

# North Staffordshire Combined Healthcare NHS Trust Board Briefing – September 2025 Board

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

## Patient Story

This month's Patient Story was held in private at the request of the service user.

## REACH Recognition Individual Award

This month's REACH Recognition Individual Award was presented to Rachel Hughes, Directorate Senior Business Administrator, Primary Care Directorate. You can watch the recording of the REACH Award [at this link](#).

## Chief Executive's Report

Dr Buki Adeyemo, Chief Executive, presented the report, which is available [at this link](#). As well as the items in the written report, Buki welcomed the 'Good' rating awarded by the CQC to the Crisis Care Centre. You can watch the recording of the CEO Report [at this link](#).

## ICB Briefing 17 July 2025

Dr Buki Adeyemo referred the Board to the availability of the monthly briefing from the ICB, which is available [at this link](#).

## Chair's Report

The Chair's written report to the Board is available [at this link](#). Janet wanted to stress the Trust's commitment to diversity and inclusion in the current climate of intolerance. This view was endorsed by the Board and the staff side Chair, Jenny Harvey. You can watch the recording of the Chair's report [at this link](#).

## Board Assurance Framework Quarter 1 Report

Nicola Griffiths, Deputy Director of Governance and Trust Board Secretary presented the report. As well as providing details on requested changes to risk scores, it was noted that the Trust's risk appetite framework is in development following internal audit recommendations and the Trusts own Well Led Action Plan. MIAA, the Trust's internal auditors are supporting the Trust in its development.

## Questions from Members of the Public

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



## Health and Safety Annual Report 2024/25

Kenny Laing, Chief Nursing Officer and Deputy Chief Executive, presented the report. There are only 18 reports that fit into the categories defined as related to health and safety for the period of 2024/25. It is unclear at this stage whether this is an accurate picture which is to be addressed by the upcoming reformatting health and safety training for managers and there has been separate training secured for the Chief Officers to support their knowledge and roles and responsibilities. 2024/25 was the lowest reporting period in the last 7 years and we need to do further analysis of this to understand this.

There has been a reduction in the impact of harm following the incidents of violence and aggression for staff. The full report is available in the [Trust Board bundle](#).

The Board held an extended discussion on a number of items, including how the People Culture and Development Committee can use the data on an ongoing basis to identify and address issues of concern, as well as the experience of reporting incidents.

## Quality Committee Assurance Reports

Prof. Pauline Walsh, Committee Chair, presented the report from the meetings of the Quality Committee held on 7 August and 4 September.

A presentation was delivered to the Committee describing the current challenges associated with the increased number of Out of Area placements for patients requiring an inpatient bed. The Committee received an update regarding the Trust's response to the industrial action. There were no challenge and all plans were executed well.

There have been two Unannounced Mental Health Act visits since the last Quality committee, one was in ward 5 and one in ward 3. Both have received verbal feedback and awaiting the formal reports. Positive feedback received for each ward and actions are underway to address some initial learning. The formal report findings will be shared with the Committee once we have received them.

We successfully submitted a factual accuracy response to the CQC in relation to the Crisis Care Inspection prior to the formal publication of the report.

The Committee were updated to highlight the ongoing challenges of patients within our wards who are Clinically Ready for Discharge (CRFD) and are awaiting placement/ assessments and cannot be discharged. This is having a detrimental impact on the number of patients who are currently receiving care in Out of Areas beds.

During August there was one inpatient ward closed due to a COVID outbreak. The ward is now open with minimal impact on health and wellbeing of people with COVID and service delivery.

## Improving Quality and Performance Report (IQPR) Month 4

Eric Gardiner, Chief Finance Officer and Deputy Chief Executive, presented the report. There are 2 special cause variations (orange variation flags) – signifying concern:

- Appraisal
- Sickness Absence

There are 5 special cause variations (blue variation flags) – signifying improvement:

- Early Intervention - a maximum of 2 week waits for Referral to
- Treatment
- Risk Assessment Compliance
- Staff Turnover
- Vacancy Rate
- Complaints Open Beyond Agreed Timescale

## People, Culture and Development Committee Assurance Report

Russell Andrews, who chaired this Committee meeting, presented the report from the meeting of the Committee held on 1 September 2025. Despite small incremental improvements in absence levels over recent months compliance against the Trust's 12m rolling sickness absence target of 4.95% has not been achieved since June 2023 with a reported in month sickness absence rate for July 2025 standing at 6.24% in contrast to 5.30% in the previous year.

There has been an increase in the number of calendar days lost to sickness absence of 28.72% on the previous reporting year, with an estimated cost of over £4m (excluding on-costs and backfill). The Trust's Health and Wellbeing offer, current sickness management strategy and policy will be reviewed with a detailed rectification plan coming to PCDC for assurance.

Formal ER Activity continues to remain high and complex in nature which is impacting timescales for Policy development. However, all policies remain legally compliant. A renewed focus on more effective restorative people management approaches is expected to mitigate issues in this area by improving capacity, timescales and outcomes.

Appraisal and clinical supervision performance have further declined during M04 (81.0% and 79.0% respectively) and are not meeting the required 85% standard.

## Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

Frieza Mahmood, Chief People Officer, presented the reports.

In 2025, the Trust made notable progress in improving workforce diversity, advancing fairer recruitment, and reducing disparities in disciplinary outcomes. Some actions could not be completed due to capacity constraints and have been carried forward into the 2025/26 plan, which is aligned with ICS priorities and delivery capability.

Overall, the Trust is embedding anti-racist practice, strengthening accountability and transparency, and supporting the development of Global Majority staff. Priorities going forward include addressing underrepresentation in access to wellbeing support, sustaining leadership development, and delivering on pay gap and recruitment action plans.

In 2025, the Trust saw strong progress in disability inclusion, with workforce representation reaching its best level yet, Board diversity improving, and disabled staff reporting better perceptions of equal opportunities and feeling valued. Capability cases also fell, and harassment, bullying and abuse (HBA) scores showed improvement. However, recruitment equity worsened, and fewer staff reported HBA compared to the previous year. Other measures, such as engagement, workplace adjustments, and presenteeism, showed only marginal change. Overall, while representation and perceptions have improved, further focus is needed on recruitment fairness, reporting confidence and sustaining access to adjustments.

## Finance Report month 4

Eric Gardiner, Chief Finance Officer and Deputy Chief Executive presented the report. The Adjusted Financial Performance in month surplus of £281k against a planned deficit of £35k giving a positive variance of £316k. The year-to-date position is a surplus of £32k against a planned deficit of £353k giving a positive variance of £385k.

The Trust has a recurrent CIP target of £6.0m, a non-recurrent target of £1.4m. At Month 4 the Trust is reporting delivery of £1,510k CIP against a target of £2,537k, an adverse variance of £1,027k.

CIP schemes have been identified for the full target with 60% being implemented, 26% are fully developed, 10% have plans in progress and 4% are opportunities.

In month agency expenditure was £150k against a plan of £137k representing an adverse variance of £13k against the 40% agency expenditure reduction from 2024/25. In month bank expenditure was £542k against a plan of £543k representing a positive variance of £1k against the 10% bank expenditure reduction from 2024/25.

The Trust's capital expenditure year to date was £763k against a plan of £874k giving a positive variance of £111k. In month, 90% based on the number of invoices and 97% based on the value of invoices received by the Trust were paid within 30 days against the Better Payment Practice Code target of 95%.

## Finance and Resource Committee Assurance Report

Russell Andrews, Committee Chair, presented the reports from the meeting of the Committee held on 7 August 2025 and 4 September 2025. There had been a useful discussion about the Cost Improvement Programme, that highlighted the number of schemes that were examples of innovation, rather than simply cost cutting.

The Committee had also had a discussion about Orbis and Lorenzo, which provided useful assurance on delivery.

## Charitable Fund Committee Assurance Report

Russell Andrews, who chaired this Committee meeting, presented the report from the meeting of the Committee held on 1 September 2025.

A summary of draft charitable fund balances as of 31 July 2025 was presented. The opening balance on 1 April 2025 was £317k, with income of £7k and expenditure of £12k to date, resulting in a net outflow of £5k and a closing balance of £312k. The Committee also reviewed the 47 individual fund balances and endorsed a proposal to streamline the approach by closing dormant funds where appropriate.

To support the development of sustainable funding for the charity, a staff lottery has been explored. The Committee agreed that Trustee views should be formally sought before proceeding further.

## Winter Plan 2025

Rachel Birks, Deputy Chief Operating Officer, presented the plan. The Winter Plan 2025-26 has been developed with appropriate input from and engagement with all system partners in line with previous practice and NHSE requirements. As with previous years it is largely reflective of last year's plan which following a review was felt to be effective but contains some new actions as a result of a change in circumstances (e.g. Project Chrysalis and Out of Area demands) or where specific investment has been made (e.g. NHS111).

## Audit Committee Assurance Report

Prem Gabbi, Committee Chair, presented the report from the meeting of the Committee on 25 July. A new offence will come into effect on the 1st September 2025, making organisations criminally liable if an associated person commits fraud for their benefit—unless reasonable fraud prevention measures are in place. Examples to illustrate the nature of the offence, include false accounting: concealing losses to present a healthier financial position and fraud by false representation. MIAA will conduct a gap analysis for the organisation to assess the current control environment and the potential impact of the new requirements. In addition, a series of webinars will be delivered for both Chief Officers and Non- Executive Leaders.

## Board to Team Visits Annual Report 2024/25 (consent item)

Board Members visited 58% of the Trust teams in this period. There was a total of 78 actions, 62 of which were completed with 16 being carried over to the next cycle. The average time to complete an action was 60.6 days. The top 3 themes from the year were

- Environment / Estates with 13 actions identified,
- Digital & Equipment with 12 actions identified
- Operations / Service Change with 10 actions identified.

## Any Other Business

The Board meeting closed at 12.27pm. Date and time of next meeting in public is 10.00am, 13 November 2025. To access papers and meeting link, please visit <https://www.combined.nhs.uk/about-us/our-board/board->