# Transforming mental health inpatient services in Staffordshire and Stoke-on-Trent

2024-27 Year One Review

**NHS Staffordshire and Stoke-on-Trent Integrated Care Board**

# 1. Introduction:

This report provides a comprehensive overview of the progress made during Year 1 of the Inpatient Quality Transformation Programme of the [Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) 'Transforming Adult Mental Health Inpatient Services Strategy 2024/27'](#). This programme is a critical and strategic initiative aimed at profoundly enhancing the quality, efficiency, and overall patient experience within our mental health inpatient services. Recognising the escalating demands on mental health provision, marked by increasing acuity and complexity of presentations, and the national imperative for high-quality, person-centred care, Year 1 has deliberately focused on establishing a robust foundation. This was achieved through foundational analysis and extensive stakeholder engagement, ensuring that all voices, particularly those of service users and frontline staff, were heard and integrated into our planning. This initial phase has been crucial in setting the strategic groundwork, providing invaluable data and insights that will directly inform and guide the subsequent phases of service redesign, operational improvements, and sustainable cultural change, ensuring that future transformations are evidence-based, responsive to the genuine needs of our patients and staff, and aligned with best practice.

# 2. Progress against Year 1 Deliverables:

The 3-year strategy identified analysis and review as the focus for Year 1, proposing seven deliverables:

| Deliverable | Status at end of Year 1 |
|---|---|
| **Public engagement report** summarising key findings and recommendations | An online public survey on experiences of adult mental health services was made available via the ICB website and supporting comms between November 2024 – March 2025. This was supported by a series of in-person and online involvement events. The findings are briefly summarised within this report with a more detailed summary available on the [ICB's website.](#) |
| **Patient and staff survey reports** with action plans for improvement | This was originally identified as a stand-alone activity but has been incorporated within the Culture of Care programme with updates provided within this report. |
| **Health inequalities analysis report** with targeted strategies for addressing inequities. | A detailed health inequalities analysis was undertaken to support the development of the 3-year strategy. Further information on how this has been progressed at both a system and provider-level is presented within this report. |
| **Bed modelling report** with scenario planning results and recommendations | To support the delivery of this requirement NHSE Midlands commissioned the development of a bespoke demand and capacity modelling tool that could be utilised across systems in the East and West Midlands. Access to the final tool was given to all system partners at the end of April 2025. The functionality of the tool is being explored with a proposal to pilot the tool in |

| Deliverable | Status at end of Year 1 |
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|  | Staffordshire and Stoke-on-Trent with a focus on Psychiatric Intensive Care Unit (PICU) beds. |
| **Workforce gap analysis report** with strategies to address identified gaps. | At a system level we await the refreshed national NHS workforce plan that is due to accompany the new NHS 10 Year Health Plan. The approach to workforce matters adopted by NSCHT (North Staffordshire Combined Healthcare NHS Trust) and MPFT (Midlands Partnership University NHS Foundation Trust) is outlined within organisational updates provided within this review. |
| **Progress report** on the implementation of Culture of Care interventions. | A summary of progress within each provider is provided as part of this review. |
| **Evaluation report** on the Host and Home Commissioner pilot and its impact on service quality and out-of-area placements. | In September 2023, NHS England commissioned this pilot in support of Theme 4 of the Mental Health, Learning Disability and Autism Quality Transformation Programme to support ICBs to make quality oversight arrangements fit for the sector. The pilot aims to develop mental health guidance and associated tools to guide and support ICBs to effectively carry out their quality oversight and assurance responsibilities for mental health as a host and home ICB. Staffordshire and Stoke-on-Trent ICB participated in the pilot, to trial the draft Mental Health Host and Home ICB Guidance, the draft Baseline Assessment Tool and the draft Host and Home ICB Oversight Guide to make sure they are fit for purpose. |
|  | The Midlands pilot came to an end in December 2024. We continue to implement the Mental Health Host Commissioner part of our arrangements for quality oversight and assurance. Monthly engagement meetings continue with the independent mental health hospitals, to provide updates on workforce/staffing, safeguarding, incidents, restraints, complaints, whistleblowing, and mandatory training compliance. Membership includes ICB quality leads, safeguarding, complex care teams (MPFT/NSCHT) and extended to all home/placing commissioners. |
|  | A monthly system intelligence sharing meeting is held with all relevant stakeholders represented, to ensure a robust system partnership approach is in place to identify and address concerns relating to quality of care and safety at the earliest opportunity. |

