



Cambridgeshire
Community Services
NHS Trust



**Annual
Report**
2018/19

Introduction

Our vision

Improve the health and wellbeing of people across the diverse communities we serve.

Our mission

Provide high quality care through our excellent people.

Our values

- Honesty
- Empathy
- Ambition
- Respect

Our objectives

1. Provide outstanding care
2. Collaborate with other organisations
3. Be an excellent employer
4. Be a sustainable organisation

Our services

Our portfolio of services in 2018/19 were provided from GP surgeries and health centres, community settings such as schools, children's centres and people's own homes, as well as from the following main sites:

- **Bedfordshire:** Kings Brook and the Child Development Centre in Bedford and a range of community based facilities;
- **Cambridgeshire:** Brookfields in Cambridge, Doddington Hospital, Princess of Wales Hospital in Ely, North Cambridgeshire Hospital in Wisbech, Oak Tree Centre, Church Mews and Hinchingsbrooke Hospital in Huntingdon;
- **Luton:** Luton Treatment Centre, Redgrave Children and Young People's Centre and a range of community based facilities;
- **Norfolk:** Breydon Clinic in Great Yarmouth, Oak Street Clinic in Norwich and Vancouver House in King's Lynn and a range of community based facilities;
- **Peterborough:** Rivergate, Midgate and Kings Chambers; and
- **Suffolk:** Orwell Clinic in Ipswich, Regent Road in Lowestoft, Abbey View in Bury St Edmunds, and a range of community based facilities.

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk
Adult services						
District nursing			●			
Specialist nurses/long term conditions			●			
Community matrons			●			
Neuro-rehabilitation	●	●				
Specialist services						
Community dental services, Dental Access Centres, and minor oral surgery - MOS	● Oral health promotion only	●		● MOS only (from Spring 2019)	●	● MOS only
Musculoskeletal services		●			●	
Sexual health services	●	●		●	●	●
Children's services						
Acute services		●				
Health visiting	●	●	●	●	● (see note)	
School nursing	●	●	●	●	● (see note)	
Therapies	●	●				
Community nursing	●	●	●			
Audiology		●	●			
Community paediatricians	●	●	●			
Family Nursing Partnership	●	●		●		
National Child Measurement Programme				●		
School immunisation programme		●		●	●	●
Emotional Health and Wellbeing service		●			● (see note)	

Note: these services in Peterborough are provided in partnership with Cambridgeshire and Peterborough NHS Foundation Trust

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Brilliant Baby Friendly Team Goes Mobile

Bedfordshire's Baby Friendly team, which supports new mothers with breastfeeding across the region, took an innovative step forward to increase the impact of its work.

The team worked with local entrepreneur Rosamund McFadden to roll-out the Breastfeeding Hub mobile application for parents in Bedfordshire.

The app has two elements: an information hub, and an interactive map of breastfeeding-friendly venues, which allows parents to rate and recommend particular places for breastfeeding. Information included is in line with Unicef's Baby Friendly Initiative standards and includes photos, video clips and signposting to external articles and local and national breastfeeding support.

Sarah Pickford, Practice Development Lead, said: "This is a really exciting time for our Baby Friendly Team. Whether on Facebook, our website or this fantastic new app, we're making sure that accurate information and details of how to get support are easy to find and available wherever mums might need it. It's an important

part of doing our best to support parents to help their babies thrive."

This is just one strand of the Baby Friendly Team's ongoing efforts to improve its service and support breastfeeding across Bedfordshire. In December, the team received positive feedback when it was revalidated by Unicef's Baby Friendly Initiative. Anne Woods, Unicef assessor, said: "Staff are commended for their work to maintain the standards established. It was clear to the assessment team that pregnant women and new mothers receive a very high standard of care."

Feedback has painted a similar picture, with an impressive 96% of mothers reporting they were very happy with the care provided. One happy mother even rated the service off the scale, saying:

“ I'd give the service 11/10 and I'm really hard to please! ”



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Chair and Chief Executive's Welcome

Welcome to the 2018/19 annual report for Cambridgeshire Community Services NHS Trust.

We are incredibly proud that the Care Quality Commission rated our services 'Good' in Spring 2018/19 and 'Outstanding' following their most recent inspection in Spring 2019. This would not have been possible without the passion and commitment of our wonderful staff. We were delighted the CQC recognised what we witness all the time, that our staff are caring and compassionate in the way they provide care to local residents and we thank them for their dedication which enabled us to successfully achieve this 'Outstanding' rating.

In the 70th year of the NHS and following publication of the NHS Long Term Plan which includes a clear shift to fund and develop community based care, what better time to celebrate these initiatives, all of which were led by clinicians with support from our Service Redesign team.

Highlights include:

- bringing together health and care partners across Luton to reduce hospital admissions for the most frail older people;
- a wide-ranging redesign of our 0-19 services in Bedfordshire; implementation of which has begun and will result in improved outcomes for children, young people and families;
- innovation across our regional iCaSH contraception and sexual health services including 'Express Test', an online and postal screening kit sent to over 40,000 people last year;

- the launch of a new Norfolk Healthy Child Programme Service pathway for healthy weight, and a new emotional health pathway for young people;
- the redesign of our Musculoskeletal Physiotherapy Service improving waiting times and accessibility, and piloting an innovative First Contact Practitioner in partnership with a GP practice;
- implementation of an integrated Healthy Child Programme across Cambridgeshire and Peterborough with Cambridgeshire and Peterborough NHS Foundation Trust.

A range of digital innovations introduced over the year are offering new and exciting ways to deliver and improve health including:

- a hearing device for children with glue ear, designed by Dr Tamsin Brown, Community Paediatrician, to avoid developmental delay during 'watchful waiting' periods, which won the Child Journal Prize at the British Association of Community Child Health conference;
- our Just One Norfolk digital platform which is improving access to advice and evidence-based services for families, so much so that we will be working with Norfolk County Council to integrate the Council's Early Childhood and Family Service into this platform;
- a Health Passport app, developed with Norfolk GPs and young people, aimed at 16-19 year olds to improve access to health advice, support and information;
- ChatHealth, a text-based service for young people to access support, was launched in Luton, Cambridgeshire and Bedfordshire, joining the successful ChatHealth service already helping thousands of families in Norfolk;

- a Breastfeeding Hub app was rolled out in Luton incorporating an information hub and interactive map of breastfeeding friendly venues which parents can rate and recommend.

We were proud to continue our premises improvement plans including: an £8 million redevelopment underway at the North Cambridgeshire Hospital site; the formal opening of the refurbished Peacock Centre for children's services in Cambridge; and a new iCaSH hub in Bedford to join our fantastic range of refurbished accommodation for this regional service.

Feedback from our service users this year has been incredibly positive with 96% of the 34,234 service users who answered the Friends and Family Test (FFT) question saying they would recommend our services to friends and family. Some of the most memorable feedback has been at our public Board meetings where we heard first hand how our services are changing people's lives, as well as how we can further improve services. You can read more about these powerful stories later.

As mentioned earlier, none of the above would be possible without our passionate staff who make the Trust such a fantastic place to work as evidenced through our fabulous annual staff survey results. An engaged and happy workforce is directly linked to the provision of great patient outcomes, so we were particularly pleased that our staff engagement score from the survey was third highest nationally for all NHS providers.

Our staff and services have received a plethora of awards over the last year, including the Norfolk Just One Number service and Professor Barbara Wilson (founder of the Oliver Zangwill Centre in Ely) winning the prestigious regional NHS 70th Parliamentary Awards.

We would particularly like to thank our acute children's services staff based in Hinchingbrooke Hospital for their commitment this year. Having concluded that these services would be better provided by North West Anglia NHS Foundation Trust, which already delivers similar services at Peterborough Hospital, our Board wished these staff well as they transferred to their new employer on 1 April 2019.

The Trust has achieved the vast majority of its quality, financial and performance ambitions and targets in the last 12 months. It has been

another challenging year financially for the Trust but we successfully achieved an operating surplus of £619,000. As the Trust has managed its budget to the plan agreed at the beginning of the year, we were awarded a one-off financial sum from NHS Improvement (Provider Sustainability Fund) of £3,236,000. Therefore adding together our real surplus and the national Sustainability and Transformation Fund creates an annual surplus figure for our accounts of £3,855,000.

We were pleased to make a step change in the way we involve services users and community representatives in developing and improving our services last year, and thank everyone involved for their enthusiasm. We would also like to thank Dreamdrops children's charity and the Friends of Wisbech Hospitals who continued to help us improve the quality of services we provide. Without their dedication and support, our task would be even harder.

Our focus for the coming twelve months will be to achieve the ambitious plans outlined in our Five Year Plan. Central to this is working collaboratively with commissioners and partner organisations to develop seamless care, irrespective of organisational boundaries, as set out in the NHS Long Term Plan and building on the innovation that has already taken place.

Enjoy reading our annual review and we look forward to another successful year in 2019/20.



Nicola Scrivings
Chair

24 May 2019

Matthew Winn
Chief Executive

24 May 2019



Overview

This overview provides a brief summary of the Trust's background, service portfolio, income, aims and aspirations, as well as our approach to risk management.

We became a community NHS Trust in England on 1 April 2010 and were established under sections 25(1) and 272(7) of, and paragraph 5 of Schedule 4 of the National Health Service Act 2006 (Establishment Order 2010 no. 727). We report under the Accounts Direction determined by the Department of Health (Secretary of State) and approved by the Treasury. The Accounts Direction is made under the following legislation: National Health Service Act 2006 c. 41 Schedule 15: Preparation of annual accounts. The Trust Board is accountable to NHS Improvement.

The Trust's portfolio predominantly consists of a range of high quality specialist services. Our annual budget for 2018/19 was £129 million. As a result of winning procurements and services transferring out of the Trust, our annual budget will be £128 million for 2019/20.

Many of our services are provided at a regional level and are predominantly focused on preventative care, funded by public health commissioners. The future will be characterised by collaboration with other NHS providers; working together in integrated models of care for adult and children's services. Where tenders do happen, we will seek to retain and win business within the clearly defined parameters set out in our five year plan.

In line with the NHS Long Term Plan, published earlier this year, the work we undertake will become more important as the NHS seeks

to prevent ill health in the context of an ever growing population, increasing level of obesity and the complexity of need being managed within the community setting.

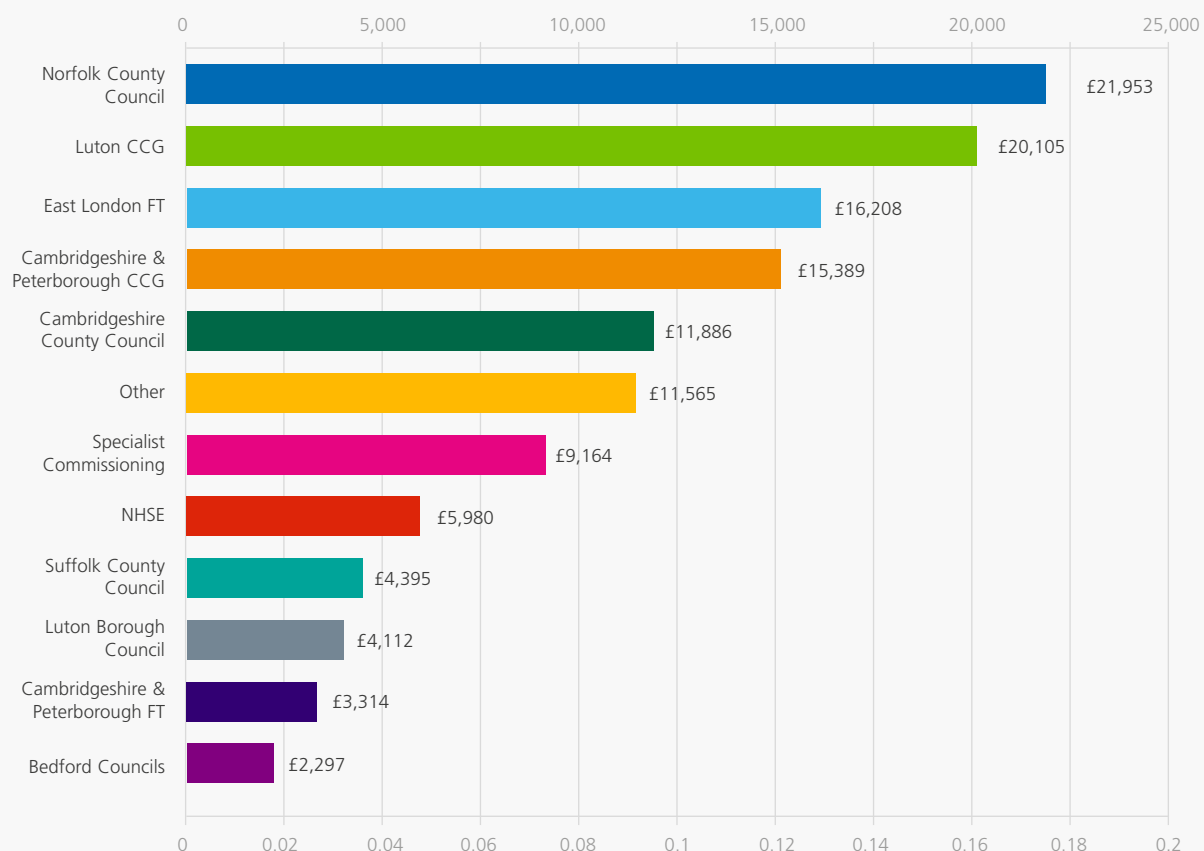
This report sets out our many achievements over the last 12 months, focusing on how we have successfully improved existing services and introduced innovative new ones, in line with our aim to deliver services that:

- are locally accessible - provided close to or in people's own homes;
- are provided to the highest standard by skilled and compassionate staff;
- promote good health and the prevention of ill health;
- reduce inequalities and ensure equity of access, including through working with partner organisations;
- are integrated across health and social care 'boundaries'; and
- are focussed on maximising an individual's potential and independence.

Like all public sector organisations in the current economic climate we continued to face significant challenges during 2018/19, which we expect to continue in 2019/20 and beyond, including known reductions in local authority public health budgets. These challenges are replicated nationally and for the Trust, this equates to us needing to make a 2.9% efficiency saving in 2019/20, the equivalent of £3.65 million.

The following chart shows the Trust's £128 million income by percentage and type of commissioner for 2019/20.

2019/20 Revenue by Commissioner (£000's)



To meet these financial challenges we will continue to work with our commissioners to redesign services, and our partners and staff to develop cost improvement schemes and collaborative initiatives, to support achievement of commissioners' plans. From a Trust perspective, these plans will ensure that, where it is clinically appropriate, services will move from the acute hospital setting to the community, making them more accessible for patients and more cost effective for the system as a whole, whilst maintaining the quality of care provided.

The Trust can be affected by a variety of financial, clinical, operational and regulatory risks and uncertainties. The organisation's risk management strategy clarifies responsibility for the identification, assessment and management of risk throughout the Trust.

The Board retains ultimate responsibility for the Trust's risk management framework and a formal risk management system is in place, to identify and evaluate both internal and external risks. The Board and Audit Committee regularly review strategic risks. Component risks of the corporate risk register are reviewed by appropriate Board sub-committees.

Further information on risk management procedures is provided within the annual governance statement ([page TBC](#)).

The narrative in the following Strategic Report meets all the requirements and disclosures of Strategic Reports as required by the Companies Act 2006.

Performance Analysis

STRATEGIC OBJECTIVE 1 Provide outstanding care

We are incredibly proud that the CQC rated our services 'Good' in Spring 2018/19 and 'Outstanding' following their most recent inspection in Spring 2019. This would not have been possible without the passion and commitment of our wonderful staff who worked hard to develop innovative and accessible services for local residents. We thank them for their dedication and passion, which reflects their commitment to delivering the very best outcomes for the communities we serve and enabled us to achieve this 'Outstanding' rating.

Overall rating for this Trust	Outstanding	☆
Are services safe?	Good	●
Are services effective?	Good	●
Are services caring?	Outstanding	☆
Are services responsive?	Good	●
Are services well-led?	Outstanding	☆

Patient safety

Harm free care

This national programme aims to help organisations to understand the prevalence of four harm areas that affect patients: pressure ulcers, falls, catheter infections and venous thromboembolus.

In line with national guidance, patients visited by community nurses on a nationally specified day each month were included in data collection.

Performance for harm free care delivered by services provided solely by CCS NHS Trust at 31.3.2019	%
Target	98.5
Actual	99.3

Delivering harm free care remains a key priority and is monitored via our Quality dashboard and at our Clinical Operational Boards.

Revised training programmes have been developed to support the harm free areas, including:

- updates on pressure ulcer prevention and treatment; revised definition and measurements recommendations published in June 2018 by NHS Improvement;
- a combination of staff training; patient assessment and interventions to support falls prevention and promote independence;
- safe catheter care and support to patients and their carers in the community.

Patient safety incidents

The Trust has an open reporting culture where staff are encouraged to report and learn from incidents.

During the previous 12 months, 3315 patient safety incidents and near miss incidents were reported via our web-based incident reporting system Datix. This is an increase over the previous 12 month period of approximately 28% which reflects the Trust expanding its service portfolio to deliver community health services in the Bedfordshire locality, as well as our open reporting culture. This level of reporting equates to approximately 0.28% of the contacts our staff have with service users each year. 95% of these incidents resulted in no or low harm, with the remaining 5% resulting in 'moderate' or 'severe' harm.

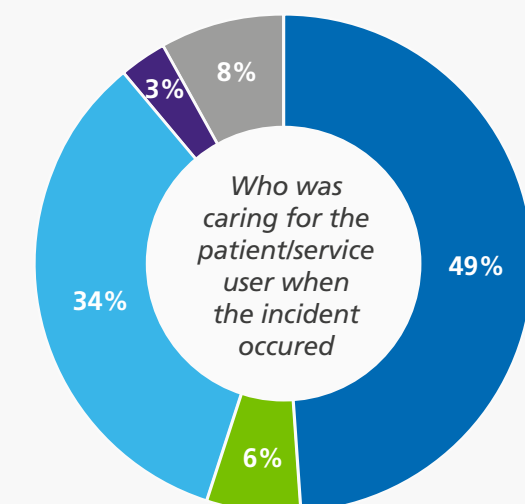


Staff are encouraged to record patient safety incidents:

- that occur as a direct result of CCS care;
- which originated whilst the patient was cared for by another organisation (i.e. an acute trust or domiciliary care agency), referred to as 'happened upon incidents'; and
- where there has been no professional health/social care input.

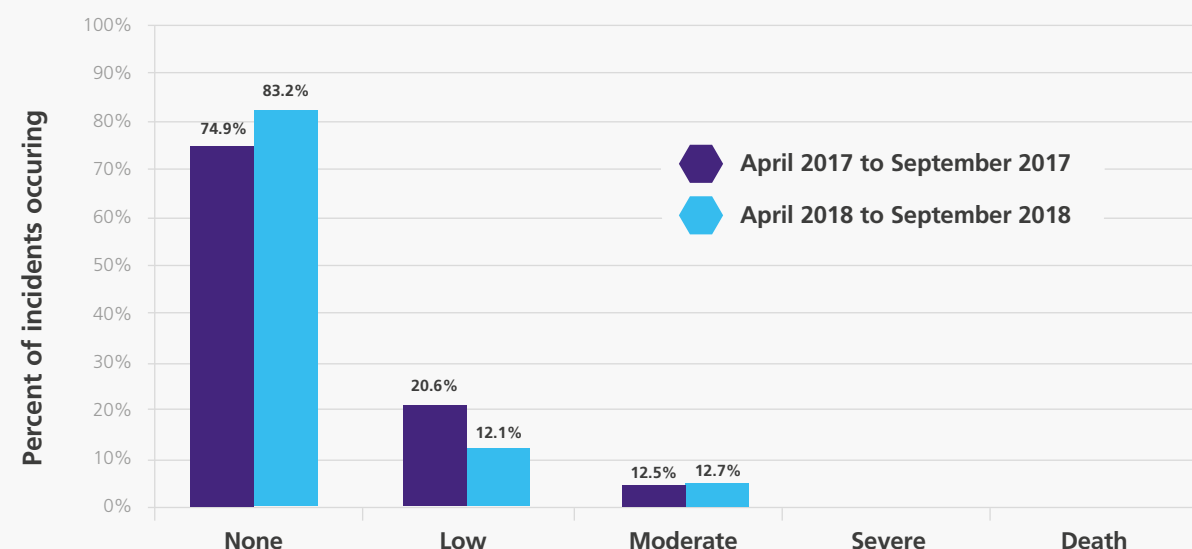
See pie chart to the right.

Incident reports are shared with relevant external organisations where possible and any feedback received is communicated to the reporter and local team. All incidents, regardless of where they originate, are discussed at team meetings. This demonstrates an open reporting culture where staff are keen to learn from all incidents.



- Your Team
- Another Team providing CCS care
- Another Organisation
- Domiciliary Care Agency
- No Professional Health/Social Care input

All patient safety incidents that occur as a direct result of care delivered by the Trust are submitted to the National Reporting Learning System (NRLS). The graph below provides a summary of patient safety incidents by level of harm reported by the Trust for April 2017 to September 2017 and April 2018 to September 2018 (latest data available at time report produced) and demonstrates that over 90% of all patient safety incidents result in no or low harm to patients.



Serious Incidents (SIs)

The Trust undertakes full Root Cause Analysis of all serious incidents. These investigations are undertaken to identify learning, which is shared across relevant services to reduce the risk of similar incidents occurring.

There were a total of twelve serious incidents reported during 2018/19, which comprised of:

- six failures to escalate concerns;
- two Never Events – wrong site surgery (Dental Healthcare service);
- two Never Events - wrong implant (iCaSH service);
- one patient accident; and
- one diagnostic incident.

On investigation it was identified that there were similar themes and learning from the six failures to escalate concerns, and a Trust-wide Safeguarding Action Plan is being implemented.

Never events are preventable patient safety incidents that should never occur if appropriate

systems and checks are in place. Investigations identified that robust checking processes were not in place at the time of the above four Never Events. This was speedily addressed through the introduction and embedding of Local Safety Standards for Invasive Procedures.

Learning from these incidents is shared across our services and with other stakeholders where appropriate.

Implementation of the Duty of Candour

The Trust has fully implemented the requirements of the Duty of Candour.

Infection Prevention and Control

The Trust continued to roll-out an extensive infection prevention and control work programme. We are proud to report that there were zero cases of Clostridium difficile, MRSA bacteraemia, MSSA bacteraemia or E.Coli bacteraemia across the Trust in 2018/19.

Modern Slavery Act

We continue to fully support the Government's objectives to eradicate modern slavery and human trafficking and recognise the significant role the NHS has to play in both combatting it, and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. We continue to take further steps to identify, assess and monitor potential risk areas in terms of modern slavery and human trafficking; particularly in our supply chains.

Our annual Slavery and Human Trafficking Statement for 2018/2019 is approved by our Board and can be found on our website.

Safeguarding achievements 2018/19

- Safeguarding Governance arrangements were reviewed to streamline the nature of reports to different committees and ensure appropriate membership at these committees.
- We achieved 94% compliance for safeguarding children supervision against a target of 95%.
- An internal audit of safeguarding supervision found that our policies and procedures follow the Government's best practice guidance and processes in place were robust.
- We launched a mental capacity electronic questionnaire within our adult based services.
- We developed Adult Safeguarding and Care Consideration templates for the SystmOne clinical recording system, improving recording and decision-making processes.
- We continued to contribute to the work of all Local Safeguarding Adult and Children Boards in localities where we deliver services.
- Our locality based safeguarding teams have continued to respond efficiently to any Serious Case Reviews, Safeguarding Adult Reviews or Domestic Homicide Reviews.
- We continued to contribute to the work and development of Multi Agency Safeguarding Hubs.

- We have continued to deliver the Prevent agenda including through:
 - » achieving above 85% compliance with Prevent training throughout the Trust in line with the requirements of the NHS England National Competencies and Training Framework;
 - » a bespoke in-house Prevent briefing sheet highlighting relevant case studies and findings from relevant serious case reviews;
 - » a de-briefing and lessons learnt process following Prevent referrals; and
 - » Commencing the roll-out of Prevent training for safeguarding staff.

