Dr Amar Shah (National Clinical Director for Improvement) and Nancy Dixon (Healthcare Quality Improvement Quest), demonstrated 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.

Our people

Introduction

The past year has marked an important moment in the evolution of our People Plan. When we launched the Combined People Plan in 2023, we described it as one of the most significant tools for shaping the future of our organisation - and the progress since then has demonstrated just how vital this work is. Thanks to the commitment, professionalism and resilience of our colleagues, we have delivered nationally leading NHS Staff Survey results, strengthened our culture, reduced bank and agency usage and continued to provide high-quality services even in challenging circumstances.

As we reach the midpoint of our 2023–2028 strategy, this year has offered the right moment to pause, reflect and refresh our approach. The NHS continues to operate in a landscape defined by rapid change: evolving national priorities, new commissioning models, increasing expectations around digital delivery, and shifting socio-economic pressures affecting colleagues both personally and professionally. Against this backdrop, we have ensured our People Plan continues to grow with us; building on what works, adapting where needed and removing what no longer adds value.

Our refreshed Plan is shaped by extensive engagement with colleagues and leaders across the Trust. It streamlines our priorities into a sharper, more actionable programme focused on three major areas: Workforce Optimisation, Workforce Transformation and Our Combined CARE Culture. Together, these create a coherent framework for how we will strengthen our workforce, develop modern and responsive services and foster an inclusive culture where people feel seen, supported and able to thrive. This work is underpinned by clear metrics, stronger alignment with clinical and operational priorities and short-term actions designed to reflect the rapidly changing NHS context. The People Plan can be summarised in the illustration below

What has not changed – and will not change – is our commitment to our people. We remain an organisation defined by compassion, learning and ambition. Our vision is clear: to be a place where colleagues can grow, innovate and deliver outstanding care for the communities we serve. As we move forward, our People Plan will continue to guide us in creating a culture where everyone can contribute, succeed and feel proud to be part of our Combined family.

Staff Wellbeing

Our organisation remains fully committed to delivering the Combined People Plan, recognising that the health, wellbeing and cultural experience of our colleagues are fundamental to the success of our Trust.

We are strengthening our focus on behavioural and cultural development, health and wellbeing and the experience of our global majority colleagues. This includes realigning our wellbeing, inclusion and organisational development offer to meet the changing needs of our clinical and corporate services by April 2026.

Growing a Compassionate, Connected and Supportive Workforce

Over the past year, our staff engagement approach has continued to flourish. Our model based on listening, recognising and meaningfully connecting with teams across all of our services has strengthened solidarity and reinforced our commitment to a compassionate culture. This reflects the People Plan's ambition to ensure colleagues feel seen, heard and supported, with leaders modelling behaviours that align to our values and refreshed behavioural framework. Throughout the year, we have provided a wide range of health and wellbeing initiatives to demonstrate our appreciation for the exceptional compassion and professionalism colleagues deliver every day. These offers are increasingly being aligned with workforce intelligence and organisational priorities, in keeping with the Plan's intent to use integrated data to target support where it is most needed.

Key Health and Wellbeing Activities Delivered This Year

- Health and Wellbeing Week - Designed to help staff reflect on the challenges they have faced, reconnect with colleagues, family and friends, and focus on moving forward with resilience and renewed energy.
- Health and Wellbeing Days - Offering a range of activities to support personal wellbeing.
- Staff Health Checks - Comprehensive checks including blood pressure, pulse, weight, and blood tests to help colleagues proactively manage their physical health.
- Support Groups and Communities - Expanding peer-support and shared-interest groups such as Weight Management, Menopause, Running Club, Men's Health Group, Women's Health Group, Combined Choir, Dungeons and Dragons, and Cycling Club, with more groups planned.
- Staff Psychological Wellbeing Hub - Providing workshops, assessments and rapid signposting for those needing psychological support. This contributes to the People Plan's focus on targeted wellbeing interventions aligned to areas of greatest need.
- Staff Support and Counselling Services - Delivering one-to-one counselling, team support following critical incidents, and two six-week CBT courses focused on MSK/pain and stress/anxiety. The service has also trained new cohorts of CISM (Critical Incident Stress Management) practitioners and Mediators to strengthen our internal support capability.

Inclusion and Belonging

We remain deeply proud of our reputation as an inclusive, compassionate organisation where diversity is celebrated and where every person is treated with dignity and respect. Our commitment to fostering a culture free from racism, harassment, discrimination and personal abuse continues to be unwavering. We expect our leaders and teams to champion inclusion every day, and – where required – we take decisive action to address under-performance or discriminatory behaviours that compromise the safety, wellbeing or experience of our colleagues, service users or carers.

In 2025/26, Inclusion and Belonging has continued to be central to how we work as a Trust, reflecting our ambition to be Outstanding in all that we do and how we do it. This commitment is firmly embedded within the refreshed People Plan, which emphasises strengthening our organisational culture, addressing behavioural and cultural challenges highlighted through staff feedback, and ensuring our global majority colleagues feel heard, supported and empowered.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.
At North Staffordshire Combined Healthcare NHS Trust, we are committed to being an inclusive organisation and developing our anti-discrimination and anti-racist approach. We are a diverse and inclusive Trust and there is no place in our organisation for racism, harassment, personal abuse, and discrimination of any kind.

Our full Inclusion and Belonging Statement is published on our Trust public website at Inclusion and belonging at Combined Healthcare - North Staffordshire Combined Healthcare NHS Trust

Strengthened Strategic Approach to Inclusion in 2025/26

Building on the launch of our Inclusion & Belonging Strategic Plan in 2024, we have continued embedding accountability for inclusion into all leadership roles. The role of staff networks, specifically the Trust's Inclusion Council, have been refreshed to ensure our people's voice drives decision making.

Key Progress and Areas of Impact in 2025/26

At North Staffordshire Combined, we strive to create an open and inclusive culture for our workforce. Our people are the heartbeat of Combined, so hearing their voices is critical for supporting their wellbeing, which ultimately leads to better patient care.

As a Trust, we ensure that any concerns raised are taken seriously, investigated appropriately and supported with actions to achieve outcome. Our primary focus will always be to encourage people to raise any issues or concerns within their immediate management team or with the Patient Safety Team, but we recognise that in some cases, speaking up using this approach might 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 feel heard and their concerns are supported and explored. Our alternative main speaking up routes is through our Dear Buki communication route or through our Freedom To speak Up (FTSU) route, with a more formal process available if needed, through our Resolution of Grievance and Dispute Process.

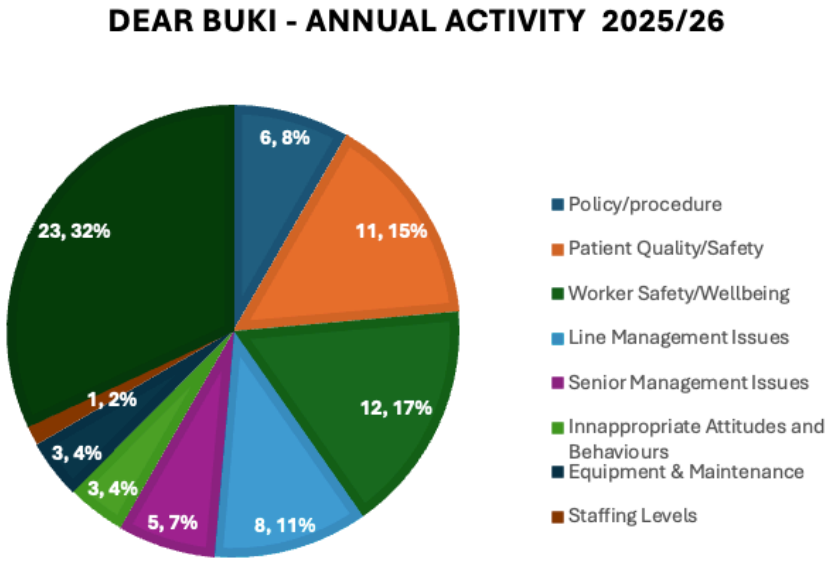
These routes provide our people with space to help them feel safe and share any issues that impact on the safety or wellbeing of themselves, patients or others when staff are exposed to a negative working experience. Our raising concerns routes are promoted on CAT – our Trust intranet with additional and alternative routes promoted on our Freedom To Speak Up pages.

Our Peoples Voice - Annual Activity 2025/26

Every concern or issue of communication is taken seriously before being reviewed and categorised into themes, which provide us with consistency to identify any potential patterns arising and invaluable insight to support any further developmental actions that may be needed.

Dear Buki Communications

During 2025/26 the Trust received a total of 72 Dear Buki communications. The figure below shares the overall themes that arose from people using this route.



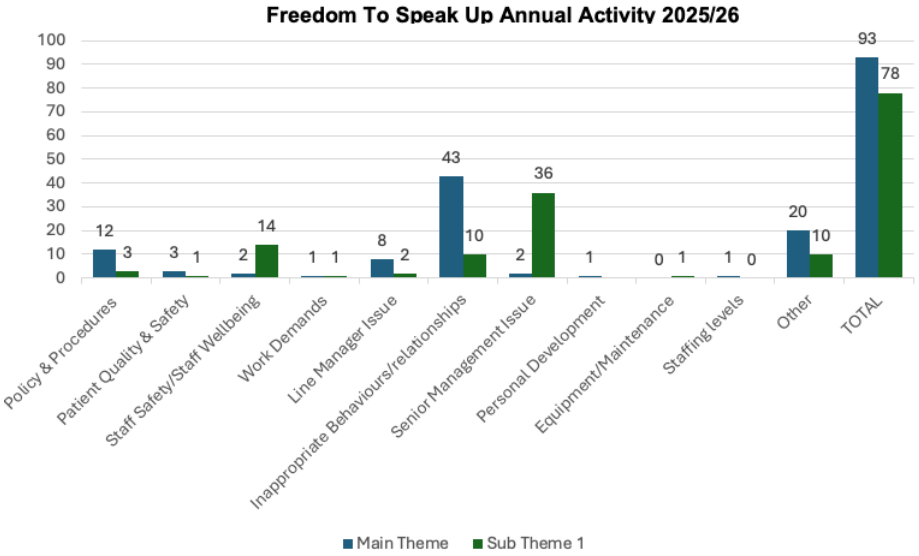
To ensure Combined continues to support its open and transparent culture, all non-identifiable Dear Buki communications can be accessed through the Trust intranet with any person identifiable communications responded to direct to the originator.

Freedom To Speak Up Annual Activity 2025/26

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, with the exception of including a FTSU champion, should an individual choose to reach out to a champion for any initial engagement. Any action to support an individual who has raised a concern will only be taken and supported with actions on behalf of the individual, once this has been agreed between the FTSU Guardian and the individual raising the concern. Our people can raise a concern in one of 3 ways through FTSU:

- Openly
- Confidentially
- Anonymously

During 2025/26 the Trust received a total of 93 FTSU concerns. The figure below shares the themes arising through our people using this route.



FTSU Outcome

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

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 these metrics, 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 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 and effectiveness of appraisals;
- Safety and incident management.

Learning and Development

Our Learning Management System (LMS), launched in 2017 and recently upgraded, is now integrated with the national E-Learning for Health (eLfH) service, enabling access to more than 600 validated e-learning packages and supporting responsive, scalable learning delivery.

The LMS comprises 12 programme chapters, including Statutory and Mandatory Training, Quality Improvement, Medicines Management, Digital and Clinical Systems, Health and Wellbeing, Organisational and Personal Development, and Leadership, offering a portfolio of more than 300 courses.

During 2025/26, we continued to strengthen access to development opportunities through a blended model of face-to-face delivery, e-learning, and virtual sessions via Microsoft Teams. This has broadened participation across internal and external training offers. The Trust is also progressing plans to transition to the Electronic Staff Record (ESR) system to streamline processes and enhance appraisal and supervision data quality.

Continued Professional Development

We remain committed to ensuring colleagues can access a wide range of accredited courses, university modules, conferences and learning pathways to support professional and personal development. Our Training Needs Analysis (TNA) process continues to guide teams in shaping development plans that benefit staff, service users and the wider community.
Below is a sample of the Continuing Professional Development opportunities supported across our directorates (list preserved as provided):

- ACT Skills for children and adolescents
- Advanced NVR
- Applying CFT to Physical Health Problems
- Braver than before
- CFT Physical Health Problems
- Compassion Focused Therapy Conference
- DBT Essentials
- DICES
- EMDR
- Emotional Response Therapy
- FND
- Integrated EMDR
- Mindfulness Based Stress Reduction
- NVR Accreditation Module
- Paw B
- Strategic Clinical Leaders programme
- Trauma Informed Educator Course
- Working with fears of compassion
- Working with people with personality disorder

Leadership Development

Leadership Academy: Our bi-monthly Exec-hosted virtual and in person Leadership Academy continues with topics including Inclusion, Sustainability, Leadership & Digitalisation enriched by external speakers. The Leadership Academy provides our Senior Leaders with the opportunity to connect, learn, discuss and signpost to other development opportunities. These events are recorded to share the learning more widely across the Trust and the content is aligned to our Trust Strategic Enablers, Combined People Plan and the NHS Management and Leadership Standards.

Our Improvement Leaders Programme continues to thrive developing emerging leaders with a passion for Quality Improvement. These Leaders have the skills and confidence to take forward improvement challenges through the programme and beyond. This sits alongside a suite of learning opportunities for staff and those with lived experience, to learn and then apply the ethos of Quality Improvement thinking to their daily work.

The QI Team are embedding sustainable improvement capability across clinical and leadership teams through targeted QI training that promotes Improvement Thinking in everyday practice, the fundamentals of QI are integrated into our Trust Preceptorship programme, Student and Medical Staff Master classes, Trust Induction programme and the Connects Leadership programme. The Applying QI Programme is underway for 2026, aligned to Trust priorities and combines theory with applied learning.

Inclusive Talent Management

During 2025 our Inclusive Talent Management approach continued to deliver key work streams around:

- Career Progression & Development – We continue to offer development support for teams through bitesize learning workshops including getting the most from the annual appraisal & development conversation for appraisers and appraisees and career development workshops. This is complimented by 1:1 career development conversation from qualified and experienced coaches. Our career development page on the Trust Intranet signposts to:
  - additional NHS resources and e-learning
  - national offers from NHS Elect and the Midlands Leadership Academy
  - our Combined Career Development Guide.
- We develop leaders through the use of strengths-based approaches to support their own and team development with an enhanced offer of personality profiling tools such as Strengths Deployment Inventory, MBTI, Hogan or 360-degree feedback to support ongoing personal and professional leadership development.
- Our Combined Team Journey commenced in 2025 supporting team leaders, Associate Directors and Service Managers with 1:1 coaching and/or workshops from across all Directorates in the Trust. This offer continues as part of a 3-year culture change programme seeking to support teams to develop the structures, processes and interpersonal behaviours that deliver high performance for the benefit of our people, patients and service users.
- Leadership Development – Our in-house Leadership Programme Alumni and Staff Networks members have continued to be supported with signposting to additional development offers including Anti Racist Leadership workshops, Career Development webinars, System Inclusion Events, Coach & Mentor Development, Project Management training and the WME Tri Sector Challenge.

Partners who work with us

Wellbeing College

Our Wellbeing College was successfully launched in the summer of 2022 and has celebrated its third birthday this year. The college offer and branding was fully co-produced and has continued its co-production journey with service users and carers. We currently have over 500 active students (active students are those who have attended a workshop in the past year) this is a 57% in year increase. Wellbeing College students include a varied cohort of service users, members of the public, carers, staff and partner organisation staff. The prospectus changes each term with new workshops being added to keep a fresh and varied offer to suit all needs.

The Wellbeing College team are passionate to support reasonable adjustment needs for students to ensure accessibility and can create their own Individual Learning Plan with support from the college team. This can enable students to set goals for attendance or their recovery journey. The Wellbeing College are responsive to requests and are able to adapt the prospectus to offer a wide and growing range of recovery focused education and recreational sessions which are all co-produced and co-delivered by topic experts and people with lived experience.

The College team work with 50 community partners to co-produce and host the workshops and have trained over 50 topic experts and expert by experience facilitators from a wide clinical and third sector background ensuring all the workshops are underpinned by an evidence base and have relatable lived experience to support the students attending. The college social media has a reach of 12,500 people and this year we have been able to expand the college website to include the links to our partner organisation websites and a new tab for expert by experience recommended self-directed, self-care activities.

Widening Participation

In 2025/26, we expanded our apprenticeship offer, supporting both new entrants and existing staff to progress through a range of roles. We currently have 68 active apprenticeships, including Advanced Clinical Practitioners (ACP), Enhanced Clinical Practitioners (ECP), Social Workers, Occupational Therapists, Pharmacy Technicians, Nursing apprentices and Level 7 Leadership and Management programmes.

We also continue to support additional apprenticeship pathways in Administration, Customer Service, Clinical Associate Psychology, Cyber Security and Digital roles.

We have broadened our partnerships with training providers to ensure availability of new apprenticeship standards and continue to utilise funding opportunities from NHS England.

In 2025/26, we welcomed our first T-Level students as part of a strategic initiative to strengthen and preserve the Registered Nurse Learning Disability (RNLD) workforce. This project is being disseminated nationally as part of a wider workforce sustainability plan for at-risk specialisms.

Our Partnerships and Opportunities

North Staffordshire Combined Healthcare NHS Trust continues its role as a committed partner within the Staffordshire and Stoke-on-Trent Integrated Care System (ICS), contributing to the shared ambition of delivering more preventative, community-based and integrated health and care. Our partnership approach supports the effectiveness, efficiency and economy of our services, ensures long-term quality and sustainability, and enables us to respond collectively to the complex needs of the communities we serve.

Working Across the ICP, ICB and Place-Based Partnerships

Throughout 25/26, the Trust has deepened its collaboration with the Integrated Care Partnership (ICP) and Integrated Care Board (ICB), ensuring alignment with emerging neighbourhood health models, system commissioning intentions and the national medium-term planning framework. We have maintained active participation in system forums, including the Provider Collaborative, neighbourhood health groups, VCSE infrastructure partnerships and local authority-led programmes. This integrated working ensures that our services remain responsive to local population need and that the Trust contributes fully to the system-wide shift from hospital to community and from treatment to prevention.

The Trust's Strategic Partnership Plan, approved in May 2025, provides clear objectives to ensure partnerships contribute meaningfully to the delivery of the NHS 10-Year Plan and to the long-term success of the Trust. These include improving outcomes through shared expertise, enhancing operational efficiency, embedding innovation and research, and addressing inequalities.

Strengthening System Partnerships

The Trust has proactively adapted to changes in the ICB organisational landscape, including the introduction of new cluster arrangements, developing strengthened relationships with system leaders and identifying early opportunities for joint working and future growth.

Provider Collaborative

The Trust continues to play a leading role within the Staffordshire and Stoke-on-Trent Provider Collaborative, maintaining the Chair of the Collaborative Board and helping to evolve governance arrangements. During 2025/26, provider collaboration has been central to joint efforts to reduce inappropriate out-of-area placements, develop new crisis alternatives, coordinate neighbourhood-level MDT models, and progress corporate efficiency opportunities across partners.

Partnerships Supporting Children and Young People

In 2025/26 the Trust commenced development of the first children and young people's neighbourhood multidisciplinary team in the ICS, coordinated through the Primary Care Directorate with broad cross-system engagement. We have also acted as lead provider for mobilising the £3.8m West Midlands CAMHS Provider Collaborative investment to deliver enhanced system support for children and young people in complex situations. This cross-sector approach will strengthen early intervention, support flow across pathways and ensure improved outcomes.

Voluntary, Community and Social Enterprise (VCSE) Sector Partnerships

VCSE partnerships continue to form a core part of our approach to improving access, reducing inequalities and supporting community resilience. Building on the progress reported in our 2024/25 Annual Report, we have:

- Expanded community partnerships, including continued support to the community lounges operating across Stoke-on-Trent which offer safe, inclusive spaces for residents to access wellbeing support. This includes ongoing collaboration with Port Vale FC Foundation and the Stoke City Foundation.
- Renewed commissioning arrangements across VCSE contracts in the Community Directorate, following a procurement exercise concluded in early 2025. Contract performance and social value metrics continue to be monitored to demonstrate reach and impact.
- Delivered innovative targeted programmes, such as the Keep Warm, Keep Well scheme with Moorcroft Medical Centre and Beat the Cold, developing new approaches to mitigating the mental and physical health risks associated with fuel poverty.
- Launched a procurement process for a new Safe Haven community crisis alternative providing a non-clinical, VCSE-led alternative for people experiencing mental health crisis.
- Delivered the final two rounds of the Community Grants Programme. Round 4 supported projects to improve awareness and address barriers faced by carers of people with severe mental illness. Round 5 was focused on enhancing support for children and young people on CAMHS waiting lists, contributing to improved patient experience and better coordinated early help.
- Expanded partnerships via our dedicated Trust charity 'Combined Charity' including a charity golf day in support of our Neuropsychiatry and Neuropsychology services and collaboration with NHS Charities Together as a successful recipient of a Greener Communities Fund grant.

Community Engagement and Partnership Events

Partnership events continue to play a key role in shaping shared priorities, strengthening relationships and ensuring community voice informs service improvement. Activities delivered across 2025/26 include:

- The third annual Engagement@Combined event, showcasing collaborative work across sectors and enabling stakeholders to contribute directly to future priorities.
- A comprehensive programme of workshops and events delivered by the Wellbeing College.
- A system workshop convened by the Trust to explore opportunities for improving approaches to supporting adults with co-occurring needs.
- A children and young people community of practice to build on the relationships established though round 5 of community grants and maximise opportunities created by partnership working.

Performance overview

Our Approach: Measuring for Improvement

Measuring for Improvement

The Improving Quality and Performance Report (IQPR) is a key driver towards maintaining our outstanding services. It serves as a quality improvement and performance tool to support Board, Committee, Performance Review and Directorate performance meetings. It incorporates Statistical Process Control (SPC) methodology for our Board and Committee performance and quality reporting. SPC charts measure variation and establish, by using statistical techniques, whether this variation is within normal expectations or outside of them. This allows the Trust to move to improvement measurement, to demonstrate quality improvement and describe the process changes that have resulted in it. It also enables the early detection of any issues which can then be addressed.

Performance Management Framework

The Performance Management Framework describes the processes in the Trust to ensure appropriate management of its performance against strategic and operational goals. This is in support of the IQPR and sets out the reporting and monitoring arrangements at every level of the organisation, as well as the responsibilities and accountabilities of individuals. It is supported by a Glossary to enable clear visibility of measure definitions and tolerances. There is also a clear Change Control Process, formalised through a quarterly review of the metrics and standards reported to the Senior Leadership Team. These arrangements provide robust assurance across the Trust and to commissioners and regulators.

Assurance

Where IQPR performance or quality metrics are not on target, clinical directorates and corporate areas provide Performance Improvement Plans, including trajectories for improvement and action planning, for performance review by the Executive Team..

Clinical and Corporate Dashboards

Monthly Clinical and corporate dashboards provide visualisation of the most important performance measures and quality indicators. Key priorities are reviewed to ensure that the most pressing indicators of performance and quality are in focus. The review of individual clinical teams' compliance with CQC and Mental Health Act standards continued during the year where relevant, with results being used to drive improvements in the quality of the services provided to patients..

Benchmarking

The Trust uses local and national benchmarking information to add intelligence and insight to its performance management processes. Benchmarking enables the performance of the directorates to be analysed, and they are supported in identifying how improvement in quality, productivity and efficiency can be achieved. The Trust remains a key member of the national NHS Mental Health Benchmarking Reference Group.

Data Quality Metrics

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

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 datasets 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 places the Trust as having the joint 2nd highest DQMI score across all 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.