# 3. Public Engagement:

A public engagement online survey and a series of in-person and online public involvement sessions were held from November 2024 - March 2025 to gather public feedback and views across Staffordshire and Stoke-on-Trent. The engagement for the strategy was originally due to take place in summer 2024 but was delayed due to the General Election. Our main aim was to gather feedback from people across Staffordshire and Stoke-on-Trent on adult mental health experiences, their needs and priorities to inform the portfolio and the delivery of the strategy. We wanted to make the engagement accessible with reasonable adjustments, etc. so a variety of methods were used to gather feedback.

180 individuals participated in the engagement process. The online public survey included a mix of multiple choice, Likert scale, ranking, and free text questions.

4 online engagement sessions were held, and 1 in-person session; planning was kept fluid to accommodate participant preferences, such as an in-person session changing to online.

**Largest collective feedback themes for areas to improve:**

- Improved support to advance mental health equalities; enhancing support and 'understanding' of what is needed by different groups across our communities, including making reasonable adjustments.
- Improved waiting times.
- Patient choice – preferred format of appointments, location, opening hours, out of hours support, not being digitally excluded, etc.
- Patients, family, carers and friends being listened to by professionals.
- Patients being seen as a 'whole person' and there is no one-size fits all approach. Tailor to the individual.
- Improved communication between services, teams and professionals – a more 'joined up' system. One system approach.
- Wanting to be treated with 'empathy', 'care', 'compassion', 'respect', 'sympathy', 'honesty', 'kindness' and 'understanding'.
- Seeing the same named healthcare professional for continuity of care.
- Emphasis on prevention – only seen at severe crisis point or how do you recognise/know when someone is likely to enter crisis. What are trigger points/can support be offered to prevent crisis.
- More services locally and in the community, more safe spaces and walk-ins.
- Easier access to right help, clear referral routes and effective signposting. Knowing where you can go to for help.
- More support for family members, carers and friends.
- Further improved understanding of mental health conditions, how lifelong conditions can affect mental health, areas such as perimenopause/menopause and links to mental health from professionals.

## 4.  Tackling Health Inequalities within Mental Health Services

A critical component of our Year 1 transformation efforts has been an in-depth analysis of health inequalities within our mental health inpatient services. This comprehensive review utilised Staffordshire and Stoke-on-Trent Inpatient Data. The analysis examined admissions between January 2021 and December 2023, providing crucial insights into disparities in patient demographics and experiences of care. The findings from this report will serve as a cornerstone for developing equitable, responsive, and patient-centred service improvements, directly addressing the recommendations for tackling health inequities across our services and ensuring that our transformation efforts contribute to reducing disparities in health outcomes.

Key recommendations arising from this Year 1 analysis include:

- Improving the Quality and Completeness of Demographic Data: It is absolutely vital to improve the systematic collection and recording of higher-quality demographic characteristics, including but not limited to sexuality, gender identity, veteran status, and disability. This enhanced data capture is fundamental to understanding the nuanced experiences of all minority groups within our inpatient services and ensuring that no group is overlooked in our pursuit of equitable care, enabling us to identify and address specific needs.

- Conducting Comprehensive Clinical Audits of Patient Journeys: Despite the majority of patients having no records of previous inpatient stays, other indicators show that almost all were known to services prior to admission. This disconnect necessitates a thorough clinical audit to gain a deeper understanding of patient journeys and the various routes to an inpatient stay. Such an audit will identify missed opportunities for early intervention in community settings, highlight pathways that lead to acute admissions, and inform strategies for effective prevention and diversion, ultimately aiming to reduce unnecessary inpatient admissions.

- Enhancing Physical Health Data Capture: The current analysis highlighted a lack of comprehensive information regarding patients' physical health. Improving physical health data capture is paramount as it would provide much greater insight into the overall holistic health of our inpatients. This would enable more integrated care planning, address co-morbidities more effectively, and ultimately lead to improved patient outcomes and experience by ensuring physical health needs are as rigorously managed as mental health needs.