Key activities for 2019/20

Undertake an audit of case files to ensure areas identified for improvement from the internal audit of safeguarding supervision are addressed.

- Review the Trust's safeguarding services to ensure they are sustainable, safe, effective and meet national and local requirements.
- Scope the impact of the Royal College of Nursing 2018 document 'Adult Safeguarding: Roles and Competencies for Health Care Staff'.
- Ensure safeguarding templates are consistent and support the accurate data collection.
- Ensure learning from system-wide locality based Serious Case Reviews, Safeguarding Adult Reviews, and Domestic Homicide Reviews are shared across the Trust.
- Achieve all training and safeguarding supervision targets in 2019/20.
- Continue to deliver the Prevent Strategy in accordance with the Home Office risk assessment of high priority areas; and empower staff through the provision of practical guidance relating to the Prevent strategy and objectives.

Safeguarding training (children and adults)

	% achieved 2015/16	% achieved 2016/17	% achieved 2017/18	% achieved 2018/19
Children’s safeguarding training				
Level 1 mandatory for all staff	92%	96%	98%	99%
Level 2 mandatory for all clinical and non-clinical staff in regular contact with parents, children and young people	90%	96%	98%	98%
Level 3 mandatory for all staff predominantly working with children, young people and parents	84%	90%	88%	92%
Adult safeguarding training	94%	90%	96%	95%

Information Governance

With the implementation of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 in May, we focused on ensuring compliance with these legal frameworks and:

- reviewed the flows of personal data into and out of the Trust and the purpose(s) for which we use this data;
- developed privacy notices for all services and published these on the relevant websites so that people know what data we use and who we share this with;
- developed an Information Asset Register to record all the data we hold;
- produced a revised Data Protection Policy;
- reviewed our handling of access to records requests and developed a policy and processes for the handling of all such requests;
- delivered training and awareness, including on redacting children’s records;
- audited our information sharing arrangements and developed an Information Sharing Agreement Log;
- restructured our approach to information governance;
- reviewed and clarified the internal processes for the management of data breaches, developing a Data Breach Reporting Standard Operating Procedure; and

- reviewed archiving arrangements across the Trust and developed a Standard Operating Procedure to ensure consistency in referencing files.
- The Trust achieved 96% compliance (against a target of 95% compliance) with mandatory information governance training at 31 March 2019.
- The Information Governance Toolkit has been replaced with the Data Security and Protection Toolkit. We submitted our baseline assessment in October 2018 and the full assessment on 29th March to NHS Digital. All standards were met as assessed by the algorithm used by NHS Digital.
- In the light of publication of the General Data Protection Regulation (GDPR), the Guide to Notification of Data Security and Protection Incidents was revised and there is a change to the classification of breaches as Serious Incidents and hence the need for Root Cause Analyses.
- During 2018/19, there were three data breach incidents reported to the Information Commissioner. None of these resulted in enforcement action as the Commissioner was satisfied that they had been handled appropriately.
- Internal Audit carried out an advisory GDPR compliance audit in January 2019, to assess the current data governance processes, procedures and controls. The audit provided confidence that the Trust is meeting its obligations under data protection law and identified a number of

areas of good practice. The audit also identified actions to further improve our data governance arrangements.

The Information Governance Team Work Plan for 2019-20 will continue to build on the Trust’s compliance with the legislation and good governance practice, including:

- revising the approach to privacy by design;
- reviewing and strengthening records management;
- embedding the new Information Governance Operational Group; and
- continuing to deliver training and awareness to strengthen our information governance systems.

Data quality

Our data quality impacts on all monthly performance reporting internally and commissioners alike. Low volumes of errors equate to more comprehensive and accurate reporting of historic events. At present the Trust is not subject to payment by results for activity delivered but does share reporting across services with all relevant parties against agreed delivery plans and thresholds.

The Trust submitted records during April 2018 to January 2019 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient’s valid NHS number was:

- 99.7% for admitted patient care; and
- 99.8% for outpatient care.

The percentage of records in the published data which included the patient’s valid General Medical Practice, was:

- 100% for admitted patient care; and
- 100% for outpatient care.

To further improve data quality, the Trust will enhance its data warehouse to:

- continue to deliver datasets to local commissioners;

- further enable patient level data captured in source systems to be standardised and consistently validated to ensure it is complete and correctly mapped for the relevant data fields;
- develop further diverse data quality reports highlighting recoding errors at source resulting in transactions being accepted but with data fields incomplete;
- distribute these reports throughout the Trust to ensure appropriate corrective action is taken to resolve any data quality issues;
- add new layers of insight and business intelligence within the warehouse by developing the amount of data from services using other Electronic Patient Recording systems and potentially incorporating Finance and Human Resource data.

Emergency Planning, Resilience and Response

The Trust has continued to increase its resilience and to address current and emerging risks and emergencies in accordance with its statutory obligations under the Civil Contingencies Act 2004 and supporting guidance.

We have worked closely with Bedfordshire and Luton and Cambridgeshire and Peterborough Local Health Resilience Partnerships (LHRPs).

The annual NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) peer review assessed the Trust as substantially compliant in October 2018.

During 2018/2019, the Trust has successfully managed a number of incidents including: an IT failure; a white powder incident at one of our sites; the impact from a national waste management issue; and the impact of the UK leaving the EU on a no deal basis in line with relevant Department of Health and Social Care (DHSC) guidance.

The EPRR focus for the coming year will be around reinforcing and expanding the Trust’s portfolio of EPRR plans, working to accommodate climate change and sustainability.

Clinical Effectiveness

Clinical Audit and Effectiveness

Clinical audit is a quality improvement process that seeks to improve patient care. Our Trust-wide clinical audits are informed by National Audits, the National Institute for Health and Care Excellence (NICE), CQC outcomes, service improvement, incidents and complaints.

For 2018/19 the Trust undertook an extensive range of clinical audits including participation in six national clinical audits. The reports of 65 local clinical audits were reviewed by the Trust and summaries of these and the actions we are taking to further improve services delivered can be found in our Quality Account which is available on our public website.

A few examples of outcomes from audits included:

- improved documentation following a never event in our Dental Healthcare service;
- achievement of higher results than set out in national targets in the majority of a range of audits of sexual health services against national standards and guidelines;
- excellent practice identified (including against NICE guidance for ADHD and cerebral palsy) with regards to children being seen in a multidisciplinary clinic, these audits also highlighted the need for goal setting for children and families.

Trust Clinical Portfolio and Non-Portfolio Research and Fellowships

As a Trust we actively participate in clinical research and encourage all clinical areas to adopt any appropriate national studies and also develop their own research projects.

In 2018-19 a total of 25 research studies were running within the Trust, and an exceptional 785 participants were recruited into research studies during this 12 month period.

The breadth of our research portfolio has increased and includes studies across many more clinical services and geographical locations than previously (Table 1 and 2). The number of staff who applied for Internships and Fellowships is the highest we have experienced to date, with a high success and completion rate being achieved (Table 3) and staff keen to develop their research skills by applying for further research programmes.

Two Trust-wide projects and parallel research streams took place: one is linked to Patient Outcomes Measures (POMs), the other is the Trust's 'Wellbeing' work stream. Further details on these projects are outlined later in this report.

Table 1: Clinical Research Summary Table for National Institute for Health Research (NIHR) Portfolio Studies

NIHR Portfolio studies	Clinical Area	Numbers	Trend	Highlights	Impacts
Current recruitment (NIHR Portfolio)	Divisions & clinical areas	Total from 04/18 to 03/19: 785 In brackets total recruited for duration of study	See key below	Description	Number of NIHR active studies in Trust: 15
Dental Questionnaire	Dental – all areas	400		Dental questionnaire.	An amazing number of questionnaires returned.
Safetxt	Ambulatory Care (iCaSH all hubs)	116 (343)		Multiple extensions. Recruitment ended 11/18. Interventional study.	One of the top recruiting Trusts and one of only 8 Trusts which average 10+ recruits per month.
PrEP	Ambulatory Care (iCaSH 9 hubs)	136 (260)		Observational.	Additional funding allocated. Research readiness, as above.
MSK BOOST	Ambulatory Care (MSK Huntingdon)	8 (39)		In follow up. Interventional & observational.	Invitation to a Physiotherapist to present experience at Oxford meeting.
MSK PROMS	Ambulatory Care (MSK all areas)	3 (3)		Observational staff survey.	Time limited staff survey, adding to our recruitment numbers.
Fluenz – Tetra commercial study	Children & Young People's (CYP) Service	5		798 cards given to parents. Returns only sent if side effects. Observational.	1st study for Imms & Vacs team. 2nd Commercial study for Trust.
Cost of Autism Autism Study	CYP Service (Paediatrics) Luton & Huntingdon	36 (41)		Principle Investigator (PI) Luton had Green Shoots funding. Observational study.	Recruitment completed. Data being analysed by academic lead organisation.
FEEDS	CYP Service (specialist community nursing & Speech and Language Therapy)	31 (31)		Staff survey. Observational study.	NIHR surveys add to total recruitment.





Double Win For Nursing Team

Luton Nurses who provide a fast and effective pathway for patients through hospital and back into the community have won two prestigious national awards.

The Luton Integrated Discharge and GP Liaison Team won the Staff and Patient Experience category, and were highly commended in the Improving Outcomes category in the digital Leading Healthcare Awards in March 2019.

The nurses work with patients, mainly with highly-complex needs, and their service is believed to be the only nurse-led one of its kind in the country.

Sally Shaw, Service Manager, said: “We’re very excited and surprised to win, but I feel it’s a true reflection of the positivity of the team in focussing at all times on the patient healthcare journey.

“Continuity of communication is vital when caring for complex patients, and being able to share the information in a timely manner is essential for smooth, safe and appropriate discharge planning.”

The team is based at Luton and Dunstable Hospital and streamlines the way GPs refer patients for same day hospital assessment in Luton.

Table 1 Continued

NIHR Portfolio studies	Clinical Area	Numbers	Trend	Highlights	Impacts
Current recruitment (NIHR Portfolio)	Divisions & clinical areas	Total from 04/18 to 03/19: 785 In brackets total recruited for duration of study	See key below	Description	Number of NIHR active studies in Trust: 15
Children & Young People's Service EuPatch (Beds)	CYP Service/ ophthalmology	4 (4)		RCT study, looking at impact of glasses & 720 hrs of patching. Interventional.	Study looking at improving amblyopia treatment of children.
Equality for CYP with learning disability	CYP Service (Camps Community Nursing)	8 (70)		Observational staff survey.	Results being collated by lead academics.
PRes - Prevent return to smoking post partum	CYP Service (Norfolk HV)	3 (22)		Observational study.	University looking to use Trust for 2nd phase of study. Clinical lead contributing to development of follow on RCT study. Increased research awareness across Norfolk 0 -19.
Pre-appointment written materials	CYP Service (OT Therapies)	8 (8)		Observational study.	Staff survey.
Improving Pulmonary Rehabilitation	Ambulatory Care (MSK all areas)	2		Interventional & Observational study.	Improving patient outcomes.
Embedded	Corporate (Research)	2 (2)		Observational study.	Research staff interviewed.
Healthy Child Programme Training in assistive technology	CYP Service	20 (20)		Observational study.	Staff survey.
Work outcome measures in arthritis	Ambulatory Care (MSK all areas)	6 (6)		Observational study.	Staff survey.

Key to Icons:

Increased
 no change
 completed
 in set up
 allocated funding/prize

Non-Portfolio studies

Non-Portfolio studies have received full Health Research Authority (HRA) approval to run within the Trust. Typically they have no, or minimal funding attached. Three of the ten projects are external student projects.

The Glue Ear study outlined below, led by Dr Tamsin Brown, Consultant Community Paediatrician, has successfully resulted in the development of an **innovative hearing device** which is helping children with glue ear avoid developmental delay during ‘watchful waiting’ periods. Work is underway to bring the device to the market in the coming year. An aligned app was also launched this year, which is available free of charge to all families diagnosed with glue ear.

Table 2: Non-Portfolio studies

Non- Portfolio studies	Clinical Area	Status	Highlights	Impacts
Have received full HRA Ethical Approval	Divisions & clinical areas	See key below	Description	Number of non-portfolio active studies in Trust: 7 Student studies: 3
Combined interventions for targeting executive function	Ambulatory Care (Neuro-rehab OZC)	In set up	Participants are those who have had an acquired brain injury.	Contribute to patient quality of care.
ASD-UK	Children & Young People’s Service	Open	Epidemiological study of Autism Spectrum Disorder.	Establishing a national database.
Watchful waiting of glue ear	Children & Young People’s Service	Open	Paediatrician devised and managed study on glue ear.	Links to the adaptation of bone conductors to help children with glue ear.
Patient & Public Involvement: Feedback Cycle	Corporate (Research)	Closed	Patients who contribute to studies via public involvement like to have feedback of their impact.	Dissemination – conferences and a paper.
Genital Wart lifts	Ambulatory Care (i-CaSH)	Open	Looking at sample slides taken from genital warts.	Add to clinical knowledge. Improve techniques.
Sex and Drugs Survey	Ambulatory Care (i-CaSH)	Open	Surveys to clients who use drugs during sex and their perceived risks.	Information on how prevalent this is with the group of clients.
Tools to measure organisational culture within NHS	Trust Wide	Open	Interviews with key managers within the Trust.	External PhD looking at most used organisational tools in NHS settings.
Patients perception of root canal treatment	Ambulatory Care (Dental)	Open	Asking patients about their views of an intervention – root canal treatment.	Student project. External PhD.
Spouse experiences of change after brain injury	Ambulatory Care (Neuro-rehab OZC)	In set up	Interviews with carers of people who have experienced a brain injury.	Student project. Carers’ experiences may reflect changes to support given. Professional Doctorate.
The possible selves of people with Acquired Brain Injury	Ambulatory Care (Neuro-rehab OZC)	Open	Looking at patient identity.	Student project. Professional Doctorate.

Launch of innovative app for children with Glue Ear

Our Cambridgeshire Children and Young People’s Services showcased a new ‘Hear Glue Ear’ app designed for children aged 2-6 who are experiencing hearing loss due to glue ear.

The app was launched at the Trust’s children’s services hub at the Peacock Centre, Mill Road, Cambridge. Funded and designed in partnership with the Cambridge Hearing Trust and Cambridge Digital Health, the app aims to reduce learning and development delays that can occur when children have hearing loss.

Dr Tamsin Brown, Community Paediatrician, Cambridgeshire Community Services NHS Trust said: “We have worked closely with the

Cambridge Hearing Trust Charity and Cambridge Digital Health to develop the app, which is available now free of charge to all families with glue ear from the Apple and Android App Stores.

“The app will help children diagnosed with glue ear to develop speech, language, auditory processing and listening skills at a critical time in their development through specially designed songs, games and audio books. As well as helping to ensure children do not fall behind with their language skills and work at school, the app also provides valuable information, resources and progress tracking for parents and carers.”

Commenting on the app, Oriane Chausiaux, Managing Director, Cambridge Digital Health said: “We’ve really enjoyed having the opportunity to create something fun and useful for children and their families who are facing challenges due to Glue Ear.

“We’re looking forward to working with Tamsin on additional features for the app to provide even more helpful tools and resources.”

Ian Neville from Cambridge Hearing Trust said: “We were delighted to fund the Hear Glue Ear app and work with Dr Brown and Cambridge Digital Health to turn this into a reality. We are confident that the app will vastly improve outcomes for children with glue ear.”




Fellowships, Internships and Awards

The Trust actively encourages staff to apply for funded research programmes that combine personal development opportunities with a clinically based project (Table 3). This year we have had continued success in gaining funding for staff development of research skills with the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC)

programme. Four clinical staff successfully applied for the CLAHRC programme and were awarded Fellowships: two clinical psychologists, a consultant paediatrician and for the first time in the 13 year history of the CLAHRC, a dental surgeon. Last year’s CLAHRC Fellow, a consultant paediatrician, successfully completed the programme.

Table 3: Summary Table for Fellowships/Internships

NIHR Fellowships	Clinical Area	Numbers	Highlights	Impacts
Funding stream	Divisions & clinical areas	Total from April 2018 - March 2019	Recruitment on target to achieve predicted levels	From Funded Fellowships
Health Education England (HEE) interim funding for 24 days of backfill (limited applicants)	Ambulatory Care Paediatric Physio	One applied (out of total of 3 who fulfilled the inclusion criterion, 1 on maternity leave)	Limited number of clinical staff who were able to apply.	A small exploration project has been proposed which is relevant to the applicant's clinical area (paeds physio). Gives funded time and support to put in another larger personal fellowship.
Pre-doctoral Clinical Academic Fellowship (PCAF 2019 Hosted by UEA)	Ambulatory Care Paed MSK	1 submission to UEA scheme	Ring fenced funding for clinicians who had undertaken HEE internships previously.	Successful. Funds 46 days over a 12 month period to work towards completing a NIHR PhD Fellowship Application.
Pre-doctoral Clinical Academic Fellowship (PCAF 2018 hosted by U of Nottingham & U of Birmingham)	Ambulatory Care (MSK adult x2 , x1 ECHIS x1 CYPS Beds)	4 applications submitted. PCAF hosted by U of Nottingham & U of Birmingham	One interviewed for U of Birmingham scheme.	Unsuccessful. National competition, only four regional spaces. However, as a result of their application, one applicant has been awarded funding to pay for MSc modules.
Health Education England (HEE) Ad-hoc funding for research development	Ambulatory Care MSk POW	One clinician applied	Funding allocated for MSc modules to be completed and clinical time paid for.	Completion of MSc modules will mean that the next stage internship can be applied for. 🏆
CLAHRC 2019 Fellowships	Ambulatory Care (iCaSH, Community Dentistry & ECHIS) CYPS Paediatrician	Five applications submitted. Highest number from CCS NHS Trust	Highest number of applications ever from CCS NHS Trust. 4 achieved.	Applicants discovered the importance of liaising with key staff prior to submitting. Four successfully obtained. All projects have high clinical impact.

NIHR Fellowships	Clinical Area	Numbers	Highlights	Impacts
Funding stream	Divisions & clinical areas	Total from April 2018 - March 2019	Recruitment on target to achieve predicted levels	From Funded Fellowships
CLAHRC 2018 Completed December 2018	CYPS Luton	Paediatrician at Luton. Parental focus groups for project complete.	Current Fellow was able to discuss CLAHRC experience with this year's CLAHRC applicants.	Embedded internal resource. Abstract submitted to College Conference. CLAHRC presentation and poster presented at showcase event in December. Prize for best poster.  Also accepted for presentation at RCPCH.
CRN Green shoots PA	CYPS Luton Consultant Paediatrician	Adds to dissemination and increasing interest of staff to participate in research.	Luton based. Funding ends March 2019.	Able to flag up studies and NIHR Fellowships. Able to liaise with potential applicants for the 2019 award. Has applied for a research PA.
Quality Improvement Fellowship (QIF) 2017 (delayed to 2018)	Ambulatory Care (iCaSH Norwich)	One of the QIF Fellowships continues	Work with the HIV Peer support group continues, facilitated by the Clinical Psychologist. Exploring feasibility of virtual groups.	Delay in backfill recruitment has meant the active part of the group work continues. Funding until Dec 2018. Took opportunity to apply for a CLAHRC Fellowship. Successful with CLAHRC application.

The Trust worked collaboratively with other external organisations to submit grants to fund research projects or research support activities (table 4); with some funds used to enable staff to participate in research and other funds used to host external staff within the Trust.



Table 4: Summary of submitted funding applications during 2018/19

This reporting cycle: outcomes of grants	Clinical Area	Staff involved in submission	Outcome	Impact
NIHR RfPB Blended diet	CYPS Cambridge	Katie Burton, Consultant Paediatrician, in conjunction with U of York	Stage 1 submitted. Successful and stage 2 submitted.	Potential to cost save within the service.
NIHR RfPB Baby Breathe Project	CYPS HV Norfolk	Co Applicant is HV Sharon Duneclift	Stage 1 submitted. Successful and stage 2 submitted.	Positive impact for parents. HV first time being co-applicant on a NIHR grant.
Research Design Service (RDS) Five year cycle of business submission	Ambulatory (Neuro-rehab)	Andrew Bateman co-writer of bid	Grant awarded to OZC to support AB involvement. 🏆	Increase Trust Research Profile at high level meetings.
Innovation funding from the CRN for additional staffing hours	Corporate (Research)	PW applied	🏆	Further funding to embed research within the Trust to cover research facilitator.
Newton International Travel Fund	Ambulatory (Neuro-rehab)	AB co-applicant	🏆	Researcher from South Africa visited OZC for two months. Future research collaboration.
NIHR Research for patient benefit grant	Ambulatory (Neuro-rehab)	AB co-applicant + Neuro-surgeon CUH	Awaiting	Developing a package of neuro-rehab care following brain tumour surgery.
EPSRC Grant Funding	Ambulatory (Neuro-rehab)	AB co-applicant (psychologist)	Awaiting	Assessing Social Care provision for those with brain injury. Links to Oliver Zangwill Centre (OZC) patient cohorts.

In the last year, four peer-reviewed publications have resulted from research carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications related principally to neuro-rehabilitation, including results from using the EQ5D-5L outcome measurement tool, a case study, and two papers on stroke from an NIHR national study.

We also had clinical staff attending national and international conferences to present their work, either via oral presentations or academic posters.

Patient Experience

Engaging the public and service users in developing and providing feedback on our services helps us to monitor quality and make improvements. The following summarises some of the initiatives and actions during the past year.

Complaints, Concerns and Patient Advice and Liaison Service (PALS) contacts

The table below summarises the total number of complaints, concerns and PALS enquiries received in 2018/19.

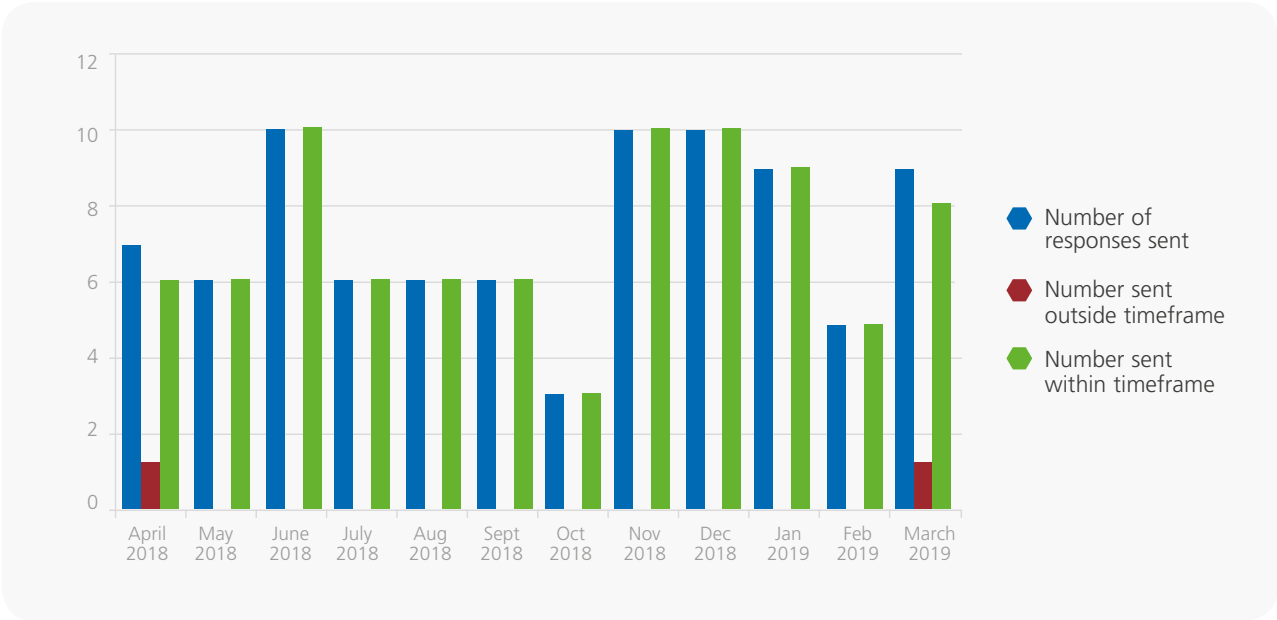
	2015/16	2016/17	2017/18	2018/19
Complaints	136	112	82	100
Concerns (for investigation)	135	131	190	397
PALS (inc comments & enquiries & signposting)	459	573	660	602

Complaints

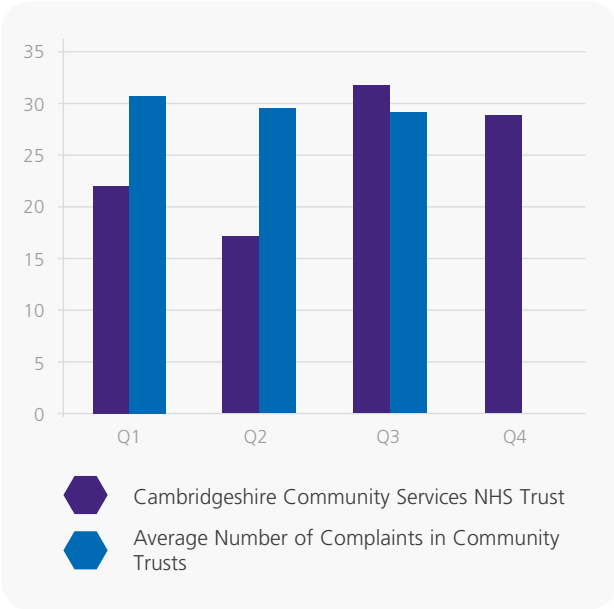
The Trust has two targets for responding to complaints:

- standard complaints should be responded to within 25 working days
- complex complaints should be responded to within 30 working days (unless valid reasons require a longer time period which has been agreed with the complainant)

The graph below shows that since May 2018, other than on one occasion, the Trust has consistently met these standards.



