North Staffordshire Combined Healthcare NHS Trust

Trust Board Briefing

A summary of what was discussed at November 2026 Board



A note from our Chair and Chief Executive

The Board celebrated the contribution of colleagues across the Trust, including the Keele GP Practice Team's REACH recognition and national recognition for Learning Disability services. It also reinforced the importance of staff voice through the NHS Staff Survey, Freedom to Speak Up and Board-to-Team visits.

Sally's story brought a clear focus to compassionate, accessible perinatal mental health support. The Board heard how even a comparatively short wait can feel significant, and highlighted the need for earlier information, stronger support for partners and joined-up working across maternity, mental health, health visiting, local authority and voluntary services.

Alongside these achievements, the Board remained focused on financial discipline, productivity and using resources well without compromising quality or safety.

Janet and Buki

Chair and Chief Executive

Board Highlights & Reflections

What stood out most was the Board's determination to connect performance data with the real experience of patients, families and staff.

Neurodevelopmental pathways remained a strategic concern. Members supported a move towards earlier, needs-led support rather than relying solely on assessment and diagnosis, while being clear that pathway changes must be developed with people with lived experience and communicated carefully to those already waiting.

The Board also asked for stronger evidence of impact: what has changed following Board-to-Team visits, how culture interventions are improving psychological safety and how investment is improving access, experience and outcomes.

People & Culture

Speaking-up routes recorded 72 Employee Voice submissions, 93 Freedom to Speak Up concerns and 17 grievances. Recurring themes included leadership behaviours, communication, bullying and harassment, teamwork, relationships and psychological safety.

The Board requested clearer evidence that People Plan, OD and inclusion interventions are delivering sustained improvement. Sickness absence remains a priority; with emphasis on management capability, accountability and governance rather than percentage measures alone.

Quality of Care

Sally's story highlighted the value of timely, compassionate perinatal support and accessible information before crisis. Assessment is now offered within two weeks of referral.

The Board also welcomed positive CQC feedback and continued scrutiny of safe staffing, violence and aggression, personalised care and the Nottingham Inquiry action plan.

Performance & Finance

Overall performance remained positive. The children and young people's backlog reduced from 883 at month 6 to 523 by the meeting. Bank pay costs were 15% lower and agency pay costs 51% lower than the previous year.

The Trust remained ahead of financial plan and forecast to deliver slightly better than plan, although cost improvement delivery and capital expenditure require continued focus. A stronger transformation pipeline is needed for 2027/28.

Clinical Services Update

The successful Toucan specialised commissioning bid for the West Midlands was welcomed. The Board also recognised national recognition for Learning Disability services and continued progress in perinatal care.

Adult ADHD and children and young people's autism waits remain a significant challenge. Sustainable improvement will require a shared view of demand and capacity, appropriate funding, pathway redesign and closer work with primary care, education, local authorities and the voluntary sector.

Out-of-area placements remain under close review. A systematic pathway approach will cover community support, crisis response, inpatient flow, discharge and recovery, with high-impact interventions and clear accountability.

Governance

All Board Assurance Framework risks were within agreed tolerance, but the Board challenged risk scoring, the long-term nature of neurodevelopmental waits and whether digital provider risks are fully captured.

Members called for better triangulation across speaking-up, sickness, staff survey and Board-to-Team evidence; alongside clearer action tracking, outcomes and feedback to teams.

Areas of Board Attention

- Long waits and future models for neurodevelopmental pathways.
- Sustainable reduction of inappropriate out-of-area placements.
- Rising sickness absence and stronger management accountability.
- Violence and aggression, including psychological harm.
- Evidence that culture and speaking-up interventions are making a tangible difference.
- Cost improvement delivery and a mature transformation pipeline for 2027/28.
- Better action tracking and feedback from Board-to-Team visits.
- Digital provider risk and strategic risk review for 2027.

Decisions & Assurance

The Board approved updated policies and the 2027/28 Board and Committee meeting dates. It accepted level 6 assurance for Being Open, Board-to-Team and the IQPR, and level 5 assurance for the finance report.

Actions commissioned

Review digital provider risks; improve Board-to-Team reporting; assess speaking-up awareness among medical staff; and include neighbourhood health and a mental health centre model in the December Board Development session.