## 5.  Localising and Realigning Care System Overview:

During Year 1, MPFT has initiated a range of innovative projects aimed at enhancing therapeutic interventions on wards, contributing to reduced lengths of stay and improved quality of care. These projects represent a proactive approach to creating more engaging, therapeutic, and recovery-oriented inpatient environments, moving beyond traditional models of care to embrace innovative approaches that promote well-being and faster recovery. Within NSCHT, the approach to localising and realigning care has focused on mapping existing activity to identify opportunities for enhancement and better coordination as well as identifying any specific gaps where new activity is required. This work has been aligned with the programme's core themes: purposeful admissions, therapeutic and trauma-informed care, proactive discharge planning, and effective post-discharge support. Accordingly, Year 1 achievements and Year 2 priorities have been structured around these key themes.

| Localising and Realigning Care | | |
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| **Year 1 Activity** | **Description and Outcome** | **Year 2 Next Steps** |
| **Purposeful Admissions** | | |
| Crisis Alternatives | In Year 1, the community crisis alternative provider in North Staffordshire and Stoke-on-Trent withdrew. A collaborative approach between NSCHT and the ICB to commission a new 'Safe Haven' service was unsuccessful despite strong market interest. Meanwhile, other crisis services progressed, including the launch of NHS 111 Option 2 and design of 24/7 text messaging support. | The service specification for a new community crisis alternative is being reviewed and updated, incorporating insight from public engagement and co-production activities, feedback from previous bidders and best practice from other areas. A new procurement process will be launched, aiming to commission and mobilise the service in Year 2. The new 24/7 crisis text service will also launch during Year 2. |
| Crisis care demand and out of area (OOA) placements | In Year 1, demand at the Crisis Care Centre (NSCHT) rose significantly, with a marked increase in acute OOA placements since October 2024 (from a baseline of effectively zero). A deep dive identified key drivers, with high number of Clinically Ready for Discharge (CRFD) patients (lost bed days from CRFD patients closely matched those from OOA use) compounded by fluctuating bed capacity due to dormitory eradication capital works at Harplands Hospital.<br><br>In response, the trust strengthened discharge and repatriation processes, increased Home Treatment Team activity, and embedded improved OOA reporting including visibility and accountability at Trust Board. Immediate actions to reduce OOA use have been implemented and will be refined through Year 2. | In response to increased demand for crisis services and OOA placements, NSCHT is engaging with staff across Primary Care, Community, and Acute/Urgent Care directorates to review internal interfaces, identify standard operating procedure improvements and triangulate feedback with the themes and outcomes of the public engagement activity.<br><br>Actions related to Clinically Ready for Discharge (CRFD) are addressed separately under proactive discharge planning. |

| Localising and Realigning Care | | |
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| **Year 1 Activity** | **Description and Outcome** | **Year 2 Next Steps** |
| Admissions Deep-Dive | A detailed review of admissions to in-scope wards was conducted, focusing particularly on short-stay admissions. Co-occurring needs associated with drug and alcohol use emerged as a key factor in admissions and has been prioritised for targeted action in Year 2. | Engagement with local authorities, recovery service providers, and experts by experience has begun to identify ways to better support co-occurring needs. Clear, actionable improvements are to be developed and implemented in Year 2.<br><br>In 2024/25, NSCHT Community Mental Health teams introduced new condition/need-specific treatment pathways. Phase 2 of pathways development will include scoping a co-occurring needs pathway. |
| **Therapeutic and Trauma-Informed Care (also aligned to Culture of Care Programme)** | | |
| Increasing psychological and peer support | Inpatient psychology and peer support capacity has been expanded to support a collaborative approach to trauma-informed care (TIC) delivery. Year 1 developments included:<br><br>• Aligning TIC with national best practice, the trust's Reducing Restrictive Practice strategy, and Culture of Care programme.<br>• Co-producing training and psychoeducation resources with lived experience teams.<br>• Developing easy-read guides, stabilisation manuals, and an evaluation tool.<br>• Piloting a staff wellbeing group on the PICU.<br>• Delivering Power Threat Meaning Framework sessions to build staff insight into service user experiences | A co-produced trauma-informed care strategy will be developed for the Acute and Urgent Care Directorate, covering both crisis and inpatient services.<br><br>TIC training and trauma psychoeducation will be piloted and rolled out with oversight from a new TIC working group, involving ward champions and lived experience to support implementation and training review.<br><br>Training, evaluation, and feedback will align with the Culture of Care programme, using surveys to track impact reported by patients and staff.<br><br>Six new inpatient peer support workers will commence in post. |