The Trust received fewer complaints overall than the average received by comparable NHS community trusts (see graph below – which provides latest data available at the time this report was published).



Learning from complaints

Community Paediatrics in Luton: several complaints and concerns were raised relating to service changes and recruitment issues. Letters were sent to service users and stakeholders to keep them informed about the increase in demand and potential longer waiting times for our Neuro-disability Community Paediatric Service at the Edwin Lobo Centre which covers Luton and South Bedfordshire. Additional funding was identified with our commissioners and plans were developed to improve capacity within the service in the short term and, in the longer term, a sustainable solution was developed.

Children’s Continuing Care Team

Cambridgeshire: a complaint was received about changes to the preferred carers whilst the parent was away. Following investigation it was found that changes were made despite the service agreeing the staffing with the parent. It was agreed that any changes in care plans must be agreed with a senior member of staff and documented clearly within the medical records. Some changes are unavoidable but the service will endeavour to keep any changes to a minimum and keep parents informed of changes at the earliest opportunity.

DynamicHealth (MSK) Cambridge: a complaint was made about the length of time it took to have an MRI scan and to receive the results. The service user was given conflicting reasons for the cause of the delay. The Trust and Addenbrooke’s Hospital investigations found that the delay was due to an error in sending the referral, demand on imaging services and an error in recording information required to ensure the report was sent back to MSK. In response to the concerns raised, the MSK service has enhanced its practice for monitoring MRI referrals and the administrative team actively monitors the waiting list for diagnostics.

Concerns

Concerns are informal complaints where issues raised can be resolved quickly and through the local resolution process, either within the clinical setting or by our Patient Advice and Liaison Service (PALS). Concerns are often resolved by a telephone call or a meeting with a clinician or service manager.

The increase in the number of concerns can be attributed to increased reporting and recording on Datix which occurred due to raising awareness in 2017/18 and dedicated PALS support of the logging process. It is also of note that additional services and staff within Bedfordshire joined the Trust from April 2018.

Parliamentary and Health Services Ombudsman (PHSO)

There were no complaints referred to the PHSO and no recommendations received in 2018-19.

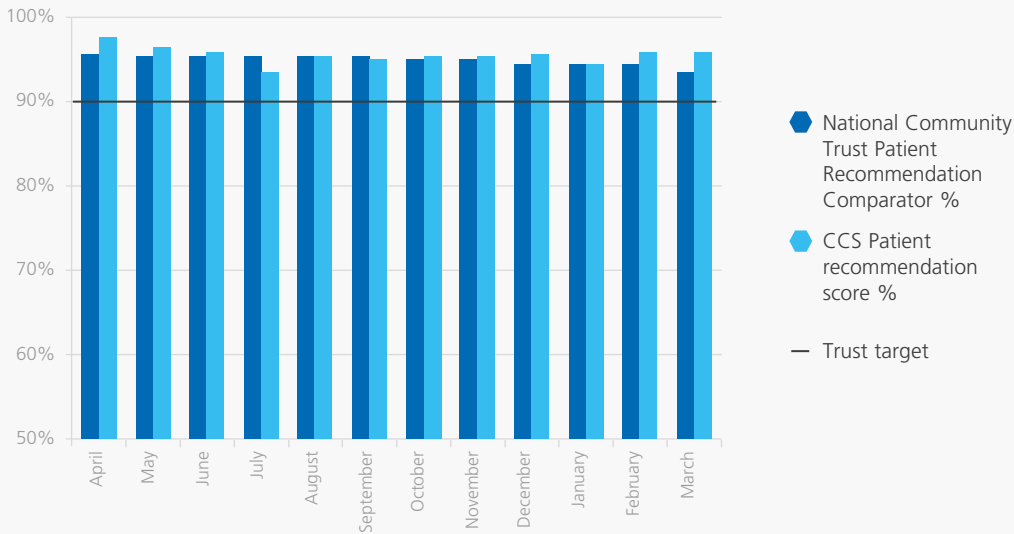
Surveys

We routinely ask service users the Friends and Family Test (FFT) question: “How likely are you to recommend our service to friends and family if they needed similar care or treatment?”

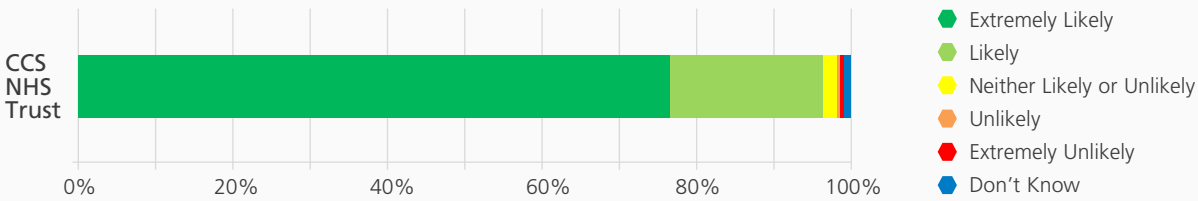
Feedback from our service users this year has been incredibly positive with 96% of the 34,234 service users who answered the FFT question saying they would recommend our services to friends and family.

We exceeded the average national community trust score in ten of the twelve months that we have national data to compare to.

Cambridgeshire Community Services NHS Trust Friends and Family Test recommend scores compared to average National Community Trust scores



Percentage of each response given to the FFT question for CCS NHS Trust



Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) received and satisfactorily resolved 602 contacts during the year.

Compliments

Over 37,900 positive comments and compliments were received by services during the year, which is an increase of over 8,900 compared to last year.



Success of JustOneNorfolk

Following the successful launch of JustOneNorfolk.nhs.uk in November 2018, the digital resource has gone from strength to strength, receiving more than 90,000 page views and hosting over 400 registered user accounts.

Partnership working continues with colleagues from Norfolk County Council as the website looks to start its second phase of development to provide a comprehensive digital offer for families in Norfolk.

Among the existing features such as the healthcare questionnaire, online learning courses and a library of original video content, phase two looks to focus on communication with the community. Two big features still to be launched

are the 'Health Unlocked Parents Page' and live chat.

The Health Unlocked Parents Page is a community support forum for families to openly share their parenting experiences and help each other as peers. The forum is overseen by the Norfolk Healthy Child Programme clinical team who offer accurate advice to feeds when necessary.

Live chat is a digital version of the service offered by Just One Number. After the success of the ChatHealth and Parentline text messaging services, this new platform is predicted to see a great deal of traffic as it combines the support of a single point of access with the ease of use from instant messaging app.

Improving services using patient feedback: You Said, We Did

We used patient feedback to improve the services we provide. Just a few examples are set out below:



<i>You said...</i> Request for the exercise sheets to be provided in a wider variation of languages.	<i>We did...</i> The exercise sheets have been reviewed and are now provided in 10 different languages which reflect the local population.
<i>You said...</i> Callers found it difficult to access the Dynamic Health clinic in Cambridge due to call lines being constantly in use by physiotherapists completing assessments with patients over the phone.	<i>We did...</i> We have increased the number of telephone lines into the service and recruited a call handler to take calls and book call back appointments.
<i>You said...</i> Patients reported that they couldn't find the Physio Department at Hinchingsbrooke Hospital due to the sign being too high up on the canopy.	<i>We did...</i> A new sign has been designed and erected which provides clear directions for our patients from all directions.



<i>You said...</i> Patients have commented on the content and clarity of some of our service letters regarding appointments, services etc.	<i>We did...</i> A letter review working group has been established looking at all letters sent to patients/carers. Parent focus groups are being held across Norfolk and all letters have gone through the SMOG test (Simplified Measure Of Gobbledygook) to reduce the readability score to fit with the recognised literacy levels/ accessibility for Norfolk.
<i>You said...</i> There was a need for additional services for mothers on breastfeeding support.	<i>We did...</i> We utilised the infant feed champions and across Norfolk weekly infant feed assessment clinics were set up.



<i>You said...</i> Patients attending various locations within Suffolk requested an increase in appointment availability including evenings and weekends.	<i>We did...</i> The teams within this Service worked together and as of the 1 April 2018 now provide evening and weekend appointments.
<i>You said...</i> In iCaSH Bedfordshire, service users requested Drop in Clinics for all age groups and not just for under 25s.	<i>We did...</i> There are now sit and wait sessions for all ages.

Patient Stories

Each public Board meeting starts with a patient story. Every story provides insight into how patients experience our services, identifying excellence and areas where we can make improvements. This feedback is incredibly powerful and recommendations are identified by the Board to further improve the overall patient experience.

Patient stories this year included:

- the successful transition of a patient from Children's Continuing Care into Adult Services in Luton.
- the benefits of effective protective and supportive work offered through the Universal Plus Healthy Child Programme in Norfolk.
- the significant improvements made to a person's quality of life having attended the Well Leg Clinic delivered by the Luton Tissue Viability Nursing team.
- the delivery of infant feeding advice and assessment of tongue tie in 0-19 services.
- the delivery of ongoing compassionate care at our Norwich iCaSH hub to a person diagnosed with HIV.
- the exceptional support provided by our Children's Community Nursing Team (CCN) in Cambridgeshire to a young child with a rare condition.

Patient and Public Engagement / People Participation

Our teams regularly seek engagement from service users and the local community to improve service delivery. A summary of activities is outlined below.

Luton

- Our Children's Epilepsy Specialist Nurse was invited to the British Paediatric Neurology Association Conference earlier this month to give a presentation on the virtual clinics the team has introduced for young patients.
- Our Tuberculosis (TB) Service has worked with Public Health England and the Luton & Dunstable Hospital to secure funding from commissioners for the University College London Hospitals' 'Find and Treat' Mobile

Unit to visit Luton twice a year for three years. This unit, supported by a hospital consultant and Cambridgeshire Community Services nurses, is providing an alternative for homeless service users and users of the Drug and Alcohol Service, who find it difficult to attend normal clinics, to access diagnostic tests and treatment. Health Checks and Flu vaccinations are also offered on the day from the CCS team as well as BBV testing and liver scanning (by other providers), thereby contributing to a range of public health issues. The team's interventions with the homeless community, along with screening, vaccination, diagnostics and treatment programmes, have contributed to the overall reduction of the prevalence of TB locally by 45% over the past 5 years.

Bedfordshire:

- Our Children's Services have engaged parent/carer representatives in a number of initiatives including:
 - » contract outcomes development work;
 - » autism spectrum disorder (ASD) pathway development work;
 - » the Child Development Centre (CDC) management group; and
 - » Parent/Carer Forum participation in events including speed dating style individual discussions.

Cambridgeshire:

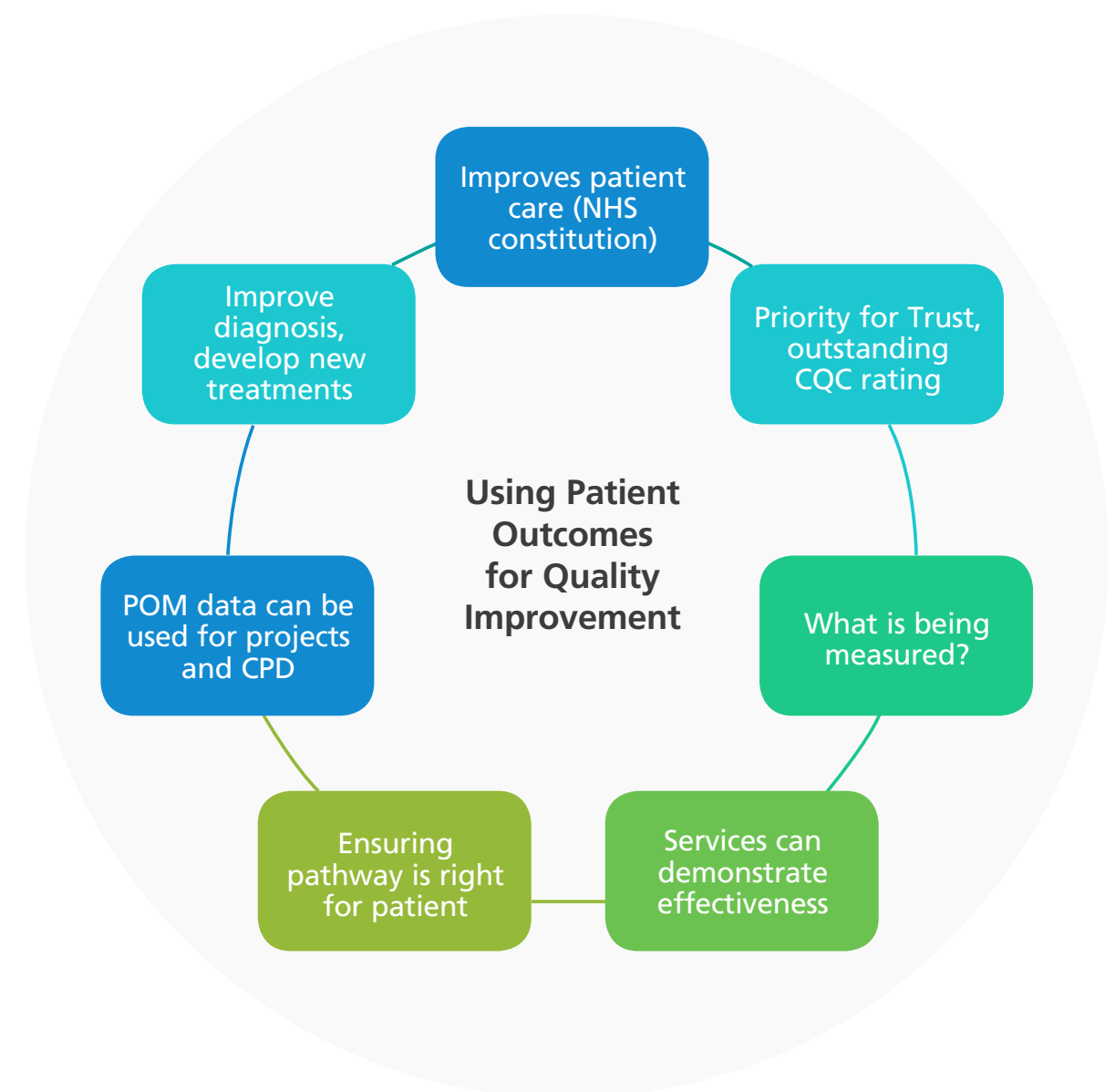
- iCaSH Peterborough runs a Lesbian, Gay, Bi-sexual and Transgender (LGBT) support group providing informal/anecdotal feedback on their service and suggestions for change. Members of the group along with iCaSH Peterborough nurses, participated in two BBC Radio Cambridgeshire interviews on their experience of the service.
- Dental Services in Peterborough have made contact with two homeless organisations in the city with a view to providing oral health advice and group or one-to-one meetings.
- Service users of the Cambridgeshire Children's Services were involved in a recruitment panel for nurse interviews.

Patient Outcomes

Our priority is to deliver high quality care and ensure the best outcomes for those who use our services.

A Trust-wide survey to identify patient outcomes in use across the organisation was undertaken in Spring 2019; with 92% of services participating in the survey and 80% of respondents identifying that Patient Outcome Measures are already being used. The results from this survey are being used to further develop and improve our use of Patient Outcome Measures in the future with a Task and Finish Group established to take this work forward.

- Paediatric Occupational Therapy services engaged with Pinpoint (a charity run by parents for parents which influences service development at a local and national level) to develop their website.
- Norfolk Children and Young People's Health Services.
- The Service has held focus groups with college students to help develop healthy weight pathways and a health passport app.
- Youth Advisory Boards were engaged in the service re-design of our 5-19 services.
- A working group has been set up to review all SystmOne service letters including engagement with service users.

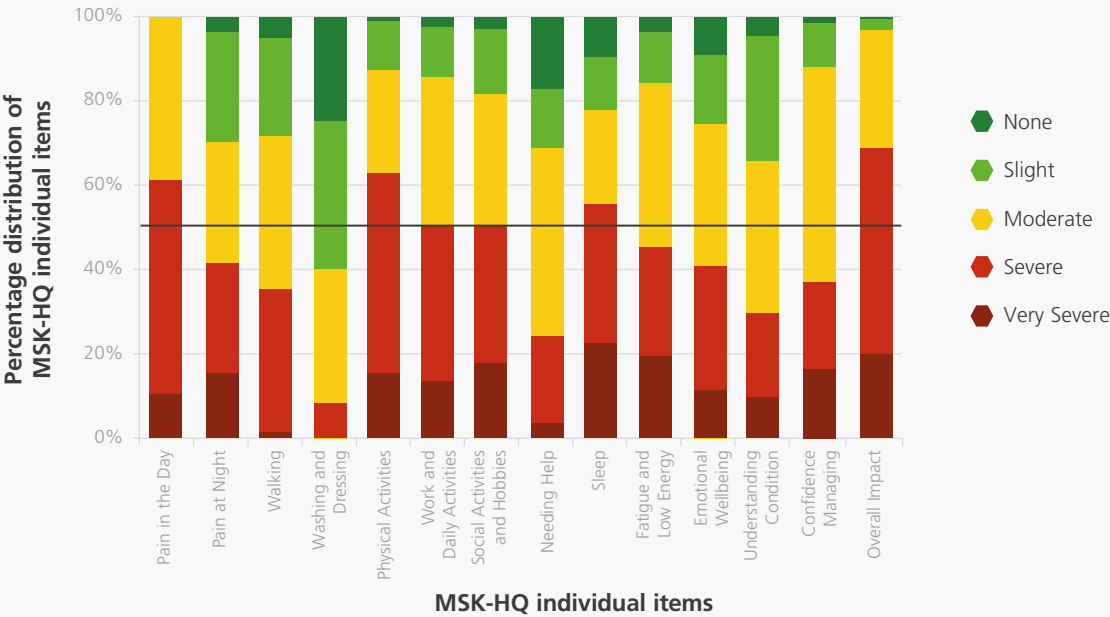


Here are just a few examples of patient outcomes reported this year.

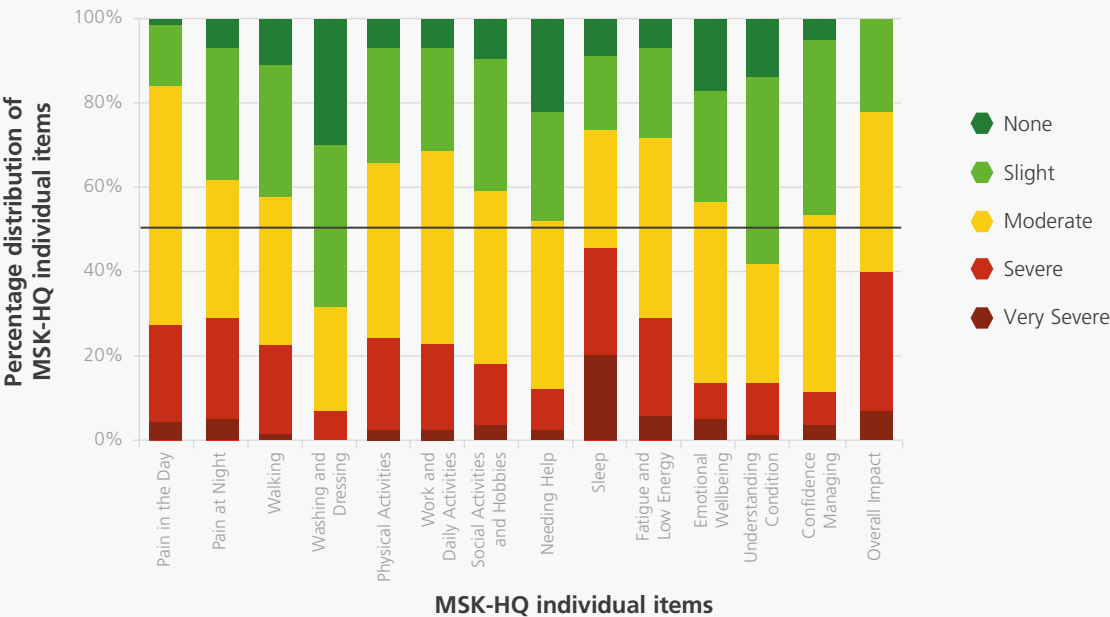
- Our DynamicHealth Service has successfully been using the Musculoskeletal Health Questionnaire (MSK-HQ) to explore health outcomes in 138 people with chronic pain who completed an Understanding Pain (UP) group incorporating cognitive behavioural and exercise interventions. A statistically significant positive change in MSK-HQ total scores were

reported following attendance at the UP group. In addition, the UP class produced statistically significant improvements in a wide range of musculoskeletal health outcomes in this group of patients (see 'before' and 'after' summaries of MSK-HQ patient self-assessments in graphs below).

Percentage distribution of MSK-HQ individual items in patients referred to chronic pain class at baseline



Percentage distribution of MSK-HQ individual items in patients following completion of a chronic pain class

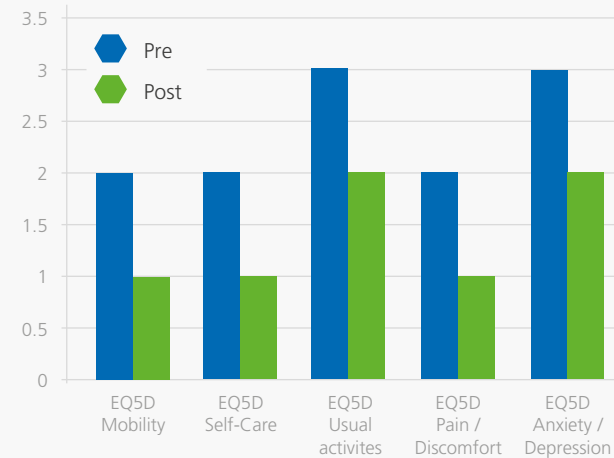


- A goal based outcomes approach utilising strengths and difficulties questionnaires is used in our Norfolk Healthy Child Programme services for all interventions with 5-19 year olds. Routine data collection and analysis ensure we are able to identify and address variations in outcomes and share good practice. Twice yearly reports are provided to commissioners.
- Dr Kate Psaila, Clinical Psychologist, completed an important service evaluation report demonstrating positive outcomes after one year of community rehabilitation provided by the Trust's Evelyn Community Head Injury Service using The Mayo Portland Adaptability Index 4th Edition (MPAI-4). Anonymised data was analysed retrospectively for 80 people at initial assessment and at one year post rehabilitation. Results identified that 83% of MPAI-4 total scores improved at one year with

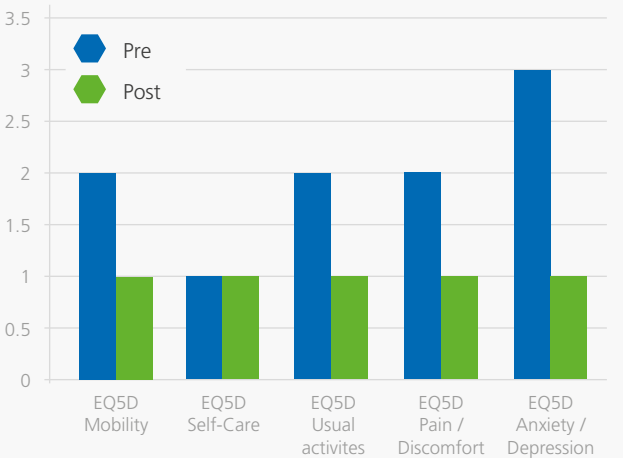
over 71% of change scores reaching at least the Minimal Clinically Significant Difference (MCID).