Data Quality Audit

In the Internal Data Quality Audit 2024/25, MIAA undertook a 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 key performance indicators (KPI). 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 being applied consistently. The 2025/26 Audit is being undertake in February and March 2026.

Data Quality Forum

The Trust has a clear management structure that clarifies the responsibilities and accountabilities for those individuals who enter data. This ensures that there is accountability for low levels of data quality and accuracy. The Data Quality Forum comprises 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 the 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 resolving data quality issues. There is an imperative to create a culture and understanding in staff of the value of capturing high quality data in real time to improve patient care.

Data Quality Assurance Framework

The Trust has signed up to and participates in the Data Quality Assurance Framework updated by NHS England in 2025. It reflects current policies and best practice to help drive forward excellence in data quality practice. This supports the Trust to build on our existing data quality assurance processes and practices and includes our plans for providing assurance around our MHSDS submissions given the increasing use of the published data..

Implementation of the Business Intelligence (BI) Strategy

The Business Intelligence Strategy has been constructed to inform, enable and empower services, providing better and broader access to data through the building of self-serve reports. It aims to:

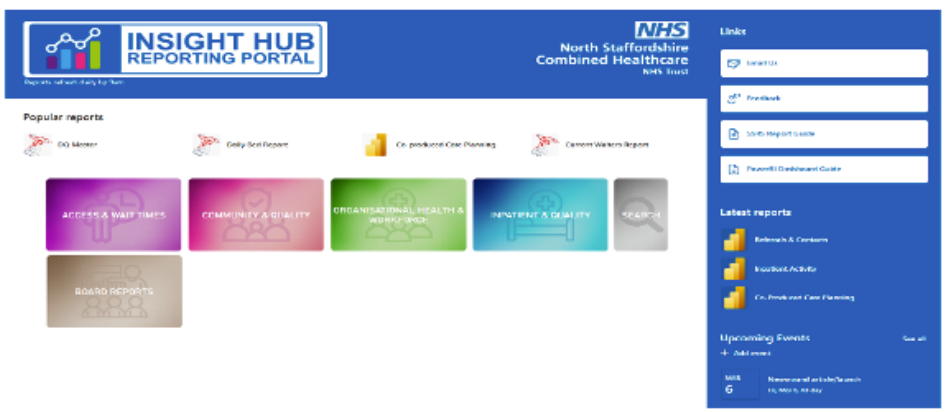
- Improve accuracy, availability, and accessibility of organisational reporting.
- Improve the democratisation of data and decision making.
- Increase data literacy through engagement sessions and developing service level power users.
- Move from Information to Insight, using the data to drive quality improvement.
- Support the Trust's response to increased levels of acuity and demand.
- Provide more analysis, and platforms for analysis, including predictive analysis.
- Change organisational culture.

The further development of reports has provided automated activity information, in a versatile and user-friendly format, that is accessible directly to staff. The reports provide managers and clinicians with:

- A better understanding and monitoring of directorate, team and individual activity, performance, and quality improvement.
- A platform to identify and improve data quality.
- Support with clinical decision making and service transformation

Insight Hub

The new Insight Hub has been developed in house to replace the Business Intelligence portal. This is a single, self-service home for every report and dashboard created by the Performance team. Designed with a simple, mobile-style interface, it is intuitive to navigate and easy to use.



National performance reporting

A suite of national reporting dashboards has been developed within Power BI to align fully with nationally methodology and reporting standards. These dashboards are designed to support services across the Trust in driving continuous improvement through accessible, transparent, and actionable data.

Each dashboard provides patient-level drill-through capability alongside clear metric definitions and methodology information embedded within the cover page, ensuring consistency of interpretation and a shared understanding of performance measures. Visualisations are intentionally designed to highlight variation, trends, and areas requiring improvement, enabling teams to proactively identify performance gaps and opportunities for service development.

The dashboards are updated daily, providing near real-time insight into performance against national metrics. This approach enhances transparency, strengthens data confidence, and supports services to embed data-driven decision-making within routine operational and quality improvement processes.

Population Health Management and Health Equity Assessments (HEAs)

Health inequities remain a focus for the region and the Trust, with many system level programmes underpinned by Health Education England (HEE) and population health management approaches. Stoke-on-Trent is the 19th highest deprived area in the UK, whose poor wider determinants of health continue to impact upon the health of its population. The Trust will maintain its focus in this area and continue efforts to support conversations on improving and maintaining outcomes for the population it serves.

Regular Patient Carer Race Equality Framework (PCREF) meetings and working groups have been set up to allow Health Inequalities to be on the forefront of staff members minds. Demographic data is used to support co-produced care and is available on all reports to keep the data easily accessible.

Quarterly monitoring of the Trust Health Equity Framework is provided to the Trust Inclusion Council to report on the effectiveness of interventions and actions to reduce inequity at a Trust and local level.
Additional tools and support will be available through Optum, who have partnered with SSOT ICS, with the PHM Pathfinder tool being rolled out last year.

Looking Ahead

Meeting Key National Performance/ Data requirements 2026/27

- 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.

Performance analysis

Long Term Plan and National Mental Health Priorities: Operational Planning Forecasts 2025/26

	Out of Area Placements	Plan Basis	Measure	Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	Active inappropriate adult acute mental health out of areas placements (OAPs)	End of RP	.....	2	2	2	2	2	2	2	2	2	2	2	2	2
			.....	17	11	19	11	19	9	7	17	17	21	19	32	
			.....	-15	-9	-17	-9	-17	-7	-5	-15	-15	-19	-17	-30	
			.....				*5*	*3*	*3*	*10*	*7*	*2*	*11*	*3*	*1*	

	Inpatient Stays (people aged 18 and over from adult acute, older adult acute and PICU beds)	Plan Basis	Measure	Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2	Total bed days for discharges in the RP	3-month rolling	.....	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995
			.....	8,335	8,407	8,338	9,483	9,693	9,263	8,019	6,967	7,646	7,967	8,350	7,548	
			.....	-340	-412	-343	-1,488	-1,698	-1,268	-24	1,028	349	28	-355	447	
			.....	8,416	8,405	8,340	9,505	9,695	9,265	8,020	6,965	7,645	7,965	8,350		
	Number of discharges in the RP		.....	205	205	205	205	205	205	205	205	205	205	205	205	205
			.....	179	202	188	181	171	182	186	178	175	167	172	167	
			.....	26	3	17	24	34	23	19	27	30	38	33	38	
			.....	180	200	190	180	170	180	185	180	175	165	170		
	Mean Length of stay for discharges in the RP		.....	39	39	39	39	39	39	39	39	39	39	39	39	39
			.....	47	42	44	53	57	51	43	39	44	48	49	46	
			.....	-8	-3	-5	-14	-18	-12	-4	0	-5	-9	-10	-7	
			.....	47	42	44	53	57	51	43	39	44	48	49		

	Perinatal access	Plan Basis	Measure	Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
3	Number of people accessing specialist community PMH and MMHS services in the RP	12-month rolling	.....	608	608	608	608	608	608	608	608	608	608	608	608	608
			.....	767	682	701	722	746	747	770	803	812	795	822	836	
			.....	159	74	93	114	138	139	162	195	204	187	214	228	
			.....	741	660	680	700	725	725	745	775	780	795	820		

	CYP Access	Plan Basis	Measure	Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact	12-month rolling	.....	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955
			.....	8,911	8,515	8,489	8,605	8,706	8,713	8,897	9,073	9,163	9,164	9,286	9,409	
			.....	956	560	534	650	751	758	942	1,118	1,208	1,209	1,331	1,454	
			.....	8,874	8,520	8,505	8,620	8,715	8,725	8,910	9,090	9,175	9,180	9,300		

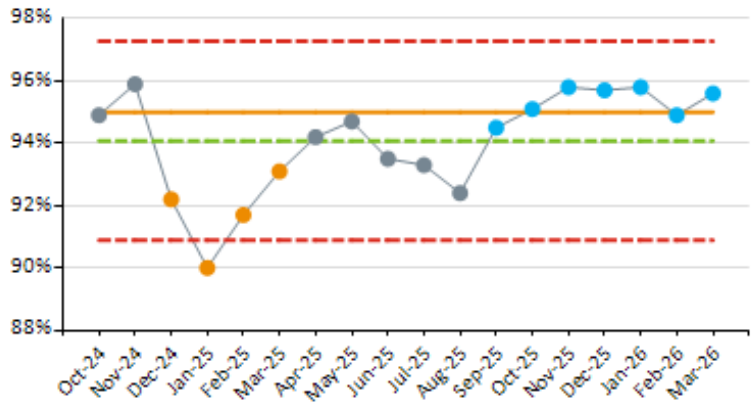
	Individual Placement Support Access	Plan Basis	Measure	Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
5	Number of referrals that accessed Individual Placement Support (IPS) in the reporting period	12-month rolling	.....	913	820	827	846	865	883	902	921	940	958	977	996	1,015
			.....	807	784	776	782	750	773	800	811	832	853	851	870	
			.....	-96	-36	-51	-64	-115	-110	-102	-110	-108	-105	-126	-126	
			.....	381	389	388	382	364	365	377	372	380	395	392	390	
			.....	426	395	388	400	386	408	423	439	452	458	459	480	
			.....	810	785	780	790	760	780	815	820	835	860	870		
			.....	380	390	390	380	365	365	375	370	380	395	390		

Core Indicators-SPC Trend (Access and Waiting Times)

Referral to Assessment within 4 weeks (Trust measure)

To ensure that service users referred receive a timely assessment and access to service based on time between referral and first successful direct contact for current service users with an incomplete pathway.

Actual (12-month average) 94.6% (Apr 25-Mar 26) - Target 95.0%



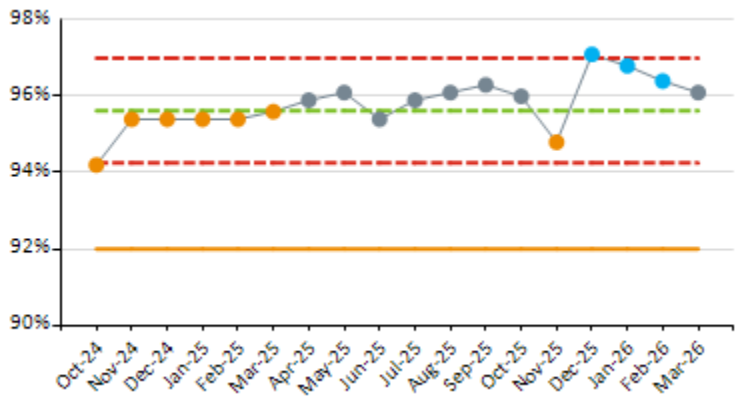
13 Month Trend

93.1%	94.2%	94.7%	93.5%	93.3%	92.4%	94.5%	95.1%	95.8%	95.7%	95.8%	94.9%	95.6%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Referral to Treatment within 18 weeks (Trust measure)

To ensure that service users referred receive timely treatment – based on time between referral and second successful direct contact in current service users with an incomplete pathway.

Actual (12-month average) 96.1% (Apr 25-Mar 26) - Target 92.0%



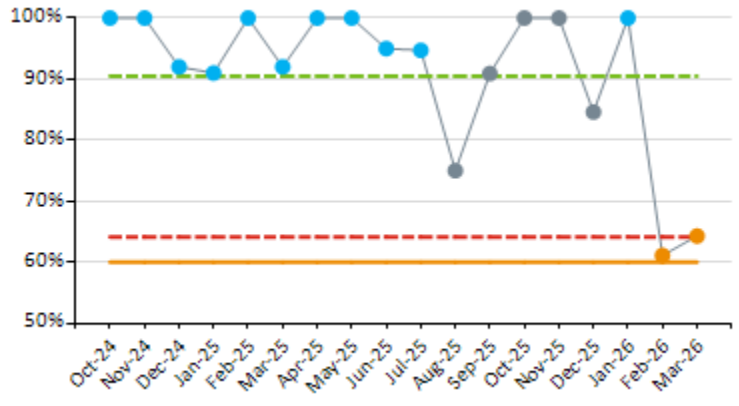
13 Month Trend

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

Early Intervention in Psychosis – Referral to Treatment within 2 weeks

2 weeks or less from referral to entering a NICE compliant course of treatment under Early Intervention in Psychosis is considered the benchmark due to the time sensitive nature of the service and the link between clinical outcome and timeliness of service. Treatment is defined as the first successful direct contact within the Early Intervention referral.

Actual (12-month average) 88.8% (Apr 25-Mar 26) - Target 60.0%



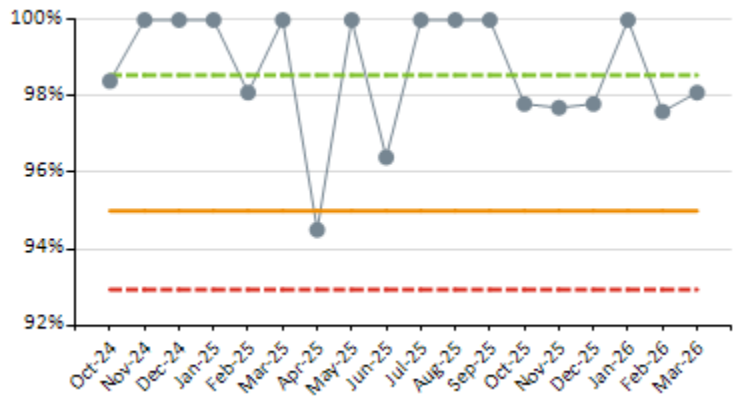
13 Month Trend

92.0%	100.0%	100.0%	95.0%	94.7%	75.0%	90.9%	100.0%	100.0%	84.6%	100.0%	61.1%	64.3%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

7 Day Follow Up (All Patients) (Trust Measure)

This is an important safety measure, showing the link between inpatient and community teams, as the immediate period after discharge is a time of significant suicide and self-harm risk.

Actual (12-month average) 98.3% (Apr 25-Mar 26) - Target 95.0%



13 Month Trend

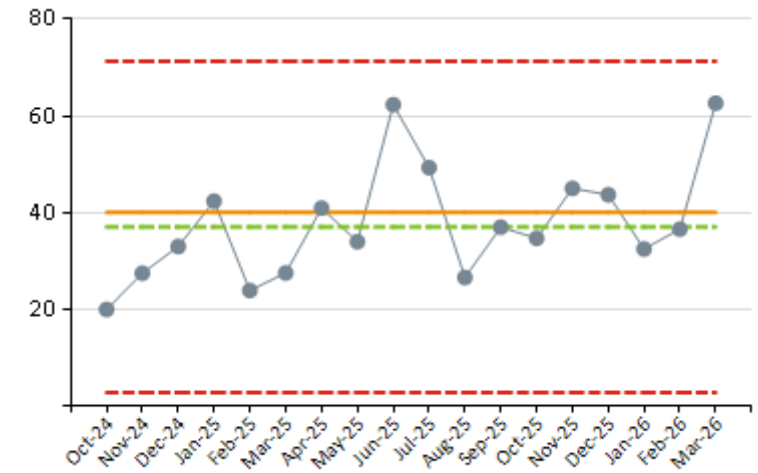
100.0%	94.5%	100.0%	96.4%	100.0%	100.0%	100.0%	97.8%	97.7%	97.8%	100.0%	97.6%	98.1%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Core Indicators-SPC Trend (Inpatient and Quality)

Average Length of Stay-Adult (Trust Measure)

Monitors a patient's length of stay in line with NHS Benchmarking definition.

Actual (12-month average) 42.7 days (Apr 25-Jan 26) - Target 40 days

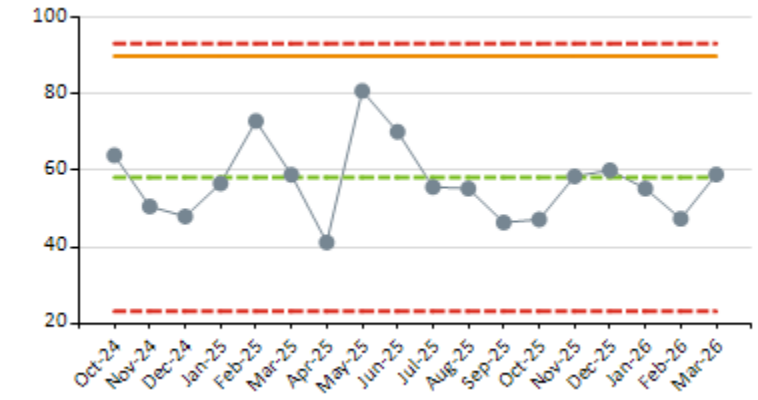


13 Month Trend												
27.5	40.9	34.0	62.3	49.3	26.6	37.0	34.7	45.0	43.7	32.5	36.6	62.6
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Average Length of stay-Older Adult (National Measure)

Monitors a patient's length of stay in line with NHS Benchmarking definition.

Actual (12-month average) 56.3 days (Apr 25-Mar 26) - Target 90 days



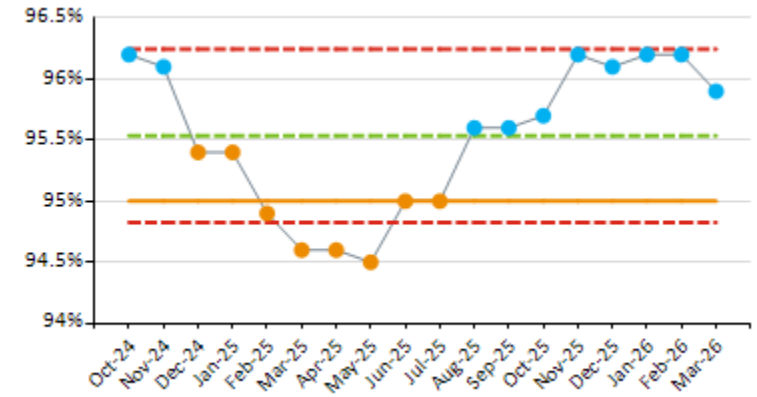
13 Month Trend												
58.9	41.2	80.9	70.2	55.7	55.3	46.4	47.2	58.5	60.1	55.3	47.4	59.0
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Core Indicators-SPC Trend (Community and Quality)

Care Plan Compliance (Trust Measure)

The care plan should include details of what should happen in an emergency or crisis situation and should be regularly reviewed.

Actual (12-month average) 95.6% (Apr 25-Mar 26) - Target 95.0%



13 Month Trend												
94.6%	94.6%	94.5%	95.0%	95.0%	95.6%	95.6%	95.7%	96.2%	96.1%	96.2%	96.2%	95.9%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Core Indicators-SPC Trend (Community and Quality)

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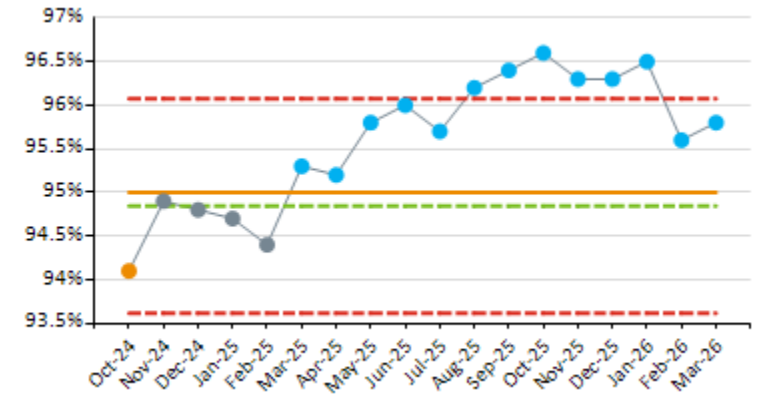


13 Month Trend												
95.3%	95.2%	95.8%	96.0%	95.7%	96.2%	96.4%	96.6%	96.3%	96.3%	96.5%	95.6%	95.8%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Financial performance overview

The Trust has reported a surplus of £3,421,000 against a plan of breakeven after technical adjustments. This was the 27th year the Trust has consecutively achieved a surplus position and exceeding the legal requirements to breakeven by delivering a surplus of 1.8%.

Good financial management is vital for the success of the Trust and to deliver high quality care for our patients and service users. The Trust has governance frameworks and policies in place to guide staff on the appropriate use of resources through our Standing Financial Instructions, Standing Orders and Scheme of Delegation. Financial performance is reported to the Finance and Resource Committee and Trust Board on a monthly basis.

During 2025/26, Internal Audit reviewed the key financial controls and provided a 'substantial' assurance opinion.

The directorates are held to account for the delivery of financial and other performance targets through monthly Performance Review meetings with the Chief Officers. It is important to note that the 2025/26 financial position included non-recurrent Cost Improvement Programme (CIP) delivery and other one-off benefits. The Trust will need to focus on cost control and the recurrent delivery of efficiency programmes to support the long-term financial sustainability of the organisation.

Statement of Comprehensive Income

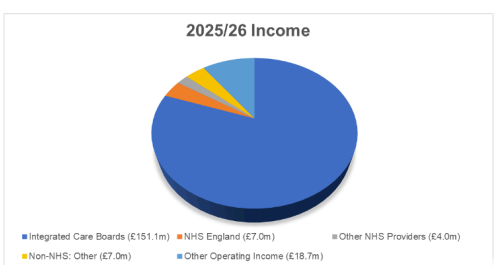
	2025/26 £000	2024/25 £000
Operating income from patient care activities	169,144	161,162
Other operating income	18,736	18,386
Operating expenses	(184,933)	(176,831)
Operating surplus/(deficit) from continuing operations	**2,947**	**2,717**
Finance income	1,630	2,008
Finance expenses	(2,173)	(2,596)
Net finance costs	**(543)**	**(588)**
Other gains / (losses)	(123)	2
Surplus / (deficit) for the year from continuing operations	**2,281**	**2,131**

Note 35

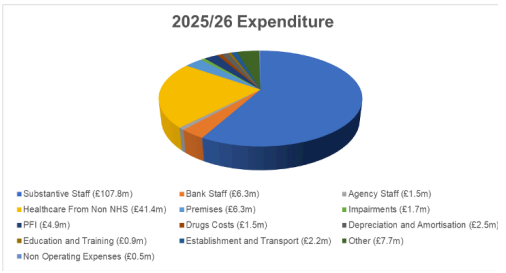
Adjusted Financial Performance for Purpose of System Achievement

Surplus / (deficit) for the year from continuing operations	2,281	2,131
Add back all I&E impairments/(reversals)	1,662	1,883
Adjust I&E impact of capital grants and donations	9	1
Remove impact of IFRS 16 on IFRIC 12 schemes	(531)	(505)
Remove net impact of consumables donated from other DHSC bodies	-	11
	3,421	3,521

Income in 2025/26 was £187.9m. Most of the Trust's income £158.1m (84%) was received from Integrated Care Boards and NHS England in relation to healthcare services provided during the year. Other income relates to services provided to other NHS bodies, primary care, training and education and other miscellaneous income.



Expenditure in 2025/26 was £185.5m. Over half of the Trust's expenditure relates to staffing (62%). Healthcare from non-NHS (22%) relates predominantly to patient placement costs. Non-operating expenses includes finance expenses.



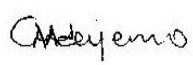
During 2025/26, the Trust has continued to invest in its estate and assets through the capital programme, supporting both service delivery and long-term infrastructure improvements. The major capital investment in the main inpatient facility at the Harplands hospital for the eradication of dormitories was successfully completed in 2025/26. Investment has continued in digital hardware, with a focus on device replacement and supporting the frontline digitalisation programme to enhance clinical and operational efficiency. In addition, there has been partial progress in the implementation of NHS Notify, a service designed to send targeted health information and alerts to service users. The Trust has also prioritised backlog maintenance and secured national Estates Safety Funding to address key infrastructure risks and ensure compliance with health and safety standards.