| | Localising and Realigning Care | |
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| **Year 1 Activity** | **Description and Outcome** | **Year 2 Next Steps** |
| | Evaluation showed increased staff confidence, empathy, and communication skills. Experts by experience rated co-production 5/5 across key engagement areas, including belief in the potential for meaningful change. | |
| Allotment Project | MPFT has successfully established an allotment on the St George's Hospital site. This initiative provides a deeply meaningful and purposeful activity for service users, fostering a sense of connection to nature, responsibility, and community. Participants have actively engaged in the process of growing vegetables, which have then been proudly used in the preparation of meals by service users themselves. This not only promotes practical life skills, such as horticulture and cooking, but also instils a profound sense of achievement, self-efficacy, and contribution to the ward community, enhancing overall well-being and reducing feelings of isolation. | Further coproduction with service users and workforce |
| Virtual Reality Headsets | MPFT has been incorporating virtual reality headsets to deliver a variety of innovative therapeutic interventions directly on the wards. This cutting-edge approach offers service users new and engaging ways to participate in therapy, providing immersive experiences that can be tailored to individual needs. This includes creating calming, distracting, or stimulating environments (e.g., virtual nature walks, mindfulness exercises in serene landscapes, exposure therapy in controlled virtual settings) as an integral part of their care plans. | VR can significantly enhance engagement, reduce anxiety, and offer a safe space for exploring emotions and developing coping strategies – ongoing evaluation. |

| Localising and Realigning Care | | |
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| **Year 1 Activity** | **Description and Outcome** | **Year 2 Next Steps** |
| Cubbie Sensory Pods | Cubbie, a smart sensory pod designed for sensory management, has been strategically installed on four inpatient wards and within our crisis house. MPFT utilises Cubbie to support individuals with sensory sensitivities, helping them to regulate their sensory experiences and find comfort and focus. Cubbie provides a customisable space with adjustable lighting, sound, visuals, and even haptic feedback, allowing individuals to create a calming, de-escalating, or stimulating personalised environment tailored to their immediate needs. | Our early analysis of its implementation is showing a promising reduction in incidents, including instances of agitation and self-harm, indicating its effectiveness as a proactive de-escalation tool and its contribution to promoting a more stable and therapeutic environment for service users, ultimately enhancing safety and wellbeing. |
| **Proactive Discharge Planning and Effective Post-Discharge Support** | | |
| Social work pilot | Reducing CRFD numbers has remained a priority, particularly for patients from Stoke-on-Trent where CRFD numbers are greatest. From November 2024 the trust used non-recurrent funding to pilot 2 WTE social workers, managed via Stoke-on-Trent City Council, to provided dedicated capacity and support timely Care Act assessments on adult acute and older adult wards.<br><br>A March 2025 interim evaluation highlighted improved relationships with patients and staff, more seamless care transfers, better-managed assessments and a reduction in 'red days' (days where progress towards discharge is delayed or stalled) on PICU and adult acute wards. However, CRFD numbers remained high and variable, with limited direct impact from the pilot alone. | Sustainability of dedicated social work capacity to be considered in system planning, including Phase 2 of the Better Care Fund review.<br><br>Ongoing timely review and oversight of all CRFD patients, with close collaboration between the trust, local authorities, and the ICB.<br><br>A housing and accommodation workshop, independently facilitated, will bring together system partners to drive a coordinated response. Workshop outcomes will inform an action plan aimed at delivering tangible improvements. |