- Dr Katie Burton, Community Paediatrician, is working with leads across the Trust's children's services to develop a project entitled 'Measuring and evaluating health outcomes in children within community services'. Initial scoping on the acceptability of EQ-5-DY and outcomes for children with autism and cerebral palsy are complete and a multi-disciplinary steering group has been established.
- The Oliver Zangwill Centre for Neuropsychological Rehabilitation uses multiple Patient Outcomes Measures to assess the effectiveness of its rehabilitation programme. Below are just two of the outcomes for two individual clients:

Client 1

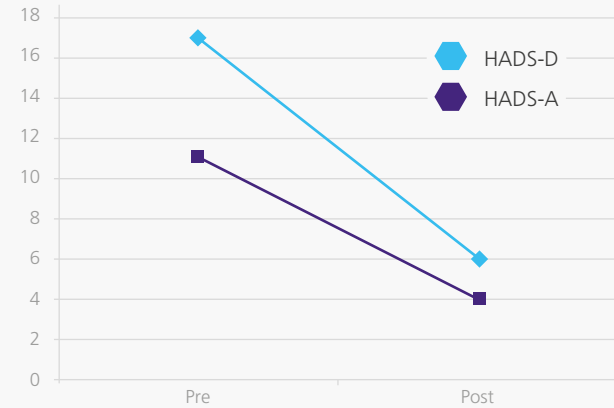


Client 2

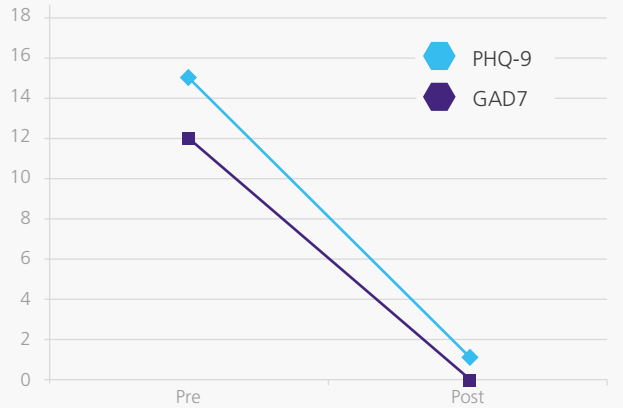


Both clients reported reductions in all domains of the EQ5D signifying improvement in all domains

Client 1



Client 2



Both clients reported significant reductions in Depression (HADS-D) and Anxiety (HADS-A)

Diversity and Inclusion

We are committed to providing personal, fair and accessible services to our diverse communities, promoting equality and diversity in the work place and eliminating discrimination in line with our responsibilities under the Equality Act 2010. This includes our duty to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not; and
- foster good relations between people who share a protected characteristic and those who do not.

We are using the Equality Delivery System (EDS2), as a tool to help us to deliver against our statutory requirements in relation to our staff and service users.

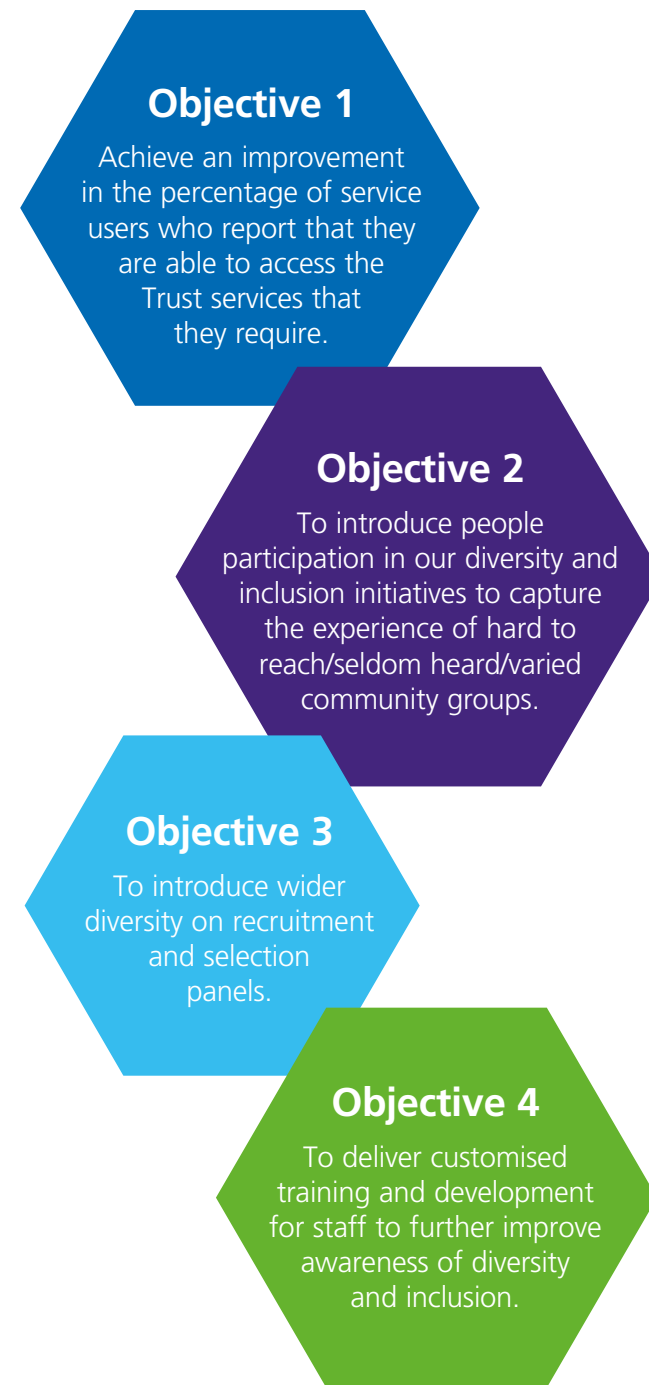
Trust Demographic Profile

Our Communities

We provide a range of healthcare services in Bedfordshire, Cambridgeshire, Luton, Norfolk, Peterborough and Suffolk. Each locality has its own vibrant and diverse community and our service improvement and redesign aspirations reflect the specific needs of each.

Our Diversity and Inclusion Objectives

The Trust Board has agreed four diversity and inclusion annual objectives as detailed below:



Charts showing the demographic profile of our workforce as at 31 March 2018 are included in the Staff Report on page 118.

People Participation

As mentioned earlier, in 2018 the Trust introduced a new approach to people participation in order to strengthen the engagement of patients, service users, carers, families, the public and our staff in shaping how we provide high quality and safe care to the diverse communities we serve. Our ambition is to continue to broaden the scope of involvement of all key stakeholders in influencing the design and redesign of our services to meet the needs of local communities.

Patients and Service users

A few examples of how we have successfully engaged with service users in harder to reach groups include:

- our iCaSH (integrated Contraception and Sexual Health) service has an ongoing outreach programme to raise awareness and provide access to targeted communities including LGBT;
- the Trust continued to work with AccessAble (previously known as DisabledGo) to provide site accessibility guides;
- our Community Matrons continued to work with partners to deliver the flu vaccination and 'mini health check' to the homeless population in Luton;
- our Luton based children's epilepsy service uses Skype based appointments for young people, enabling the delivery of accessible services at times and settings that meet the needs of these young people;
- a programme of diabetic self-care programmes in our Luton adult services supported self-care through high quality advice and resources (particularly for residents of South East Asian origin);
- our dental service has worked with special needs schools, traveller communities, Milton Hospice, Asian women's support groups, nursing and care homes, learning disabilities groups, Ida Darwin Nursery and the brain injury unit in Ely to ensure that diverse groups are able to access the service; and
- the Trust has expanded its ChatHealth service to Cambridgeshire, Luton and Bedfordshire to improve access to our school nursing service for young people.

Workforce

To support the two workforce Equality Delivery System (EDS) objectives outlined earlier and to meet our aspirations in line with the Workforce Race Equality Standards, we have:

- introduced unconscious bias training across the Trust via our induction sessions for new staff, our training for new line managers and our recruitment and selection training;
- continued to support a staff led diversity network providing a forum for staff from our diverse workforce to celebrate diversity, share ideas, raise awareness of challenges, and identify improvement actions;
- introduced, in partnership with the Royal College of Nursing, Cultural Ambassadors who are senior black and minority ethnic (BME) staff, trained to act as critical friends including in disciplinary and grievances involving BME staff;
- introduced BME representation on selection panels where a BME applicant is shortlisted, to address disparity between BME applicants being shortlisted and appointed;
- published our first gender pay gap report and identified action to address a higher number of male staff in senior roles compared to the Trust wide gender split of 93% female and 7% male.

Measuring Outcomes

Every year, we work with our staff, patients, families, carers and the public to assess our performance in diversity and inclusion and against our four EDS objectives. This is presented to our Board in the Diversity and Inclusion Annual Report including progress against the previous year's objectives and an improvement plan for the following year is agreed. Our progress reports and action plans on diversity and inclusion initiatives can be accessed through our website.

Providing outstanding care: Looking forward to 2019/20

Our Quality and Clinical Strategy (2018-2021) underpins our focus on improving the quality of the services we deliver through a series of four priorities. Now in year two we have developed our approach further:

Priority 1: Safety

Goal - A mature patient safety culture is evidenced throughout our services.

- Implement a patient safety based escalation programme.
- Continue to evaluate our patient safety culture through analysis of our staff survey and specific review of services; supporting all our staff to focus on safety every time a care episode takes place.
- Develop a consistent learning methodology that unpins how as an organisation we consistently learn from patient feedback (incidents; complaints; safeguarding).

Priority 2: Evidence Based and Innovative Practice

Goal - Clinicians deliver practice based on best available evidence and the effectiveness of treatments and interventions is measured.

- In the coming year our focus will be on an audit program that is inclusive for all our services; taking account of services where audit is more challenging than others.
- A project using Patient Outcome Measures (POMs) has commenced to enable us to use these to improve quality.

Priority 3: People Participation

Goal - We will move from a 'patient engagement' to a 'people participation' approach where service users, patients and local communities help to shape and improve future service provision.

- The next phase of the people participation strategy is well underway for 2019/20, with Co-production Leads in place across most of our services. We expect that people participation will continue to grow within our local communities.

Priority 4: Learning and Continuous Improvement

Goal - High quality care is delivered by clinicians who have learned from the experiences of patients, service users and staff and continually seek to improve.

- We view learning and knowledge as the foundation of quality improvement and therefore outstanding care. In 2019/20 we will develop a learning methodology that is simple to use, adds value to patient care and enables us to evidence learning.

These priorities continue to build on and embed the Trust's 'Our Quality Way' programme launched in 2017, which has successfully supported staff to understand their role in delivering high quality care.



New State-of-the-art Physio Facility Open to Patients

The first phase of our £8 million redevelopment of the North Cambridgeshire Hospital in Wisbech is now complete.

This means the Trust's DynamicHealth Musculoskeletal (MSK) Physiotherapy services have moved from their previous location on site to newly-refurbished accommodation within two 'arms' of the formerly vacant Rowan Lodge.

The exciting development will vastly improve facilities for patients, visitors and staff by offering:

- Light and airy accommodation
- Private clinic rooms to provide privacy and dignity
- A spacious, well-equipped gym for classes, one-to-one rehabilitation and self-directed gym sessions
- Increased class capacity
- A dedicated Physio Advice Line room where patients who have self referred can speak to physiotherapists
- A new disability-friendly reception with self check-in
- The latest technology to enable patients to view their x-rays/scans
- Meeting areas for patient education sessions
- A media screen in the waiting area with patient information
- Water coolers
- Accessible toilets

Sarah Saul, DynamicHealth Manager, explained: "We're thrilled to move our musculoskeletal physiotherapy and specialist service into Rowan Lodge. This provides a state-of-the-art, modern and fit for the future department for both staff to work in and patients to receive treatment."

Steve Barclay MP said: "It is a very welcome development to see the new physio services at North Cambs Hospital as part of the first phase of this £8million improvement. It is important that we continue to increase the number of services offered to treat people locally at North Cambs, Doddington and Ely rather than requiring journeys to large hospitals."

Raj Thirunageswaram, MSK Physiotherapist and Operational Team Lead for Peterborough and Wisbech, said: "I'm delighted with the development of these new DynamicHealth facilities at Rowan Lodge for our growing musculoskeletal service. This will enable us to continue providing a high level of MSK physiotherapy and specialist care to the patients in the local Wisbech and surrounding areas. Our new facilities now also have a spacious gym and therefore we can offer more classes and manage our patients more effectively. I feel very excited for the team as they have these new premises and more modern infrastructure which gives them a better environment to work in."

STRATEGIC OBJECTIVE 2

Be an excellent employer

We continued to recognise our staff's strengths and build on best practice to develop a workforce with a shared vision and values aligned to our strategic objectives.

National staff survey

Results were published in March 2019 and for the sixth year running our staff rated working for the Trust incredibly positively, reflecting the excellent culture and behaviours our staff helped to create. The Trust surveyed electronically all substantive staff in post at 1 September 2018 and 1444 individuals completed the survey (a 60% response rate, compared to a 53% average response rate achieved by our community trust peers).

Staff survey results nationally were grouped into ten themes. We were rated the joint best performing Trust across the country in three themes: immediate manager; tackling bullying and harassment; and tackling violence. We were also rated 3rd best across the country for the staff engagement theme and were in the top ten performing Trusts across the country in the remaining six themes.

There are 29 key finding areas, grouped into ten themes:

- equality, diversity and inclusion;
- health and wellbeing;
- immediate managers;
- morale;
- quality of appraisals;
- quality of care;
- safe environment – bullying and harassment;
- safe environment – violence;
- safety culture; and
- staff engagement.

In 18 out of the 29 key finding areas, our staff rated the Trust as the best in the country when compared to our peers:

- **KF1:** Staff recommendation of the organisation as a place to work or receive treatment (significant increase);
- **KF4:** Staff motivation at work;
- **KF5:** Recognition and value of staff by managers and the organisation (significant increase);
- **KF6:** % of staff reporting good communication between senior management and staff;
- **KF7:** % of staff able to contribute towards improvements at work;
- **KF8:** Staff satisfaction with level of responsibility and involvement;
- **KF15:** % of staff satisfied with the opportunities for flexible working;
- **KF16:** % of staff working extra hours;
- **KF18:** % of staff attending work in the last 3 months despite feeling unwell because they felt pressure from this manager, colleagues or themselves;
- **KF19:** Organisation and management interest in and action on health and wellbeing;
- **KF20:** % of staff experiencing discrimination at work in the last 12 months;
- **KF23:** % of staff experiencing physical violence from staff in last 12 months;
- **KF25:** % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months;
- **KF26:** % of staff experiencing harassment, bullying or abuse from staff in the last 12 months;
- **KF28:** % of staff witnessing potentially harmful errors, near misses or incidents in last month;
- **KF30:** Fairness and effectiveness of procedures for reporting errors, near misses and incidents;
- **KF31:** Staff confidence and security in reporting unsafe clinical practice; and
- **KF32:** Effective use of patient/service user feedback.

We know that an engaged and happy workforce is directly linked to the provision of good patient care so we were particularly pleased that the Trust's overall staff engagement score was 4.00 out of 5. As mentioned earlier, this rating was the third best overall across the country for the overall staff engagement theme.

In the other 11 key findings, six key findings improved slightly from 2017; three stayed the same and two deteriorated.

It is pleasing to note that the action plan we implemented in response to the 2017 staff survey results, led to improvements in all five areas addressed, with three of these areas rated as 'best in the country' when compared to our peers in the 2018 survey results. The Trust-wide actions from the 2017 staff survey results included:

- a review of why staff are reporting a rise in the number of potentially harmful errors near misses or incidents they have witnessed;
- continuing to promote a culture where any form of harassment of staff, service users or colleagues, is unacceptable and where action is always taken when this occurs;

- undertaking local surveys to understand why staff may not report incidents of bullying and harassment and to encourage staff to use a range of informal resolution processes;
- supporting staff to have a healthy work life balance, and a focus on mental wellbeing: staff taking lunch/rest break and finishing work on time and a reduction in the numbers of staff feeling the need to work additional unpaid hours, including using the pilot of e-rostering to assist with this;
- continuing to improve the quality of our appraisals and to review the success of the new appraisal career and personal development planning conversations and the introduction of succession planning during 2018/19.

Our staff experience improvement plan has been updated to reflect the 2018 staff survey results and we will continue to be monitored in partnership with our staff side colleagues and members of staff from across the Trust.



Freedom to Speak Up

The Trust has implemented the 'standard integrated policy' in line with the recommendations of the review into whistleblowing undertaken by Sir Robert Francis. The policy includes information on why staff should feel safe to raise concerns.

The Trust has appointed the Assistant Director of Corporate Governance, who is a member of the Executive Team, as the Freedom to Speak Up Guardian. This Guardian actively engages with local, regional and national forums to share best practice and learning. The Deputy Chief Executive is the nominated Executive Lead for Speaking Up. The Chair of the Audit Committee is the nominated Non-Executive Lead for Speaking Up.

In addition, the Trust appointed 16 Freedom to Speak Up Champions through an open invitation for expressions of interest from staff. All staff who expressed an interest in becoming champions were appointed and all received standard training delivered by the Assistant Director of Corporate Governance and Assistant Director of Workforce.

The Freedom to Speak Up Guardian works collaboratively with the Staff-side Chair, the Guardian of Safe Working Hours and Local Counter Fraud Specialist.

Awareness regarding the various Freedom to Speak Up roles and associated persons is raised through the Trust induction for new staff, on the intranet, and in other communications cascaded across the Trust.

Staff can raise concerns through:

- Their line manager
- Staff-side Chair
- Other leaders within their service or division
- Freedom to Speak Up Guardian
- Any member of the senior leadership team
- Executive Lead for Speaking Up
- Freedom to Speak Up Champions
- Non-Executive Lead for Speaking Up

All concerns raised are logged by the Freedom to Speak up Guardian who monitors the investigation, and ensures agreed actions are implemented and feedback is provided to the person who raised the concern.

The Trust reports data quarterly to the National Guardian's Office. An annual report is presented to the Board including an improvement plan to further strengthen speaking up arrangements in the Trust.

Workforce Race Equality Standard

We extracted information from the staff survey to compare results for White and Black and Minority Ethnic (BME) staff experiences in specific indicators. These are:

- **Indicator 5:** % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months;
- **Indicator 6:** % of staff experiencing harassment, bullying or abuse from staff in last 12 months;
- **Indicator 7:** % of staff believing that the organisation provides equal opportunities for career progression or promotion; and
- **Indicator 8:** In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues.

Our BME staff rated their experiences better than the national average for all four indicators when compared to our peer community trusts; however all ratings worsened when compared to our 2017 results. Further analysis of these results at service and team level has identified action to inform our staff experience improvement plans.

Workforce Disability Equality Standard

We also analysed feedback from the staff survey from disabled members of staff against seven indicators, which will be used to inform our action plan to meet the new Workforce Disability Equality Standard. Our Diversity and Inclusion working group will monitor progress against action plans at a Trust-wide and Service level. The seven indicators are:

- **Indicator 4a:** harassment, bullying and abuse;
- **Indicator 4b:** reporting harassment, bullying and abuse;
- **Indicator 5:** equal opportunities for career progression/promotion;
- **Indicator 6:** experiencing pressure from your manager to attend work when unwell;

- **Indicator 7:** staff satisfaction with extent work is valued by organisation;
- **Indicator 8:** adequate adjustments made for disabled staff; and
- **Indicator 9a:** staff engagement.

Gender Pay Gap

In March 2019 the Trust published its second annual gender pay gap report. The report shows the percentage of male and female workers in each pay band and those in receipt of bonus payments, which in the Trust is Consultants in receipt of a Clinical Excellence Award.

The overall mean gender pay gap is 32.32% (compared to 30.04% in 2016-17) and is mainly attributed to executive level (Band 9 roles) and medical consultants who are the highest paid staff in the Trust. In these roles, there are disproportionately more men than women compared to our overall male to female ratio. This disproportionality explains the 32.32% gender pay gap.

The Trust's Diversity and Inclusion Steering group will oversee agreed Trust-wide actions to seek to have a representative gender mix in all pay bands within the Trust including through:

- promoting flexible working in senior roles to attract female applicants, including job share as standard in all job adverts;
- commissioning and promoting the Springboard Development programmes for female staff [and if agreed the male version];
- reviewing shortlisting data for senior roles (bands 7 and above);
- widening the diversity of selection panels;
- reviewing options to attract male applicants to lower band roles including into apprenticeships;
- offering mentoring and coaching opportunities with female coaches and mentors; and
- reviewing how we attract more male applicants into the NHS in their early career.

Supporting staff and staff engagement

In 2018/19 the Trust:

- rolled out the role of Freedom to Speak Up Champions;

- continued to introduce innovative recruitment initiatives in hard to recruit areas;
- successfully transferred staff into the Trust as a result of procurements won and continued to use tailored inductions to meet the needs of new staff;
- supported services and staff transferring out of the Trust, with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward;
- supported strategic service redesign programmes enabling staff and services to review and implement plans to meet patient needs;
- provided bespoke team development, support and skills training for teams leading service redesign programmes;
- provided coaching and mentoring support to team leaders, supporting services and staff implementing change and transition, and implemented a Mentoring Programme for BME staff;
- continued to implement action plans based on staff feedback;
- reviewed Trust-wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver high quality services;
- promoted the benefits of effective appraisals and achieved 93% compliance against a target of 92%;
- continued to provide an appraisal career and personal development planning process;
- offered flexible working and family friendly arrangements, a carer's and special leave policy and a zero tolerance approach to violence in the workplace;
- continued to offer mindfulness and personal resilience training programme to enhance the already successful training for personal welfare, which supports our Live Life Well programme;
- continued to support the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to exchange information, harmonise human resources policies and processes following the transfer in of staff, and to consult and negotiate on employment matters;

- implemented a confidential line for informal support to staff experiencing bullying or harassment;
- invited staff from a variety of services to share their experience of working for the Trust at our Trust Board and Clinical Operational Board meetings to celebrate good practice and identify improvements that could be made to our working lives.

Mandatory training

The Trust:

- continued to improve access to e-learning for mandatory training subjects including through a staff telephone helpdesk;
- continuously reviewed and amended our Trust induction based on staff feedback and Trust requirements; and
- as noted earlier, completed the roll-out of unconscious bias training as part of e-learning to all staff.

Improvements made to the Electronic Staff Record (ESR) include:

- the employee self-service function is now fully embedded across the Trust and staff are accessing e-learning for many mandatory and role specific training packages;
- at the time of writing this report, the roll-out of the supervisor's self-service function was almost complete and, where in place, was being used by managers to record sickness absence and to track their teams training compliance;
- full implementation of the new national 'ESR portal' providing staff with a user friendly access point to ESR with positive feedback from staff;
- plans to roll out unutilised functions in ESR including the ability to record all 'essential to role training' on individual staff profiles and the option to use the annual leave planning, appraisal and talent management functions;
- continuing to influence nationally for an NHS unconscious bias training programme (our current programme is not linked to ESR so updating of staff training records has to be undertaken manually).