The Trust ended the year with a cash balance of £33.4m. This is an increase on the previous year and reflects the in-year surplus as well as good debtor control practices.

The Trust recognises that the coming year will present significant financial challenges, with rising efficiency requirements and an ongoing need to evidence improved productivity. These pressures are driven by the imperative to enhance the quality and accessibility of our services while maintaining financial stability. Over the next year, the Trust will continue to review and refine its service delivery to ensure it remains aligned with the expectations of a forward-thinking organisation, consistently achieving high-quality outcomes for patients and service users.

The accounts have been prepared under a going concern basis based on the anticipated future provision of services in the public sector. The Trust Chief Officers have not identified any material uncertainties relating to events or conditions that individually or collectively cast doubt on the Trust's ability to operate as a going concern entity.

The financial statements and accounts can be found in the Annual Accounts section.



Dr Buki Adeyemo
Chief Executive

Date 16th June 2026

Accountability Report
Directors Report
Our Board

The Standing Orders form a central part of North Staffordshire Combined Healthcare's Governance. Together with other policy documents such as the Standing Financial Instructions and the Scheme of Delegation, they fulfil the dual role of protecting the Trust's interests and protecting officers from possible accusation that they have acted less than properly. These policies are available on the Trust's public website.

The Board is responsible for setting the overall strategic direction of the Trust and for monitoring performance against its principal objectives. It decides on policy and ensures that the Trust continues to provide high quality services. The Board also ensures that the Trust is financially sound and performing effectively within the local community.
The Board met twelve times during the year in Public and in Private. Janet Dawson is the Chair of the Trust. Video archives and papers for all of our public Trust Board meetings are available via our Trust website at Combined Healthcare Trust Board Meetings. Video archives and papers for all of our public Trust Board meetings are available via our Trust website att https://www.combined.nhs.uk/about/our-board/board-meetings

Declaration of Directors' private interests (as of March 2026)

We maintain a register of Directors declared private interests, which is available on our website.

Disclosure of Information to the Auditors

The Directors who held office at the date of approval of this report confirm that, so far as they are each aware, there is no relevant audit information of which the Board's auditors are unaware and each Director has taken all the steps that he/she ought reasonably to have taken as a Director to make himself/herself aware of any relevant audit information and to establish that the Board's auditors are aware of that information.

Trust Board attendance 2025/26

	10th Apr 25 Private	8th May 25 Public / Private	12th June 25 Private	10th July 25 Public / Private	Ex -Ord Private 14th Aug 25	11th Sept 25 Public / Private	9th Oct 25 Private	13th Nov 25 Public / Private	Ex-Ord Private 11th Dec 25	Dec no meeting	15th Jan 26 Public / Private	12th Feb 26 Private	12th Mar 26 Public / Private
Non-Executives													
Janet Dawson, Chair	√	√	X	√	√	√	√	√	√		√	X	√
Russell Andrews, Non-Executive / Vice Chair	√	√	√	√	√	√	√	√	√		√	√	√
Pauline Walsh, Non-Executive / Senior Independent Director	√	√	√	√	√	√	√	√	√		√	√	√
Martin Evans, Non-Executive	√	√	√	√	√	√	√	√	√		√	X	√
Prem Gabbi, Non-Executive Director	X	√	√	√	√	√	√	√	√		√	√	√
Jennie Koo, Non-Executive Director	√	X	√	√	√	√	√	√	√		√	X	√
Dr Roger Banks, Associate Non-Executive Director	√	X	√	√	√	X	X	√	X		√	√	√
Katie Laverty, Associate Non-Executive Director	X	√	√	√	X	√	X	√	√		√	√	√
Nicola Bullen, (NExT Director Programme)	X	X	√	√	X	X	√	√	√		√	X	X
Executive Members													
Dr Buki Adeyemo, Chief Executive Officer	√	√	X	√	√	√	√	√	√		√	√	√
Eric Gardiner, Chief finance Officer / Deputy Chief Executive Officer	√	√	√	√	√	√	√	√	√		√	√	X
Kenny Laing, Chief Nursing Officer / Deputy Chief Executive Officer	√	√	√	√	X	√	√	√	√		√	√	√
Dr Dennis Okolo, Chief Medical Officer	√	√	√	X	√	√	√	√	√		√	√	√
Elizabeth Mellor, Chief Strategy Officer	√	√	√	√	√	X	√	√	√		√	√	√
Ben Richards, Chief Operating Officer	√	√	√	√	√	X	√	√	√		√	√	√
Kerry Smith, Interim Chief People Officer	√	√	√										
Frieza Mahmood, Chief People Officer			√	√	√	√	√	√	√		√	√	√
Dr Ravi Belgamwar, Deputy Chief Medical Officer				√									
Zoe Grant, Deputy Chief Nursing Officer	X				√								
Rachael Birks, Deputy Chief Operating Officer	X					√							
Lisa Dodds, Deputy Chief Finance Officer	X												√
In Attendance													
Jenny Harvey, Union Representative		√		√		√		√			√		√
Joe McCrea, Associate Director of Communications		√		√		√		√			√		√
Nicola Griffiths, Deputy Director of Governance / Trust Board Secretary	√	√	√	√	√	√	√	√	√		√	√	√
Sherrine Khan, Peer Support Worker		X		√		X		√			X		X
Lisa Wilkinson, Corporate Governance Manager (Minutes)	√	√	√	√	√	X	√	√	√		√	√	√
Tracey Cooper, Executive PA (Minutes)						√							
Mandy Brown, Senior Executive PA (Minutes)													

Our Executive Directors

Dr Buki Adeyemo – Chief Executive

Dr Buki Adeyemo was announced as North Staffordshire Combined Healthcare NHS Trust's Chief Executive on 14 December 2023, having previously served as the Trust's interim Chief Executive from December 2021 and Medical Director from 2012.

Dr Adeyemo started her medical career in Nigeria and graduated from the University of Lagos. She came to work for the NHS in 1997 and has spent most of her career to date working in North Staffordshire. She is a dual qualified Psychiatrist in both older age and working age adults and became a Consultant in Old age Psychiatry in 2007 at Combined Healthcare. During her career, Dr Adeyemo has specialised in medical education and psychological therapies.

Dr Dennis Okolo – Chief Medical Officer

Dennis was appointed as the substantive Chief Medical Officer in March 2024 having been the Interim Chief Medical Officer from December 2021. He has been with North Staffordshire Combined Healthcare Trust for over 20 years, having trained in and around the Staffordshire area before moving to Cheshire & Wirral Partnership NHS Trust for his first Consultant post. He has been a Consultant in General Adult Psychiatry in the Trust since 2007. More recently he has been Clinical Director for the Stoke Community Directorate and Associate Medical Director. He holds two Masters Degrees in Psychiatry and Business Administration and is a Fellow of the Royal College of Psychiatrists. In addition, Dennis has a passion for Medical Education and has been the lead for coordinating all undergraduate psychiatry teaching and placements at North Staffordshire Combined Healthcare for over 8 years. He is currently one of the Hospital Deans at Keele University Medical School and Honorary Senior Lecturer.

His clinical interests are in assessments and treatment of bipolar disorder which was the subject of his Master's thesis in Attention Deficit Hyperactivity Disorder.

Eric Gardiner – Chief Finance Officer

Eric joined the Trust in April 2021 from Betsi Cadwaladr University Health Board where he was Finance Director – Provider Services. Eric has worked in a variety of roles in NHS organisations in the Northwest of England and has a broad range of financial experience including contracting, costing and all aspects of financial management. He is a CIMA qualified accountant and has over 25 years of experience working in the NHS. He is a keen supporter and advocate of staff development and he holds a mentoring qualification with Lancaster University. He was previously Deputy Director of Finance at North Cumbria University Hospitals NHS Trust. Eric has worked with several mentees to improve their performance with a particular focus on supporting students to study and balance their working life and also with individuals to progress their careers.

Ben Richards – Chief Operating Officer

Ben joined the Trust in March 2022 and is a highly accomplished Chief Operating Officer with a strong record of delivering safe, high quality and financially sustainable services across complex and specialist environments. In his role he provides decisive operational and strategic leadership, ensuring the consistent delivery of constitutional standards, regulatory compliance and robust performance management across large, diverse portfolios. Ben acts as the Trust's Accountable Emergency Officer under the Health and Social Care Act 2012 and the Trust's Designated Individual under the Terrorism (Protection of Premises) Act 2025. Additionally, he serves as the Senior Responsible Officer for Mental Health, Learning Disability and Autism across the Staffordshire and Stoke-on-Trent Integrated Care System, a CQC Executive Reviewer and as Vice Chair of the Staffordshire Local Resilience Forum.

Ben holds a Masters Degree in Healthcare Leadership, in addition to holding Fellowships in several learned societies, including the Royal Society of Medicine, the Royal Society of Public Health and Royal Society of Arts. Ben is a Chartered Companion and Chartered Manager with the Chartered Management Institute and also acts as a lay advisor to the Royal College of Physicians of Edinburgh.

Ben is currently undertaking a Professional Doctorate in Health and Social Care with The Open University researching the impact of healthcare assistant redeployment on the staff, patients and wider service delivery, aiming to improve how services respond both effectively and with compassion in the future.

Kenny Laing – Chief Nursing Officer

Kenny is the Trust's Chief Nursing Officer & Deputy Chief Executive, he has experience of working in a number of Mental Health, Learning Disability and Community NHS Trusts. He is passionate about continuous quality improvement, having spent most of his career leading innovative mental health services, embedding change in practice, governance and organisational culture. Kenny started his career as a Nursing Assistant and has worked in the NHS for over 30 years. He has a strong reputation for leading innovation in Mental Health and has led several key national projects relating to Mental Health Nursing Workforce, including safe staffing in mental health. He is currently serving as the Vice Chair for the National Mental Health Nurse Directors Forum.

Liz Mellor – Chief Strategy Officer

Liz Mellor is Chief Strategy Officer at the Trust, with responsibility for leading the development of the organisation's strategic direction and operational plans in line with national policy and local priorities. She has 25 years' experience across the public sector, having worked in local government, the voluntary sector and the NHS. Liz has held a wide range of senior leadership roles, with expertise spanning operational delivery, commissioning and system-wide transformation. She began her career working directly with children, young people and families, shaping her long-standing commitment to improving outcomes for children and young people through collaboration and partnership working. Prior to her current role, Liz served as Deputy Director of Operations at the Trust for three years. She has a strong track record of leading whole system change and driving improvement across organisational boundaries, with a particular focus on delivering high-quality, sustainable services for local people.

Frieza Mahmood - Chief People Officer

Frieza was appointed as Chief People Officer of North Staffordshire Combined Healthcare NHS Trust in June 2025. Frieza started her career in the NHS, 20 years ago on the National Management Training scheme. She has spent the last 15 years working in senior HR roles in England across multiple NHS environments. These range from acute trusts to community and mental health organisations with extensive partnership working. Frieza is an experienced NHS Board Director having worked as a Chief People Officer for the last 5 years at Sandwell and West Birmingham NHS Hospitals Trust where she led the development and implementation of an innovative workforce planning model and transformational change programme to support the opening of the new Midlands Metropolitan University Hospital.

Frieza has an undergraduate degree in BSc Human Resource Management from Aston Business School and carried out further postgraduate qualifications in Human Resources, Organisational Development and Healthcare Leadership. Frieza carries out several other regional and national roles outside of her responsibilities at Combined Healthcare. These include a non-executive director role outside of the NHS in the education sector for Washwood Health Multi Academy Trust, (WHMAT) one of the largest academy school Trusts in the country. She is committed to education and development and has a number of aligned responsibilities which include working as a career's ambassador for the Midlands and East region, contributing to the development of higher education curriculums for local universities, participating in a range of organisational development transformational change programmes often beyond traditional boundaries to include NHS Scotland's Leading2change initiative. She is also active in the field of leadership development, for which she speaks and dedicates her time to the organisation of professional development and training in her role as a vice president for the national Healthcare People Management Association (HPMA).

Frieza is passionate about widening access to opportunities and facilitating participation for hard-to-reach groups. She is also actively focused on improving staff experience to aid retention and deliver better outcomes for service users.

Our Non-Executive Directors

Janet Dawson – Chair (tenure runs to March 2027)

Janet was Vice Chair and a Non-Executive Director until 31st March 2024, before taking up the role of Chair from 1st April 2024. Her role is to gain assurance that the Trust meets all its governance, clinical, corporate, legal and statutory obligations, as well as ensuring it remains financially sustainable and delivers excellent service. With a particular interest in facilitating diverse, inclusive and engaging cultures and championing women to fulfil their potential, Janet also acted as the Trust's Chair of the People, Culture and Development Committee and Wellbeing Guardian for the Trust and Non-Executive lead on Freedom to Speak Up.
From 2021 to December 2025 Janet was a member of the Board of Derbyshire Community Health Services NHS Foundation Trust and was Chair of the Quality People Committee and was Vice Chair of the Board. Since January 2024, Janet has been a Non-Executive Director of the Board for the Scott Bader Company Limited and is Chair of their Remuneration Committee and Senior Independent Director. Janet is also an Advisor to the Remuneration Committee of Fredric Robinson Limited and has been a member of the Parochial Church Council for her local church since 2012 and is its Treasurer.

Russell Andrews – Vice Chair and Non-Executive Director (tenure runs to December 2027)

Russell joined the Board in March 2019 and has been Chair of the Finance & Resources Committee since 2020. In addition, he has chaired the Combined Charity on behalf of the corporate trustees for 2 years. In a career spanning over 40 years Russell has been a nuclear engineer, teacher, school leader and has held senior positions in local and central government. He has also sat on and chaired a range of boards covering private, public and the third sector. Russell is keenly interested in policy and programmes to support social mobility and social equity, particularly for people with learning difficulties and learning differences

Prof. Pauline Walsh –Senior Independent Director and Non-Executive Director (tenure runs to March 2027)

Pauline is the Trust's Senior Independent Director as well as the Health and Wellbeing Guardian for Combined. After qualifying as a nurse in 1984, Professor Walsh practiced in a range of acute specialties before moving into education as a nurse tutor at Gloucestershire School of Nursing for a year before going on to do her teaching qualification at Cardiff University. Following this she moved to Wolverhampton University where she developed interests in healthcare ethics and professional practice.

Professor Walsh's experience in curriculum development, placement learning and clinical assessment led to her pioneering the role of placement facilitator to promote learning in clinical practice. She moved to Keele in 2007 as a Senior Lecturer to lead undergraduate programmes prior to taking over as Head of the School of Nursing & Midwifery in 2010. During this time, she developed further research interests in simulated learning and developing resilience in students.

In 2018 she took up post of Pro Vice Chancellor and Executive Dean for the Faculty of Medicine and Health Sciences, becoming a member of the university executive team. During this time, she led the development of a number of new programmes across the faculty resulting in significant growth in student numbers. Professor Walsh has a strong commitment to excellence and quality which has been integral to the faculty's success.

In 2020 she became an Associate NED with the Trust to provide academic support and enhance links with Keele University. In December 2023 Professor Walsh retired from her substantive role at Keele University and is now an Emeritus Professor thus giving her more time to undertake her NED role.

Jennie Koo – Non-Executive Director (tenure runs to March 2027)

Jennie is a Financial Services Risk Professional with a passion for diversity and inclusion. She is recognised for her diversity and inclusion work within industry, combining risk perspectives with commerciality and practical action. Aside from being an experienced Risk Professional with a plethora of risk management disciplines – including assurance activity, control assessments, framework development and change management in large corporate banking environments – Jennie also sits on a number of Boards in various capacities. Whilst specialising in Risk Management, she has pursued voluntary opportunities that enable her to drive change within society more broadly to enable more individuals to benefit from what the sector has to provide. As a result, Jennie volunteers: on the Board of Trustees for charity Only a Pavement Away as part of the Executive and Management Board and for Women in Banking & Finance as a Director.

Martin Evans – Non-Executive Director (tenure runs to August 2027)

Martin was appointed as a Non-Executive Director for the Trust Board, Chair of People, Culture and Development Committee and Freedom to Speak up Non-Executive Lead as of August 2024. Martin has worked within the public sector for over 30 years, predominantly within the police service where he served most of his career within Staffordshire. More recently he was an Assistant Chief Constable with West Mercia Police and National Police Lead, overseeing fatal and serious collisions. Martin has many years of experience working at an operational and strategic level with other agencies. Since retiring from the force, he has been working as a non-executive director in two NHS Trusts as well as supporting the Home Office and Department for Transport in seeking new ways of making our roads safer.

Prem Gabbi – Non-Executive Director (tenure runs to February 2028)

Prem Gabbi was appointed as a Non-Executive Director in February 2025 and is Chair for the Audit Committee and Vice Chair of the Charitable Funds Committee. Prem is also a member of the Quality Committee. Prem is an experienced Board member with expertise in governance, strategy and financial oversight across various sectors, particularly in the energy and property industries. Prem has held several board positions and is currently a non-executive volunteer at Victoria Academies Trust. He is a member of the Institute of Chartered Accountants in England and Wales and holds a B.A. (Hons) in Accounting and Finance.

Additional non-voting members of the Board

Roger Banks - Associate Non-Executie Director (Tenure currently runs to August 2026).

Dr Roger Banks was appointed as an Associate Non-Executive Director at Combined Healthcare in August 2024. As part of this role Roger attends both Quality Committee and People, Culture and Development Committee as an Associate Non-Executive Director and a member of the Trust Board. Roger is a Psychiatrist with 35 years of experience working with people with intellectual disabilities, autistic people and their families. Having trained in medicine and then psychiatry in Sheffield he went on to work as a Consultant in Sheffield, Liverpool and North Wales. Roger's specialist areas of clinical interest were in Challenging Behaviour and in Psychotherapy for people with disabilities. In Wales he led the development and implementation of the Welsh Diagnostic Network for Autism and was appointed to Co-Chair the Welsh Government Learning Disability Advisory Group.

From 2020 to 2023 he was National Clinical Director for Learning Disability and Autism in NHS England. He is a previous Vice-President of the Royal College of Psychiatrists, an Honorary Fellow of the Royal College of General Practitioners and Fellow of the Institute of Psychotherapy and Disability. He is also a past President of the European Association for Mental Health in Intellectual Disability and is currently Vice President of ARFIE (Association for Research and Training on Integration in Europe). Roger has worked as a consultant to the WHO (World Health Organisation) Regional Office for Europe since 2008. He has supported the Quality Right Programme and the Pan-European Mental Health Coalition. He is currently part of a small team providing training and support in reducing restrictive practices in institutional settings in Slovakia, Bulgaria, Slovenia, Cyprus, Lithuania and other European states.

Katie Laverty – Associate Non-Executive Director (tenure runs to January 2027)

Katie has worked in Higher Education for over 20 years, beginning her career at Liverpool John Moores University and going on to work at The University of Manchester, The University of Nottingham, Nottingham Trent University and Keele University, where Katie is currently the Director of Student Services and Success. This role requires her to lead on a range of professional student support services at Keele, including counselling and mental health, residence life, disability support and inclusion, chaplaincy and faith, student experience and support, student discipline, accommodation and customer service delivery, student futures, financial support, sexual violence and domestic abuse support, and safeguarding. Katie has been a member of the Executive Committee at Keele University since 2021 and has worked in a range of roles within both academic schools and professional services throughout her career, but always with a student experience focus. Katie also completed a master's degree in International Higher Education while working at the University of Nottingham.

Fit and Proper Persons Test Framework

All Directors on the Board have met the 'fit and proper' persons test described in the provider license. For the purpose of the license and application criteria, fit and proper' persons are defined as those having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged). The Trust has a policy https://www.combined.nhs.uk/wp-content/uploads/2026/03/3.55-Fit-and-Proper-Person-Policy.pdf

Board Committees

All Committees of the Board are chaired by a Non-Executive Director and Committee Terms of Reference have been regularly updated to ensure that they remain fit for purpose.

A full committee effectiveness review commenced in March 2025. Analysis of results was undertaken in April 2025 including the Chairs of Committees producing summaries that were presented to Committees and fed back to Board in May 2025. A 6-month review of recommendations and actions has been built into the schedule.

A new cycle of business and programme of meetings in place for 2025/26.

A Board Development Programme: aligned to strategic objectives is developed in collaboration with Board members over a rolling twelve-month programme.

- **Audit Committee**: The Audit Committee brings an independent and objective oversight of an organisation's arrangements for governance, risk management and internal control, protecting the interests of stakeholders.
- **Finance and Resource Committee**: The F&R Committee monitors the Trust's performance and the achievement of its financial plans (including the Cost Improvement Programme) and ensure that the Trust's financial plan is aligned with the Operational Plan and in line with changing NHS systems and financial performance requirements. It reviews and recommends to the Trust Board the annual financial plan / budget, including workforce, and the associated financial budget with targets set in terms of key performance indicators including Cost Improvement.
- **Quality Committee**: A Quality Committee in the NHS plays a crucial role in ensuring that healthcare services provided by an NHS organisation are safe, effective, and centered around the needs of patients; monitor clinical quality and safety. Oversee Governance of Patient Care; Manage Risk Related to Quality of Care; Review Serious Incidents and Complaints; Ensure Compliance with Regulations; Support Culture of Quality Improvement.
- **Charitable Funds Committee:** The Charitable Funds Committee has been established to exercise the Trust's functions as sole corporate trustee of North Staffordshire Combined Healthcare NHS Trust Charity, operating under the formal working name of 'Combined Charity (registered charity number 1057104). The Trust Board is regarded as having responsibility for exercising the functions of the Trustee. The Trust Board delegates these functions to the Committee, within any limits set out in these Terms of Reference and the charitable funds section of Standing Financial Instructions.

- **People, Culture and Development Committee:** The PCDC has specific responsibility for seeking assurance regarding the delivery of: The objectives contained within the BAF (Board Assurance Framework) and will escalate and report issues of concern to the Trust Board and Chair/CEO if urgent. Monitoring the Trust's workforce performance (as detailed in the Trust's IQPR Organisational Health and Workforce) and ensure that the Trust's People and Cultural objectives are aligned with the Trust Strategy/People Plan 2023—2028. The organisation's People, Organisational Development and Communications plans: Gain assurance on risks and mitigation. Monitor progress with Policies and Procedures, ensuring they are reviewed and approved in a timely fashion. Consider and approve reports requiring formal approval as delegated by the Trust Board. Receive, discuss and make appropriate recommendations to the Board on key national reports that impact on workforce. The Committee has a role/responsibility for monitoring of agency use and workforce plan.
- **Remuneration Committee:** Remuneration Committee's primary role is to oversee the pay and terms of service for the most senior staff in the organisation; determine Executive Pay; Review Terms and Conditions; Performance and Appraisal; Governance and Transparency and Compliance.

All Committees are chaired by a Non-Executive Director along with two other Non-Executive Director members and in addition membership is made up of three Chief Officers, except the Audit Committee in which membership only consists of Non-Executive Directors.

Declarations of Interest / Gifts and Hospitality

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (in accordance with the Trusts Standards of Business Conduct Policy), within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

The Trust has established effective arrangements for the management of conflicts of interest, supported by the Standards of Business Conduct Policy and associated declaration processes. During 2025/26, the Trust achieved full compliance with the requirement for relevant and material interests to be declared by designated staff groups.

Declarations of interest are monitored centrally by the Governance Team, with oversight and assurance provided through regular reporting to the Audit Committee. Where compliance risks were identified during the year, these were actively managed through defined escalation routes involving Clinical Directors and Executive Directors, resulting in full compliance being achieved by year-end.

Review of the registers confirms that declared interests are predominantly professional in nature, including private practice activity and medico-legal work undertaken outside NHS contractual hours, and that appropriate mitigation is recorded where required. No unmanaged material conflicts of interest were identified.