| Localising and Realigning Care | | |
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| **Year 1 Activity** | **Description and Outcome** | **Year 2 Next Steps** |
| | The evaluation identified a lack of housing and suitable social care placements as an ongoing barrier to timely discharge making this a priority for coordinated system action in year 2. Maintaining the dedicated social work capacity is also essential to avoid assessment delays worsening the CRFD issue. | |
| Further investment in the discharge pathway | Despite ongoing CRFD challenges, the trust has made positive progress in implementing the 10 high impact actions for mental health discharge.<br><br>A sustained reduction in 'red days' was seen across PICU and adult acute wards, though older adult wards showed more fluctuation, with improvement remaining a priority.<br><br>To further support discharge pathways, the trust created nursing posts focusing the discharge pathway and early facilitated discharge | Recruit and embed the discharge roles, with ongoing monitoring of performance data to guide improvements.<br><br>NHS trusts to explore and potentially launch a community grants round, offering funding to VCSE organisations to support discharge pathway improvements through collaborative and innovative approaches |
| **Cross-Cutting** | | |
| Staff and Service User Engagement | A range of internal engagement activities took place to shape the programme, involving service users, carers, and staff. This included discussions at Service User and Carer Council meetings, a medics CPD session and a full-day cross-directorate workshop with c.70 attendees, including lived experience perspectives as part of the agenda and discussion.<br><br>The workshop raised awareness of the programme, generated positive feedback, and led to the creation of a | Reasonable Adjustments: Implement priority actions agreed by the cross-directorate working group.<br><br>Carers: Deliver an action plan based on feedback from the latest successful Triangle of Care reaccreditation with the Carers Trust.<br><br>Communication: Develop accessible internal and public-facing resources to enhance |

| | Localising and Realigning Care | |
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| **Year 1 Activity** | **Description and Outcome** | **Year 2 Next Steps** |
| | cross-directorate working group on reasonable adjustments.<br><br>These engagement outcomes, aligned with public feedback, led to agreement on cross-cutting Year 2 priority themes including reasonable adjustments, Carers and the Triangle of Care and effective communications to support improved understanding of services and pathways. | understanding and manage expectations of trust services. |
| Mental Health Rehabilitation | Summers View, NSCHT's mixed-sex level 1 rehab service, completed a self-assessment against the national mental health rehabilitation commissioning guidance, showing good alignment.<br><br>Out of area level 2 rehab placements have continued to decrease, from 89 (Nov 2021) to 37 (May 2025)—a reduction of 6 since the 3-year strategy was published. Two-thirds of current placements are within 40 miles of the patient's home. The reduction continues to be driven by strong multi-disciplinary approaches and the development of community-based alternatives. | Summers View is fully engaged in the Culture of Care programme and remains committed to ongoing service improvements as part of this work.<br><br>Building on the successful models developed for the Complex Care service (commissioning and care management of Level 2 rehabilitation placements), the trust will establish an enhanced function to support effective step-down from specialist forensic inpatient and community services into secondary care. This development is funded through Reach Out, the West Midlands Provider Collaborative for adult secure mental health services, and will be delivered in partnership with MPFT and other system stakeholders as appropriate |
| Immersive Simulation Suite | MPFT is leveraging our new state-of-the-art immersive simulation suite to provide advanced, realistic training to our staff. The launch of this innovative suite at MPFT's St George's Hospital site in Stafford represents a significant step in our simulated-based learning journey, pushing the boundaries of | The Medical Education Team continue to provide interactive, collaborative, experiential, and repetitive learning opportunities that are essential for rapid skill acquisition, refining clinical decision-making, and ensuring |

| Localising and Realigning Care | | |
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| **Year 1 Activity** | **Description and Outcome** | **Year 2 Next Steps** |
| | traditional medical education. It provides a fully immersive training environment, utilising cutting-edge technology to create lifelike visual surroundings, authentic sounds, and even specific smells, allowing staff to develop a wide range of clinical and non-clinical skills, refine their knowledge, and build confidence in a highly realistic, learner-centred setting without risk to patients. Features include a high-fidelity manikin capable of simulating complex medical conditions, including convulsions for psychiatric treatment practice (e.g., electroconvulsive therapy), and an array of medical equipment and tools. Critically, training exercises can be live-streamed to a nearby immersive studio, accommodating up to 15 observers in a fully soundproofed environment with multiple screens, allowing for real-time observation, collaborative learning, and immediate debriefing. | high-quality, safe patient care delivery across all services. |
| Tackling Health Inequalities – Patient and Carer Race Equality Framework | The trust remains firmly committed to identifying, understanding, and addressing health inequalities. To support the development of the trust's Patient and Carer Race Equality Framework (PCREF) Plan during 2024/25, a comprehensive self-assessment was carried out, highlighting both areas of strength and opportunities for improvement.<br><br>Robust governance has been established to support PCREF implementation, including the formation of a dedicated Steering Group co-chaired by an executive leader and a representative with lived experience. | The results of the PCREF self-assessment are informing the development and delivery of a dynamic action plan, which includes ongoing initiatives such as the Equity and Equality in Health Psychology project and the planned refresh of the trust's Inclusion and Belonging Plan later this year.<br><br>The trust's Health Equity Framework will be monitored through the PCREF Steering Group to ensure actions are data-driven, with progress and impact regularly |