Our award winning staff and national recognition

- The Luton GP Liaison Service won the Staff and Patient Experience category and was 'Highly Commended' in the Improving Outcomes category of the Leading Healthcare Awards. Our Just One Norfolk digital platform was awarded 'Highly Commended' in the Innovation of the Year category.
- The Cambridge Community Nursing Service was a finalist in the Engaging and Championing the Public and the Communicating Effectively with Patients and Families categories of the Public Engagement Network National Awards 2019.
- Our Cambridgeshire Community Nursing team was a finalist in the Community Placement of the Year category in the Student Nursing Times Awards 2019.
- The Bedfordshire Neuro Rehabilitation team was one of three finalists in the Advancing Healthcare Awards 2019 for realising potential through creativity.
- Just One Norfolk won the 2018 highly commended award from the Self Care Forum.
- Victoria Fenton, Cambridgeshire School Nurse won the Specialist Community Public Health Nurses (SCPHN) Student Award 2018-2019. Victoria was also a finalist in the Student Nursing Times Awards 2019 Learner of the Year Post Registration category.
- The Trust was a finalist in the prestigious Health Service Journal Provider Trust of the Year award category.
- Dr Tamsin Brown, Consultant Paediatrician, was a finalist in the national WISE Awards, and her innovative project to develop hearing aids for children with glue ear to avoid developmental delay during 'watchful waiting' periods won the Child Journal Prize at the British Association of Community Child Health conference.
- Our innovative DynamicHealth Musculo-skeletal Service was selected to showcase its successful redesign programme (which has had benefits for staff and patients) at the NHS Providers annual conference and showcase.
- Our Norfolk 5-19 service won a silver award in the Best Podcast Award at Audio & Radio Industry Awards for the Health Uncovered podcast.

- The following Trust services were nominated by local MPs for the NHS 70th Parliamentary Awards. Following a regional assessment process, both were identified as the Regional Winners for the NHS Midlands and East area in their respective categories:
 - » Norfolk Just One Number, Person Centred Care category (nominated by Chloe Smith MP and Sir Henry Bellingham MP); and
 - » Professor Barbara Wilson, Lifetime Achievement Award (nominated by Jo Churchill MP).
- Dr Catherine Schunmann, iCaSH Norfolk delivered a talk on 'Do we leave vulnerable patients behind when integrating services?' at the Joint British Association for Sexual Health and HIV (BASSH) and Faculty of Sexual and Reproductive Healthcare (FSRH) Annual Conference.
- Becky Grace, trainee Clinical Psychologist with our Bedfordshire Acquired Brain Injury team presented on 'Developing a model of how clinical psychologists make ethical decisions' at The British Psychological Society, Division of Clinical Psychology Annual Conference.
- Prof Barbara Wilson, Oliver Zangwill Centre, gave a keynote speech at the Recolo national conference: Growing the new you - Brain injury rehabilitation as a different experience.
- Andrew Bateman (as President of the Society for Research in Rehabilitation Network) hosted the Society's Winter 2019 national conference and is delivering a talk entitled 'Making Brain Injury Visible' at the European Neuro Convention in March.
- Mike Passfield, Head of iCaSH, was invited to participate in the Health & Social Care Committee Sexual Health Inquiry working group to inform the Committee's report.
- The Trust was shortlisted in the top three trusts for its Best Use of ESR category for the 2018 Health Providers Management Association (HPMA) awards.
- Our annual excellence awards celebrated the outstanding achievements of our staff, day in day out, which make a real difference to people's lives.
- We continued to recognise teams and individuals through our monthly Shine a Light awards.

Attracting and retaining a quality workforce: Looking forward to 2019/20

We will:

- develop the skills of our clinical staff in quality, service improvement and redesign tools and techniques, providing bespoke programmes of leadership development, for services undergoing significant service redesign;
- continue to work with partners across local Sustainability and Transformation Partnerships/ Integrated Care Systems to implement the nursing associate role;
- continue to expand the opportunities for apprenticeships across our workforce, following implementation of the Apprenticeship Levy and further higher apprenticeships becoming available for our clinical and non-clinical workforce; linking with the Health Education East of England (HEE) Grow Your Own initiative;
- roll out the preceptorship training programme, currently being developed and finalised by HEE, to all our preceptors;
- continue to offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes, which support team development in services;
- continue to offer places on the Mary Seacole Leadership Development Programme;
- continue to embed a coaching and mentoring culture across the Trust, investing in further health coaching training for our clinical workforce and mentor development; and
- continue to implement our 2016-21 workforce, organisational development and service redesign strategy, focussing on the following five programmes of work:
 - » a highly engaged workforce;
 - » an appropriately trained workforce;
 - » a healthy and well workforce;
 - » diversity and inclusion for all;
 - » an organisational culture of continuous improvement.



**300+
Years of
experience
in one
room**

The airside suite at Duxford was chosen as the venue for the first gathering of our growing portfolio of Neuro-Rehabilitation Services.

In April 2018, as a result of new contract arrangements with our partners at East London Foundation Trust, the neurorehab and Stroke Early Supported Discharge teams based around Bedfordshire community were welcomed into the CCS 'fold'. Joining with the Oliver Zangwill Centre and Evelyn Community Head Injury Service (ECHIS), this group now comprises approximately 50 specialist Allied Health Professionals and Clinical Psychologists.

While vintage planes were taking off outside the window, and a huge gathering of quilt enthusiasts met elsewhere in the museum, the neurorehab teams took time to hear from each other about how their services have developed to provide community rehabilitation to help individuals overcome the devastating consequences of brain injury.

It was great to hear about the many projects taking place, examples included:

- the cost-saving stroke case management work that tracks the use of residential facilities
- a baking group in a local church that helps people learn to use their paralysed hands while providing an important social connection
- Clare Moffat's work (funded by the National Institute of Health Research) on helping people with communication difficulties return to work

A main objective of the day was to explore how the teams might be 'stronger together'. Therefore, some time was spent outlining Continuing Professional Development (CPD) needs and how staff can support one another in meeting these needs.

The day also included guest speakers from the Medical Research Council Cognition and Brain Science Unit (MRC CBU) which highlights one of the key ambitions of the group to become a leading force in neurorehabilitation research.

STRATEGIC OBJECTIVE 3 Collaborate with other organisations

Working in partnership with other organisations is fundamental to our shared success and ambition to ensure the best outcomes for local residents.

Examples of partnerships include:

- Sustainability and Transformation Programmes (now developing into Integrated Care Systems): we led or engaged in a range of system-wide programme areas for paediatrics and workforce in Cambridgeshire and Peterborough. In Luton, Bedfordshire and Milton Keynes, we led on workforce and organisational development programmes and the creation of a 'Provider alliance' model in Luton across all NHS providers;
 - we worked closely with commissioners in Norfolk and Suffolk to align with local plans and contribute to local health priorities, in line with our public health commissioned services;
 - the Trust is successfully engaging multiple partners who deliver services from the North Cambridgeshire Hospital site in Wisbech to improve the accessibility of services and an improved service user experience through an £8 million site redevelopment programme;
 - in Luton, our enhanced models of care programme - a targeted multi-agency population health management approach – is improving outcomes for people with frailty who are vulnerable to unplanned hospital admissions;
 - in partnership with East London NHS Foundation Trust we are delivering children and adults community health services across Bedfordshire;
 - in Bedfordshire, an Epilepsy Specialist post has been recruited to work in collaboration with Bedford Hospital to support children and young people with epilepsy;
 - our 0-19 Service in Bedfordshire has delivered Perinatal Infant Mental health (PNIMH) training across a number of partners to increase knowledge, skills and attitudes of the staff to facilitate support for families with PNIMH issues. 10 Champions have been trained to facilitate an approved Institute of Health
- Visiting course to staff who work in maternity services, health visiting, children's centres, early help and social work;
 - our DynamicHealth musculoskeletal physiotherapy service has introduced a First Contact Practitioner pilot in partnership with a local GP practice and Cambridge University Hospitals NHS Foundation Trust, as part of a national programme of pilots;
 - we have introduced orthopaedic clinics in Cambridgeshire for children and young people with complex physical disabilities, bringing together a paediatric physiotherapist, acute hospital orthopaedic consultant and community paediatrician, to make holistic decisions about service users' surgical, medical and physiotherapy care needs;
 - joint musculoskeletal virtual clinics are being held with three hospitals across Cambridgeshire and Peterborough for patients with complex neurosurgical (spinal) and orthopaedic conditions, ensuring appropriate patients are referred to the right service;
 - we are working with Norfolk County Council to deliver the digital platform for the Council's new Norfolk Early Childhood and Family Service (previously Norfolk's Children's Centres) by integrating this into our successful Just One Norfolk website, along with the Norfolk Directory, Norfolk Family Information Service (FIS) and Norfolk Library Services;
 - our Norfolk 0-19 Service has successfully worked with Best Beginnings - a UK charity - to reduce child health inequalities by creating and distributing resources for families and professionals via our innovative new Just One Norfolk digital platform;
 - working with a GP collaborative in Norfolk and young people, we launched a young persons Health Passport App aimed at supporting improved access to health advice, support and information for 16-19 year olds;
 - Pathway to Parenting Courses are taking place across Norfolk involving CCS staff, children's centre staff and acute hospital midwives;
 - we continued to work with Health Service Laboratories (a venture between two NHS organisations and a private sector partner) to deliver an online postal 'Express Test' STI kit providing a speedy and accessible service for asymptomatic people;

- in partnership with the Terence Higgins Trust we provide contraception and sexual health services in Bedfordshire, Cambridgeshire, Norfolk and Suffolk. We also continue to work with Brook in Bedfordshire;
- our regional iCaSH services are working with acute trusts to deliver universal care for HIV patients who present with complex needs in the hospital setting;
- following a period of successful planning and development, we are launching an integrated and equitable Healthy Child Programme service across Cambridgeshire and Peterborough in partnership with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT);
- together with CPFT we are delivering an Emotional Health and Wellbeing service across Cambridgeshire and Peterborough, which is supporting professionals to access services and help schools improve the emotional health and wellbeing of pupils;
- community and hospital dental service colleagues in Cambridgeshire are delivering joint appointments for patients who would otherwise undergo multiple anaesthesia.

The NHS Long Term Plan signals a welcome change to expand collaborative care arrangements. This new way of working will be based on effective clinical relationships and sound under-pinning governance. Two examples are outlined below:

- **Luton:** the Trust is taking the lead provider role and proactively co-ordinating the care of over 800 severely frail local residents. Information sharing agreements have been developed and signed between all local health and care partners; and data is now being shared on a daily basis to allow partners to intervene quickly when an older person needs help. These mature relationships with general practice, social workers, the hospice, mental health services and acute care will allow the development of primary care networks to happen seamlessly across the whole of Luton.
- **Children's services in Cambridgeshire and Peterborough:** the Trust has signed a contractual joint venture agreement with Cambridgeshire and Peterborough NHS Foundation Trust to collaboratively deliver integrated children and young people's community services across the two localities. The two organisations have a committee in common; a shared partnership board (with our commissioners) and a joint leadership structure for the services.

STRATEGIC OBJECTIVE 4

Be a sustainable organisation

Sustainable Development

We have continued to deliver our Sustainable Development Strategy, using the Good Corporate Citizen assessment tool to demonstrate compliance. This programme of work includes a focus on carbon reduction and:

- transport and travel policies;
- procurement processes;
- energy efficient properties, waste management and recycling;
- community engagement; and
- workforce issues including diversity and inclusion.

Our achievements to date and aspirations for the future are set out in our Annual Sustainability Report 2018/19 (not subject to audit) set out below.

Sustainability Report – not subject to audit

Introduction

We are committed to working in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of our social, environmental and economic assets, we can improve health in the immediate and long term, even in the context of rising cost of natural resources. As an NHS Trust we ensure that the legal requirements in the Public Services (Social Value) Act (2012) are met.

It is our duty to contribute towards the national ambition set in 2014 to reduce the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline), equivalent to a 28% reduction from a 2012/13 baseline by 2020. It is our aim to surpass this target.

Policies

Planning

In order to fulfil our responsibilities, the Trust has created a sustainable development management plan (SDMP).

This encompasses our aim to be a sustainable organisation and includes a commitment to be a good corporate citizen, to focus on carbon reduction and transport and travel policies, procurement processes, energy efficient properties, waste management and recycling, community engagement and workforce issues including diversity and inclusion.

Procurement

The Trust uses the MEAT (most economically advantageous tender) principle that enables the contracting authority to take account of criteria that reflect qualitative, technical and sustainable aspects of the tender submission as well as price when reaching an award decision.

Adaptation

Climate change brings new challenges to our business both in direct effects to the healthcare estates, but also to patient health. Examples from recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc.

The Trust will utilise the Sustainable Development Action Tool and will use the findings of this assessment to inform our SDMP.

Promoting Sustainability

We acknowledge our responsibility towards creating a sustainable future. We help achieve this goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Our Trust is contributing to the following Sustainable Development Goals (SDGs):



The Trust is currently assessing the social and environmental impact of the organisation and will issue a statement on meeting the requirements of the Public Services (Social Value) Act.

Our statement on Modern Slavery is ‘Cambridgeshire Community Services NHS Trust continues to fully support the Government’s objectives to eradicate modern slavery and human trafficking and recognises the significant role the NHS has to play in both combatting it and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses’.

Partnerships

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a provider, evidence of this commitment will need to be provided in part through contracting mechanisms.

Strategic partnerships are key to ensuring that organisations can operate sustainably. The Trust is contributing to the work of integrated care systems and local sustainability partnerships in: Bedfordshire, Luton and Milton Keynes; Cambridgeshire and Peterborough; as well as Norfolk and Suffolk.

Below is the sustainability comparator for services we deliver on behalf of local CCG commissioners (please note this is published a year in arrears):

Organisation Name	SDMP	SDAT	SD Reporting score
NHS Cambridgeshire and Peterborough CCG	No	n/a	Good
NHS Bedfordshire CCG	No	n/a	Good
NHS Luton CCG	No	n/a	Minimum

Performance

Since the 2007 baseline year, the NHS has undergone a significant restructuring process. The Trust has also won a number of new contracts to provide services across a broader geographic area. The following table explains how the Trust and its performance on sustainability has changed over time.

	2015-16	2016-17	2017-18	2018-19
Total gross internal floor space	40,404	27,375	35,800	51,518
Total no. of staff employed	1,667	1,698	1,717	2,055

The 2014-2020 Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS by 28% (from a 2013 baseline) by 2020. We have supported this ambition as follows:

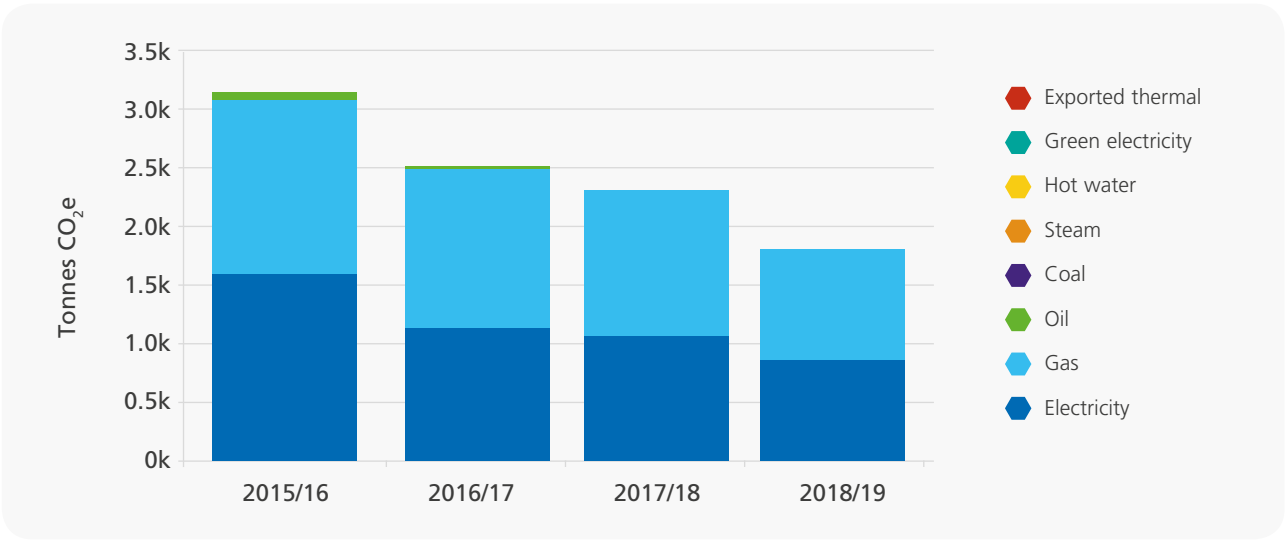
Energy

The Trust spent £383,461 on energy in 2018-19 which is a 2.37% decrease on energy spend from last year.

Electricity, oil and gas consumption 2015/16 to 2018/19

	2015-16	2016-17	2017-18	2018-19
Electricity Consumed	2,821,594	2,193,507	2,329,024	2,281,170
Gas Consumed	7,107,102	6,478,369	6,114,475	4,331,604
Oil Consumed	294,000	64,010	62,504	0
Total	10,222,696	8,735,886	8,506,003	6,612,774

Carbon emission from energy usage 2015/16 to 2018/19



The chart above shows that core carbon emission resulting from energy usage has continued to decline and the Trust is looking to continue improving the energy performance of the Trust.

Paper

The Trust supports moving towards a Paperless NHS to reduce the environmental impact of paper, reducing cost to the NHS and help improve information security; with a number of projects underway to contribute towards this aim.

Travel

We are realising efficiencies for cost and carbon (CO₂e) reductions across the organisation.

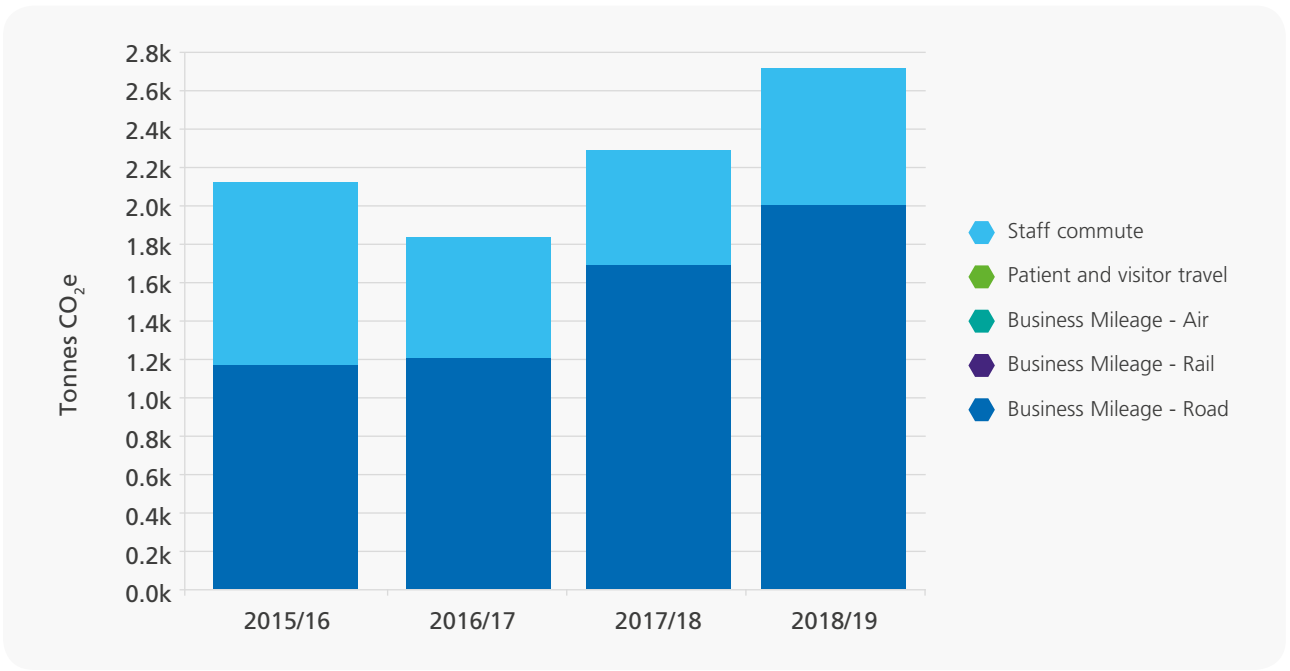
We support a culture for active travel (e.g. walking, cycling etc) to improve staff wellbeing and reduce sickness from air pollution, accidents and noise; all of which can cause health problems for our local population, patients, staff and visitors.

Travel undertaken (miles) 2015/16 to 2018/19

	2015-16	2016-17	2017-18	2018-19
Business travel and fleet	3,258,033	3,411,425	4,743,717	5,426,567
Staff commute	2,577,122	1,688,477	1,650,037	1,974,855
Total	5,835,155	5,099,902	6,393,754	7,401,422

Emissions from transport have risen steeply in the previous two years and this is a direct result of the changing nature of our services which now cover a far greater geographical area across East Anglia. It can also be seen that while transport emissions have risen, emissions related to core energy usage have decreased substantially which is primarily a result of moving services out of the traditional hospital environment.

Travel undertaken (miles) 2015/16 to 2018/19



CO₂ Emissions from transport (tCO₂e) 2015/16 to 2018/19

	2015-16	2016-17	2017-18	2018-19
Business Mileage - Road	1,178	1,233	1,690	1,998
Business Mileage - Rail	0	0	0	0
Business Mileage - Air	0	0	0	0
Patient and Visitor Travel	0	0	0	0
Staff Commute	932	610	588	728
Total	2,110	1,843	2,278	2,726

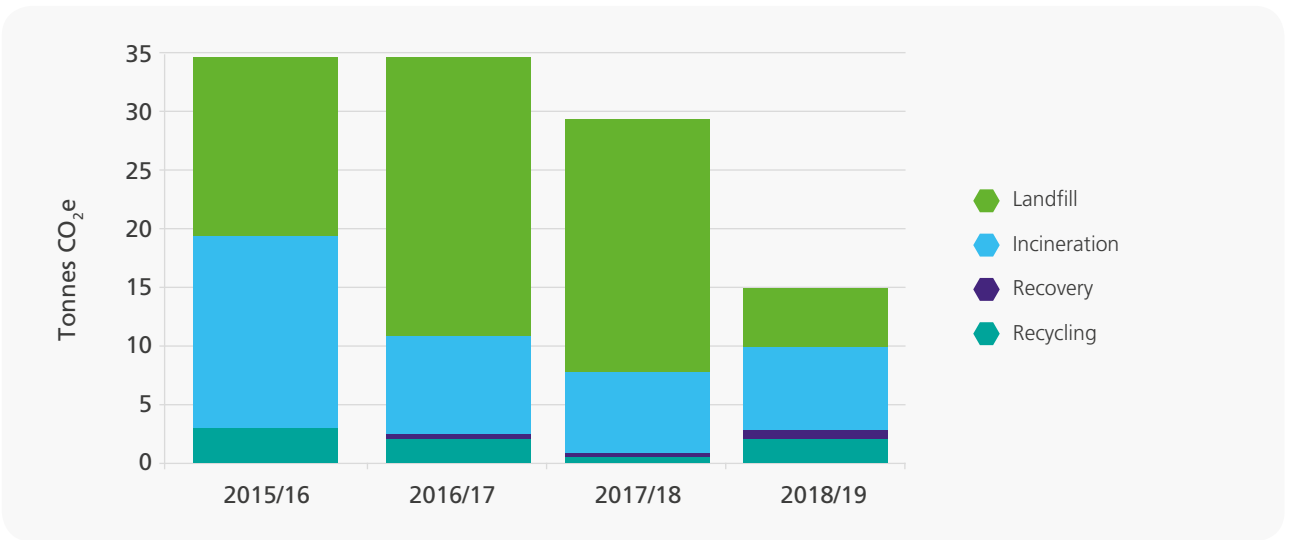
Waste

Waste management performance has improved over the past two years and the Trust has also seen an improvement in recycling rates and reduction in waste being sent to landfill. The Trust is also developing initiatives to reduce the amount of plastic it uses.