The Standards of Business Conduct Policy was updated during the year to reflect the introduction of the Failure to Prevent Fraud offence under the Economic Crime and Transparency Act 2023, strengthening the Trust's framework for probity, transparency and fraud prevention.
The Trust has continued to strengthen its system of internal control by improving the clarity and usability of declaration arrangements. For 2026/27, the relevant and material interests declaration form (SBC3) has been revised to include clearer guidance and examples to support consistent interpretation and completion. In addition, , work is underway to explore an internal electronic solution to support automated monitoring, reminders and escalation, enhancing sustainability and assurance going forward.

Governance statement

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum

The purpose of the system of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve Trust aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Trust Strategy- its policies, aims and objectives. It also evaluates the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically. The system of internal control has been in place in North Staffordshire Combined Healthcare NHS Trust for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

How Governance Supports Delivery of Our Strategy

Partnership risks and opportunities are overseen through the Trust's established governance framework, including routine reporting to the Senior Leadership Team, Finance and Resource Committee and the Trust Board. This ensures clear accountability for partnership-related delivery, alignment with strategic objectives and early escalation of cross-organisational risks.
Our partnership working continues to make a substantive contribution to the delivery of the Trust's strategy by enabling innovation, strengthening system alignment, supporting financial sustainability and improving outcomes.

Capacity to Manage Risk and the Risk and Control Framework

The Trust's Risk Management Policy sets out a clear framework for identifying, assessing, and managing risks across all levels of the organisation, both clinical and non-clinical. It mandates the maintenance of a comprehensive, dynamic Risk Register, hosted on the Ulysses Risk Management System. Risk owners update risks at defined intervals or as circumstances change. The register includes Trust-level risks, Operational risks, and (new for 2025/26) Charitable Funds risks.

Leadership is given to the risk management process and implemented within the Trusts four levels of the risk management framework:

- Board Assurance Framework (BAF)
- Trust Risk Register
- Directorate Risk Registers
- Team Risk Registers

The Policy aims to:

- Maintain safe, high-quality service delivery with minimal serious errors.
- Support achievement of strategic objectives efficiently and effectively.
- Strengthen risk management arrangements and integrate them with robust governance and reporting processes.

The Policy also defines roles and responsibilities, including those of the CEO (Accountable Officer for risk), Committees, Managers and the Deputy Director of Governance/ Trust Board Secretary, who provides oversight. The current Policy remains compliant until May 2026.

Risk Management in Practice

The Trust promotes strong staff awareness of risk responsibilities through training, presentations, guidance, and intranet resources. Team-level risk management supports early identification, escalation and mitigation of risks.

In 2025/26, the Trust developed RiTA, an interactive avatar to enhance risk training and increase accessibility for all staff. RiTA responds directly to an Internal Audit recommendation from late 2024/25 to strengthen engagement with risk management training. This initiative is approved and available to all staff via the Trust website and Apple App Store.

Risk remains a standing item at Team, Directorate and Corporate meetings. The Risk Review Group conducts a monthly review of all risks with a residual score of 12+, with each Trust-level risk assigned to a Committee for monitoring and ratification.

Risk Management Embedded in the Activity of the Organisation

As noted, the Board defines its objectives on an annual basis in line with the strategic planning cycle and identifies the risks which could pose a threat to those objectives. Once identified, the risks form the Board Assurance Framework (BAF).

All Committees receive a relevant risk report as a standing agenda item and the BAF is reported on a quarterly basis to the Committees and Trust Board. Risks are identified at team, directorate, corporate and Trust level using both proactive horizon-scanning and retrospective review. Significant emphasis is placed on predicting where incidents could occur and taking steps to prevent them. Risks fall into the categories of low, moderate, significant or high, with action plans in place for all. The Senior Leadership Team ensures appropriate treatment plans for all risks on the register.

Risk Appetite

The Trust Board agrees its Risk Appetite, linked to the strategic objectives of Prevention, Access and Growth. Levels range from none to significant (per the GGI 2020 matrix). In 2025/26, the Trust developed an overarching Risk Appetite Statement; in 2026/27, work has begun on developing specific appetite statements for each strategic risk across seven risk types.

Board Assurance Framework (BAF)

The Board Assurance Framework (BAF) outlines how the Trust is managing the major strategic risks that could prevent it from achieving its strategic objectives. It provides a structured framework of assurance covering integrated governance, risk management, and internal control across all Trust activities, both clinical and non-clinical, to support the delivery of organisational objectives. Through this framework, the Trust Board and its Committees take an active role in overseeing risk management and ensuring that effective processes are in place to support the achievement of the Trust's Strategy and its policies, aims and objectives. The BAF also provides assurance to the Board that strategic risks are effectively managed and that controls are functioning as intended, with Chief Officer objectives aligned to the Trust's strategic objectives and each strategic risk reviewed quarterly. Weaknesses in controls identified through assurance activity are considered within this process and the Executive Team collectively oversees strategic risk management on behalf of the Board.

Trust/Operational

Risks are managed through Directorate Leadership Teams and the Senior Leadership Team via the Risk Review Group. Risk identification occurs at team, directorate, corporate, and Trust levels, using both proactive horizon-scanning and retrospective review of issues. Risk action plans are maintained for all risks.

There is a well-designed and effective Risk Management process which is embedded across the Trust. The organisation's risk assessment scoring matrix uses descriptive scales to determine the magnitude of the potential consequences of an identified risk and the likelihood that those consequences would occur. Residual scores are reviewed through regular meetings in line with the policy and consideration of the effectiveness of the controls form part of the assessment. Any change in risk scores will be approved at the relevant Committee/Directorate meetings. The risk process is independently audited on an annual basis.

Data security risk management is covered under the Information Governance section below.

BOARD ASSURANCE FRAMEWORK 2025-2026

OVERARCHING TRUST RISK APPETITE STATEMENT:

In pursuit of it's strategic objective, the Trust Board is OPEN to improve outcomes and value for money through clinical innovation, transforming the way we provide services and working in partnership to deliver sustainable services for people we serve.

This is offset by a CAUTIOUSNESS regarding patient safety issues or those that adversely impact the health and wellbeing of our staff and/or situations and decisions that may impinge on statutory and regulatory compliance.

Strategic Priorities

1. PREVENTION - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care.
2. 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.
3. GROWTH - We will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce.

Risk No.	Strategic Priority	Title	Theme/Risk Type	Risk Description	Executive Lead	Gross Score	Residual Risk Score Qtr. 1	Lead Committee Target Achievement DateProposed Risk Appetite Statements Risk Appetite LevelTarget Score Established At The Midpoint Within The Defined Risk ToleranceRisk Appetite Tolerance Level Risk Movement from Previous Qtr.Residual Risk Score Qtr. 4 Residual Risk Score Qtr. 3 Residual Risk Score Qtr. 2
1	Prevention	Strategic Direction & Partnerships	Reputational	There is a risk that the Trust may be unable to fulfil the role in delivering the NHS 10 Year Plan due to ineffective strategic relationships with partner organisations. As a consequence we may fail to deliver integrated community and neighbourhood health services, limiting our ability to respond to population health needs.	Chief Strategy Officer	16	16	Finance & Resource 31st March 2026The Trust recognises that maintaining public confidence and stakeholder trust is critical to delivering high-quality healthcare services. However, we are prepared to accept an open level of reputational risk where the potential benefits to patient outcomes, service innovation, or strategic transformation outweigh the potential for adverse public perception. Our approach will be proactive and responsive, ensuring that reputational risks are identified early, assessed thoroughly, and managed effectively through clear communication, stakeholder involvement, and alignment with our values and strategic objectives. OPEN 1512-20121616
2	Access	Quality & Safety	Quality	There is a risk that the Trust fails to deliver timely, safe and effective care for people who use our services, due to increasing demand for our services, increasing needs of people who use our services and a failure to provide evidenced interventions which support recovery. This is likely to result in patient harm and / or worsening health outcomes for the most vulnerable people in our communities and result in regulatory action being taken against the Trust.	Chief Nursing Officer & Chief Medical Officer	15	15	Quality 31st March 2026We are open to taking managed risks in pursuit of improved clinical outcomes, innovation and service quality. We recognise that transformation and improvement may involve uncertainty, but we are committed to ensuring that such risks are carefully assessed, monitored, and aligned with our quality improvement goals. We will not compromise on safety, but we will support innovation that enhances care. Open 1512-20101515
3	Access	People	People	There is a risk that we will be unable to recruit, develop and retain an engaged, diverse and effective workforce which meets the needs of our local population and our people, due to the impact of financial challenges and external factors. As a consequence, we will not be able to support our people to continue to deliver outstanding, compassionate care.	Chief People Officer	16	16	People, Culture and Development 31st March 2026We have an open appetite for people-related risks where they support workforce development, leadership innovation, and cultural transformation. We encourage new approaches to recruitment, retention, and staff wellbeing, recognising that some initiatives may carry uncertainty. We are committed to creating a supportive and inclusive environment and will invest in change that strengthens our workforce and organisational culture. Open 1512-20121616
4	Access	Performance	Financial	There is a risk of non-delivery of our financial plans and/or an impact on service quality due to the level of transformation required, with the consequence being an effect on clinical outcomes and/or the Trust's financial viability.	Chief Operating Officer	16	16	Quality31st March 2026We recognise the importance of Value for Money, and that price is not the overriding factor. We are open to accepting some financial risk as long as the appropriate controls are in place, and where the potential benefits for the population outweighs the inherent risks.Open 1512-20121216
5	Growth	Financial Sustainability	Financial	There is a risk to the Trust's long term financial sustainability due to failure to deliver the recurrent savings programme, and higher than planned bank and agency expenditure. As a consequence, this could lead to a financial deficit, reduced liquidity, a lack of investment in service delivery and potentially impact the future viability of the Trust.	Chief Finance Officer	15	10	Finance & Resource 31st March 2026We recognise the importance of Value for Money, and that price is not the overriding factor. We are open to accepting some financial risk as long as the appropriate controls are in place, and where the potential benefits for the population outweighs the inherent risks.Open 1512-2051010
6	Growth	Digital	Digital	There is a risk that the Trust may not fully deliver the digital and data transformation ambitions due to financial constraints and variation in national and local practice. This could lead to concerns in delivering of existing digital maturity and security resulting in poor data quality, operation inefficiencies or compromised care.	Chief Strategy Officer	16	16	Finance & Resource 31st March 2026We recognise the transformative potential of digital technologies in enhancing patient care, operational efficiency, and workforce productivity. In alignment with our strategic objectives and commitment to innovation, the Trust has adopted a seek risk appetite for digital risk. We are prepared to accept a higher level of risk in digital initiatives where there is a clear alignment with strategic priorities and clinical improvement. We understand that risks must be assessed, and actively managed with robust governance, assurance, and cybersecurity controls in place. This appetite supports the Trust's ambition to be a leader in digital transformation within the NHS, while maintaining our duty of care, safeguarding patient data, and complying with regulatory and ethical standards.Seek 2015-25161616

Review of Economy, Efficiency, and Effectiveness of the Use of Resources

The Trust has robust governance, performance management and assurance arrangements in place to ensure the economic, efficient and effective use of resources. These arrangements provide the Trust Board with assurance that resources are deployed appropriately and in line with organisational objectives.

The Chief Finance Officer reports to the Finance and Resources Committee, which receives monthly financial reports monitoring performance against all aspects of the financial plan. This includes revenue and capital expenditure, delivery of savings plans, bank and agency expenditure and forward-looking financial projections. The Committee scrutinises variances from plan and provides assurance to the Trust Board.

A comprehensive policy and governance framework supports the appropriate use of resources across the organisation. This includes Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation, which clearly define roles, responsibilities and financial authority. Robust processes are in place for the development, approval and routine review of policies and procedures, ensuring staff are appropriately informed and trained in their application.

The Trust operates through a devolved divisional structure. Each Directorate both clinical and corporate is supported by dedicated Finance Manager and People Business Partner. Chief Officer-led performance management arrangements ensure Directorates are held to account for the delivery of financial and operational performance targets.

The Trust Board's Standing Financial Instructions, supported by the Standing Orders, require a competitive quotation process for all purchases over £5,000. The Audit Committee reviews, on a quarterly basis, any approved waivers to Standing Financial Instructions where competitive tendering has not been undertaken. The Trust's procurement function retenders significant contracts at the point of renewal and supports access to appropriate procurement frameworks to ensure value for money is achieved in line with the Trust's Standing Financial Instructions and delegated limits of authority set out in the Scheme of Delegation.

Independent assurance is provided through the Internal Audit programme, which undertakes a range of financial and quality-based audits. The Internal Audit Plan is approved by the Chief Officers and the Audit Committee, with flexibility retained to commission additional audits where required from a risk or control improvement perspective. Internal Audit has provided a Substantial Assurance opinion, confirming that there is a sound system of internal control designed to meet the organisation's objectives and that controls are generally applied consistently.

Additional independent assurance is provided through counter fraud activity, with reports presented to the Audit Committee at each meeting. Further assurance on the use of resources is also obtained from external agencies, including External Audit and the Trust's regulators.

In November 2024, the Audit Committee undertook an assessment of the independence and effectiveness of the external audit process. At that point, the Committee approved a proposal to re-appoint Grant Thornton LLP for the provision of External Audit services for 5 years from 2025/26.

Information Governance

All NHS Trusts are required to protect person-identifiable information relating to patients and staff, and to ensure the security and resilience of the systems and data flows that support its use.

During the financial year ending 31 March 2026, 46 information governance control issues were identified involving data loss or potential breaches of confidentiality. Only one of these incidents met the threshold for reporting to the Information Commissioner's Office (ICO). The ICO required no further action from the Trust in relation to this case.

In 2024, the Data Security and Protection Toolkit (DSPT) was revised to align with the National Cyber Security Centre's Cyber Assessment Framework (CAF), strengthening the national approach to cyber security and information governance assurance. The 2025/26 DSPT introduced further enhancements to these requirements. In line with NHS England guidance, the Trust has adopted a multi-year approach to addressing data protection and cyber security controls.

The identification, management and mitigation of information security risks remain integral to the Trust's overall risk and control framework. The DSPT continues to play a central role in assessing compliance with legislative obligations, government requirements and national guidance, and forms a key element of the Trust's assurance arrangements.

The Trust has continued to make positive progress in strengthening information governance arrangements and improving data security assurance. Work is ongoing to achieve full compliance across all DSPT outcomes in line with NHS England standards and expectations.

Managing and controlling risks related to information is a key element on the risk and control framework. The Data Security and Protection Toolkit, a tool by which the Trust assesses its compliance with current legislation, Government directives and other national guidance, is a key part of the organisation's framework. The Trust work in partnership with Staffordshire and Shropshire Health Informatics service to ensure technical controls are in place to mitigate and manage the risk of cyber-attack and are a recipient of an ICS-wide Security Operations Centre (SOC) service. The framework identifies future risks and helps to react to emerging risks, horizon scanning is not trying to predict the future but rather to identify potential threats.

Data Quality and Governance

Data quality is central to the Trust's ongoing ability to meets it is statutory, legal, financial, and other contractual requirements. The availability of complete, comprehensive, accurate and timely data is an essential component in the provision of high-quality clinical services, risk management, compliance with external scrutiny requirements and in performance improvement against national and local targets and standards. Missing data, duplicate records and broken data can undermine the Trust's ability to demonstrate productivity, effect patient safety and can lead to the loss of income.

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

The Trust has a clear management structure that clarifies the responsibilities and accountabilities in regard to those individuals who enter data. This ensures that there is accountability for low levels of data quality and accuracy. By taking responsibility responsibility for their clinical data, clinicians improve its quality and help drive up standards of care.

The Data Quality Policy is an integral part of the Trust's approach to Information Governance. The policy is intended to:

- Confirm the Trust's commitment to a continual improvement in the quality of its data.
- Confirm the Trust's on-going approach to ensuring data quality standards are adhered to.
- Inform staff working for, or on behalf of the Trust, of their duties with regards to data quality.

The policy is transacted through the Data Quality Forum that reports to the Finance and Resource Committee and the Quality Committee and comprises 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 the barriers that limit the effective use of data within the Trust.

The Forum is supported by Chief Officer led performance review meetings with each directorate that provide an opportunity to address data governance and data quality from end to end. Performance clinics and service line meetings have been fundamental in understanding and validating the current position of KPI's at directorate, service line and team level.

The Trust has adopted the Data Quality Assurance Framework updated by NHS England in 2025 to assist in the governance processes and to provide assurance.

The framework aims to:

- provide a focal point for the sharing of data quality assurance best practice across the NHS.
- promote executive ownership of data quality and establish its place in each organisation's governance structure.
- ensure that there is visibility and prompt resolution of data quality issues through regular reporting and monitoring.
- ensure responsibilities for data quality are explicit across all roles within the organisation.
- ensure that staff at all levels are provided with regular training on the necessity for high quality data and their responsibilities in achieving this.
- ensure that clinical and administrative systems are configured to maximise data quality at point of capture and staff are suitably trained to meet this.
- improve awareness of how data quality metrics can be best used to provide assurance and drive-up improvement.
- provide a simple self-assessment tool to determine the current level of data quality assurance and identify opportunities for improvement.

Clinical Risk And Patient Safety

Providers of NHS healthcare are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to publish Quality Accounts for each financial year. The Trust will publish our Quality Account for 2025/26 by 30th June 2026 as we recognise that this is a valuable document to all our partners and stakeholders.

Well Led

We are committed to ensuring that our organisation is well-led, with strong, visible leadership and robust governance arrangements that support the delivery of safe, high-quality and person-centred care. The Board provides clear strategic direction, maintains effective oversight of quality and risk and fosters a culture of openness, learning and continuous improvement. Board development is a key priority and during the year we have undertaken a structured programme of development activities, including sessions that have been externally facilitated, to provide independent and objective review of current performance and where further improvements can be made. Our Board Development Programme included regular effectiveness reviews, skills and capability assessments and targeted training aligned to emerging regulatory expectations. This has strengthened collective leadership, enhanced constructive challenge and ensured that Board members are equipped to respond to the evolving demands of the healthcare environment while remaining focused on improving outcomes and experience for the populations we serve.

The Trust had a varied and extensive Board Development Programme in 25/26, which ran over a 12 month period, used for leadership and governance development. The programme was a mixture of Development and Seminar sessions. It is a structured development programme designed to build the skills, knowledge and confidence needed to sit on or work on our Board.

Typically, it focused on:

- Leadership
- Governance and accountability
- Strategic decision-making
- Patient safety and quality oversight

The Programme is aligned to the Trusts Board Assurance Framework and exists because strong board leadership is directly linked to better organisational performance and patient outcomes.

HM Treasury/ Cabinet Office Corporate Governance Code

As highlighted in this document, the Trust has an established system of integrated governance, risk management and internal control across the whole of the Trust's activities. The Trust therefore believes that it properly complies with the Corporate Governance Code.

Register of acceptance of the Code of Conduct and Code of Accountability in the NHS

The Code of Conduct and Code of Accountability in the NHS the code can be viewed at: CODE OF CONDUCT FOR NHS BOARDS

Events after the reporting period

There were no events after the reporting period, commitments or contingencies other than those already disclosed in the annual accounts for the period ending 31 March 2026.

Care Quality Commission (CQC)

The Trust remained fully compliant with Care Quality Commission (CQC) registration requirements throughout 2025/26, with no enforcement action taken. We continue to uphold our Outstanding rating and strengthen internal assurance in line with the evolving national regulatory landscape.

In February 2025, Holmcroft Surgery underwent a full CQC inspection and received a 'Good' rating across all domains, with no regulatory breaches. Further focused inspections in May 2025 reviewed the Trust's Mental Health Crisis Services and Health-Based Places of Safety. Published in August 2025, the report confirmed an overall 'Good' rating, recognising exemplary staff compassion, strong safeguarding practice, and positive patient involvement. Improvements were required in the consistency and quality of care planning, reflected in the Effective domain being rated Requires Improvement.
In response, the Trust implemented a comprehensive Care Planning Improvement Programme, rolling out co-produced care plans incorporating PROMs and introducing a performance dashboard to strengthen completion rates and oversight.

Unannounced CQC Mental Health Act (MHA) monitoring visits were carried out across Wards 2, 3 and 5 during 2025/26. All findings have been addressed through detailed action plans shared with regulators and monitored through monthly performance reviews. Good progress has been made, supported further by a refreshed MHA audit approach featuring targeted, bespoke audits aligned with key themes from national and local inspection feedback.

Efficiency and Effectiveness with NHS Provider Licence

Confirmation of compliance with conditions under the NHS Provider Licence were approved by the Board.

The Trust has identified no principal risks with compliance to section 4 (governance) of the NHS provider licence. This conclusion is supported by the effectiveness of the Trust's governance structures which are reviewed annually and as part of an independent Well-Led review in 2024/25, with the majority of recommendations implemented in year. The remaining recommendations have formed part of the Trust Board Development Programme in 25/26.

The Board and its sub-committees have clear governance arrangements, as detailed within the terms of reference for each forum, which are reviewed on an annual basis, or sooner if there are significant internal or external changes. The reporting lines and accountabilities are detailed within the meetings Terms of Reference, as well as in the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation which are reviewed at regular intervals to ensure continued compliance with any legislative and regulatory changes and to reflect any internal changes in relation to approval limits, authorities and accountabilities.

The Trust ensures submission of timely and accurate information through an agreed governance process whereby reports are submitted to Chief Officers and the Trust's Governance Team, to enable review of the content by the executive lead and Trust secretariat and for any inaccuracies or ambiguities to be addressed with the report author, prior to circulation to the Board or its sub-committees.

The Board has a high degree of oversight of the Trust's performance through the Integrated Quality and Performance Report (IQPR), which utilises Statistical Process Control to assist in the identification of significant change and enable appropriate escalation of any areas of concern. Our Performance Management Framework describes the processes in the Trust to ensure appropriate management of its performance. The Trust IQPR includes a variety of matrices and is monitored monthly in an Executive-led performance review meeting, chaired by the Chief Executive Officer. Where IQPR performance or quality metrics are not on target, clinical directorates and corporate areas provide Performance Improvement Plans, including trajectories for improvement and action planning. The IQPR provides a qualitative and quantitative update against the most important performance measures and quality indicators. These provide visualisation of the most important performance measures and quality indicators. Key priorities are reviewed to ensure that the most pressing indicators of performance and quality are in focus.

Workforce Planning and oversight

The Trust has a full range of measures to ensure that short, medium and long-term workforce strategies and staffing safeguard systems are in place which provide assurance to the Board that inpatient staffing levels are safe, sustainable and effective, as part of its overall delivery of the recommendations of NHS England's 'Developing Workforce Safeguards'. These include a comprehensive People Plan built on short, medium, long term workforce analysis and performance. A workforce plan is developed on an annual basis to support the Trust's service delivery and regular updates are provided to the People Culture and Development Committee regarding workforce safeguarding people metrics. The Chief Nursing Officer reports monthly on Inpatient Safer Staffing levels at the Trust's Quality Committee and the Trust Board receives regular oversight of staffing levels via Committee assurance reporting.

Pension

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

North Staffordshire Combined Healthcare NHS Trust's Response to the Requirements of the Modern Slavery Act 2015

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. It encompasses slavery, servitude, human trafficking, and forced labour. The Trust has a zero-tolerance approach to any form of modern slavery.
We are committed to acting ethically and with integrity and transparency in all business dealings, and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain. We adhere to the NHS Employment Checks standards and modern slavery guidance is embedded into Trust safeguarding policies. This statement is made pursuant to Section 54(1) of the Modern Slavery Act 2015 and constitutes our organisation's Modern Slavery and Human Trafficking statement for the financial year 2025/26.