| Localising and Realigning Care | | |
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| **Year 1 Activity** | **Description and Outcome** | **Year 2 Next Steps** |
| | Additionally, the trust's Health Equity Framework—which monitors health inequality data—was reviewed and will be updated during Year 2 to ensure full alignment with the PCREF, embedding it within the trust's broader approach to tackling inequality. PCREF was launched across the trust in March 2025. | reported to the Quality Committee and Trust Board. |

# 6. Culture of Care Programme Overview and Update

Culture of Care is a national programme that aims to improve the culture of inpatient mental health, learning disability and autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work. It is based around a series of standards that have been co-produced at a national level and is rooted in an anti-racism, trauma-informed and autism informed approach.

https://www.england.nhs.uk/long-read/culture-of-care-standards-for-mental-health-inpatient-services/

NHS England commissioned three delivery partners who launched their offer during Year 1.

- **Royal College of Psychiatrists** - ward and organisational quality improvement focus and leadership support. Trusts asked to put forward up to 4 wards.
- **Foundation of Nursing Studies** - Ward Manager Leadership Development Programme
- **The Public Service Consultants** - Staff care and development focused on team cultures.

Whilst operating in accordance with the Culture of Care programme framework, MPFT and NSCHT have tailored approaches to local context and need within each trust. An overview of progress in Year 1 for each trust is outlined.

# 7. Culture of Care at NSCHT

As part of the Royal College of Psychiatrists' Culture of Care programme, NSCHT nominated the maximum of four wards to formally participate:

- **Ward 2** – Male-only acute ward for working-age adults, primarily supporting short-term admissions

- **Ward 3** – Female-only acute ward for working-age adults, also focused on short-term admissions

- **Ward 6** – Mixed-sex ward for older adults (65+) with functional or organic mental health needs

- **Ward 7** – Mixed-sex ward for older adults (65+) with primary functional mental health needs

To reflect its commitment to Culture of Care principles, NSCHT extended a shadow programme across all remaining in-scope wards:

- **PICU** – Mixed-sex psychiatric intensive care unit for adults (18+) with complex mental health needs and safety risks

- **Ward 1** – Mixed-sex acute ward for adults requiring inpatient care due to psychiatric risk

- **Ward 4** – Mixed-sex older adults' ward offering comprehensive post-acute assessment following admission to University Hospitals of North Midlands

- **Summers View** – Mixed-sex Level 1 rehabilitation service

This inclusive approach ensures consistent application of Culture of Care standards across all relevant inpatient settings.

Embedding co-production and lived experience at the heart of practice has been a cornerstone of the NSCHT's approach to programme design and delivery. This commitment has been recognised nationally, with the trust being shortlisted in the *Nursing in Mental Health* category at the Nursing Times Awards 2025.