Waste produces (tonnes) 2015/16 to 2018/19

	2015-16	2016-17	2017-18	2018-19
Waste recycling weight	141	92	11	102
Other recovery weight	0	20	26	39
Incineration disposal weight	74	40	24	31
Landfill disposal weight	63	75	68	18
Total	278	227	129	190

Carbon emissions from waste (tCO₂e) 2015/16 to 2018/19



Carbon emissions from waste (tCO₂e) 2015/16 to 2018/19

	2015-16	2016-17	2017-18	2018-19
Recycling	2.82	1.93	0.24	2.18
Recovery	0	0.42	0.57	0.83
Incineration	16.2	8.8	5.28	6.82
Landfill	15.4	23.3	23.4	6.2
Total	34.4	34.4	29.5	16

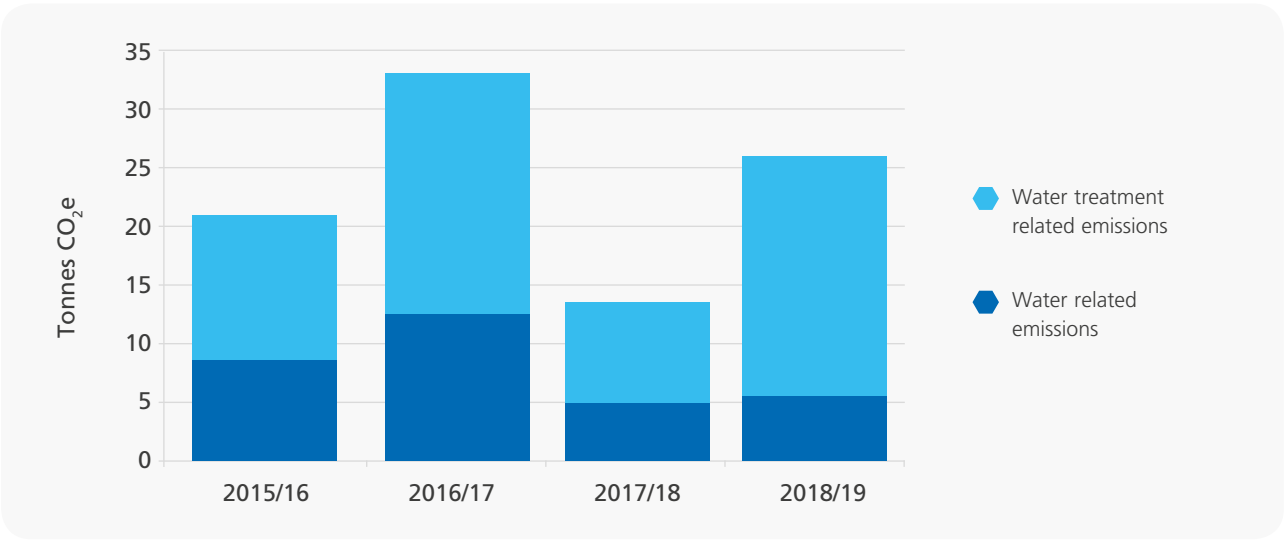
Water

Water usage has fluctuated over the previous four years. However it is believed that this is in part due to issues with under-reporting for the 2017-18 financial year. The Trust is investigating ways to further reduce water consumption while maintain a safe environment for service users and staff.

Consumption and cost of water and wastewater 2015/16 to 2018/19

	2015-16	2016-17	2017-18	2018-19
Water volume (m³)	23,338	35,730	15,062	16,350
Wastewater volume (m³)	18,670	28,584	12,050	28,502
Water and sewage cost (£)	59,971	82,270	41,109	56,540

Carbon emissions from water and wastewater consumption (tCO₂e) 2015/16 to 2018/19



Carbon emissions from water and wastewater consumption (tCO₂e) 2015/16 to 2018/19

	2015-16	2016-17	2017-18	2018-19
Water related emissions	8.03	12.3	5.18	5.62
Wastewater related emissions	13.2	20.2	8.53	20.2
Total	21.3	32.5	13.7	25.8

Modelled Carbon Footprint

The information provided in the previous sections of this sustainability report uses the ERIC (Estates Return Information Collection) returns as its data source. This does not reflect the Trust’s entire carbon footprint. Therefore, the following information estimates the Trust-wide total impact of our supply chain.

Organisation carbon profile

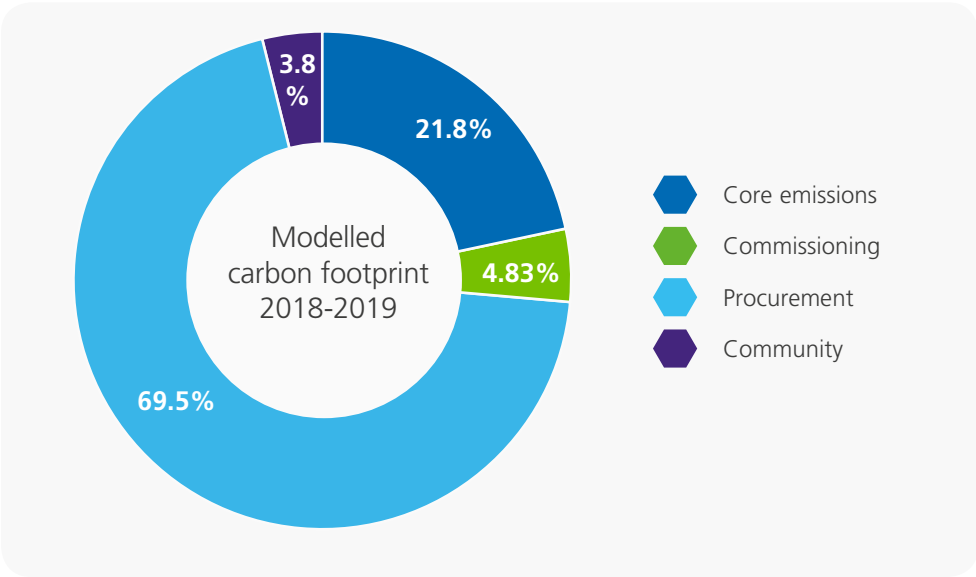
Calculated from operating expenditure of £131,116,000 of which £45,121,000 is non-pay spend based on typical values for a community organisation. The table below provides a breakdown of the carbon emissions resulting from procurement carbon modelling.

Whole organisation carbon profile (tCO₂e) 2015/16 to 1018/19

	2015-16	2016-17	2017-18	2018-19
Staff commute	932	610	588	728
Business services	2,605	2,674	2,811	3,093
Capital spending	1,136	1,173	609	1,260
Construction	516	530	557	613
Food and catering	893	916	963	1,060
Freight transport	1,334	1,369	1,440	1,584
Information and communication technologies	236	242	255	280
Manufactured fuels, chemicals and gases	760	781	821	903
Medical instruments / equipment	2,771	2,844	2,990	3,290
Other manufactured goods	316	324	341	375
Paper products	621	637	670	737
Pharmaceuticals	58.9	60.5	63.6	69.9
Electricity (net of any exports)	1,622	1,134	1,038	805
Gas	1,487	1,354	1,296	920
Oil	93.9	20.3	20.4	0
Business travel and fleet	1,493	1,554	2,010	2,394
Waste and Water	55.7	66.9	43.2	41.8
Commissioning	776	796	837	921
Total	17,708	17,085	17,352	19,077

The chart below provides a comparison between the various aspects of the Trust's carbon footprint. It can be seen that the main contribution to the Trust's carbon footprint comes from procurement and the supply chain.

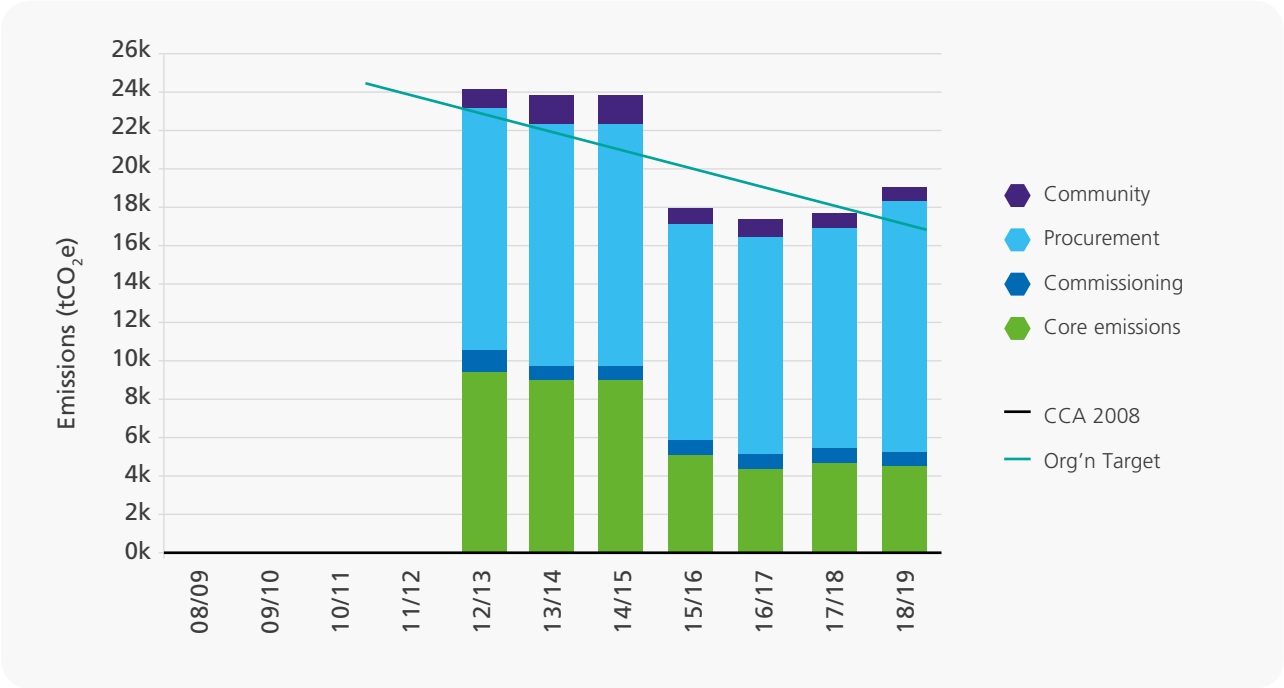
Modelled carbon footprint 2018-2019



The chart below shows the progress the Trust has made towards a goal of reducing carbon emissions by 28% based on a 2012/13 baseline. It can be seen from the trend line that the Trust was on target up until 2018/19 where emissions

can be seen to have risen above the target; which is partially the result of an increase in travel related emissions following the Trust being awarded contracts to deliver services across a wider geographic area.

Carbon emissions progress since baseline year (tCO₂e)



Carbon emissions progress since baseline year (tCO₂e)

	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19
Core emissions	0	0	0	0	9,241	8,681	8,648	4,752	4,129	4,408	4,160
Commissioning	0	0	0	0	936	939	919	776	796	837	921
Procurement	0	0	0	0	13,082	12,574	12,632	11,248	11,550	11,519	13,267
Community	0	0	0	0	1,019	1,488	1,544	932	610	588	728
Total	0	0	0	0	24,278	23,682	23,742	17,708	17,085	17,352	19,077

Luton Pioneers Partnership Working for Older People

Luton's adults' community services teams have been pioneering a new way of working together that puts the patient at the centre of all they do.

The Enhanced Collaborative Models of Care project is bringing together local partners for huddles, multidisciplinary team meetings and much more to better coordinate care for a group of frail patients over the age of 65.

The project aims to build on the foundations of the Trust's At Home First model, and includes the Luton and Dunstable Hospital, local GP clusters, Luton Council's social care team, local mental health services provided by East London Foundation Trust (ELFT), and the third sector.

The results so far have been positive, with **92% of patients surveyed saying they would recommend this approach based on their experience,**

good feedback from staff and partners, as well as a significant increase in people supported in community settings as an alternative to an unscheduled hospital admission.



Business Development

The Trust, in partnership with East London NHS Foundation Trust (ELFT), commenced successful delivery of the community health services contract in Bedfordshire in April 2018. The Trust provides children’s services, together with some specialist adults’ services, as a sub-contractor to ELFT, which holds the head contract with commissioners.

Under the umbrella of its community health services contract in Luton, the Trust drew on Bedfordshire, Luton and Milton Keynes transformation funds to undertake a proof of concept regarding an Enhanced Model of Care for a defined cohort of patients aged over 65 years intended to reduce the need for hospital admissions. Subject to funding, the project will be broadened to a wider cohort from two of the primary care clusters in Luton and tested further throughout 2019/20.

The Board previously agreed to serve notice to commissioners for the provision of children’s acute services delivered from Hinchingsbrooke Hospital in Huntingdon. These services transferred to their new employer, North West Anglia NHS Foundation Trust, on 1 April 2019.

As mentioned previously at the invitation of the Joint Commissioning Unit (representing Cambridgeshire and Peterborough Clinical Commissioning Group, Peterborough City Council and Cambridgeshire County Council), the Trust is collaborating with Cambridgeshire and Peterborough NHS Foundation Trust in the design of children’s mental and physical health services, and intends to enter into a Contractual Joint Venture with CPFT for the provision of these services from April 2019. This will secure the Trust’s current contract revenue.

The Trust has secured the following contract extensions from commissioners:

- NHS England has extended the School Aged Immunisations Contracts (covering Cambridgeshire and Peterborough and Norfolk and Suffolk) to August 2020, with anticipated additional revenue from flu and HPV campaign extensions (agreed year-on-year);
- Norfolk County Council has extended the contract for integrated sexual health services until February 2022; and
- Suffolk County Council has extended the contract for integrated sexual health services until April 2022.

During 2018, the Trust won contracts:

- to continue to deliver Special Care Dentistry across Cambridgeshire and Peterborough;; and
- to deliver Minor Oral Surgery services within West Norfolk and West Suffolk, and to continue to deliver these services in Cambridgeshire and Peterborough.

Our future will be shaped largely by the NHS Long Term Plan. The Trust is active in four systems and will influence the system implementation plans that are required by Autumn 2019. In addition, the Trust will participate in tenders to retain and win business within the clearly defined parameters set out in our five year plan.

As a result of new services won and services transferring out of the Trust, we will commence 2019/20 with a planned turnover of £128 million.

Financial Assessment

2018/19 has been another challenging year financially for the Trust but we successfully achieved an operating surplus of £619,000. As the Trust has managed its budget to the plan agreed at the beginning of the year, we have been awarded a one off financial sum (Provider Sustainability Fund) from NHS Improvement of £3,236,000. Therefore adding together our real surplus and the national Sustainability and Transformation Fund creates an annual surplus figure for our accounts of £3,855,000.

Key messages for the year are set out below.

- The Trust has maintained its high level of financial governance, recognised by the Internal Auditors giving an opinion of “reasonable assurance” over the Trust’s financial systems, budget control and financial improvement.

- The Trust has a responsibility to pay its suppliers in line with the payment terms agreed at the time of purchase. Failure to do this harms the reputation of the Trust and the wider NHS, as well as damaging supply sources and straining relationships with suppliers.
- The Trust has adopted the national NHS Better Payment Practice Code. The target set is that at least 95% of all trade payables should be paid within 30 days of a valid invoice being received or the goods being delivered, whichever is later – unless other terms have been agreed previously. The Trust’s detailed performance against this target for NHS and non-NHS trade payables is set out in note 9.1 in the annual accounts and is also shown in the table below. Its performance in relation to non-NHS payables improved during the year, but there was a decline in relation to NHS payables. The Trust will continue to work to improve its performance against target.

Better Payment Practice Code (30 day target)	2018/19	
	Number	£'000
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	17,384	53,679
Total Non-NHS Trade Invoices Paid Within Target	15,856	50,111
Percentage of Non-NHS Trade Invoices Paid Within Target	91.2%	93.4%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	995	12,213
Total NHS Trade Invoices Paid Within Target	744	9,502
Percentage of NHS Trade Invoices Paid Within Target	74.8%	77.8%

- The Trust's 2018/19 accounts have been externally audited by Grant Thornton UK LLP. External audit fees for 2018/19 were agreed as £42,300 excluding VAT (2017/18 fees with Grant Thornton UK LLP £42,300 excluding VAT), where the fee was agreed in a tender process.
- The Trust is a member of the NHS Pension Scheme. The scheme is unfunded with defined benefits. Full details of the treatment of the Trust's Pension Policy can be found in note 8 of the annual accounts. The Remuneration and Staff Report on page 107 shows the salary and pension entitlements of the directors of the Trust.
- There have been no accounting policy changes during 2018/19. Critical accounting judgements and key sources of estimation of uncertainty are shown in note 1.16 and 1.16.1 of the accounts.
- The Trust has spent £6.86 million in 2018/19 (2017/18 £5.94 million) on items that come within the NHS management costs definition. This represents 5.17% (2017/18 5.24%) of total turnover for the financial year.
- All Trusts were set caps relating to agency expenditure during 2018/19. The Trust had a cap of £3.040 million and remained within this, with year end spend on agency of £2.360 million. The Trust will continue our robust programme of work to reduce expenditure in this area in 2019/20.
- The Freedom of Information Act (FOIA) gives individuals the right to ask any public sector organisation for the recorded information they have on any subject. Most requests are free but in some cases individuals may be asked to pay a small amount for photocopies or postage. The Trust has complied with Treasury's guidance on setting charges for information.
- So far as the directors are aware, there is no relevant audit information of which the auditors are unaware. Directors have taken all of the steps that they ought to have taken in order to make themselves aware of any relevant audit information, and to establish that the auditors are aware of that information.
- The directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. Although 2019/20 will be

financially challenging with a savings target in excess of £3.6 million, cash flow forecasts support the conclusion that the Trust is a 'going concern'. For this reason, directors continue to adopt the 'going concern' basis in preparing the accounts. To obtain further detail of our financial performance, please write to:

Director of Finance and Resources
Cambridgeshire Community Services NHS Trust
Unit 3, Meadow Lane, St Ives, PE27 4LG

Our full audited accounts will be available on our website at

www.cambscommunityservices.nhs.uk

Performance against contractual targets in 2018/19

Throughout the year, the Trust's Board has scrutinised performance against targets and remedial action plans through:

- bi-monthly reporting at Board meetings against all quality, risk, financial, performance and contracted targets and indicators;
- comprehensive governance arrangements including weekly executive team meetings and monthly wider executive team meetings;
- bi-monthly clinical operational boards across the Trust's three divisions: Luton children and adults services; Cambridgeshire and Norfolk children and young people's health services; and ambulatory services across all localities.

During 2018/19 the Trust was monitored against a range of key performance indicators (KPIs) and targets. A number of these targets are nationally measured; other targets are locally contracted by each commissioner. A series of tables on the following pages summarise our performance against these key performance targets by commissioner.

Some key performance indicators are new and accordingly there is no corresponding result from previous years.

Some targets are marked as 'on-track'. This is for performance indicators being measured over a reporting period that does not align with the April-March financial year. In these cases at March 2019 performance is currently on-track to achieve the end-of-year target.

Remedial action plans are maintained for all KPIs below target to deliver improved performance in future month.

HIV Patient Receives 'Outstanding Care'

Graham was first diagnosed with HIV in February 2013 as part of regular, routine screening whilst living abroad.

"My initial reaction at being diagnosed was shock and disbelief as I didn't think I'd been careless" explains Graham. "I actually laughed as though the nurse was pulling my leg, but sadly she wasn't."

Having attended sexual health clinics for screening for many years, Graham referred himself to his local iCaSH clinic when he relocated to Norwich and he's been supported by Associate Medical Director for iCaSH, Dr Nelson David, and his team ever since.

"Dr David's always been excellent - a thorough and approachable consummate professional," explains Graham. "I owe him a great deal for his attention to detail with blood tests, helpful advice and medications."

Once Graham felt ready to share his diagnosis with his GP, Dr David facilitated it. In addition, when Graham experienced side effects from the Atripla antiretroviral medication he was taking, which impacted his kidney function and caused him to experience anxiety, his case was taken to the HIV multidisciplinary team (MDT) where agreement was reached to change his medication to Doltegravir.

"Without iCaSH, my health would be less predictable and achieving and maintaining a very high CD4 count and undetectable viral load less certain. I feel safe living with HIV in the care of Dr Nelson and owe my excellent health and prospects to him and his team, including Specialist Clinical Pharmacist, Portia Jackson, and HIV Clinical Nurse Specialist, Richard Grey."

Graham continues to have clinic appointments 2-3 times a year and has recently shared his diagnosis with his partner.

"My life now is completely normal. I'm healthy - healthier in fact than many people without HIV, and I expect to live to a normal lifespan. Two tablets at night are maintaining my health and keeping my husband and me safe as I know I can't transfer HIV to him."

“My whole experience of iCaSH has been one of outstanding care, whoever I've met has been warm, welcoming, non-judgemental and professional and I'd advise others to visit their local iCaSH clinic too as the earlier you get treatment, the healthier you'll remain and the safer your sexual partners will be.”

Commissioner – Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Key: Red = target not achieved, Green = target achieved

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
Children’s Specialist Services				
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	>92%	93%	99 %	99%
Zero tolerance MRSA	0	0	0	0
Minimise rates of Clostridium Difficile	0	0	0	0
SEND – number of requests completed and returned within timeframe (six weeks from receipt of request)	Baseline	N/A	N/A	95%
Community Paediatrics – number of patients waiting more than 18 weeks for assessment	<8%	N/A	N/A	0%
Paediatric Audiology – number of patients waiting more than 18 weeks for assessment	<8%	N/A	N/A	0%
Special Schools Nursing Service – number of medical advice reports for assessment of special educational needs available within 42 days of notification by the local authority	>95%	N/A	N/A	100%
Community Children’s Nursing Service – number of medical advice reports for assessment of special educational needs available within 42 days of notification by the local authority	>95%	N/A	N/A	100%
Paediatric Occupational Therapy – number of patients waiting more than 18 weeks for assessment	<8%	N/A	N/A	0%
Paediatric Occupational Therapy – number of medical advice reports for assessment of special educational needs available within 42 days of notification by the local authority	>95%	N/A	N/A	100%
Paediatric Physiotherapy – number of patients waiting more than 18 weeks for assessment	<8%	N/A	N/A	0%
Paediatric Physiotherapy – number of medical advice reports for assessment of special educational needs available within 42 days of notification by the local authority	>95%	N/A	N/A	100%
Paediatric Speech and Language Therapy – number of patients waiting more than 18 weeks for assessment	<8%	N/A	N/A	0%

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
Children’s Specialist Services				
Paediatric Speech and Language Therapy – number of medical advice reports for assessment of special educational needs available within 42 days of notification by the local authority	>95%	N/A	N/A	100%
Ambulatory Services				
All consultant-led services delivered by the Provider shall have the names of the consultants or healthcare provider within that service published against them	100%	100%	100%	100%
Out-patient appointments delivered by the Provider shall be available via NHS e-referral as a Directly Bookable Service (subject to any exclusions)	100%	100%	100%	100%



Commissioner – NHS England

Key: Red = target not achieved, Green = target achieved

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
School Aged Immunisations Service				
HPV vaccination by end of school year 9 dose 1	>90% (2% tolerance)	88%	90%	On-track
HPV vaccination by end of school year 9 dose 2	>90% (2% tolerance)	84%	84%	On-track
School leaver booster (Td/IPV) by end of school year 9 dose 1	>80% (2% tolerance)	85%	87%	86%
Men ACWY by end of school year 9	>80% (2% tolerance)	86%	87%	87%
Childhood Flu vaccination up to school year 5	>60% (2% tolerance)	60%	66%	60%
Schools participating in the programme	100% (2% tolerance)	99%	100%	100%
Vaccine administration training	100% (2% tolerance)	100%	100%	100%
Patient/ service user satisfaction	>85%	92%	97%	87%
Dental Services				
Percentage non admitted patients starting treatment within a maximum 18 weeks from referral	>95%	99%	99%	99%
Percentage of patients on incomplete, non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	>92%	99%	99%	99%
Zero tolerance RTT waits over 52 weeks	0	0	0	0
RTT (Median wait in weeks) - non admitted completed pathways	Decreasing trend	Compliant	Compliant	Compliant
RTT (Median wait in weeks) - non admitted incomplete pathways	Decreasing trend	Compliant	Compliant	Compliant

Note: references to 'On-track' refer to performance indicators which are being measured over a reporting period that does not align with the April-March financial year. In these cases the performance is currently on-track to achieve the end-of-year target.