Sexual Safety in the Workplace

Our NHS Trust is committed to fostering a safe, inclusive, and respectful working environment. In line with the Worker Protection (Amendment of Equality Act 2010) Act 2024, we take proactive steps to prevent sexual harassment in the workplace. This includes robust policies, staff training and clear reporting mechanisms to ensure all employees feel safe and supported. We remain dedicated to upholding the highest standards of dignity and respect for our workforce and patients. To support this, our Board have signed the NHS Sexual Safety Charter and are committed to developing our performance against this framework.

Public Sector Equality Duty

Ensuring equality, diversity, inclusion and belonging is central to the Trust's core values. This means offering the right services regardless of people's age, gender or gender identity, ability to speak English, religion, race, disability, sexual orientation, marital or civil partnership status, or other aspects of local, national or international culture.

The Trust is committed to challenging prejudice and discrimination wherever this affects our service users or staff and making inclusion and belonging integral to our organisational culture. We have shared information on how we have met our general and specific duties under the Public Sector Equality Duty in our published Diversity and Inclusion Annual Report 2025 and accompanying Diversity Databook 2025.

We recognise and rise to the challenge of the need to have due regard to the need to:

- Eliminate Unlawful Discrimination.
- Remove or reduce disadvantages faced by people with protected characteristics.
- Foster Good Relations Between Different Groups.

We commit to continuing to work to promote greater understanding, inclusion and social cohesion within our own workforce, across our Integrated Care System, and with our local communities.

Anti Racism Statement

In declaring our intention towards becoming an anti-racist organisation we:

- Commit to developing understanding by colleagues, service users or carers of the scale of institutional racism.
- Challenge race discrimination and create a fair and equitable workplace where all our colleagues can thrive.
- Act to build the personal and organisational leadership capability and accountability needed to tackle racism.

Sustainability (Climate Change)

The Trust published its refreshed, board-approved Green Plan in 2025 to reflect updated NHS England guidance. Climate-related risks continue to be managed through the Trust's established Risk Management Framework and Emergency Preparedness, Resilience and Response arrangements. The Trust remains fully compliant with our duties under the Climate Change Act (2008) and the Task Force on Climate-related Financial Disclosure (TCFD) reporting framework.

Emergency Preparedness, Resilience and Response (EPRR)

North Staffordshire Combined Healthcare Trust is required to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care, this is supported under Emergency Preparedness Resilience and Response (EPRR) which is underpinned by legislation including the Civil Contingencies Act 2004 (CCA) , the National Health Service Act 2006, Health and Social Care Act 2012 and the Health and Care Act 2022.

The Trust is not formally categorised under the CCA 2004, however there is an expectation placed upon it by NHSE and the Department of Health and Social Care (DHSC) to plan for and respond to emergencies and incidents in a manner which is relevant, necessary and proportionate to the scale and services provided and therefore requires us to act in the same manner as a Category One responder.

The Trust's compliance with the various statutory and mandatory requirements for EPRR is reviewed annually by the Integrated Care Board (ICB) and NHS England (NHSE) using the NHSE EPRR Core Standards assurance process. We are currently providing substantial compliance for 25/26. The designated Accountable Emergency Officer (AEO) for EPRR (under Section 252A of the HSCA 2012) is the Chief Operating Officer, who also acts as the Trust's representative on the Staffordshire Local Resilience Forum.

Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit, Chief Officers, managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and its sub committees and i plan to address any weaknesses and ensure continuous improvement of the system is in place.

Our continuous cycle of Board Development acts as an opportunity for ongoing organisational development. A core component of the development programme is to ensure that all Board members have a focus of continual 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 Veterans Aware and Equality Diversity and Inclusion Training.

Compliance with Relevant Authorities

The Trust fully complies with requirements for specific sectors and jurisdictions governed by the Relevant Authorities, such as the central government Corporate Governance Code and the Orange Book with no departures. No significant internal control issues have been identified for the Trust.

Adeyemo

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Dr Buki Adeyemo
Chief Executive

Date 16th June 2026

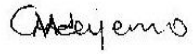
Statement of the Chief Executive's responsibilities

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum.

These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.
To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer..



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Dr Buki Adeyemo
Chief Executive

Date 16th June 2026

Remuneration and staff report

Remuneration Report

This report provides information about the remuneration of the Trust's Directors and those who influence the decisions of the Trust as a whole.

The Chief Executive has confirmed that for North Staffordshire Combined Healthcare NHS Trust this report will include the Executive Directors (interim and substantive), the Chief Operating Officer, the Chief People Officer, and the Chief Strategy Officer (collectively referred to as very senior managers) and the Non-Executive Directors, including the Chair.

The Remuneration Committee has responsibility to determine the remuneration of a wider group of staff. However, as their duties do not meet the definition provided above, details about their remuneration, and that of other employees, are not included in this report.

Duties and membership of the Remuneration Committee

The Trust Board has established a committee of the Board known as the Remuneration Committee. The Committee's Terms of Reference were reviewed and approved by the Trust Board on 8th May 2025. Consequently, there was a period from 1st May 2025 to 8th May 2025 during which no formally approved Terms of Reference were in effect. No decisions were taken by the Committee during this period.

The Terms of Reference are subject to annual review. The next review is scheduled to take place on 11th June 2026. As a result, there will be a period from 8th May 2026 to 11th June 2026 during which no formally approved Terms of Reference will be in effect. No decisions will be taken by the Committee during this period.

The purpose of the committee is to determine appropriate remuneration and terms of service for the Chief Executive, Executive Directors and other senior management employed on Trust terms and conditions, including:
all aspects of salary (including any performance related elements/bonuses)

- additional non-pay benefits, including pensions and cars
- contracts of employment
- arrangements for termination of employment and other contractual terms
- severance packages (severance packages must be calculated using standard guidelines any proposal to make payments outside of the current guidelines must be subject to the approval of the Treasury).

The membership of the committee is the Chair of the Trust Board and all the Non-Executive Directors who are Board members.

The Trust Chair chairs the committee. In the absence of the Chair, one of the other Non-Executive Directors is elected by those present to Chair the meeting.

The committee meets at least twice per year although meetings are called more frequently when vacancies arise. Meetings can be called at the discretion of the Chair. Only the Chair and relevant members are entitled to be present at a meeting of the committee, but others may attend by invitation of the committee.

The committee is supported by the Trust Secretary. The Chief Executive and Chief People Officer attend meetings as required and advise on:

- trends in pay and benefits
- alignment of reward policies and Trust objectives
- the relevance of surveys and changes in reward practice
- the application and impact of external regulation on appointment, compensation, benefit and termination practice

Those in attendance are required to withdraw from meetings for the consideration of business in which they are personally interested. Executive Director pay is managed in accordance with NHSE guidance and is compliant with the NHS very senior managers pay framework.

The tables in this section detailed as 'subject to audit scrutiny' have been audited by the Trust's external auditors, Grant Thornton UK LLP.

Remuneration of senior managers – salaries 2025/26 - (subject to audit scrutiny)

Name and Title	2025-26					
	Salary (bands of £5000) £000's	Expense payments (taxable) to nearest £100*	Performance Pay and bonuses (bands of £5000) £000's	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2500) £000's	Total (bands of £5000) £000's
O Adeyemo - Chief Executive Officer	205 - 210	600	0	0	0	205 - 210
D Okolo - Chief Medical Officer	270 - 275	1,000	0	0	0	270 - 275
B Richards - Chief Operating Officer	130 - 135	2,800	0	0	42.5 - 45.0	175 - 180
E Gardiner - Chief Finance Officer & Deputy Chief Executive	150 - 155	1,800	0	0	72.5 - 75.0	225 - 230
K Laing - Chief Nursing Officer & Deputy Chief Executive	140 - 145	0	0	0	45.0 - 47.5	185 - 190
F Mahmood - Chief People Officer (from 1st June 2025)	115 - 120	900	0	0	42.5 - 45.0	160 - 165
K Smith - Acting Chief People Officer (to 31st May 2025)	20 - 25	0	0	0	0	20 - 25
E Mellor - Chief Strategy Officer	120 - 125	2,400	0	0	32.5 - 35.0	155 - 160
J Dawson - Non-Executive Director (Chair)	40 - 45	100	0	0	0	40 - 45
R Andrews - Non-Executive Director (Vice Chair)	10 - 15	0	0	0	0	10 - 15
J Koo - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
P Walsh - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
M Evans - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
P Gabbi - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
R Banks - Associate Non-Executive Director	10 - 15	400	0	0	0	10 - 15
K Laverty - Associate Non-Executive Director	10 - 15	0	0	0	0	10 - 15

Note: O Adeyemo the Chief Executive Officer undertakes one programmed activity (PA) per week, equivalent to four hours of professional clinical work. D Okolo the Chief Medical Officer performed 5 clinical sessions and 3 teaching sessions per week. The remuneration associated with these activities is included within the total remuneration figures disclosed.
*Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual. Expense payments mainly relate to travel costs.
Negative values are not disclosed in this table but are substituted for a zero.

Remuneration of senior managers – salaries 2024/25 - (subject to audit scrutiny)

Name and Title	2024-25					
	Salary (bands of £5000) £000's	Expense payments (taxable) to nearest £100*	Performance Pay and bonuses (bands of £5000) £000's	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2500) £000's	Total (bands of £5000) £000's
O Adeyemo - Chief Executive Officer	200 - 205	200	0	0	0	200 - 205
D Okolo - Chief Medical Officer	275 - 280	0	0	0	0	275 - 280
B Richards - Chief Operating Officer	125 - 130	1,300	0	0	37.5 - 40.0	165 - 170
E Gardiner - Chief Finance Officer & Deputy Chief Executive	145 - 150	1,000	0	0	27.5 - 30.0	175 - 180
K Laing - Chief Nursing Officer & Deputy Chief Executive	135 - 140	200	0	0	35.0 - 37.5	170 - 175
K Smith - Acting Chief People Officer	125 - 130	0	0	0	130.0 - 132.5	255 - 260
E Mellor - Chief Strategy Officer	125 - 130	500	0	0	32.5 - 35.0	160 - 165
J Dawson - Non-Executive Director (Chair)	40 - 45	0	0	0	0	40 - 45
R Andrews - Non-Executive Director (Vice Chair)	10 - 15	0	0	0	0	10 - 15
J Koo - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
P Walsh - Non-Executive Director	10 - 15	0	0	0	0	10 - 15
P Jones - Non-Executive Director (to 28th June 2024)	0 - 5	0	0	0	0	0 - 5
M Evans - Non-Executive Director (from 19th August 2024)	5 - 10	0	0	0	0	5 - 10
P Gabbi - Non-Executive Director (from 10th February 2025)	0 - 5	0	0	0	0	0 - 5
R Banks - Associate Non-Executive Director (from 19th August 2024)	5 - 10	0	0	0	0	5 - 10
A Gadsby - Associate Non-Executive Director (to 31st December 2024)	5 - 10	0	0	0	0	5 - 10
K Tattum - Associate Non-Executive Director (to 31st December 2024)	5 - 10	0	0	0	0	5 - 10
K Laverty - Associate Non-Executive Director (from 10th February 2025)	0 - 5	0	0	0	0	0 - 5

Note: K Smith acted up as Chief People Officer from 1st February 2024.
O Adeyemo performed 1 clinical session per week whilst in the Chief Executive Officer role.
D Okolo performed 5 clinical sessions and 3 teaching sessions per week whilst in the Chief Medical Officer role.
Negative values are not disclosed in this table but are substituted for a zero. Expense payments mainly relate to travel costs.

Remuneration of senior managers - pension benefits 2025/26 - (subject to audit scrutiny)

Name and Title	Real Increase in pension at pension age (bands of £2500) £000	Real increase in pension lump sum at pension age (bands of £2500) £000	Total accrued pension at pension age as at 31 March 2026 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2026 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2025 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2026 £000	Employer's contribution to stakeholder pension
O Adeyemo - Chief Executive Officer								N/A
D Okolo - Chief Medical Officer								N/A
B Richards - Chief Operating Officer	2.5 - 5.0	0.0 - 2.5	35 - 40	80 - 85	606	33	665	N/A
E Gardiner - Chief Finance Officer & Deputy Chief Executive	2.5 - 5.0	2.5 - 5.0	60 - 65	150 - 155	1,233	76	1,350	N/A
K Laing - Chief Nursing Officer & Deputy Chief Executive	2.5 - 5.0	0.0 - 2.5	35 - 40	80 - 85	697	42	768	N/A
F Mahmood - Chief People Officer (from 1st June 2025)	2.5 - 5.0	0.0 - 2.5	35 - 40	85 - 90	656	34	726	N/A
K Smith - Acting Chief People Officer (to 31st May 2025)	0.0 - 2.5	0	35 - 40	85 - 90	684	0	706	N/A
E Mellor - Chief Strategy Officer	0.0 - 2.5	0	10 - 15	0	149	18	184	N/A

Note: O Adeyemo and D Okolo chose not to be covered by the pension arrangements during the reporting year 2025/26.
Negative values are not disclosed in this table but are substituted for a zero.
No additional benefits will become receivable by individuals in the event they retire early.

Remuneration of senior managers - pension benefits 2024/25 (subject to audit scrutiny)

Name and Title	Real Increase in pension at pension age (bands of £2500) £000	Real increase in pension lump sum at pension age (bands of £2500) £000	Total accrued pension at pension age as at 31 March 2025 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2024 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2026 £000	Employer's contribution to stakeholder pension
O Adeyemo - Chief Executive Officer								N/A
D Okolo - Chief Medical Officer								N/A
B Richards - Chief Operating Officer	2.5 – 5.0	0.0 - 2.5	30 - 35	75 - 80	527	27	606	N/A
E Gardiner - Chief Finance Officer & Deputy Chief Executive	0.0 - 2.5	0	55 - 60	145 - 150	1,108	33	1,233	N/A
K Laing - Chief Nursing Officer & Deputy Chief Executive	2.5 - 5.0	0.0 - 2.5	30 - 35	80 - 85	609	30	697	N/A
K Smith - Acting Chief People Officer	5.0 - 7.5	12.5 - 15.0	30 - 35	80 - 85	517	116	684	N/A
E Mellor - Chief Strategy Officer	0.0 - 2.5	0	10 - 15	0	109	17	149	N/A

Note: O Adeyemo and D Okolo chose not to be covered by the pension arrangements during the reporting year 2024/25.
Negative values are not disclosed in this table but are substituted for a zero

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Pay multiple disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, 50th percentile (median) and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, 50th percentile (median) and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director / member in North Staffordshire Combined Healthcare NHS Trust in the financial year 2025/26 was £272,500 (2024/25, £277,500). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Total Remuneration - subject to audit scrutiny

Year	25th Percentile Pay Ratio	50th Percentile Pay Ratio	75th Percentile Pay Ratio
2025/26			
Mid-point highest paid Director	272,500	272,500	272,500
Percentile of employee remuneration	30,255	39,918	50,360
2025/26 Ratio	**9.01**	**6.83**	**5.41**
2024/25			
Mid-point highest paid Director	277,500	277,500	277,500
Percentile of employee remuneration	29,114	37,775	48,715
2024/25 Ratio	**9.53**	**7.35**	**5.70**

Note: Prior year 2024/25 ratio and percentile disclosure include Non Executive Directors.

Salary Component of Total Remuneration - subject to audit scrutiny

Year	25th Percentile Pay Ratio	50th Percentile Pay Ratio	75th Percentile Pay Ratio
2025/26			
Mid-point highest paid Director	147,500	147,500	147,500
Percentile of employee remuneration	26,598	37,796	47,810
2025/26 Ratio	**5.55**	**3.90**	**3.09**
2024/25			
Mid-point highest paid Director	137,500	137,500	137,500
Percentile of employee remuneration	25,674	36,483	46,148
2024/25 Ratio	**5.36**	**3.77**	**2.98**

Note: Prior year 2024/25 ratio and percentile disclosure include Non Executive Directors.

In 2025/26 zero (2024/25 zero) employees received remuneration in excess of the highest paid director. Remuneration ranged from £20,375 to £273,059 (2024/25 remuneration ranged from £13,000 to £275,518).

Total remuneration includes salary, non-consolidated performance related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Percentage change – subject to audit scrutiny

Year	Highest Paid Director Remuneration	Percentage change for employees as a whole
2025/26	272,500	44,675
2024/25	277,500	43,024
Percentage Change %	**-1.80**	**3.84**
Prior Year Percentage Change %	**9.90**	**4.46**

Note: Prior year 2024/25 ratio and percentile disclosure include Non Executive Directors.

The percentage change decrease for the highest paid Director relates to a reduction in ADHD Assessments undertaken and paid in 2025/26 offset against the 2025/26 pay award. The percentage change increase for employees represents pay awards during 2025/26

Off-payroll engagements

For all off-payroll engagements as of 31 March 2026, for more than £245 per day

	Number
Number of existing engagements as of 31 March 2026	0
Of which, the number that have existed:	
- for less than one year at the time of reporting	0
- for between one and two years at the time of reporting	0
- for between 2 and 3 years at the time of reporting	0
- for between 3 and 4 years at the time of reporting	0
- for 4 or more years at the time of reporting	0

For all off-payroll engagements between 1 April 2025 and 31 March 2026, for more than £245 per day:

	Number
Number of temporary off-payroll workers engaged between 1 April 2022 and 31 March 2023	0
Of which, the number of:	
- not subject to off-payroll legislation	0
- subject to off-payroll legislation and determined as in-scope of IR35	0
- subject to off-payroll legislation and determined as out of scope of IR35	0
The number of engagements reassessed for compliance or assurance purposes during the year	0
- Of which: number of engagements that saw a change to IR35 status following	0

Off Payroll Arrangements in respect of Board Members or Very Senior Officers:

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	0
Total number of individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	8

Staff Report

We employed an average of 1,825 WTE in substantive staff and 222 other staff during 2025/26. As at the 31st March 2026, 79% of the total workforce were Female and 21% were male. The gender split of the directors of the Trust were 43% female and 57% male. Our staff costs amounted to £115.8m, which represents 62% of the Trust's closing income for the year (£187.9m). .

Staff costs and numbers (subject to audit scrutiny)

Staff costs				
			2025/26	2024/25
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	84,640	558	**85,198**	78,821
Social security costs	11.271	-	**11,271**	8,377
Apprenticeship levy	416	-	**416**	384
Employer's contributions to NHS pension scheme	17,308	-	**17,308**	15,890
Pension cost - other	195	-	**195**	168
Temporary staff	-	1,546	**1,546**	2,651
Total gross staff costs	**113,830**	**2,104**	**115,934**	**106,291**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**113,830**	**2,104**	**115,934**	**106,291**
Of which				
Costs capitalised as part of assets	48	-	**48**	-

Average number of employees (WTE basis)				
			2025/26	2024/25
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	68	25	**93**	102
Ambulance staff	3	-	**3**	2
Administration and estates	200	5	**205**	211
Healthcare assistants and other support staff	691	70	**761**	804
Nursing, midwifery and health visiting staff	563	27	**590**	567
Scientific, therapeutic and technical staff	291	3	**294**	281
Social care staff	-	-	-	1
Other	3	0	**3**	6
Total average numbers	**1,819**	**130**	**1,949**	**1,974**
Of which:				
Number of employees (WTE) engaged on capital projects	**0**	**-**	**0**	-

Staff Turnover

Details of our staff turnover can be accessed via The Health and Social Care Information Centre at

NHS HCHS Workforce Statistics, Turnover benchmarking - data tables, January 2026.xlsx

Sickness absence

Staff Sickness Absence	2025/26	2024/25
Total Days Lost	30.432	28,680
Total Staff Years	1,762	1,664
Average working Days Lost	17	17

Our People, Culture and Development Committee meets regularly throughout the year and has a transformational approach supporting our new Trust People Plan, ensuring our Trust is a great place to work, that we're inclusive and that we enable our people to reach their potential. Improving attendance at work is a key priority of the People Plan, with monitoring and assurance presented to the Committee.

Our Occupational Health provider, Optima provides health and wellbeing support to staff; with effective interventions and generates quality management information in order to manage absence and support the health and wellbeing of our people.

Our Staff Support and Counselling Service continues to provide excellent support to individuals and teams alike via a robust educational and workshop programme covering stress coping topics, personal development and wellbeing awareness topics. Our Service continues to roll out the critical incident stress management programme which equips staff with the framework and skills to offer psychological first aid, psychological defusing and debriefing and emotional decompression support to staff affected by incidents within the workplace. The service continues to respond to the needs of the workforce by utilising relevant data and information to ensure that support that is offered is timely,

Exit packages

Reporting of compensation schemes - exit packages 2025/26 (subject to audit scrutiny)

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	No. of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£000s	Number	£000s	Number	£000s
<£10,000			12	57	12	57
£10,000 - £25,000	2	25	5	90	7	115
£25,001 - 50,000			2	62	2	62
£50,001 - £100,000			-	-	-	-
£100,001 - £150,000			-	-	-	-
£150,001 - £200,000			-	-	-	-
>£200,000			-	-	-	-
Total number of exit packages by	**2**		**19**		**21**	
Total cost (£)		**25**		**209**		**234**

Exit costs in the tables above are the full costs of departures agreed in the year. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in these tables.

Reporting of compensation schemes - exit packages 2024/25 (subject to audit scrutiny)

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	No. of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£000s	Number	£000s	Number	£000s
<£10,000	-	-	7	20	7	20
£10,000 - £25,000	-	-	-	-	-	-
£25,001 - 50,000	-	-	3	85	3	86
£50,001 - £100,000	-	-	-	-	-	-
£100,001 - £150,000	-	-	-	-	-	-
£150,001 - £200,000	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-
Total number of exit packages by type	**-**		**10**		**10**	
Total cost (£)		**-**		**105**		**105**

Exit packages: other (non-compulsory) departure payments (subject to audit scrutiny)

	2025/26		2024/25	
	Payments agreed	value of agreements	Payments agreed	value of agreements
Type of Other Departures	Number	£000	Number	£000
Mutually agreed resignations (MARS) contractactual costs	4	71	0	0
Contractual payments in lieu of notice	15	138	10	105
Total	**19**	**209**	**10**	**105**

Staff policies

The Trust is deeply committed to being a truly inclusive and compassionate employer, where every colleague feels valued, respected and able to thrive. We aspire to lead by example in promoting equality, diversity and inclusion, recognising that our people are at the heart of the care we provide. Our Inclusion at Work Policy (policy 3.12) supports this commitment across the full employee journey - from recruitment and day-to-day working practices to education, development and leadership accountability. Inclusion is also a core principle woven through all of our People policies and ways of working.

We are committed to ensuring that our workforce is representative of the community we serve through fair, equitable and supportive consideration at every stage of the employee life cycle. Our recruitment webpages include a clear positive action statement expressing our desire to attract and appoint colleagues from under-represented groups, including people from minority ethnic backgrounds, disabled people and people who identify as LGBT+. Recruiting managers receive training in fair and inclusive recruitment practices, and we actively promote diverse recruitment panels. Since 2020–21, diverse panels have been a requirement for all posts at band 7 and above.

The Trust is proud to be a member of the Disability Confident scheme and to display the Disability Confident logo on our recruitment materials. This demonstrates our commitment to welcoming applications from disabled people and confirms that any disabled applicant who meets the minimum criteria of the person specification will be guaranteed an interview. All applicants are invited to tell us about any reasonable adjustments they may need to support their participation in the recruitment and selection process. Once appointed, colleagues with disabilities are supported to access reasonable adjustments and specialist equipment where required, enabling them to work safely, effectively and with confidence in their roles. We recognise that everyone's circumstances and needs can change over time, and we aim to respond with flexibility and understanding. The Trust offers a wide range of flexible working opportunities to support colleagues throughout their working lives, promoting wellbeing and a healthy work–life balance.