| Culture of Care - NSCHT | | |
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| **Year 1 Activity** | **Description and Outcome** | **Year 2 Next Steps** |
| Co-Produced Care Planning | In Year 1, the Trust successfully developed and implemented a standardised Inpatient Co-produced Care Plan across all wards, building on previous work in adult community mental health transformation. Key objectives included enhancing person-centred care, standardising templates | The focus for Year 2 is to embed the co-produced care plan further and enhance reporting capabilities—shifting from compliance to a deeper understanding of care quality and outcomes. |

| Culture of Care - NSCHT | | |
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| **Year 1 Activity** | **Description and Outcome** | **Year 2 Next Steps** |
| | and procedures, reducing administrative burden, and improving clinical quality. An automated reporting dashboard was also introduced to help wards proactively monitor and address care planning gaps. | |
| Co-produced delivery of the IMROC TRIP Framework | As part of the Culture of Care programme, NSCHT adopted the IMROC Team Recovery Implementation Plan (TRIP) framework to empower ward teams to embed recovery-focused practices. In Year 1, each ward formed a TRIP team—including a Ward Manager, Expert by Experience, and Quality Improvement (QI) Lead—to identify priorities for quality improvement, supported by ward-based community meetings. These meetings enabled staff and patients to co-produce changes, leading to both immediate actions e.g. updated information sheets, repurposed rooms for privacy, reminiscence tools, activity reviews, and enhanced patient-friendly environments. Longer term actions were also identified and will be progressed during Year 2. | A prioritisation process is underway to identify and agree tailored QI projects for each ward, ensuring a focused and needs-led approach. Ward-level QI initiatives will be delivered and evaluated, with successful and impactful practices being embedded locally and shared more widely across services to drive continuous improvement. |
| Reasonable Adjustments | An accessible, easy-read version of the TRIP was developed in-house to support inclusive ward walkthroughs alongside experts by experience with a learning disability or who are autistic. These walkthroughs provided valuable insights into how ward environments and practices could be adapted to better meet diverse needs. Findings were collated into a set of high-level recommendations, and a small, dedicated improvement budget was | Ongoing co-production with experts by experience is being driven through a dedicated Reasonable Adjustments workstream. High-level recommendations from the ward walkthroughs will be translated into clear, actionable improvements, with implementation and impact monitored through a structured evaluation process. |

| | Culture of Care - NSCHT | |
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| **Year 1 Activity** | **Description and Outcome** | **Year 2 Next Steps** |
| | secured to support the implementation of identified changes. | |
| Staff Training and Development | All four wards in the Royal College of Psychiatrists' Culture of Care programme received QI coaching to support co-produced TRIP implementation. Two ward managers completed the Foundation of Nursing Studies leadership programme, with a third due to follow; executive coaching was also delivered. A funded training programme to enhance inpatient therapeutic care was scoped and approved. A Culture of Care video and podcast were produced to promote awareness and engagement. | A cross-section of staff from all eight wards will complete training in evidence-based psychosocial and behavioural therapies to enhance engagement and support recovery, enabling a consistent, ward-wide therapeutic offer.

Engagement with the organisational development element of the Royal College of Psychiatrists programme will begin in Year 2. |
| Evaluation and data collection | A performance dashboard has been developed to track progress against the Royal College of Psychiatrists' proxy measures, providing a clear baseline for monitoring impact. Three Royal College of Psychiatrists-designed surveys—Patient Care, Patient Experience, and Staff Experience—have been rolled out across the wards for completion. While formal data collection covers the four programme wards, shadow reporting has been implemented on the remaining wards to ensure full coverage. Survey completion remains ongoing, with continued promotion to patients and staff. | Proxy measure reporting and survey analysis will be conducted at scheduled intervals to track changes from the baseline. Findings will help assess the impact of ongoing improvement activities and inform the next steps in programme implementation. |

## 8. Culture of Care at MPFT

MPFT has been an active participant in the national Culture of Care programme, demonstrating commitment to fostering a consistently positive and supportive environment across inpatient services. Within MPFT, four wards are currently participating in this comprehensive programme, with a total of 48 staff members actively involved in Quality Improvement initiatives specifically for these wards. These dedicated staff members engage in fortnightly meetings with National Collaborative Centre for Mental Health (NCCMH) QI leads, ensuring continuous learning, shared best practices, and systematic progress in embedding cultural change. This collaborative effort has already generated a total of 78 innovative initiatives, which have been successfully implemented within the participating wards and subsequently shared across the wider Trust. These initiatives focus on improving patient-staff interactions, enhancing the therapeutic environment, promoting staff well-being, and ultimately driving a culture that prioritises compassionate, recovery-oriented care.