Commissioner – Luton Clinical Commissioning Group (CCG)

Key: Red = target not achieved, Green = target achieved

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
Percentage of patients on incomplete, non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	>92%	100%	99%	96%
Diagnostic Tests - Percentage waiting no longer than six weeks from referral	>99%	100%	79%	100%
Number of failures to notify the relevant person of an incident that resulted in severe harm or death - Duty of Candour	0	0	0	0
Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	0
Immunisation rate for all children who have received a TB vaccination within 90 days of birth – rolling year	>90%	26%	75%	75%
Percentage of children who were being breastfed at point of transferring to CCS at 10 to 12 days who continue to be breastfed at 6-8 weeks	>60%	79%	78%	78%
Proportion of new children who are not vaccinated originating from areas of high prevalence areas who are notified to the TB service and who are seen by the TB service within 28 working days where accurate personal details are provided.	100%	100%	100%	100%
Percentage of babies who are breastfeeding at the point of transferring into CCS health visiting services at 10 to 12 days who continue to be breastfed at 6 - 8 weeks	>60%	N/A	N/A	79%
New birth visits undertaken by the 14th day from the birth of baby	>98%	N/A	N/A	98%
At new baby review information is provided to parents regarding UNICEF safe sleeping guidance (inc smoke free homes as appropriate).	>98%	98%	99%	98%
All children between the ages of 0-4 seen by CCS staff have their eligibility for Healthy Start Vitamins determined and a voucher form provided if they are not on the programme	>50%	90%	87%	89%
Service users who complete treatment for tuberculosis	>95%	100%	100%	100%
Referral to the Live Well Luton Weight Management Programme that result in uptake	75 in year	5	75	142
Number of adults with a BMI ≥30 referred to the Live Well Luton service	120 in year	53	84	102
Deliver the National Child Measurement Programme to eligible school children in Reception and Year Six	>90%	99%	95%	95%

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
Percentage of non-admitted service users starting treatment within a maximum of 18 weeks from referral – non consultant led	>98%	100%	99%	99%
Percentage of service users on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral – non consultant led	>98%	100%	99%	96%
LCCG - Percentage of GP letters following 1st outpatient (community paediatric) attendance sent within 5 working days.	>90%	N/A	N/A	46%
LCCG - Percentage of GP letters following 1st outpatient (community paediatric) attendance sent within ten working days.	>90%	N/A	N/A	81%
LCCG - Percentage of follow-up reports sent (6 weeks in arrears)	>95%	N/A	90%	91%
BCCG - Percentage of GP letters following 1st outpatient (community paediatric) attendance sent within five working days.	>90%	N/A	N/A	38%
BCCG - Percentage of GP letters following 1st outpatient (community paediatric) attendance sent within ten working days.	>90%	N/A	N/A	85%
BCCG - Percentage of follow-up reports sent (six weeks in arrears)	>95%	N/A	90%	88%
All complaints to be reviewed and acted upon in line with Department of Health requirements	100%	100%	100%	100%
Increase in hospital admission avoidance activity (Adult Services)	>3600	4008	5164	3577
Number of patient surveys collected	>600	3271	5496	6128
Where the Looked After Children Health Team has received a fully completed referral and signed consent from LBC, all Looked After Children coming into care and placed in Luton or the agreed health area, will have an Initial Health Assessment completed by a Paediatrician within 15 working days of the LAC Health Team receiving a fully completed referral and signed consent from LBC	100%	100%	64%	80%
Where the Looked After Children Health Team have received a fully completed referral and signed consent from LBC, all Looked After Children coming into care and placed outside of Luton or the agreed health care area, will have an Initial Health Assessment completed by a Paediatrician or Medical Practitioner.	100%	100%	42%	32%

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
Where the Looked After Children Health Team has received a fully completed referral and signed consent from LBC, all Looked After Children placed in Luton or the agreed health area, will receive their Review Health Assessment by the due date (six monthly for 0-4 years and annually for 5-17 years)	100%	100%	70%	65%
Where the Looked After Children Health Team has received a fully completed referral and signed consent from LBC, all Looked After Children placed out of Luton or the agreed health area, will receive their Review Health Assessment by the due date (6 monthly for 0-4 years and annually for 5-17 years)	100% with exceptions	100%	45%	56%
All Care Leavers are given a copy of their health history	100%	100%	94%	100%
All Care Leavers are offered a health care leaving service	100%	100%	96%	100%
Number of avoidable pressure ulcers grade 3	0 avoidable	0	0	0
Number of avoidable pressure ulcers grade 4	0 avoidable	0	0	0
No service user will acquire an MRSA Bacteraemia	0	0	0	0
No service user will acquire a Clostridium Difficile infection	0	N/A	N/A	0
All missed appointments in children's services are followed up and action taken	100% followed up	100%	100%	100%
Final reports and action plans for all serious incidents will be submitted within 60 operational days	100%	N/A	N/A	100%
Serious incidents will be reported within two working days of identification via STEIS	100%	N/A	N/A	100%
All serious incident action plans are implemented and completed	100%	N/A	N/A	100%
All outbreaks to be reported as a serious incident if significant disruption to service	100%	N/A	N/A	100%
The inquest dates for all relevant serious incidents will be reported to the commissioner within two working days of being notified	100%	N/A	N/A	100%
Inquest verdicts for all relevant serious incidents must be reported to the commissioner within two working days of the inquest	100%	N/A	N/A	100%
National Safety Alerts actioned within identified time scales	100%	N/A	N/A	100%
Provider will report any regulatory notices or interventions to the Commissioner, CQC, HSE, Monitor within 2 working days	100%	N/A	N/A	100%
Provider will report to commissioner any CQC or HSE compliance actions	100%	N/A	N/A	100%

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
Provider to respond, via an action plan if required, following a Quality Visit Report from the CCG within 10 day of receipt of the report or an alternative agreed timeframe	100%	N/A	N/A	100%
All missed appointments in children's services are followed up and action taken	100%	N/A	N/A	100%
CCS answer rate for Urgent Connect	>80%	94%	97%	98%
Percentage of mothers who received a first face to face antenatal contact with a Health Visitor by 32 weeks	>80%	N/A	N/A	31%
Percentage of births that receive a face-to-face NBV within 14 days by a Health Visitor	>90%	N/A	92%	91%
Percentage of face-to-face NBVs undertaken after 14 days, by a Health Visitor	<10%	N/A	7%	8%
Percentage of children who received a 12 month review, by the age of 12 months.	>90%	N/A	78%	79%
Percentage of children who received a 12 month review, by the age of 15 months.	>90%	N/A	87%	85%
Percentage of children who received a 2-2.5 year review, by the age of 2.5 years.	>90%	N/A	78%	82%
Percentage of children who received a 2-2.5 year review using ASQ 3	>90%	N/A	99%	98%
Percentage of Sure Start Advisory Boards with a HV presence	100%	N/A	75%	100%
Percentage of infants for whom breastfeeding status is recorded at 6-8 weeks check	>98%	N/A	99%	99%
Percentage of infants being breastfed at 6-8 weeks	>50%	N/A	60%	59%
Percentage of children who received a 6-8 weeks review within 8 weeks	>90%	N/A	83%	79%
Percentage of HV staff who have completed mandatory training at level commensurate with roles and responsibilities (level 1) in child protection within the last three years.	>92%	N/A	99%	100%
Percentage of HV staff who have completed mandatory training at level commensurate with roles and responsibilities (level 2) in child protection within the last three years.	>92%	N/A	100%	100%
Percentage of HV staff who have completed mandatory training at levels commensurate with roles and responsibilities (level 3) in child protection within the last three years.	>92%	N/A	93%	87%
Health visitors compliant with supervision	>90%	N/A	100%	94%

Commissioner – Suffolk County Council

Key: **Red** = target not achieved, **Green** = target achieved

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
iCaSH Service				
Number of all contacts of index cases of gonorrhoea attending STI service within four weeks of the date of first PN discussion	0.6 contacts	0.7	0.9	0.4
Number of all contacts of index cases of chlamydia attending STI service within four weeks of the date of first PN discussion	0.6 contacts	0.8	0.6	0.6
Percentage of first time service users (of clinical based service users offered an HIV test (excluding those already diagnosed HIV positive)	100%	100%	100%	100%
Percentage of first time service users (of clinical based service users accepting an HIV test (excluding those already diagnosed HIV positive)	>80%	85%	84%	88%
Percentage of positive chlamydia screens of all those screened	>5%	N/A	N/A	10%
Percentage of positive chlamydia screens by iCaSH Suffolk	>5%	N/A	N/A	7%
Percentage of positive chlamydia screens by THT	>5%	8%	10%	12%
Percentage of all chlamydia screens for all attendances at iCaSH Suffolk under 25 years	>70%	75%	75%	75%
Percentage of those with positive chlamydia result treated within six weeks of test date	>95%	97%	100%	100%
Percentage of people with needs relating to STI contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service	>98%	100%	100%	100%
Percentage of people with needs relating to STIs contacting a service who are seen or assessed by a healthcare professional within two working days of first contacting the service	>80%	93%	93%	92%
Percentage of users experiencing waiting times in clinics of over two hours	<2%	0%	1%	1%
Percentage of users experiencing over 30 minute wait for booked appointment	<2%	N/A	N/A	1%
Percentage of people having STI tests (chlamydia, HIV, syphilis, gonorrhoea) who can access their results via text (both positive and negative) within ten working days of the date of the sample (excluding those requiring supplementary tests)	>95%	100%	100%	99%
Percentage of LARCs (injections, IUDs, IUSs, implants separately) prescribed by iCaSH Suffolk as a percentage of all prescribed contraceptives	baseline of 47%-55%	53%	53%	60%

Key: Red = target not achieved, Green = target achieved

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
iCaSH Service				
Percentage of people offered an appointment or walk-in, within 48 hours of contacting a provider	>98%	98%	100%	99%
Percentage of clients accessing service to be seen within 48 hours of contacting the service	>80%	93%	93%	90%
Care pathways with other organisations to include partner notification and/or linked services (e.g. alcohol, mental health etc.) are clearly defined	Established pathways	100%	100%	100%
Percentage of women having access to and availability of the full range of contraceptive methods	100%	100%	100%	100%
Percentage of first time service users (of clinical based services) offered an HIV test	100%	100%	100%	100%
Percentage of first time service users (of clinical based services) offered and accepting an HIV test	>85%	86%	87%	85%
The proportion of people newly diagnosed in primary care who are seen in an HIV specialist department within two weeks of diagnosis	100%	100%	100%	100%
Documented evidence within clinical records that partner notification has been discussed with people living with HIV within four weeks of receiving a positive HIV diagnosis and within one week of identifying subsequent partners at risk	>90%	100%	100%	100%
Ratio of contacts per gonorrhoea and chlamydia index case, such that the attendances of these contacts at Level 1, 2 or 3 service was documented as reported by index case, or by a HCW, within four weeks of the date of the first PN discussion	At least 0.6 contacts per index case	0.6	0.6	0.7
Percentage of patients receiving positive/negative results within 10 working days of sample date	>95%	100%	100%	99%
Percentage of all under 25 year olds screened for chlamydia	>75%	86%	100%	91%
Percentage of positive patients who received treatment within six weeks of test dates	>95%	100%	100%	100%
Percentage of users experiencing waiting times in clinics of under 2 hours	30 minute threshold	100%	100%	100%
Increase in the number of men accessing services	increase	compliant	+8%	+0.4%
Percentage of specialist reproductive health referrals from GP seen within 18 weeks of referral	100%	100%	100%	100%
Condom distribution schemes (C Card) provision to all sexual health clinics	100%	100%	100%	100%

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
iCaSH Service				
Percentage of women who have access to urgent contraceptive advice and services (including emergency contraception) within 24 hours of contacting the service	>90%	100%	100%	100%
Percentage of women who have access to LARC method of choice within five working days of contacting service	>90%	54%	56%	67%
Percentage of individuals accessing services who have sexual history and STI/HIV risk assessment undertaken	100%	100%	100%	100%
People who have a new diagnosis of HIV and have symptoms and/or signs potentially attributable to HIV infection (including those of primary infection) must be referred for urgent (within 24 hours) specialist assessment	100%	100%	100%	100%
Percentage of routine STI laboratory reports of results (or preliminary reports) which are received by clinicians within seven working days of a specimen being taken	100%	100%	100%	100%
Ratio of all reported contacts of index gonorrhoea who attend the service	0.6	0.6	0.9	0.7
Ratio of all reported contacts of index chlamydia who attend the service	0.6	0.7	0.6	0.6
Percentage of nurses dual trained to deliver contraceptive (including LARC methods) and GUM Services	>75%	N/A	93%	96%
Monitor percentage of LARCs prescribed as a proportion of all contraceptives by age	Benchmark	51%	59%	61%
Percentage of service user feedback on surveys that rates satisfaction as good or excellent	>70%	N/A	98%	96%
The proportion of people newly diagnosed with HIV who have a CD4 count result in their clinical record within one month of their HIV diagnosis	>95%	100%	100%	100%
The proportion of people with known HIV infection who have accessed HIV clinical services within the past 12 months	>95%	99%	100%	100%
For 95% of MSM living with a diagnosed HIV infection to have a suppressed viral load	>95%	95%	100%	96%

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
Healthy Child Programme				
Percentage of women that receive a face-to-face health promotion visit from 28 weeks pregnancy with a HV SCPHN	>50%	N/A	24%	25%
Percentage of babies receiving a face-to-face new baby review by HV SCPHN within 14 days	>90%	N/A	96%	94%
Percentage of babies receiving a face-to-face new baby review within or after 14 days	>98%	N/A	98%	98%
Percentage of New Birth Visits advice given about registering with Children's Centres	>90%	N/A	100%	100%
Percentage of infants receive 6-8 week review from HV SCPHN	>90%	N/A	85%	94%
Percentage of mothers who received a maternal mood review by the time infant is 8 weeks	>90%	N/A	85%	94%
Percentage of children who receive a 12 month review by the time they are 12 months	>90%	N/A	95%	94%
Percentage of children who receive a 12 month review by the time they are 15 months	>95%	N/A	96%	96%
Percentage of children who received a 2-2.5 yr. development review with ASQ 3 assessment	>90%	N/A	94%	95%
Percentage of breastfeeding status recorded at 6-8 week	>90%	N/A	85%	95%
Percentage of all infants at 6-8 week review who are totally or partially breastfed	>56%	N/A	53%	57%

Commissioner – Peterborough City Council

Key: **Red** = target not achieved, **Green** = target achieved

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
iCaSH Service				
Percentage of people who have a relevant sexual history taken (as per BASHH guidance)	>97%	100%	100%	100%
Percentage of people with STI needs offered HIV test at first attendance (excl. those already diagnosed with HIV)	>97%	100%	100%	100%
Percentage of people with STI needs with record of HIV test at first attendance (excl. as above)	>80%	90%	87%	85%
Percentage of reports issued by lab within 5 working days of specimen being received by lab	>97%	N/A	97%	98%
Percentage of final reports on supplementary testing or following referral to reference lab issued by lab within 10 working days of specimen being received by lab	>97%	N/A	100%	99%
Percentage of people accessing STI test results within 10 working days of sample taken (excl. supplementary tests)	>95%	99%	100%	99%
Percentage of all contacts of index cases of gonorrhoea attending STI service within four weeks of first PN discussion	0.6 contacts per index	1.0	0.1	0.1
Percentage of all contacts of index cases of chlamydia attending STI service within four weeks of first PN discussion	0.6 contacts per index	0.9	0.1	0.5
Percentage of women with emergency/urgent contraceptive needs offered access on the same working day	>95%	100%	100%	100%
Percentage of people experiencing waiting times of less than two hours in walk in services	>75%	100%	100%	100%
Percentage of women having access to and availability of full range of contraceptive methods (and choice within products)	100%	100%	100%	100%
Percentage of chlamydia positive patients receiving treatment within six weeks of test date	>95%	98%	98%	95%
Percentage of staff who have completed nationally accredited training relevant to their scope of practice and fulfil update requirements	100%	100%	100%	100%
Percentage of people screened for safeguarding issues	100%	100%	100%	100%
Percentage of people screened for alcohol / drug interventions	100%	100%	100%	100%
Percentage of people screened for domestic abuse	100%	100%	100%	100%
Percentage of children and young people screened for child sexual exploitation	100%	100%	100%	100%

Key: **Red** = target not achieved, **Green** = target achieved
Several targets have been increased in 2017/18 –
they may show as compliant in previous years when the target was lower.

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
Norfolk Healthy Child Programme				
Percentage of women that received their first face-to-face antenatal health promotion visit from 28 weeks pregnancy with a HV SCPHN	>85%	58%	91%	79%
Percentage of women receiving a face-to-face New Baby Review by a HV SCPHN within 14 days	>90%	90%	95%	83%
Percentage of infants aged six - eight weeks that received a six - eight week assessment from the HV SCPHN	>92%	90%	99%	85%
Percentage of all infants at six - eight week check that are totally or partially breastfed	>49.5%	49%	46%	46%
Percentage of infants receiving the Bookstart Baby Pack at the six - eight week check	>90%	100%	100%	96%
Percentage of eligible families that have applied to receive Healthy Start vouchers	>90%	N/A	N/A	62%
Percentage of mothers who received a Maternal Mood review by the time infant is aged 8 weeks	>90%	N/A	N/A	85%
Percentage of mothers who received a Maternal Mood review when the child is aged 9-12 months (by the time the child is 15 months)	>90%	88%	99%	84%
Percentage of children who received a one year assessment/12 month review by the time they turned 12 months	>85%	68%	96%	53%
Percentage of children who received a one year assessment/12 month review by the time they turned 15 months	>90%	81%	98%	90%
Percentage of children that received a developmental review by the age of 2.5 years (which must include the ASQ™3 assessment)	>90%	76%	91%	76%
Percentage of Health and Developmental Reviews at age 2 – 3 years that are delivered as part of the single integrated review with Early Years' Foundation Stage Progress Check	>98%	N/A	N/A	100%
Percentage coverage of hearing screening in children in the Reception class cohort	>95%	95%	95%	On-track
Percentage coverage of vision screening in children in the Reception class cohort	>95%	95%	95%	On-track
Population vaccination coverage - MMR for two doses (5 years old)	>92.5%	92%	93%	91%

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
Norfolk Healthy Child Programme				
Percentage of eligible children in Reception Class that were weighed and measured as part of the NCMP	>95%	N/A	95%	On-track
Percentage of eligible children in Year 6 that were weighed and measured as part of the NCMP	>95%	95%	95%	On-track
Percentage of GP Practices offering a 'school readiness' check with pre-school immunisation	>89%	N/A	93%	87%
Percentage of pre-school children receiving a 'school readiness' check	>75%	N/A	65%	61%
Percentage of Looked After Children (LAC) Review Health Assessments (RHA) requested that have been completed within timescales	100%	100%	100%	100%
Percentage of children/young people with additional needs receiving (or whose parents/carers receive) at least one contact from the HCP service each year	>98%	N/A	86%	82%
Percentage of urgent referrals, including all safeguarding referrals, who a) received a same day or next working day response to the referrer and b) received a HV contact with the family within two working days	100%	100%	100%	100%
Percentage of referrals from whatever source (including families transferring in) where a) a response was made to the referrer within 5 working days and b) contact was made with the family within 10 working days	100%	100%	100%	100%
Percentage of transfers to another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team	100%	100%	100%	100%
Percentage of transfers from another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team	100%	100%	100%	100%
Percentage of transfers from another Healthy Child Programme (i.e. another county) where records are requested within two weeks of being notified of the new child	100%	100%	100%	100%
Percentage of transfers to another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team.]	100%	100%	100%	100%
Percentage of data completeness of all Minimum Data Set fields	>95%	98%	98%	98%
Percentage of FNP nurse caseload maintained per quarter	>80%	96%	92%	100%

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
Norfolk Healthy Child Programme				
Percentage of new FNP Service Users enrolled before 16 weeks pregnant	100%	21%	100%	100%
Cumulative FNP programme attrition through to a child's second birthday	<30%	N/A	N/A	42%
Percentage of FNP breastfeeding prevalence at 6-8 weeks	>25%	22%	20%	10%
Percentage of FNP Service Users who smoke less at 36 weeks pregnant, than when they joined the programme	>74%	60%	67%	66%
Percentage of FNP Infants with up-to-date immunisations at 24 months infancy	100%	95%	95%	100%
Percentage of Year 6 children who are a healthy weight	>68%	N/A	N/A	70%
iCaSH Service				
Percentage of individuals accessing STI services who have a sexual history and STI/HIV risk/contraception assessment undertaken	100%	100%	100%	100%
Max. Female rate of repeat infections within one year	<7.5%	N/A	N/A	3%
Max. Male rate of repeat infections within one year.	<8.2%	N/A	N/A	2%
Percentage of first time service users (of clinical based services) offered an HIV Test via Hub	100%	100%	100%	100%
Percentage of first time service users (of clinical based services) accepted an HIV Test	>80%	85%	85%	88%
Percentage of first time MSM service users (of clinical based services) offered an HIV test via Hub	100%	100%	100%	100%
Percentage of first time MSM service users (of clinical based services) accepting an HIV test via Hub	>90%	90%	95%	97%
Percentage of contacts for all gonorrhoea index cases documented within 4 weeks of the date of the first PN discussion	>0.6 contacts per index case	N/A	N/A	97%
Percentage of HIV late diagnoses	<25%	N/A	N/A	23%
Percentage of service users who receive results within two weeks from consultation date	>95%	100%	99%	99%
Percentage of results given to the client within 10 working days of test taken - screening programme only	>95%	100%	99%	99%
Percentage of patients receiving a positive test offered treatment within six weeks of test date (date on the test form)	>95%	N/A	98%	99%

Indicator	2018/19 target	2016/17 actual	2017/18 actual	2018/19 actual
iCaSH Service				
Percentage of chlamydia index cases documented as offered ≥ 1 PN discussion (including telephone discussion) with a HCW with the appropriate documented competence	>97%	N/A	99%	99%
Percentage of chlamydia index cases for whom all their contacts have a documented action(s) or decision (not to contact).	>97%	N/A	99%	100%
Percentage of all contacts that were notified through the PN scheme and attended the service, at either Level 1, 2 or 3, as reported by index case or HCW within four weeks of first PN Discussion	>60%	99%	87%	79%
Percentage of women having access to the and availability of the full range of contraceptive method (including choice within products)	100%	100%	100%	100%
Percentage LARCs offered as a percentage of all eligible contacts attending services for contraception purposes	>90%	100%	100%	100%
Percentage LARCs (Injections, IUDs, IUSs, implants separately) prescribed by contraceptive services as a percentage of all contraceptives by age (5 year age bands)	>40%	54%	54%	60%
Percentage of people receiving EHC who received it within 24 hours of requesting it (exceptional reporting required)	100%	100%	100%	100%
Percentage of people accessing EHC and leaving with a plan of on-going contraception	100%	100%	100%	100%
Percentage of people offered an appointment, or walk-in, within 48 hours of contacting service	100%	100%	100%	100%
Percentage of clients accessing service to be seen within 48 hours of contacting service	>80%	96%	97%	95%
Percentage of people experiencing waiting times of less than two hours in walk-in services	<10%	1%	2%	3.5%
Percentage of specialist SRH referrals from general practice seen within 18 weeks of referral	Baseline to be assessed after 1 year	100%	100%	100%
Percentage of staff delivering contraceptive and STI services who have successfully completed nationally accredited training, according to their scope of practice, and fulfilled relevant update requirements	100%	100%	100%	100%
Percentage of staff received training on domestic violence within 6 months of commencement of contract award. All new staff to receive training within 6 months.	100%	100%	100%	100%
Percentage of service user feedback on surveys that rates satisfaction with the service as good or excellent via a natural medium	>70%	95%	96%	97%

Note: references to 'On-track' refer to performance indicators which are being measured over a reporting period that does not align with the April-March financial year. In these cases the performance is currently on-track to achieve the end-of-year target