Our Occupational Health Service provides expert advice to managers and colleagues on reasonable adjustments and workplace support. Where appropriate, we also draw on the expertise of Access to Work and relevant specialist organisations to ensure individuals receive tailored and appropriate support.

We are committed to providing a safe and supportive working environment for all colleagues. Robust health and safety arrangements are in place, including workstation, stress and COVID risk assessments, with the aim of identifying potential risks and putting proportionate measures in place to reduce them as far as possible.

All Trust policies, programmes and service changes are subject to Equality Impact Assessments. These assessments help us understand whether proposed changes may negatively affect colleagues or communities with protected characteristics, including disability. Where potential adverse impacts are identified, we take action to address and mitigate these and to improve equity of outcomes.

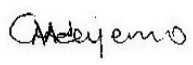
The Trust takes an active and reflective approach to developing inclusion and belonging. This work is coordinated through our Inclusion Council and People function and is formally assured through our People, Culture and Development Committee. Each year, we review, report on and take action in response to key equality priorities, including the Workforce Race Equality Standard, Workforce Disability Equality Standard, gender pay gap reporting and the NHS Equality Delivery System.

We encourage and support engagement with staff networks, recognising the importance of community, shared learning and peer support. Feedback from colleagues is crucial to our learning and improvement. The annual NHS Staff Survey provides insight into employees' experiences of leadership, teamwork, wellbeing, inclusion and safety at work. This enables us to monitor the effectiveness of our approaches, identify areas for improvement and address concerns such as discrimination, bullying or abuse from service users or members of the public.

The Trust is ambitious in its aim to be outstanding in all aspects of its role as an employer. We continue to deliver meaningful programmes and actions to improve our people practices and the experience of working within the Trust. This includes the ongoing embedding of our restorative just culture approach, with ambitious plans to extend and strengthen this work throughout 2026 and beyond, creating an environment of trust, learning and compassion for all

Consultancy expenditure

In 2025/26, the Trust had expenditure on consultancy of £360,000 (2024/25 - £436,000)



Dr Buki Adeyemo

Chief Executive

Date: 16th June 2026

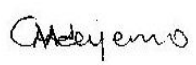
Counter fraud, bribery and corruption

The Trust has in place effective arrangements to ensure a strong counter fraud and corruption culture exists across the organisation to enable any concerns to be raised and appropriately investigated. These arrangements are underpinned by a dedicated Local Counter Fraud Specialist (LCFS) and a programme of counter fraud education and promotion. Audit Committee ensure these arrangements are fit for purpose and have confirmed them as being effective and proportionate to the assessed risk of fraud.

From 1 April 2025, the MIAA LCFS has:

- Reacted to 9 new fraud referrals received in 2025/2026, 5 of which were closed and 3 of which were converted to an investigation. 1 referral remains open pending enquiries with the Trust.
- Worked on 5 investigations during the year; 2 investigations were brought forward from 2024/2025 and 3 were opened during 2025/2026. 3 investigations were closed and 2 remain open.
- Recorded 1 local proactive review (LPE) in respect of 'Gap Analysis for the new Failure to Prevent Fraud Offence (FTPFO)'.
- Delivered a fraud awareness presentations to the Finance Team.
- Issued Fraud Information Alerts (6), Recent Cases Articles (2), Newsletters (2), Newsflashes (8), and other fraud related comms.
- Issued 45 MIAA Fraud Prevention Checks and 8 NHS Counter Fraud Authority (NHSCFA) Fraud Prevention Notices.
- Completed National Fraud Initiative (NFI) matches and liaised with the Trust in respect of any outstanding NFI queries.
- Issued a learning report developed by the NHS Counter Fraud Authority in respect of Gifts and Hospitality.
- Arranged for periodic fraud awareness messages to be added to employee's payslips.
- Provided updates and kept the Audit Committee informed about the new Failure to Prevent Fraud offence.
- MIAA delivered 3 webinars to inform Board members, other Executives and Non-Executives about the new Failure to Prevent Fraud offence and the LCFS delivered a presentation to those who could not attend a webinar.
- Shared a suite of materials to the Trusts Communication Team, promoting International Fraud Awareness Week (IFAW) (from 16th – 22nd November 2025), which included information about fraud in the NHS and how to report fraud. The Communications Team used the materials on the intranet site and in the Trust's bulletin.

On behalf of the Trust, the Chief Executive can confirm the Trust's commitment to ensuring that all staff are aware of their responsibilities in relation to the prevention of bribery and corruption.



Dr Buki Adeyemo

Chief Executive

Date 16th June 2026

Progress report on the Green Plan

The NHS has set a national ambition to become the world's first net-zero health system by 2045. The Trust is committed to fulfilling this duty across both our estates and the services we provide.

Building on the success of the Trust's first Green Plan in 2022, the Trust published its refreshed board-approved Green Plan in 2025 to align with updated guidance from NHS England. Aligned to national and local System priorities, our refreshed Green Plan aims to ensure that the Trust will continue to respond effectively to the growing health and financial impacts of climate change, and that statutory emissions and environmental targets are considered in all of our decisions. Our updated Green Plan supports the Trust to maximise on the benefits of climate action including lower energy costs, reduced waste, move towards fleet decarbonisation, and more preventative low-carbon care.

During 2025/26, a series of targeted initiatives and workstreams have supported the delivery of our Green Plan, with meaningful progress on our net zero commitments being made across all Areas of Focus.
These include:

- The Board approval and publication of Green Plan 2025–2028 in July 2025, supported by a targeted 3-year Action Plan.
- Our Green Plan 2025 - 2028 was delivered in Leadership Academy, increasing awareness and engagement across Trust leaders and our network of Sustainability Champions.
- Continuing to embed the Trust carbon footprint tool to provide ongoing emissions tracking, identifying and responding to priority areas for action.
- The Harplands Pharmacy Team achieving the Royal Pharmaceutical Society (RPS) Greener Pharmacy Bronze Accreditation.
- Launching our bi-annual Staff 'Travel to Work' Survey from which results will inform future decision-making and planning aligned to our Travel and Transport area of focus.
- Introducing a segregated recycling programme supporting a reduction of over 4 tonnes in general waste (avoiding over 60 tonnes of carbon emissions).
- Reducing food waste by over 45% Trust-wide (Apr–Dec), and by over 50% on the Harplands site, showing strong year-on-year progress.
- Creating a new "Environmental & Sustainability Officer" role within the Estates team to strengthen area of focus delivery.
- Completing boiler replacements at Lymebrook, Roundwell Place and Sutherland Centre.
- Our Estates team partnering with the Midlands Net Zero Hub towards developing a Heating Decarbonisation Plan, to support future Public Sector Decarbonisation Scheme funding opportunities.

Task force on climate-related financial disclosures (TCFD)

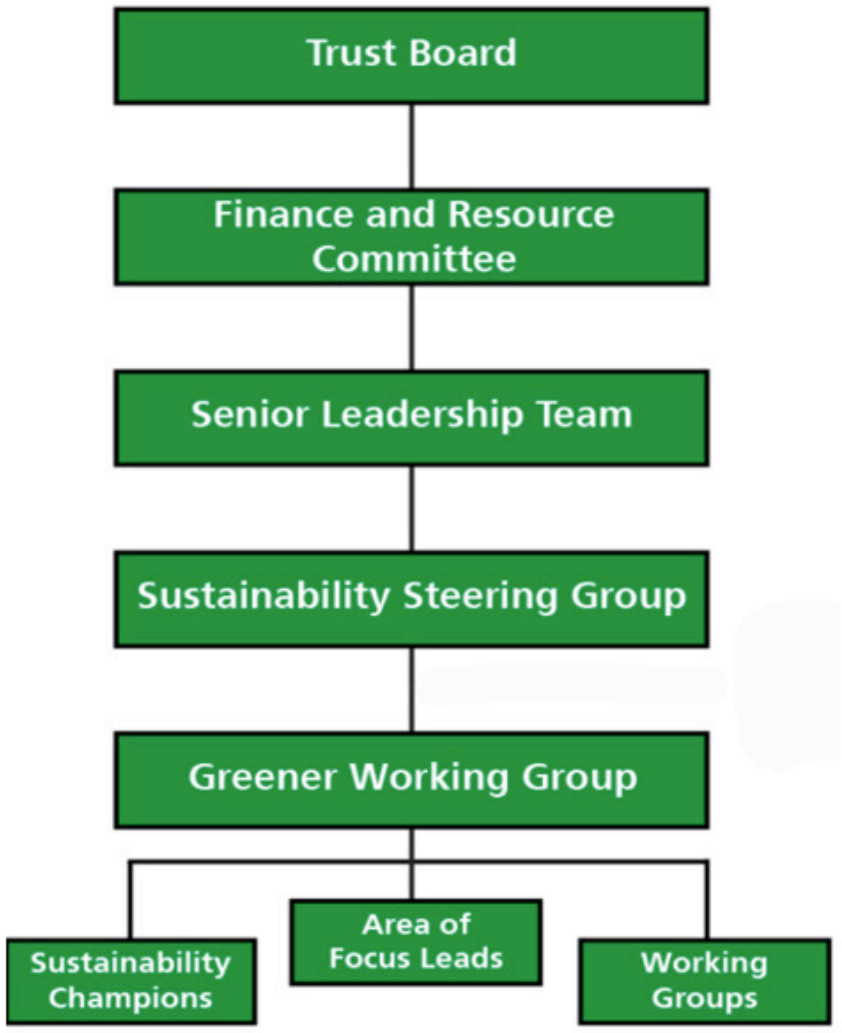
The General Accounting Manual (GAM) follows a phased approach to incorporating the recommended TCFD disclosures as part of sustainability annual reporting requirements for NHS bodies, in line with HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. These TCFD disclosures, as interpreted and adapted for the public sector by the HM Treasury, have been gradually implemented in sustainability reporting until the 2025-26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions, as these are calculated nationally by NHS England. The GAM has also adapted the requirements for scenario analysis in the strategy section of the TCFD disclosures to better fit the needs of the public sector. The TCFD recommended disclosures, as interpreted and adapted by the GAM are provided below with cross referencing to relevant sections of the Annual Report and Accounts (ARA) and other external publications.

Governance

Governance and assurance of the Sustainability Programme at North Staffordshire Combined Healthcare NHS Trust is provided at an organisational and system level, with partners from across Staffordshire and Stoke-on-Trent Integrated Care System.

The Sustainability Programme at North Staffordshire Combined Healthcare is led by the Chief Strategy Officer. The Transformation Management Office (TMO) provides programme management with support from Area of Focus leads and Sustainability Champions.

The governance structure for Sustainability at North Staffordshire Combined Healthcare NHS Trust is as follows:



The Greener Working Group reports to the Sustainability Steering Group which meets quarterly. Steering group membership includes area of focus leads and senior leaders from across the organisation. Sustainability assurance is reported quarterly to the Finance and Resource Committee with the Chair providing upward reporting to Board ensuring routine oversight of climate related issues. This is supported by focused Board development workshops and seminars with the next one scheduled towards the end of 2026 to review progress against the Green Plan.

Our Green Plan 2025 - 2028 https://www.combined.nhs.uk/news/latest-updates/combined-healthcare-publishes-green-plan-for-2025-28/

Climate-related risks are managed through the Trust's established Risk Management Framework and the Emergency Preparedness, Resilience and Response (EPRR) framework. The Trust participates in the Staffordshire Resilience Forum (SRF) a multi-agency partnership, with representation from across Staffordshire Prepared and the Staffordshire and Stoke-on-Trent Integrated Care System; and the Local Health Resilience Partnership (LHRP). The SRF & LHRP Risk Management Framework 2025–2028, sets out the multi-agency approach for identifying, assessing, and managing risks across the system. Governance for the EPRR Framework sits under our Chief Operating Officer (who acts as the Accountable Emergency Officer) and is also the Vice Chair for the SRF.

https://www.combined.nhs.uk/wp-content/uploads/2026/03/Business-Continuity-Management-System-Policy.pdf

https://www.combined.nhs.uk/wp-content/uploads/2026/03/SRF-LHRP-Risk-

Management-Framework-2025-2028.pdf
Climate-related risks which have the potential to impact on services delivered by the Trust are described in the Staffordshire and Stoke-on-Trent Community Risk Register (SSOT CRR). This register is led by the SRF. These identified risks contribute to informing the Trust's local Severe Weather Plan and Climate Change Adaptation Plan.
https://www.combined.nhs.uk/wp-content/uploads/2026/03/Severe-Weather-Plan.pdf

https://www.combined.nhs.uk/wp-content/uploads/2026/03/Adaptation-plan-NSCHT.pdf

https://www.combined.nhs.uk/wp-content/uploads/2026/03/SSOT-Community-Risk-Register-FINAL-April-2025.pdf

The Trust continues to work with partners from across the system in developing a matured, fully evidenced assessment of climate-related risks and opportunities across operations, strategy and financial planning, over the short, medium and long term, when considered against a global warming pathway of 2°C or lower.

Risk Management

The Trust operates a robust, embedded risk management framework that supports effective oversight of risks associated with delivery of the Green Plan. Risks are managed through established governance processes, with monthly review of high-scoring risks by the Senior Leadership Team via the Risk Review Group and Board Committees. The electronic risk management system enables timely identification and escalation of emerging risks. This integrated approach provides assurance that risks to delivery of the Green Plan are appropriately controlled within the Trust's existing governance arrangements.

In 2025/26 following approval of the Green Plan, two trust-level risks were identified linked to successful implementation. Mitigating actions taken during 2025/26 have supported a reduced risk score for both. The risks are owned by the Strategy and Partnerships Directorate and monitored through the Finance and Resource Committee.

Climate-related risks are managed through the Trust's Risk Management and Emergency Preparedness, Resilience and Response (EPRR) frameworks to ensure continuity of critical services during severe weather and other emergencies. Severe-weather risks are embedded within Emergency Planning, with clear ownership and responsive business-continuity measures. All associated risks are monitored through monthly review by the Risk Review Group.

Severe weather risks identified in the SSOT Community Risk register CRR inform the Trust's Severe Weather Plan, which provides a framework for the activation, allocation and deployment of Trust resources, to meet our statutory duties, respond appropriately and prevent or mitigate potential disruptions and incidents caused by severe weather events.
All new business cases require a Sustainability Impact Assessment to ensure that sustainability is considered in all investment decisions. The inclusion of the minimum weighting of 10% on Net Zero and Social Value is in every relevant tender.

Metrics and Targets

Sustainability reporting requirements for the Trust are set by NHS England for which mandatory reporting frameworks are issued by Department of Health and Social Care (DHSC) group accounting manual and the NHS Standard Contract.

The Trust is committed to working towards the targets set within the Delivering a Net Zero NHS Strategy (which are set against a 1990 baseline):

- Net zero by 2040 for the emissions the NHS controls directly (the NHS Carbon Footprint), with an 80% reduction by 2028 to 2032.
- Net zero by 2045 for the emissions the NHS can influence (the NHS Carbon Footprint Plus), with an ambition to reach an 80% reduction by 2036 to 2039.

Emission data across Scopes 1, 2 and 3 is reported via Greener NHS reporting and the Estates Return Information Collection (ERIC) using nationally agreed metrics.

Carbon Reduction Delivery Plan

Emissions Reporting

The Trust reports emissions across Scopes 1, 2 and 3 through established national processes, including the Greener NHS reporting framework and the Estates Return Information Collection (ERIC). These datasets use nationally agreed methodologies and metrics, ensuring consistency and comparability across the NHS.

Detailed emissions data and analysis are available to the organisation via the Greener NHS Analytics Workspace, which provides ongoing access to validated carbon metrics to support monitoring, planning and decision-making.

In addition, the Trust manages a Carbon Footprint tool which enables us to capture and report more accurately on emissions. This tool continues to support resource allocation and activity aligned to our Green Plan deliverables over the next 3 years.

Our estate and facilities

The Trust ensures that all sites where our teams work and where we treat patients are of a sufficiently high standard to provide a safe and positive environment. An efficient, well designed and well-maintained estate is at the heart of a positive patient experience and ensuring our patients receive the best possible care. It is also a powerful motivator for staff, aiding recruitment and retention and a positive work experience.

Estates & Facilities provide all the support services required to maintain and enhance the estate as well as providing services which support patient care. We have close working relationships with partner organisations such as Midlands Partnership University NHS Foundation Trust and University Hospitals of North Midlands NHS Trust and are an active member of the system wide Strategic Estates Group.

Transformation and Major Programmes

The Trust has successfully completed Project Chrysalis, an inpatient reconfiguration programme at Harplands Hospital designed to enhance ward environments. The scheme has replaced former dormitory style accommodation with modern single en-suite bedrooms, significantly improving the experience and privacy of service users.

The Central Therapies Corridoor has been transformed into a new 16-bedded en-suite ward, incorporating assisted bathroom facilities and a dedicated gym space. This development enabled refurbishment works to be undertaken across four additional wards without disruption to clinical services. All works were completed in Winter 2025/26.

Other work included the completion of this year's backlog maintenance and improvement programme where the Trust has invested to enhance environments for our service users. These schemes will improve compliance and environmental standards across the Trust..

Projects completed include:

- Roundwell Place - Replacement fire doors £280k
- Darwin Centre – Replacement fire doors £204k
- Sutherland Centre – Replacement fire doors £156k
- Roundwell Place - Replacement boiler and associated plant £156k
- Roundwell Place – Roof covering and rainwater goods replacement £152k
- Broom Street – Roof covering and rainwater goods replacement £126k
- Bennett Centre - Replacement boiler and associated plant £115k
- Sutherland Centre – Replacement boiler and associated plant £89k
- Lymebrook centre - Replacement boiler and associated plant £57k
- Telford Unit – Upgrade of external areas £8k
- Assessment & Treatment Unit – Upgrade of external areas £5k

Harplands Hospital PFI

Harplands Hospital is an inpatient mental health facility that comprises of 9 wards. As part of the Project Chrysalis work the Trust have identified interface risks that have arisen concerning the hot water system and pipework between the existing facilities and refurbishment works, work is currently being undertaken to resolve these issues.

The Trust is also prioritising fire safety, water, and ventilation safety standards at Harplands Hospital. A programme of condition surveys continued in 2025/26 to provide a comprehensive assessment of the estate's current condition and to identify and agree any necessary remedial actions

Energy and Sustainability

As part of our sustainable energy improvements, our Estates Maintenance Team continues to implement energy efficiency measures. This includes:

- Improved boiler plant and remote heating controls.
- Replacement roof coverings and rainwater goods

Estates Plan

The Trust is finalising its five-year Estates Plan, which outlines how North Staffordshire Combined Healthcare NHS Trust will position its estate and infrastructure as a strategic enabler for the delivery of safe, secure and appropriately located clinical services.

Operating across North Staffordshire, the strategy explains how the Trust will maximise its estate as a core asset to support the delivery of high-quality services. It forms part of a suite of enabling strategies aligned to the Trust's overarching priorities of Prevention, Access and Growth.

As many services are delivered in partnership with primary care, social care and the voluntary sector, the Estates Plan plays an important role in supporting system integration and collaborative working. The Trust recognises that the quality of the physical environment directly influences service quality, and therefore, ensuring services are delivered from fit-for-purpose settings, close to patients' homes, remains a key objective. This includes the shared use of accommodation with system and public sector partners where this is operationally appropriate and financially sustainable.

Patient Led Assessment Care Environment 2025 (PLACE)

The Patient Led Assessment Care Environment (PLACE) for NSCHT was completed in line with the target dates set by NHS England in the following areas:

- Harplands Hospital
- Darwin Centre
- Hilda Johnson House
- Assessment and Treatment Unit
- Summers View
- Dragon Square

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 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.

Trust's overall score for 2025

- Cleanliness - 99.13%
- Food and Hydration – 95.66%
- Organisation Food – 91.10%
- Ward Food – 98.34%
- Privacy, Dignity and Well-Being - 97.47%
- Condition, Appearance and Maintenance – 96.52%
- Dementia – 99.19%
- Disability – 96.23%

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

Statement of Directors responsibilities

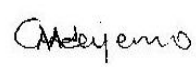
The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year.

In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting policy laid down by the Secretary of State with the approval of the Treasury.
- make judgements and estimates which are reasonable and prudent.
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.
- The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.
The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board



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Dr Buki Adeyemo Chief Executive

Date: 16th June 2026

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Eric Gardiner Chief Finance Officer

Date: 16th June 2026

Independent Auditor's report to the directors of North Staffordshire Combined Healthcare NHS Trust including closure certificate

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of North Staffordshire Combined Healthcare NHS Trust (the 'Trust') for the year ended 31 March 2026, which comprise the statement of comprehensive income, the statement of financial position, the statement of changes in taxpayers' equity, the statement of cash flows and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2026 and its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2024) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2025-26 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report and accounts, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report and accounts.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in November 2024 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2025-26 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2025-26; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of directors

As explained more fully in the Statement of directors' responsibilities in respect of the accounts, the directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26).
- We enquired of management and the audit committee, concerning the Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and the presumed risk of fraud in revenue recognition. We determined that the principal risks were in relation to:
  - journal entries posted by individuals with administrative privileges;
  - journal entries that altered the Trust's financial position at year end
  - potential management bias in accounting estimates.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on journal entries posted by individuals with administrative privileges and significant journal entries which impacted the Trust's financial position;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations and depreciation;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.

- The engagement partner's assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Trust operates
  - understanding of the legal and regulatory requirements specific to the Trust including:
  - the provisions of the applicable legislation
  - NHS England's rules and related guidance
  - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2026.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's responsibilities, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(2A)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in March 2026. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for North Staffordshire Combined Healthcare NHS Trust for the year ended 31 March 2026 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed the work necessary in relation to the Trust's consolidation schedules and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2026. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2026.

Use of our report

This report is made solely to the directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's directors as a body, for our audit work, for this report, or for the opinions we have formed.

Laurelin Griffiths

Laurelin Griffiths, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham
17 June 2026

Financial Statements and Accounts - 1 April 2025 - 31 March 2026

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North Staffordshire Combined Healthcare NHS Trust

Annual accounts for the year ended 31 March 2026

Statement of Comprehensive Income

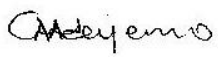
	Note	2025/26 £000	2024/25 £000
Operating income from patient care activities	3	169,144	161,162
Other operating income	4	18,736	18,386
Operating expenses	6,8	(184,933)	(176,831)
Operating surplus from continuing operations		**2,947**	**2,717**
Finance income	10	1,630	2,008
Finance expenses	11	(2,173)	(2,596)
Net finance costs		**(543)**	**(588)**
Other gains / (losses)	12	(123)	2
Surplus for the year		**2,281**	**2,131**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(25)	(96)
Revaluations	15	175	255
Total comprehensive income for the period		**2,431**	**2,290**

Statement of Financial Position

	Note	31 March 2026 £000	31 March 2025 £000
Non-current assets			
Intangible assets	13	1,935	1,833
Property, plant and equipment	14	36,911	36,245
Right of use assets	16	2,730	3,008
Receivables	19	549	612
Total non-current assets		**42,125**	**41,698**
Current assets			
Inventories	18	86	84
Receivables	19	7,977	6,394
Cash and cash equivalents	21	33,439	31,906
Total current assets		**41,502**	**38,384**
Current liabilities			
Trade and other payables	22	(19,051)	(19,495)
Borrowings	24	(3,198)	(2,990)
Provisions	25	(1,945)	(1,621)
Other liabilities	23	(1,505)	(1,667)
Total current liabilities		**(25,699)**	**(25,773)**
Total assets less current liabilities		**57,928**	**54,309**
Non-current liabilities			
Borrowings	24	(14,889)	(17,205)
Provisions	25	(975)	(1,340)
Total non-current liabilities		**(15,864)**	**(18,544)**
Total assets employed		**42,064**	**35,765**
Financed by			
Public dividend capital		27,851	23,984
Revaluation reserve		7,025	6,978
Income and expenditure reserve		7,187	4,803
Total taxpayers' equity		**42,064**	**35,765**

The notes on pages **65 to 113** form part of these accounts.