## 9. Summary of Year 2 Priorities and Deliverables

The three-year strategy outlined key activities and deliverables for Year 2, focused on driving transformation. These remain relevant considering current progress but will be refined as needed to reflect wider NHS transformation and the recent publication of the 10-year plan.

As momentum builds, there will be a renewed focus on evaluating impact and revisiting the core values of the IQTP programme, including the co-produced I/We statements developed during strategy formation. This will ensure all activity continues to deliver meaningful change and tangible improvements for the citizens of Staffordshire and Stoke-on-Trent.

Activities:

- Develop a detailed service transformation plan: This critical activity involves the creation of a comprehensive plan, directly informed by the deep analysis conducted in Year 1 and continuous stakeholder engagement. This plan will outline precise strategic objectives, granular operational changes required at ward and service levels, detailed resource requirements (including staffing and technology), and a clear roadmap, serving as the definitive blueprint for our future inpatient services.

- Implement service redesign initiatives based on the chosen model: This encompasses the practical, phased execution of new service models derived from our strategic planning. This may include, for example, establishing new provision tailored to specific patient needs (e.g., for complex trauma, personality disorders, or neurodevelopmental disorders), or creating entirely new, streamlined pathways for admission and discharge that prioritise patient flow, reduce bottlenecks, and ensure timely access to the most appropriate level of care, thereby improving overall efficiency.

- Continue rolling out Culture of Care interventions and expand the programme to all staff: Building on the initial successes and learnings from Year 1, this activity focuses on embedding the positive Culture of Care across all inpatient settings and systematically extending its reach to ensure every staff member, regardless of role or tenure, benefits from and actively contributes to this supportive and recovery-focused environment. This will involve ongoing training modules, peer support networks, and visible leadership commitment.

- Address identified workforce gaps through targeted recruitment, training, and development programmes: This critical activity will involve proactive and strategic measures to bridge the

workforce shortages and skill gaps comprehensively highlighted in the Year 1 analysis. It includes implementing targeted recruitment campaigns for hard-to-fill roles, developing bespoke training modules to enhance existing staff skills in areas like de-escalation or specialist therapeutic interventions, and fostering clear career development pathways to improve long-term retention and build a sustainable workforce.

- Monitor and evaluate the impact of service transformation on key performance indicators: This ongoing activity is vital for accountability, learning, and continuous improvement. It involves systematically tracking and rigorously assessing the effects of service transformation on crucial metrics such as enhanced patient outcomes (e.g., reduced readmission rates, improved recovery rates, patient-reported experience measures), decreased length of stay, and demonstrable increases in staff satisfaction and well-being, providing quantitative evidence of progress.

- Analyse data from Year 1 to inform targeted interventions to address specific patient populations and service needs: This activity ensures that our transformation remains data-driven and responsive. It involves a continuous feedback loop where detailed analysis of Year 1 data guides the development of highly specific and nuanced interventions designed to address the unique and sometimes complex needs of particular patient populations (e.g., ethnic minorities, older adults with specific comorbidities) or specific service areas identified as requiring focused attention to achieve equitable outcomes.

Deliverables:

- Detailed service transformation plan: A comprehensive, living document outlining clear timelines, measurable milestones, assigned responsibilities for each initiative, and anticipated outcomes for all planned service redesigns, serving as a dynamic guide for implementation.

- Progress reports on the implementation of service redesign initiatives: Regular, structured reports providing transparent updates on the status, challenges encountered, lessons learned, and successes achieved in implementing new service models and pathways, facilitating agile adjustments.

- Ongoing monitoring and evaluation reports on Culture of Care implementation and impact: Continuous assessments demonstrating the reach, effectiveness, and positive influence of the Culture of Care programme across the workforce and on patient experience, including qualitative feedback and quantitative metrics on staff morale and patient feedback.

- Workforce development strategies and action plans: Concrete, actionable plans detailing specific recruitment drives, comprehensive training schedules (including mandatory and specialist training), and professional development opportunities aimed at effectively closing identified workforce gaps and building a resilient, skilled workforce.

- Quarterly reports on key performance indicators and service utilisation patterns: Regular analytical reports presenting disaggregated data on patient outcomes, operational efficiencies, bed occupancy rates, and trends in service usage, providing essential insights for strategic adjustments, further planning, and transparent reporting to stakeholders.