Name	Buki Adeyemo
Position	Chief Executive Officer
Date	17/06/2026



Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2025 - brought forward	**23,984**	**6,978**	**4,803**	**35,765**
Surplus for the year	-	-	2,281	**2,281**
Other transfers between reserves	-	(104)	104	**-**
Impairments	-	(25)	-	**(25)**
Revaluations	-	176	-	**176**
Public dividend capital received	3,867	-	-	**3,867**
Taxpayers' equity at 31 March 2026	**27,851**	**7,025**	**7,187**	**42,064**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2024 - brought forward	**20,497**	**6,912**	**2,579**	**29,988**
Surplus for the year	-	-	2,131	**2,131**
Other transfers between reserves	-	(93)	93	**-**
Impairments	-	(96)	-	**(96)**
Revaluations	-	255	-	**255**
Public dividend capital received	3,487	-	-	**3,487**
Taxpayers' equity at 31 March 2025	**23,984**	**6,978**	**4,803**	**35,765**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in operational capacity.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2025/26 £000	2024/25 £000
Cash flows from operating activities			
Operating surplus		2,947	2,717
Non-cash income and expense:			
Depreciation and amortisation	6	2,541	2,452
Net impairments	7	1,662	1,883
Income recognised in respect of capital donations	4	-	(7)
(Increase) / decrease in receivables and other assets		(1,592)	1,286
(Increase) / decrease in inventories		(2)	9
Increase / (decrease) in payables and other liabilities		(541)	388
Increase / (decrease) in provisions		(44)	295
Net cash flows from operating activities		**4,971**	**9,023**
Cash flows from investing activities			
Interest received		1,625	2,003
Purchase of intangible assets		(615)	(1,000)
Purchase of PPE and investment property		(4,114)	(3,869)
Finance lease receipts (principal and interest)		77	92
Net cash flows used in investing activities		**(3,027)**	**(2,774)**
Cash flows from financing activities			
Public dividend capital received		3,867	3,487
Capital element of lease rental payments		(551)	(645)
Capital element of PFI, LIFT and other service concession payments		(2,046)	(2,201)
Interest paid on lease liability repayments		(57)	(66)
Interest paid on PFI, LIFT and other service concession obligations		(1,624)	(1,810)
Net cash flows used in financing activities		**(411)**	**(1,235)**
Increase in cash and cash equivalents		**1,533**	**5,014**
Cash and cash equivalents at 1 April - brought forward		**31,906**	**26,892**
Cash and cash equivalents at 31 March	21.1	**33,439**	**31,906**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2025/26 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Consolidation

NHS Charitable Fund

The Trust has been the Corporate Trustee to North Staffordshire Combined Healthcare NHS Charitable Fund since it's creation on 1st April 1994. The funds were registered with the Charity Commission under the requirements contained in the 1993 Charity Act.

As at 31st March 2026 the unaudited charitable funds balances totalled £342k. As a consequence the Trust considers these balances to be immaterial and not requiring full disclosure within the 2025/26 accounts.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The majority of the Trust's revenue is paid on a block contract basis, and therefore the performance criterion is to provide the service for the financial year but the payment of revenue associated with the contract is not contingent around delivery of specific levels of activity or outcomes. The performance obligations are satisfied during the 12 month contract period and therefore there is no impact to the Trust relating to timing of payment.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. The main ICB contract is fixed and includes income for all services covered by the NHSPS assuming an agreed level of activity not varying based on units of activity. The variable element of the ICB contract relates to TCP and P86 which is a full pass through of expenditure incurred relating to these service users.

Low volume activity (LVA) block payments fund small flows of activity where there is no contractual arrangement. Where a provider-commissioner relationship is identified as suitable for LVA (based on assessment of the expected annual value and other factors), the ICB pays the provider a single fixed value, set by NHS England. The WMPC (Darwin) contract is a cost and volume contract with a 70% lower marginal rate based on activity levels. Other elements are paid based on actual spend.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Education and Training

The Trust receives income from NHS England (NHSE) in relation to medical and non medical trainees. Revenue is in respect of training provided and is recognised when performance obligations are satisfied when training has been performed. Where performance obligations are undertaken within the financial year, this is agreed and invoiced to NHSE. Where training occurs across the financial years the income is deferred to match the expenditure.

General Medical Services

The Trust receives General Medical Services (GMS) income in relation to the three GP practices run by the Trust. Revenue is in respect of GMS activity in the practices and is recognised when the performance obligations are satisfied when the activity has been performed. As the Trust does not hold the GMS contract, the income is transferred to the GP Practices and is agreed and invoiced by the Trust.

Talking Therapies

The Trust receives income relating to Talking Therapies in relation to the service provided by the Trust. Revenue is in respect of the Talking Therapies services is recognised when the performance obligations are satisfied and is paid on a block contract basis. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants are used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or operational capacity be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or operational capacity deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or operational capacity, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their operational capacity and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their operational capacity but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining operational capacity, which is assumed to be at least equal to the cost of replacing that operational capacity. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of operational capacity in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of operational capacity is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	10	45
Plant & machinery	5	20
Transport equipment	7	7
Information technology	5	10
Furniture & fittings	10	10

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or operational capacity be provided to, the trust and where the cost of the asset can be measured reliably.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.

Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as 'deemed cost' and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Impairments

Where indicators of impairment exist, the recoverable amount is assessed as the higher of its fair value and the cost to replace the service capacity. Where this is lower than the carrying value an impairment is recognised in expenditure. The recoverable amount of intangible assets under construction is assessed annually, irrespective of indicators of impairment.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Software licences	2	7

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by Office of National Statistics (ONS).

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses, with the exception of balances with government bodies. Balances with core central government departments (including their executive agencies), the Government's Exchequer Funds, Bank of England and Government Banking Service are excluded from recognising stage-1 and stage-2 impairments. In addition, any Government Exchequer Funds' assets where repayment is ensured by primary legislation are also excluded from recognising stage-1 and stage-2 impairments. Arms Length Bodies (ALBs) are excluded from the exemption unless they are explicitly covered by a guarantee given by their parent department.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2026:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.64%	4.03%
Medium-term	After 5 years up to 10 years	4.22%	4.07%
Long-term	After 10 years up to 40 years	5.32%	4.81%
Very long-term	Exceeding 40 years	5.07%	4.55%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2026:

	Inflation rate	Prior year rate
Year 1	2.5%	2.60%
Year 2	2.0%	2.30%
Into perpetuity	2.0%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.95% in real terms (prior year: 2.40%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 25.1 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed in note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 26.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.18 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2025/26.

Note 1.20 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2025/26:

IFRS 18 Presentation and Disclosure in Financial Statements
The Standard has been adopted by the UK Endorsement Board to be effective for accounting periods beginning on or after 1 January 2027. The Standard has not yet been adopted by the FReM and early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures
The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Future Changes to Adaptions and Interpretations of IAS 16

The following future changes to adaptations and interpretations of IAS 16 for the public sector are also not yet adopted:

From 2026/27 NHS bodies' valuation methodology will be a mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years. The requirement in IAS 16 to revalue an asset when its fair value differs materially from its carrying value is being withdrawn for the public sector. Given the variation in Plant, Property and Equipment (PPE) valuations in any given year, and future changes in indices, it is not possible to quantify the impact of applying these changes in future periods. PPE and right of use assets currently subject to revaluation have a total book value of £31.7m as at 31 March 2026.

The current accounting policy for property assets measures the cost of replacing the operational capacity using a 'modern equivalent asset'. This policy is not changing. In deriving the modern equivalent asset, the Trust and its valuers currently adopt an 'alternative site' assumption for all of its specialised buildings, meaning the replaced operational capacity may be in a different location. The option of using this assumption is being withdrawn for NHS bodies from 1 April 2028. Therefore the hypothetical modern equivalent asset will change to be located on current sites in asset valuations from 2028/29. Assets valued on an alternative site basis have a total book value of £24.9m at 31 March 2026. The impact of this change cannot be quantified at this time.

Note 1.21 Critical judgements in applying accounting policies

The Trust has no critical judgements to disclose.

Note 1.22 Sources of estimation uncertainty
The Trust has no material sources of estimation uncertainty to disclose.

Note 2 Operating Segments

The Trust Board as 'Chief Operating Decision Maker' has determined that the Trust operates in one material segment, which is the provision of healthcare services. The segmental reporting format reflects the Trust's management and internal reporting structure.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

Income from activities (medical treatment of patients) is analysed by customer type in note 3.2 to the financial statements on page **81** Other operating income is analysed in note 4 to the financial statements on page **82** and materially consists of revenue from healthcare research and development, medical education and the provision of services to other NHS bodies. Total income by individual customers within the whole of HM Government, and where considered material, is disclosed in the related parties note 31 to the financial statements on page **111.**

	2025/26 £000	2024/25 £000
Income	**187,880**	**179,548**
Surplus		
Common Costs	(184,933)	(176,831)
Surplus before interest	**2,947**	**2,717**
Net Assets:		
Segment net assets	**42,064**	**35,765**

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2025/26 £000	2024/25 £000
Mental health services		
Income from commissioners under API contracts[1]	109,790	102,506
Services delivered under a mental health collaborative[2]	4,065	4,685
Clinical income for the secondary commissioning of mandatory services	2,831	2,472
Other clinical income from mandatory services	10	-
All services		
Private patient income	-	9
National pay award central funding[3]		103
Additional pension contribution central funding[4]	6,827	6,272
Other clinical income[5]	45,621	45,115
Total income from activities	**169,144**	**161,162**

[1]Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. This income has increased by £7.3m as a result of growth monies and new service developments.

[2]Services delivered under the mental health collaborative have decreased due to no gain share funding being received in 2025/26 (£1.2m was received in 2024/25). This reduction is partially offset by £0.1m of non-recurrent cost pressure funding, the release of £0.1m of deferred income, additional activity of £0.2m, and £0.1m for Incentive SDIP Autism Accreditation.

[3]Additional funding was made available directly to providers by NHS England in 2024/25 for implementing the backdated element of pay awards where government offers were finalised after the end of the 2023/24 financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

[4]Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.38% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%) and related NHS England funding (9.4%) have been recognised in these accounts.

[5]Other Clinical income relates to GP General Medical Services (GMS) £4.7m (2024/25 £4.8m), Transforming Care Programme (TCP) income of £32.3m (2024/25 £29.9m) and Community Rehabilitation placements (P86) of £8.6m (2024/25 £10.4m).

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2025/26 £000	2024/25 £000
NHS England[1]	7,011	6,450
Integrated care boards[2]	151,106	143,550
Other NHS providers[3]	4,004	4,746
Local authorities	57	57
Non-NHS: private patients	-	9
Non NHS: other[4]	6,966	6,350
Total income from activities	**169,144**	**161,162**
Of which:		
Related to continuing operations	169,144	161,162

[1] NHS England income includes an additional employers pension contributions of £6.8m (9.4%).

[2] Integrated Care Boards income has increased due to block contract changes including pay award £4.4m, non recurrent DSF funding £1.6m, non recurrent industrial action funding £0.2m, TCP and P86 infrastructure income £0.1m, service developments £0.6m, TCP additional placements income £2.2m and reduction in P86 placement income (£1.7m)

[3]Other NHS Providers includes specialised services income from Birmingham Women's and Children's NHS Foundation Trust of £3.9m (2024/25 £4.7m) and £0.1m relating to the substance misuse contract (2024/25 £0.1m).

[4]Non NHS other includes GMS income of £4.5m (2024/25 £4.8m) and out of area treatments of £1.4m (2024/25 £1.2m) and NHS and Local Authority deferred income from 2024/25 released in 2025/26 £1.1m (2024/25 £0.4m)

Note 4 Other operating income

	2025/26			2024/25		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	271	-	**271**	158	-	**158**
Education and training	5,657	338	**5,995**	5,206	490	**5,696**
Non-patient care services to other bodies	11,258		**11,258**	11,409		**11,409**
Income in respect of employee benefits accounted on a gross basis	83		**83**	101		**101**
Receipt of capital grants and donations and peppercorn leases		-	**-**		7	**7**
Other income	1,129	-	**1,129**	1,015	-	**1,015**
Total other operating income	**18,398**	**338**	**18,736**	**17,889**	**497**	**18,386**
Of which:						
Related to continuing operations			18,736			18,386

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2025/26	2024/25
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	1,475	1,699

Note 6 Operating expenses

	2025/26	2024/25
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,187	829
Purchase of healthcare from non-NHS and non-DHSC bodies[1]	41,435	42,602
Staff and executive directors costs[2]	115,652	106,186
Remuneration of non-executive directors	165	142
Supplies and services - clinical (excluding drugs costs)	216	269
Supplies and services - general	325	365
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,549	1,588
Consultancy costs	360	436
Establishment	509	669
Premises[3]	6,396	6,532
Transport (including patient travel)[4]	1,702	1,294
Depreciation on property, plant and equipment	2,028	2,119
Amortisation on intangible assets	513	333
Net impairments[5]	1,662	1,883
Movement in credit loss allowance: contract receivables / contract assets	22	(257)
Change in provisions discount rate(s)	(9)	2
Fees payable to the external auditor		
audit services- statutory audit[6]	198	138
Internal audit costs	113	93
Clinical negligence	402	320
Legal fees	254	228
Education and training	945	1,281
Expenditure on short term leases	11	-
Expenditure on low value leases	90	139
Redundancy	96	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	4,905	4,475
Car parking & security	293	337
Hospitality	20	38
Losses, ex gratia & special payments	138	105
Other services, eg external payroll[7]	1,895	2,511
Other[8]	861	2,174
Total	**184,933**	**176,831**
Of which:		
Related to continuing operations	184,933	176,831

[1] 2025/26 Purchase of Healthcare from Non NHS and Non DHSC Bodies includes £39.5m relating to Transforming Care Programme (TCP) and Community Rehabilitation Placements (Project 86) (2024/25 £40.3m), £1.3m relating to Talking Therapies (2024/25 £1.1m).

[2] Staff and Directors costs have increased due to the the pay award in year of 3.6% for agenda for change staff, an average of 5.4% for resident doctors and 3.25% for Very Senior Managers and an increase in employers National Insurance contributions contributions from 13.8% to 15%.

[3] Premises costs includes £0.9m on utilities (2024/25 £1.0m) and £3.0m IT costs (2024/25 £2.5m).

[4]Transport costs include out of area patients transport costs at £0.6m (2024/25 £0.1m).

[5] Net Impairments relate to the desktop valuation on owned and leased properties at 31 March 2026 and includes £1.5m Private Finance Initiative (PFI) impairments; £0.3m Non PFI buildings impairments and (£0.1m) impairment reversals on leased properties (right of use assets).

[6]The fees payable to the external auditor are inclusive of VAT, the net fee is £165k.

[7]Other services relates to non healthcare service level agreements including pharmacy services £0.1m, finance and payroll services £0.3m, health informatics services £1.1m, procurement SLAs £0.2m and occupational health services £0.1m.

[8]Other includes subscriptions £0.3m (2024/25 £0.3m), Harplands facilities management charges £0.5m (2024/25 £0.4m) VAT partial exemption £0.1m (£0.3m 2024/25).

Note 6.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £206k (2024/25: £5,000k). The reduction in 2025/26 reflects a change in the audit contract framework from NHS Shared Business Services to Crown Commercial Services.

Note 7 Impairment of assets

	2025/26 £000	2024/25 £000
Net impairments charged to operating surplus resulting from:		
Changes in market price	1,662	1,883
Total net impairments charged to operating surplus	**1,662**	**1,883**
Impairments charged to the revaluation reserve	25	96
Total net impairments	**1,687**	**1,979**

In 2025/26 the Trust had a desktop valuation on all of it's sites (land, owned buildings and leased properties) including valuations on the Harpland's main site following assets under construction being brought into use in the dormitories removal capital scheme. This resulted in net impairments charged to operating expenses of £1,662k of which £1,796k relates to owned buildings and (£134k) relates to leased properties.

£25k of net impairments was taken to the revaluation reserve, of which all relates to of owned buildings.

Note 8 Employee benefits

	2025/26 Total £000	2024/25 Total £000
Salaries and wages	85,198	78,821
Social security costs	11,271	8,377
Apprenticeship levy	416	384
Employer's contributions to NHS pensions	17,308	15,890
Pension cost - other	195	168
Temporary staff (including agency)	1,546	2,651
Total gross staff costs	**115,934**	**106,291**
Recoveries in respect of seconded staff	-	-
Total staff costs	**115,934**	**106,291**
Of which		
Costs capitalised as part of assets	48	-

Note 8.1 Retirements due to ill-health

During 2025/26 there was 1 early retirement from the Trust agreed on the grounds of ill-health (1 in the year ended 31 March 2025). The estimated additional pension liabilities of these ill-health retirements is £96k (£6k in 2024/25).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

National Employment Savings Trust (NEST)
The National Employment Savings Trust (NEST) Corporation is the Trustee of the NEST occupational pension scheme. The scheme, which is run on a not-for-profit basis, ensures that all employers have access to suitable, low-charge pension provision.

The Trust is required to comply with workplace pension legislation and to auto enrol employees into a pension scheme. Where employees are ineligible to join the NHS Pension Scheme the Trust enrols the employee into NEST.

NEST is a defined contribution scheme.

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2025/26	2024/25
	£000	£000
Interest on bank accounts	1,625	2,003
Interest income on finance leases*	5	5
Total finance income	**1,630**	**2,008**

*The Trust entered into an arrangement as an intermediate lessor from 1 January 2023, subleasing 55% of the Trust HQ leased property to Midlands Partnership University NHS Foundation Trust (MPFT) recognising the rental received against the lessor receivable and interest charged to MPFT on the sublease as finance income.

Note 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2025/26	2024/25
	£000	£000
Interest expense:		
Interest on lease obligations	57	66
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	1,624	1,810
Remeasurement of the liability resulting from change in index or rate	474	702
Total interest expense	**2,155**	**2,578**
Unwinding of discount on provisions	18	19
Total finance costs	**2,173**	**2,596**

Note 12 Other gains / (losses)

	2025/26	2024/25
	£000	£000
Gains on disposal of assets	-	2
Losses on disposal of assets	(123)	-
Total gains / (losses) on disposal of assets	**(123)**	**2**

Note 13.1 Intangible assets - 2025/26

	Software licences	Total
	£000	£000
Cost at 1 April 2025 - brought forward *	**3,337**	**3,337**
Additions	615	**615**
Disposals / derecognition	-	**-**
Cost at 31 March 2026	**3,952**	**3,952**
Amortisation at 1 April 2025 - brought forward	**1,504**	**1,504**
Provided during the year	513	**513**
Disposals / derecognition	-	**-**
Amortisation at 31 March 2026	**2,017**	**2,017**
Net book value at 31 March 2026	**1,935**	**1,935**
Net book value at 1 April 2025	**1,833**	**1,833**

Note 13.2 Intangible assets - 2024/25

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**2,666**	**2,666**
Additions	1,000	**1,000**
Disposals / derecognition	(329)	**(329)**
Valuation / gross cost at 31 March 2025	**3,337**	**3,337**
Amortisation at 1 April 2024 - as previously stated	**1,500**	**1,500**
Provided during the year	333	**333**
Disposals / derecognition	(329)	**(329)**
Amortisation at 31 March 2025	**1,504**	**1,504**
Net book value at 31 March 2025	**1,833**	**1,833**
Net book value at 1 April 2024	**2,666**	**2,666**

Note 14.1 Property, plant and equipment - 2025/26

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2025 - brought forward	**5,405**	**25,869**	**2,595**	**690**	**145**	**5,742**	**332**	**40,778**
Additions	-	589	1,941	366	117	1,036	-	**4,049**
Impairments	-	(1,955)	-	-	-	-	-	**(1,955)**
Reversals of impairments	-	134	-	-	-	-	-	**134**
Revaluations	71	(685)	-	-	-	-	-	**(614)**
Reclassifications	-	2,317	(2,317)	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(156)	-	(549)	-	**(705)**
Valuation/gross cost at 31 March 2026	**5,476**	**26,269**	**2,219**	**900**	**262**	**6,229**	**332**	**41,687**
Accumulated depreciation at 1 April 2025 - brought forward	**-**	**-**	**-**	**437**	**86**	**3,780**	**230**	**4,533**
Provided during the year	-	762	-	47	21	725	33	**1,588**
Revaluations	-	(762)	-	-	-	-	-	**(762)**
Disposals / derecognition	-	-	-	(34)	-	(549)	-	**(583)**
Accumulated depreciation at 31 March 2026	**-**	**-**	**-**	**450**	**107**	**3,956**	**263**	**4,776**
Net book value at 31 March 2026	**5,476**	**26,269**	**2,219**	**450**	**155**	**2,273**	**69**	**36,911**
Net book value at 1 April 2025	**5,405**	**25,869**	**2,595**	**253**	**59**	**1,962**	**102**	**36,245**

Note 14.2 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**5,493**	**26,935**	**1,421**	**680**	**145**	**5,862**	**332**	**40,868**
Additions	-	132	3,530	10	-	253	-	**3,925**
Impairments	(88)	(1,907)	-	-	-	-	-	**(1,995)**
Reversals of impairments	-	124	-	-	-	-	-	**124**
Revaluations	-	(489)	-	-	-	-	-	**(489)**
Reclassifications	-	2,356	(2,356)	-	-	-	-	**-**
Disposals / derecognition*	-	(1,282)	-	-	-	(373)	-	**(1,655)**
Valuation/gross cost at 31 March 2025	**5,405**	**25,869**	**2,595**	**690**	**145**	**5,742**	**332**	**40,778**
Accumulated depreciation at 1 April 2024 - as previously stated	**-**	**1,283**	**-**	**380**	**69**	**3,341**	**197**	**5,270**
Provided during the year	-	732	-	57	17	812	33	**1,651**
Revaluations	-	(733)	-	-	-	-	-	**(733)**
Disposals / derecognition	-	(1,282)	-	-	-	(373)	-	**(1,655)**
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**437**	**86**	**3,780**	**230**	**4,533**
Net book value at 31 March 2025	**5,405**	**25,869**	**2,595**	**253**	**59**	**1,962**	**102**	**36,245**
Net book value at 1 April 2024	**5,493**	**25,652**	**1,421**	**300**	**76**	**2,521**	**135**	**35,598**

* Buildings excluding dwellings disposed of during the year relates to building structures in leased properties which are now recognised under Right of Use Assets.

Note 14.3 Property, plant and equipment financing - 31 March 2026

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	5,476	8,849	2,219	420	155	2,273	64	**19,456**
On-SoFP PFI contracts and other service concession arrangements	-	17,420	-	-	-	-	-	**17,420**
Owned - donated/granted	-	-	-	30	-	-	5	**35**
Total net book value at 31 March 2026	**5,476**	**26,269**	**2,219**	**450**	**155**	**2,273**	**69**	**36,911**

Note 14.4 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	5,405	8,795	2,595	215	59	1,955	102	**19,126**
On-SoFP PFI contracts and other service concession arrangements	-	17,074	-	-	-	-	-	**17,074**
Owned - donated/granted	-	-	-	38	-	7	-	**45**
Total net book value at 31 March 2025	**5,405**	**25,869**	**2,595**	**253**	**59**	**1,962**	**102**	**36,245**

Note 15 Revaluations of property, plant and equipment

HM Treasury determined that NHS Trust's must value their assets to depreciated replacement cost value on a Modern Equivalent Asset basis by 1st April 2010 at the latest. This is the basis used by the Trust since 2009/10.

In order to ensure that the Trust's Land and Building assets are carried at current value as at the Statement of Financial Position date the Trust ensures an independent valuation is undertaken at least every 5 years supplemented by the application of indexation annually.

In the reporting year a desktop valuation was undertaken on the Trust's behalf by Cushman & Wakefield and compliant with RICS Valuation - Global Standards, with a valuation date of 31 March 2026.

Specialised properties have been valued primarily by using the Depreciated Replacement Cost approach. This approach assumes the current cost of replacing an asset with a modern equivalent asset less deductions for physical deterioration and all relevant forms of obsolescence and optimisation, not a building of identical design, but with the same Operational Capacity as the existing asset.

Non-specialised properties have been valued at market value in existing use, which is the estimated amount for which a property should exchange on the valuation date between a willing buyer and a willing seller in an arm's length transaction after proper marketing and where the parties had acted knowledgeably, prudently and without compulsion, assuming that the buyer is granted vacant possession of all parts of the asset required by the business, and disregarding potential alternative uses and any other characteristics of the asset that would cause its market value to differ from that needed to replace the remaining Operational Capacity at least cost.

Note 16 Leases - North Staffordshire Combined Healthcare NHS Trust as a lessee

The Trust leases a number of properties and car parks with varying lease terms and arrangements. Where a lease is in the process of being renewed or extended, estimates of the expected lease term based on service requirements and estates plans have been used for reporting purposes. Those leases with confirmed and expected lease terms of more than 12 months and where there is an identified asset with a value of more than £5k have been classed as operating leases for the purpose of IFRS16 and are shown in the Trust's accounts as right of use assets with a corresponding lease obligation.

Note 16.1 Right of use assets - 2025/26

	Property (land and buildings)	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2025 - brought forward	**2,985**	**46**	**3,031**	**316**
Remeasurements of the lease liability	15	-	**15**	(3)
Movements in provisions for restoration / removal costs	(15)	-	**(15)**	-
Impairments	(14)	-	**(14)**	-
Reversal of impairments	148	-	**148**	24
Revaluations	(396)	-	**(396)**	(45)
Disposals / derecognition	(4)	-	**(4)**	-
Valuation/gross cost at 31 March 2026	**2,719**	**46**	**2,765**	**292**
Accumulated depreciation at 1 April 2025 - brought forward	**1**	**22**	**23**	**-**
Provided during the year	428	12	**440**	45
Revaluations	(424)	-	**(424)**	(45)
Disposals / derecognition	(4)	-	**(4)**	-
Accumulated depreciation at 31 March 2026	**1**	**34**	**35**	**-**
Net book value at 31 March 2026	**2,718**	**12**	**2,730**	**292**
Net book value at 1 April 2025	**2,984**	**24**	**3,008**	**316**

Net book value of right of use assets leased from other DHSC group bodies	292

Note 16.2 Right of use assets - 2024/25

	Property (land and buildings)	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**3,187**	**39**	**3,226**	**425**
Additions	57	17	**74**	-
Remeasurements of the lease liability	291	-	**291**	189
Movements in provisions for restoration / removal costs	16	-	**16**	-
Impairments	(243)	-	**(243)**	(220)
Reversal of impairments	135	-	**135**	-
Revaluations	(445)	-	**(445)**	(78)
Disposals / derecognition	(13)	(10)	**(23)**	-
Valuation/gross cost at 31 March 2025	**2,985**	**46**	**3,031**	**316**
Accumulated depreciation at 1 April 2024 - brought forward	1	20	**21**	-
Provided during the year	456	12	**468**	78
Revaluations	(456)	-	**(456)**	(78)
Disposals / derecognition	-	(10)	**(10)**	-
Accumulated depreciation at 31 March 2025	**1**	**22**	**23**	**-**
Net book value at 31 March 2025	**2,984**	**24**	**3,008**	**316**
Net book value at 1 April 2024	**3,186**	**19**	**3,205**	**425**

Net book value of right of use assets leased from other DHSC group bodies	316

Note 16.3 Revaluations of right of use assets

In the reporting year, a desktop valuation was undertaken on the Trust's behalf by Cushman & Wakefield and compliant with RICS Valuation - Global Standards, with a valuation date of 31 March 2026 to give a view on the Trust applying the revaluation model in IAS16. The valuation used comparable market rents and likely yields of similar commercial assets in the current market conditions.

Note 16.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.1.

	2025/26	2024/25
	£000	£000
Carrying value at 1 April 2025	**5,385**	**5,665**
Lease additions	-	74
Lease liability remeasurements	15	291
Interest charge arising in year	57	66
Lease payments (cash outflows)	(608)	(711)
Carrying value at 31 March 2026	**4,849**	**5,385**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 16.5 Maturity analysis of future lease payments

	Total 31 March 2026	Of which leased from DHSC group bodies: 31 March 2026	Total 31 March 2025	Of which leased from DHSC group bodies: 31 March 2025
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	1,164	532	1,061	400
- later than one year and not later than five years;	2,411	529	2,527	529
- later than five years.	1,464	118	2,039	250
Total gross future lease payments	**5,039**	**1,179**	**5,627**	**1,179**
Finance charges allocated to future periods	(190)	(20)	(242)	(28)
Net lease liabilities at 31 March 2026	**4,849**	**1,159**	**5,385**	**1,151**
Of which:				
Leased from other DHSC group bodies		1,159		1,151

Note 17 Disclosure of interests in other entities

The Trust does have an interest in the unconsolidated charity, North Staffordshire Combined Healthcare NHS Trust Charity (registration number 1057104).

Note 18 Inventories

	31 March 2026 £000	31 March 2025 £000
Drugs	82	66
Consumables	-	13
Energy	4	5
Total inventories	**86**	**84**

Inventories recognised in expenses for the year were £958k (2024/25: £1,184k). Write-down of inventories recognised as expenses for the year were £0k (2024/25: £0k).

Note 19.1 Receivables

	31 March 2026 £000	31 March 2025 £000
Current		
Contract receivables[1]	6,827	4,769
Allowance for impaired contract receivables / assets	(928)	(908)
Prepayments (non-PFI)	1,459	1,706
Finance lease receivables[2]	77	77
VAT receivable	530	729
Other receivables[3]	12	21
Total current receivables	**7,977**	**6,394**
Non-current		
Finance lease receivables	397	469
Other receivables[3]	152	143
Total non-current receivables	**549**	**612**
Of which receivable from NHS and DHSC group bodies:		
Current	4,620	520
Non-current	549	612

[1] Contract Receivables includes £3,743k invoiced receivables and £3,084k accruals.

[2] Finance lease receivables relate to the sub lease of Trust HQ (Lawton House) which commenced on 1st January 2023. The Trust has sub leased 55% of the building to Midlands Partnership University NHS Foundation Trust.

[3] Other receivables relates to funding from NHSE equal to the provisions made by the Trust for Clinicians Pension Tax payments.

Note 19.2 Allowances for credit losses

	2025/26 Contract receivables and contract assets £000	2024/25 Contract receivables and contract assets £000
Allowances as at 1 April 2025 - brought forward	**908**	**1,165**
New allowances arising	52	73
Reversals of allowances	(30)	(330)
Utilisation of allowances	(2)	-
Allowances as at 31 Mar 2026	**928**	**908**

During the year, £2k allowances for impaired receivables were written off (£0k in 2024/25) and £30k was received in payment for impaired receivables (£330k in 2024/25). New allowances for impaired receivables during the year total £52k (£73k in 2024/25).

Note 20 Finance leases (North Staffordshire Combined Healthcare NHS Trust as a lessor)

This note discloses future lease payments receivable from lease arrangements classified as finance leases where the North Staffordshire Combined Healthcare NHS Trust is the lessor.

Finance lease receivables relate to the sub lease of Trust HQ (Lawton House) which commenced on 1 January 2023. The Trust has sub leased 55% of the building to Midlands Partnership University NHS Foundation Trust, and retains 45% as its headquarters. The sub lease is for a term of 10 years set at 55% of the annual cost of the headlease to the Trust.

Note 20.1 Reconciliation of the carrying value of finance lease receivables (net investment in the lease)

	2025/26	2024/25
	£000	£000
Finance lease receivables at 1 April	**546**	**618**
Additions	-	15
Interest arising (unwinding of discount)	5	5
Lease receipts (cash payments received)	(77)	(92)
Finance lease receivables at 31 March	**474**	**546**

Note 20.2 Finance lease receivables maturity analysis

	Total	Of which leased to DHSC group bodies:	Total	Of which leased to DHSC group bodies:
	31 March 2026	31 March 2026	31 March 2025	31 March 2025
	£000	£000	£000	£000
Undiscounted future lease receipts receivable in:				
- not later than one year;	77	77	77	77
- later than one year and not later than two years;	77	77	77	77
- later than two years and not later than three years;	77	77	77	77
- later than three years and not later than four years;	77	77	77	77
- later than four years and not later than five years;	77	77	77	77
- later than five years.	104	104	181	181
Total future finance lease payments to be received	**489**	**489**	**566**	**566**
Unearned interest income	(15)	(15)	(20)	(20)
Net investment in lease (net lease receivable)	**474**	**474**	**546**	**546**
of which				
Leased to other NHS providers		474		546

Note 21.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2025/26	2024/25
	£000	£000
At 1 April 2025	**31,906**	**26,892**
Net change in year	1,533	5,014
At 31 March 2026	**33,439**	**31,906**
Broken down into:		
Cash at commercial banks and in hand	9	9
Cash with the Government Banking Service	33,430	31,897
Total cash and cash equivalents as in SoFP	**33,439**	**31,906**

Note 22.1 Trade and other payables

	31 March 2026 £000	31 March 2025 £000
Current		
Trade payables	5,982	4,211
Capital payables	469	534
Accruals	8,783	11,397
Social security costs	1,250	1,001
Other taxes payable	1,110	1,025
Pension contributions payable	1,457	1,327
Total current trade and other payables	**19,051**	**19,495**
Of which payables from NHS and DHSC group bodies:		
Current	2,242	3,469

Note 23 Other liabilities

	31 March 2026 £000	31 March 2025 £000
Current		
Deferred income: contract liabilities	1,505	1,667
Total other current liabilities	**1,505**	**1,667**

Note 24.1 Borrowings

	31 March 2026 £000	31 March 2025 £000
Current		
Lease liabilities	1,119	1,008
Obligations under PFI, LIFT or other service concession contracts	2,079	1,982
Total current borrowings	**3,198**	**2,990**
Non-current		
Lease liabilities	3,730	4,377
Obligations under PFI, LIFT or other service concession contracts	11,159	12,828
Total non-current borrowings	**14,889**	**17,205**

Note 24.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2025	**5,385**	**14,810**	**20,195**
Cash movements:			
Financing cash flows - payments and receipts of principal	(551)	(2,046)	**(2,597)**
Financing cash flows - payments of interest	(57)	(1,624)	**(1,681)**
Non-cash movements:			
Lease liability remeasurements	15	-	**15**
Remeasurement of PFI / other service concession liability resulting from change in index or rate		474	**474**
Application of effective interest rate	57	1,624	**1,681**
Carrying value at 31 March 2026	**4,849**	**13,238**	**18,087**

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2024	**5,665**	**16,309**	**21,974**
Cash movements:			
Financing cash flows - payments and receipts of principal	(645)	(2,201)	**(2,846)**
Financing cash flows - payments of interest	(66)	(1,810)	**(1,876)**
Non-cash movements:			
Additions	74	-	**74**
Lease liability remeasurements	291	-	**291**
Remeasurement of PFI / other service concession liability resulting from change in index or rate		702	**702**
Application of effective interest rate	66	1,810	**1,876**
Carrying value at 31 March 2025	**5,385**	**14,810**	**20,195**

Note 25 Provisions for liabilities and charges analysis

	Pensions: injury benefits	Legal claims	Re-structuring	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2025	**286**	**19**	**9**	**-**	**2,647**	**2,961**
Change in the discount rate	(9)	-	-	-	(20)	**(29)**
Arising during the year	11	49	21	54	596	**731**
Utilised during the year	(30)	(11)	(5)	-	(323)	**(369)**
Reversed unused	-	-	(9)	-	(393)	**(402)**
Unwinding of discount	(1)	-	-	-	29	**28**
At 31 March 2026	**257**	**57**	**16**	**54**	**2,536**	**2,920**
Expected timing of cash flows:						
- not later than one year;	30	57	16	54	1,788	**1,945**
- later than one year and not later than five years;	95	-	-	-	298	**393**
- later than five years.	132	-	-	-	450	**582**
Total	**257**	**57**	**16**	**54**	**2,536**	**2,920**

Other provisions of £2,536k relate to the projected liabilities and charges arising in 2025/26 and beyond, related to: Trust properties £596k; tax charges on clinicians pensions £155k; property rates charges £120k; staff related issues £493k; projected liability for pipework costs at the Harplands Hospitals £724k, Project Chyrsalis heating solutions removal £100k and Microsoft Licences VAT recovery reversal £348k.

Note 25.1 Clinical negligence liabilities

At 31 March 2026, £4,177k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Staffordshire Combined Healthcare NHS Trust (31 March 2025: £1,152k).

Note 26 Contingent assets and liabilities

	31 March 2026 £000	31 March 2025 £000
Value of contingent liabilities		
NHS Resolution legal claims	(21)	(6)
Gross value of contingent liabilities	**(21)**	**(6)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(21)**	**(6)**

Note 27 Contractual capital commitments

	31 March 2026 £000	31 March 2025 £000
Property, plant and equipment	-	1,617
Total	**-**	**1,617**

Contractual capital commitments in 2024/25 related to the eradiation of dormitories capital scheme at the Harplands. The capital works relating to the scheme completed during 2025/26. There are no other contractual capital commitments at 31 March 2026.

Note 28 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has one on-Statement of Financial Position PFI obligation, Harplands Hospital. The scheme covers the Harplands hospital building and land.

Note 28.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the Statement of Financial Position.
The PFI contract includes a first break clause option on 21 August 2030, after which the Trust has the option to take ownership of the Harplands hospital building and associated services. Should the Trust choose to exercise the break clause the transfer will be at £nil (or nominal consideration). Towns Hospitals (North Staffordshire Combined) Limited is responsible for maintaining the asset to a specified handback condition. Services have previously been included in the scope of PFI up to expiry.

	31 March 2026 £000	31 March 2025 £000
Gross PFI, LIFT or other service concession liabilities	**17,351**	**20,368**
Of which liabilities are due		
- not later than one year;	3,485	3,555
- later than one year and not later than five years;	13,866	14,713
- later than five years.	-	2,100
Finance charges allocated to future periods	(4,113)	(5,558)
Net PFI, LIFT or other service concession arrangement obligation	**13,238**	**14,810**
- not later than one year;	2,079	1,982
- later than one year and not later than five years;	11,159	10,838
- later than five years.	-	1,990

Note 28.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2026 £000	31 March 2025 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**39,198**	**46,395**
Of which payments are due:		
- not later than one year;	8,573	8,486
- later than one year and not later than five years;	30,625	33,944
- later than five years.	-	3,965

Note 28.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2025/26 £000	2024/25 £000
Unitary payment payable to service concession operator	**8,574**	**8,486**
Consisting of:		
- Interest charge	1,624	1,810
- Repayment of balance sheet obligation	2,045	2,201
- Service element and other charges to operating expenditure	4,905	4,475
Total amount paid to service concession operator	**8,574**	**8,486**

Note 29 Financial instruments

Note 29.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Commissioners and the way those Commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the Finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's Internal Auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from Government for revenue financing subject to approval by NHS England. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2026 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with primary care organisations, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 29.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2026	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	6,535	**6,535**
Cash and cash equivalents	33,439	**33,439**
Total at 31 March 2026	**39,974**	**39,974**

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	4,571	**4,571**
Cash and cash equivalents	31,906	**31,906**
Total at 31 March 2025	**36,477**	**36,477**

Note 29.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2026	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	4,849	**4,849**
Obligations under PFI, LIFT and other service concession contracts	13,238	**13,238**
Trade and other payables excluding non financial liabilities	14,348	**14,348**
Total at 31 March 2026	**32,435**	**32,435**

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	5,385	**5,385**
Obligations under PFI, LIFT and other service concession contracts	14,810	**14,810**
Trade and other payables excluding non financial liabilities	15,229	**15,229**
Total at 31 March 2025	**35,424**	**35,424**

Note 29.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2026 £000	31 March 2025 £000
In one year or less	18,997	19,845
In more than one year but not more than five years	16,277	17,240
In more than five years	1,464	4,139
Total	**36,738**	**41,224**

Note 29.5 Fair values of financial assets and liabilities

The Trust believes that book value (carrying value) of financial assets and liabilities is a reasonable approximation of fair value.

Note 30 Losses and special payments

	2025/26		2024/25	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	2	-	3	1
Fruitless payments and constructive losses	-	-	1	3
Total losses	**2**	**-**	**4**	**4**
Special payments				
Ex-gratia payments	3	1	1	11
Total special payments	**3**	**1**	**1**	**11**
Total losses and special payments	**5**	**1**	**5**	**15**

Note 31 Related parties

During the year none of the Department of Health and Social Care Ministers, Trust Board members, members of the key management staff or parties related to any of them, has undertaken any material transactions with North Staffordshire Combined Healthcare NHS Trust.

The Department of Health and Social Care is regarded as a related party. During the year North Staffordshire Combined Healthcare NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

The list of related parties below shows all entities for which the Department is regarded as the parent Department with which the Trust has received income and/or incurred expenditure in excess of £100k in 2025/26.

Department of Health and Social Care (parent department)
Birmingham Women's and Children's NHS Foundation Trust
Midlands Partnership University NHS Foundation Trust
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Coventry and Warwickshire Partnership NHS Trust
The Royal Wolverhampton NHS Trust
University Hospitals of North Midlands NHS Trust
NHS Black Country ICB
NHS Cheshire and Merseyside ICB
NHS Derby and Derbyshire ICB
NHS Shropshire, Telford and Wrekin ICB
NHS Staffordshire and Stoke-on-Trent ICB
NHS England
NHS Resolution
NHS Property Services
NHS Midlands & Lancashire Commissioning Support Unit
HM Revenue & Customs
NHS Pension Scheme

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Stoke-on-Trent City Council and Staffordshire County Council.

The Trust has also received revenue payments from a number of charitable funds. All Trustees are also members of the NHS Trust Board. Specifically the Trust is the corporate Trustee of the North Staffordshire Combined Healthcare NHS Trust charity (registration number 1057104) and exercises control over the transactions of that charity. During the year the Trust received income of £4k from the Charity and incurred expenditure of £25k on behalf of the Charity and has receivables of £17k and payables of £6k.

However, in the context of the Trust the transactions of the Charity are deemed to be immaterial and therefore have not been consolidated within these Accounts. The Summary Financial Statements of the Funds Held on Trust are included in the Charity's Annual Report which is published under separate cover.

Note 32 Events after the reporting date

There have been no events after the reporting date.

Note 33 Better Payment Practice code

Non-NHS Payables	2025/26 Number	2025/26 £000	2024/25 Number	2024/25 £000
Total non-NHS trade invoices paid in the year	11,538	99,887	12,674	98,316
Total non-NHS trade invoices paid within target	10,952	98,054	12,211	96,967
Percentage of non-NHS trade invoices paid within target	94.9%	98.2%	96.3%	98.6%
NHS Payables				
Total NHS trade invoices paid in the year	437	8,129	413	7,401
Total NHS trade invoices paid within target	427	7,611	403	6,984
Percentage of NHS trade invoices paid within target	97.7%	93.6%	97.6%	94.4%

The Better Payment Practice Code requires the NHS body to aim to pay all valid invoices by the due date or within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

Note 34 Capital Resource Limit

	2025/26 £000	2024/25 £000
Gross capital expenditure	4,679	5,290
Less: Disposals	(122)	(13)
Less: Donated and granted capital additions	-	(7)
Charge against Capital Resource Limit	**4,557**	**5,270**
Capital Resource Limit	5,077	5,270
Underspend against CRL	**520**	**-**

Note 35 Adjusted financial performance

	2025/26 £000	2024/25 £000
Surplus for the period per SOCI	2,281	2,131
Remove net impairments not scoring to the departmental expenditure limit	1,662	1,883
Remove I&E impact of capital grants and donations	9	1
Remove I&E impact of IFRIC 12 schemes on an IFRS 16 basis	7,528	7,484
Add back I&E impact of IFRIC 12 schemes on former UK GAAP basis	(8,059)	(7,988)
Remove net impact of DHSC centrally procured inventories	-	11
Adjusted financial performance surplus	**3,421**	**3,521**

Note 36 Breakeven duty financial performance

	2025/26 £000	2024/25 £000
Adjusted financial performance surplus	3,421	3,521
IFRIC 12 breakeven adjustment	531	505
Breakeven duty financial performance surplus	**3,952**	**4,026**

Note 37 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		449	698	891	1,671	31	768	1,297	2,051
Breakeven duty cumulative position	1,300	1,749	2,447	3,338	5,009	5,040	5,808	7,105	9,156
Operating income		90,599	86,321	83,063	79,487	87,471	75,502	78,588	81,883
Cumulative breakeven position as a percentage of operating income		1.9%	2.8%	4.0%	6.3%	5.8%	7.7%	9.0%	11.2%

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	4,060	3,904	1,979	3,098	1,743	370	859	4,026	3,952
Breakeven duty cumulative position	13,216	17,120	19,099	22,197	23,940	24,310	25,169	29,195	33,147
Operating income	85,079	89,112	99,040	105,222	149,926	163,239	167,475	179,548	187,880
Cumulative breakeven position as a percentage of operating income	15.5%	19.2%	19.3%	21.1%	16.0%	14.9%	15.0%	16.3%	17.6%

● 2017/18 - The Trust was required to deliver a control total of £900k surplus (excluding IFRIC 12 adjustments). The Trust over performed against this target by £404k due to non-recurrent benefits. By delivering the control total the Trust received £2,371k in Sustainability and Transformation Funding.

● 2018/19 - The Trust was required to deliver a control total of £720k surplus (excluding IFRIC 12 adjustments). The Trust over performed against this target by £232k due to non-recurrent benefits. By delivering the control total the Trust received a total of £2,624k in Provider Sustainability Funding.

● 2019/20 - The Trust was required to deliver a control total of £338k surplus (excluding IFRIC 12 adjustments). The Trust over performed against this target by £537k due to non-recurrent benefits. By delivering the control total the Trust received a total of £700k in Provider Sustainability Funding.

● 2020/21 - The Trust was required to deliver a control total of £2574k surplus (excluding IFRIC 12 adjustments). The Trust over performed against this target by £97k due to non-recurrent benefits.

● 2021/22 - The Trust was required to deliver a control total of breakeven (excluding IFRIC 12 adjustments). The Trust over performed against this target by £895k due to non-recurrent benefits.

● 2022/23 - The Trust was required to deliver a control total of breakeven (excluding IFRIC 12 adjustments). The Trust over performed against this target by £94k due to non-recurrent benefits.

● 2023/24 - The Trust was required to deliver a control total of breakeven (excluding IFRIC 12 adjustments). The Trust over performed against this target by £320k due to non-recurrent benefits.

● 2024/25 - The Trust was required to deliver a control total of breakeven (excluding IFRIC 12 adjustments). The Trust over performed against this target by £3,521k due to non-recurrent benefits.

● 2025/26 - The Trust was required to deliver a control total of breakeven (excluding IFRIC 12 adjustments). The Trust over performed against this target by £3,421k due to non-recurrent benefits.

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