Commissioner – Bedfordshire Borough and Central Bedfordshire Councils

Key: Red = target not achieved, Green = target achieved

Indicator	2018/19 target	2017/18 actual	2018/19 actual
iCaSH Service			
Percentage of people who have a relevant sexual history taken (as per BASHH guidance)	>97%	100%	100%
Percentage of people with STI needs offered HIV test at first attendance (exc those already diagnosed with HIV)	>97%	100%	99%
STI testing: percentage uptake of HIV testing for people having a first STI check (screen)	>80%	86%	81%
Percentage of people who can access STI test results within 10 working days of sample taken (exc supplementary tests)	>95%	100%	100%
Percentage of LARC prescribed as a proportion of all contraception (excluding condoms)	>40%	49%	57%
Percentage of women who have access to urgent contraceptive advice and services (inc emergency contraception) within 72 hours of contacting service	100%	100%	100%
Percentage of women having access to and availability of full range of contraceptive method (and choice within products)	100%	100%	100%
Ratio of contacts per gonorrhoea index case treated in the integrated sexual health service or confirmed treated elsewhere within four weeks of the date of the first PN discussion	>0.6	0.3	0.5
Percentage of routine STI laboratory reports of results (Routine = GC, Chlamydia, syphilis & HIV) (or preliminary reports) which are received by clinicians within seven working days of a specimen being taken	100%	100%	100%
Percentage of first time sexually active (clinical based) service users in high risk groups - MSM offered an HIV Test	>80%	100%	100%
Chlamydia screening 100% offered MSM	100%	100%	100%
Chlamydia screening 75% accepting MSM	>75%	64%	89%
Clients receive a letter with an appointment date within 28 days of opting into the service.	100%	100%	100%
Clients presenting with a sexual dysfunction report improvement in their condition on exiting	>60%	86%	60%
Percentage of psychosexual clients seen for initial assessment within 18 weeks of referral	100%	100%	100%
Percentage of people with STI needs offered appointment or walk-in within 2 working days of first contact	>98%	77%	99%
Percentage of people with STI needs seen or assessed by healthcare professional within 2 working days of first contact	>80%	75%	89%
Percentage of women offered access to LARC method of choice within 10 working days/ 2 calendar weeks of first contact (where medically appropriate)	>80%	54%	79%

Indicator	2018/19 target	2017/18 actual	2018/19 actual
iCaSH Service			
Percentage of users experiencing waiting times for walk-in clinics of < 2 hours	>95%	98%	99%
Percentage of nurses dual trained to deliver contraceptive (including where appropriate LARC methods) and Sexual Health services	>40%	71%	70%
Percentage of staff delivering STI services who have successfully completed accredited competency based training, according to their scope of practice and fulfilled relevant update requirements in accordance with FSRH and BASHH	>85%	100%	100%
Percentage of patients notified of chlamydia screen result (positive and negative) within ten working days from date of test	>90%	100% (Borough and Central Beds)	100% (Borough and Central Beds)
Number of contacts per index case who have attended a health care site for testing and epidemiological treatment within four weeks of the first PN discussion	>0.6	0.5 Borough and 0.3 Central Beds	0.5 Borough and 0.5 Central Beds
Percentage of index cases documented as offered PN discussion with a health care worker with the appropriate documented competency	>97%	67% Borough and 51% Central Beds	100% (Borough and Central Beds)
Percentage of index patients receiving treatment within 6 weeks of test date	>95%	100% (Borough and Central Beds)	100% (Borough and Central Beds)
Percentage of positive people treated within 14 days from the date of specimen collection	>75%	96%	67%
Percentage of positive people treated within 30 days from the date of specimen collection	>90%	100%	67%
Proportion of young people under 18 assessed using CSE checklist at first attendance	100%	100%	100%
All new or first in year attendance clients to be asked smoking status and recorded. All smokers to be given brief advice and signposted to Stop Smoking Services	100%	100%	100%
Percentage of people screened for domestic violence	100%	100%	100%
All new and first in year attendances assessed for FGM. Any identified, recorded and referred to specialist care	100%	100%	100%
All new and first in year attendances assessed for drugs and alcohol use	100%	100%	100%
All appropriate new and first in year attendances BMI rates assessed and recorded (patients attending for contraception)	100%	100%	100%

Commissioner – Bedfordshire Clinical Commissioning Group (CCG)

Key: Red = target not achieved, Green = target achieved

Indicator	2018/19 target	2018/19 actual
Ambulatory Services		
Acquired Brain Injury Service - patients waiting under 18 weeks	>92%	100%
Neurorehabilitation - patients waiting under 18 weeks	>92%	100%
Nutrition and dietetic Service - patients waiting under 18 weeks	>92%	100%
Percentage of Early Years settings, Primary and Special Schools who achieve The Healthy Smiles Award	>50%	33%
Percentage of 0-19 Locality Teams and Specialist School Nurse Teams who receive basic oral health training	100%	75%
Percentage of Early Years settings, Primary and Special Schools who achieve The Healthy Smiles Award	>50%	4%
Percentage of 0-19 Locality Teams and Specialist School Nurse Teams who receive basic oral health training	100%	86%
Percentage of foster carers employed by the local authorities who receive basic oral health training	>50%	5%
Percentage of Early Years settings in each local authority who are offered basic oral health training	100%	100%
Bedfordshire Community Health Services		
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral (only Community Paediatrics)	>92%	98%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral (non-consultant)	>92%	97%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral (non-consultant)	0	0
Number of failures to notify the relevant person of an incident that resulted in severe harm or death - Duty of Candour	0	0
Percentage of children and young people with autistic spectrum disorder (ASD) receiving a management plan	100%	100%
Percentage of stroke survivors who are supported by a rehabilitation team (6-8 weeks)	100%	100%
Percentage of letters sent to the GP following children and young people Speech and Language first (new) clinic attendance within 7 ordinary days.	100%	95%
Percentage of discharge letters sent to the GP following children and young people Speech and Language final clinic attendance within 7 ordinary days.	100%	97%
Percentage of eligible stroke survivors screened	100%	100%
Percentage of eligible stroke survivors accepted into ESD service	>40%	87%
Percentage of patients whose treatment programme started within 1 working day of discharge from hospital	>95%	92%

Indicator	2018/19 target	2018/19 actual
Bedfordshire Community Health Services		
Percentage of patients offered at least 45 minutes of each relevant stroke rehabilitation therapy for a minimum of 5 days per week to people who have the ability to participate and where functional goals can be achieved	>95%	99%
Evidence of weekly (as a minimum) MDT/review meeting	100%	100%
Percentage of ESD patients discharged with an improved outcome as measured by a validated tool	>50%	68%
Percentage of patients offered ongoing support post ESD service	>80%	93%
Percentage of young carers identified and offered a referral for a carers assessment	>90%	100%
Percentage of other carers identified and offered a referral for a carers assessment	>90%	94%
Percentage of children in and out of area receiving an initial health review within 20 working days of becoming a LAC	>95%	73%
Percentage of children placed in and out of area receiving a review health assessment within 40 days from receipt of referral.	>95%	90%
Evidence that all young people leaving care receive a relevant health passport	100%	55%
Percentage of relevant staff who have had a Disclosure and Barring Service (DBS) Check	100%	98%
Percentage of children and young people on the caseload receiving a respiratory management plan in the community	>95%	96%
Percentage of hours provided for children and young people receiving continuing care	100%	98%
Central Bedfordshire Healthy Child Programme		
Percentage of mothers who received a first face-to-face antenatal contact with a Health Visitor at 28-32 weeks	>90%	79%
Percentage of pregnant women seen at 28 -32 weeks who are tested for carbon monoxide	>90%	32%
Percentage of births that receive a face-to-face New Birth Visit (NBV) by a Health Visitor within 14 days	>90%	79%
Percentage of births that receive a face-to-face NBV undertaken between 15 and 20 days	<10%	16%
Percentage of children who receive a 6-8 weeks review and a Maternal Mood Review for the mother, by the time the infant is aged 8 weeks	>90%	82%
Percentage of mothers who received a 6-8 weeks review and a Maternal Mood Review for the mother, by the time the infant is aged 10 weeks of age	>90%	93%
Percentage of children who received a 12 months review by the time they turned 12 months	>90%	82%
Percentage of children who received a 12 months review by the time they turned 15 months	>90%	89%
Percentage of children who received an Integrated 2-2½ year review by the age of 2-2½ years	>90%	62%

Indicator	2018/19 target	2018/19 actual
Central Bedfordshire Healthy Child Programme		
Percentage of children who received an integrated health and education review between 30 and 36 months	>90%	67%
Percentage of infants for whom breastfeeding status is recorded at the 6-8 weeks review	100%	98%
Percentage of infants being breastfed (totally and partially) at 6-8 weeks	>50%	50%
Bedford Borough Healthy Child Programme		
Percentage of mothers who received a first face-to-face antenatal contact with a Health Visitor at 28-32 weeks	>90%	85%
Percentage of pregnant women seen at 28 -32 weeks who are tested for carbon monoxide	>90%	38%
Percentage of births that receive a face-to-face New Birth Visit (NBV) by a Health Visitor within 14 days	>90%	80%
Percentage of births that receive a face-to-face NBV undertaken between 15 and 20 days	<10%	15%
Percentage of children who receive a 6-8 weeks review and a Maternal Mood Review for the mother, by the time the infant is aged 8 weeks	>90%	76%
Percentage of mothers who received a 6-8 weeks review and a Maternal Mood Review for the mother, by the time the infant is aged 10 weeks of age	>90%	92%
Percentage of children who received a 12 months review by the time they turned 12 months	>90%	83%
Percentage of children who received a 12 months review by the time they turned 15 months	>90%	91%
Percentage of children who received an Integrated 2-2½ year review by the age of 2-2½ years	>90%	77%
Percentage of children who received an Integrated health and education review between 30 and 36 months	>90%	80%
Percentage of infants for whom breastfeeding status is recorded at the 6-8 weeks review	100%	98%
Percentage of infants being breastfed (totally and partially) at 6-8 weeks	>50%	51%

Thomas O'Connor, Senior Dentist with the Cambridgeshire Community Dental Service, was awarded a NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Fellowship.

This is the first time in the 13 year history of the CLAHRC where a dental surgeon has been awarded a Fellowship.

Thomas' study focuses on improving patient safety and reducing the risks of patients seen by the Trust undergoing dental treatment under general anaesthesia. This includes interactions with those involved in the care of vulnerable patient groups e.g. social services, GPS, mental health teams and hospital anaesthetic teams.

Thomas said: "This year I have a CLAHRC Fellowship, working with the NIHR to provide quality improvement in the delivery of dental treatment under general anaesthetic by the Cambridgeshire Community Dental Service.

"This project has resulted in collaborative working with Addenbrooke's Hospital, Cambridge and Peterborough City Hospitals, looking at improvements in training and communication, and closer co-operation with the multidisciplinary teams. In line with NHS Digital guidelines, we have introduced digital access to patient notes in theatre, thereby eliminating the printing of several thousand pages. We are also rolling out digital information and consent forms, and are the first dental service in the UK to use the "Little Journey" app for preparing young patients for their general anaesthetic appointment.

"Working with the Healthcare Design Group of Cambridge University's Engineering Department, we have used a systems design approach to analyse the current practices at each of our sites, identify variations, and introduce

evidence-based improvements and standardisation. We now have formal links with our anaesthetic colleagues, via the Safe Anaesthesia Liaison Group, and with theatre practitioners through the Association of Preoperative Practitioners. New friends and family feedback forms specific to the general anaesthetic service have been introduced, along with the innovation of a formal debrief for the dental teams after each general anaesthetic session to inform team learning, reflection and improvement.

“As well as the local changes, the Fellowship has implications for regional and national policy, and I have presented our improvements at the British Dental Association national Conference.”

Thomas would like to thank CLAHRC and NIHR for their support with this project, and in particular Dr James Ward of Cambridge University, and Dr Julia Hallam Seagrave, Director of Dental Services at Cambridgeshire Community Services NHS Trust.



**First
Dental NIHR
Collaboration**

Looking to the future

Our objectives for 2019/20 are to:

- provide outstanding care;
- collaborate with other organisations;
- be an excellent employer; and
- be a sustainable organisation.

Our objectives have formed the basis of our Five Year Plan and our annual Operational Plan and are aligned to the system-wide priorities identified by our commissioners. Central to this is working collaboratively with commissioners and partner organisations to develop seamless care irrespective of organisational boundaries, including through the Cambridgeshire and Peterborough, and the Bedfordshire, Luton and Milton Keynes Integrated Care System.

Progress against our objectives will be governed through three broad work streams:

Work stream 1: Service Development Plans

Clinically-led service redesign and transformation programmes will continue to be taken forward in the following services to ensure the delivery of high quality, effective services that achieve the best outcomes for local people:

- Cambridgeshire Children and Young People's Services (including the implementation of an integrated Healthy Child Programme with Cambridgeshire & Peterborough NHS Foundation Trust);
- Norfolk Healthy Children and Young People's service;
- Luton Children and Adult services;
- Bedfordshire Children and Young People's services; and
- Cambridgeshire and Peterborough Dental Healthcare services.



Work stream 2: Improving Organisational Capability

- E-rostering for all clinical services by March 2020 and implement scheduling (electronic work allocation) for Healthy Child Programme and adult services by March 2020.
- Continuation of a re-procurement to source a range of corporate services from April 2020.
- Deliver a 3-5 year strategic workforce plan for all services covering strategic planning and future supply routes.
- Roll out of the Electronic Staff Record self-service.
- Continue our programme of cultural development through our 'People Before Process' programme.
- Continue our programme of premises developments and reconfigurations to support the delivery of high quality care in environments which promote privacy, dignity and a positive experience for service users.
- Establish a programme management office to ensure a standard methodology is adopted across all projects and programmes.

Work stream 3: Business Development

The future will be characterised by collaboration with other NHS providers; working together in integrated models of care for adult and children's services. Where tenders do happen, we will seek to retain and win business within the clearly defined parameters set out in our five year plan. We will submit vibrant bids for commissioner-led procurements where:

- these are for services similar to those we already provide; and
- they are aligned to our existing service localities.

This will enable us to implement our innovative approach to service redesign for the benefit of a wider range of local communities, whilst also bringing more long term funding and sustainability to the Trust.

Where contract periods come to an end for services that we currently deliver (having historically won tender bids), we will bid to retain these contracts given our expertise in these specialties and their importance to our service portfolio.

The Trust will work with stakeholders to develop new care models consistent with the aspirations set out in the NHS Long Term Plan, the Trust's Five Year Plan, and in line with system-wide Sustainability and Transformation Partnerships/ Integrated Care Systems.

Underpinning strategies

The following strategies and work programmes will underpin the successful delivery of our objectives:

- quality and clinical strategy;
- workforce, organisational development and service redesign;
- information communication and technology;
- communications; and
- estates

Each of these strategies has an annual implementation plan that forms part of the Trust's annual Operational Plan.

Contracts for services

Our contracts for services with commissioners covering Bedfordshire, Cambridgeshire, Luton, Norfolk, Peterborough and Suffolk set out ambitious objectives and targets for the coming year. We have every expectation of achieving these, ensuring that local people are able to access services that promote healthier lives closer to home.

Financial outlook

Since establishment in 2010, the Trust has each year achieved a financial surplus for re-investment in our services.

The financial plan for 2019/20 assumes the following:

- The Trust has a planned turnover of £128 million for 2019/20 and plans to deliver a 1.5% surplus equating to £1.9 million.
- A net reduction of £2 million in revenue comprising a £5.7 million reduction in revenue as a result of the transfer of Acute Paediatric services to North West Anglia Foundation Trust and a £1.2 million reduction in Public Health funding, offset by an increase of £3.3 million from NHS England for HIV drugs pass through and other contract variations totalling £1.6 million.
- The Trust has applied cost and income uplifts in line with national planning assumptions to produce a robust 2019/20 financial plan.
- To deliver the planned surplus, the Trust has a cost improvement target of £3.65 million, equating to 2.9% of turnover, and has identified schemes to achieve this target. These are a combination of pay and non-pay related schemes and have associated quality impact assessments where appropriate.

The Trust has a capital plan of £4m for 2019/20, which includes major investment in its estate and the provision for information technology infrastructure.

Signed:

Matthew Winn
Chief Executive

24 May 2019



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Corporate Governance Report

Directors’ Report 2018/19

The Trust’s Board of Executive and Non-Executive Directors is responsible for overseeing the development of strategic direction and compliance with all governance, probity and assurance requirements.

Details of the Trust’s Chair, Chief Executive, Executive Directors and Non-Executive Directors are set out later in the Governance Statement (insert page number from designed version), together with information on membership of the Trust’s Board and its sub-committees.

Information on personal data related incidents where these have been formally reported to the information commissioner’s office are incorporated in the Performance Report (insert page number from designed version).

Compliance statement

A register of directors’ interests for the Trust is maintained and is available on our website or on request by contacting our Corporate Secretary on 01480 308219. The register of interests is managed in line with NHS England guidance and best practice.

The Trust has undertaken the necessary action to evidence that each director has stated, that as far as he/she is aware, there is no relevant audit information of which the NHS body’s auditors are unaware and he/she has taken all the steps that he/she ought to have taken as a director, in order to make themselves aware of any relevant audit information, and to establish that the NHS body’s auditors are aware of that information. The Trust also conducts annual Fit and Proper Persons Test checks for all directors.

Statement of Accountable Officer’s Responsibilities

The Chief Executive is the designated Accountable Officer for the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. 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 as exemplified in the Codes of Conduct and Accountability.
- Ensure that all items of expenditure, including payments to staff, fall within the legal powers of the Trust, exercised responsibly and with due regard to probity and value for money.
- 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.
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury, 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, recognised gains and losses and cash flows for the year.
- Appropriate advice is tendered to the Board on all matters of financial probity and regularity.

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.

As far as I am aware, there is no relevant audit information of which the Trust’s auditors are unaware. 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 Trust’s auditors are aware of that information.

I confirm that the annual report and accounts as a whole is fair, balanced and understandable and I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

Signed:

Matthew Winn
Chief Executive
24 May 2019

Statement of Directors’ Responsibilities in Respect of the Accounts

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 the 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, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- Apply on a consistent basis, accounting policies laid down by the Secretary of State with the approval of the Treasury.
 - Make judgements and estimates that are reasonable and prudent.
 - State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.
- 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 that they have complied with the above requirements in preparing the accounts.

By order of the Board

Signed:

Matthew Winn
Chief Executive
24 May 2019

Mark Robbins
Director of Finance and Resources
24 May 2019

Governance Statement

Scope of responsibility

The Board of Directors (the Board) is accountable for risk management and internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of risk management and internal control, which supports the achievement of the organisation's policies, aims and objectives. This includes risk management, counter-fraud and bribery, external audit, internal audit and internal financial control.

I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible, as set out in the Accountable Officer's Memorandum.

As the Accountable Officer, I ensure the organisation works effectively, in collaboration with NHS Improvement, Clinical Commissioning Groups, local authorities, local primary care, NHS Trusts and Foundation Trusts. I and the Trust, actively participate in relevant Chief Executive and partner fora, to deliver the expectations as stated in the NHS Constitution.

I acknowledge the Accountable Officer's responsibilities as set out in the Accountable Officer's Memorandum and my responsibilities contained therein for the propriety and regularity of public finances in the Trust, for the keeping of proper accounts, for prudent and economical administration, for the avoidance of waste and extravagance, and for the efficient and effective use of all the resources in my charge.

The governance framework of the organisation

The Trust had a CQC inspection, including a Well led inspection during 2018/19. In addition, the Trust had an independent review conducted by Deloitte against the Well Led Framework with a final report issued on 28 August 2018. The Deloitte independent review identified many areas of good practice and several areas that

exceed good practice, including:

- **Board cohesion** – The Board is stable and its cohesive nature is recognised both internally and externally.
- **Trust vision and values** – The Trust's vision and values are widely known and have created a structure for the organisation to grow significantly and successfully move to place-based models of care.
- **Organisational culture** – The values-orientated and staff-focused approach, led by the Board, has created an open and transparent culture recognised by internal and external stakeholders alike.
- **Integration of new services** – The Trust has developed a methodology which, together with an integration support team, has been proven to successfully integrate services.
- **External stakeholder relationship mapping** – The Board has been focused on mapping and monitoring external stakeholder relationships which is rare within the NHS.
- **Continuous improvement** – The Trust is known both internally and externally for its focus on continuous improvement and innovation, supported by a quality improvement methodology known as 'The Improvement Way'.

In addition, the CQC Review found examples of outstanding practice in community adult services, dental services and in well led including:

- each Board meeting included a patient story, to set the tone of the meeting and staff were invited to have lunch with the Board demonstrating that the Board was fully focused on both patients and staff experience; and
- there was a patient experience and involvement strategy in place that supported the continued focus of capturing patient experience.

Cambridgeshire Healthy Child Programme has steamed ahead with its service redesign projects to bring together the 0-5 (health visiting) team and the 5-19 (school nursing) team under one number: 0300 029 50 50.

As part of this transition, the teams have merged together to operate as two localities in Cambridgeshire, North and South. The North locality covers Huntingdonshire and Fenland, the South locality covers East Cambridgeshire, Cambridge City and South Cambridgeshire. Each locality has a hub base (the Peacock Centre in Cambridge and the Oak Tree Centre in Huntingdon) where all administration and bookings have been centralised.

This big leap forward has given the team a platform to push new initiatives out to the community such as a text messaging service for families with children. Another project launching soon is the ChatHealth ambassador scheme, where students in schools volunteer to be representatives for the 11-19 text messaging service to encourage their peers to text for help and support.

Based on the feedback from both reviews as highlighted above and the Trust's own Well Led self-assessment, the Trust Board agreed an improvement plan against five priorities. This is now being implemented in line with agreed timelines.

In 2018/19, the Trust undertook an annual review of the Board and sub-committee terms of reference to improve governance processes within the Trust. The updated terms of reference were approved by the Board in March 2019.

The Trust has a Board approved Quality and Clinical Strategy. The strategy centres on four priorities:

- safety;
- evidence based and innovative practice;
- people involvement; and
- learning and continuous improvement.

As part of the Trust's commitment to continuous

Duty Desk Merger and Healthy Child Programme Forward View in Cambridgeshire

improvement, the Trust continues to implement 'Our Quality Way'; a framework for the Trust's approach to quality governance. Our Quality Way is based on the Care Quality Commission's five domains and their key lines of enquiry. All our services have completed a self-assessment based on these five domains. This is supported by an internal programme of peer reviews, to support the services to celebrate their successes and identify actions for improvement.

Implementation of the quality and clinical strategy and other Trust-wide clinical governance arrangements, are overseen by the Quality Improvement and Safety Committee. The following key areas underpin the Trust's clinical governance framework:

- clinical audit and effectiveness;
- incidents and complaints;
- professional practice;

- patient experience;
- quality performance; and
- safeguarding.

The effectiveness of our clinical governance is assessed using internal systems, including peer reviews, clinical audit, early warning trigger tool and oversight by Non Executive Directors through the Board and its sub-committees. The Trust also relies on local, regional and divisional team and clinical governance meetings to provide assurance and share learning and best practice on clinical governance practice. Furthermore, the Trust also utilises independent reviews to provide assurance including internal audit. For example, in 2018 the Trust commissioned an independent review of safety in our Community Dental Services following a cluster of Never Events within the service which concluded that “overall the Trust delivers safe and high quality dental services”.

Over the last 12 months, the Trust has continued to strengthen its Board Assurance Framework and risk management systems in line with our commitment to continuous improvement.

UK Corporate Governance Code

We are not required to comply with the UK Corporate Governance Code. However, we have reported on our corporate governance arrangements by drawing on best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the Trust.

The Board is compliant with the main principles of The Healthy NHS Board including:

- operating as a unitary board;
- continuously working on improving Board and sub-committee effectiveness through periodically reviewing and refreshing the skills on our Board, annual effectiveness reviews and implementation of the Well Led improvement plan;

- openly assessing Trust performance and risk in public meetings;
- having a formal and transparent process for developing Trust policy on executive remuneration, in line with national guidance, which is overseen by an independent remuneration committee; and
- effectively managing relationships with key stakeholders.

Arrangements are in place for the discharge of statutory functions and these have been checked for any irregularities, and are legally compliant.

Trust Board

The Board comprises of the Chair, a Senior Independent Director and five other independent members (Non-Executive Director), the Chief Executive and four Executive Directors. Two new Non-Executive Directors joined the Board on 1 January 2019. One Non-Executive Director resigned effective from 28 February 2019. The Trust is currently recruiting for a new Non Executive Director.

The Trust Board met six times in public this financial year. All Board meetings in 2018/19 were appropriately constituted and were quorate. Agendas and minutes of the meetings are available to the public via the Trust’s website. The table shown in Annex 1 (page 104) of this Governance Statement sets out attendance levels by each director, for all Trust Board sub-committee meetings.

The Board is supported by the Director of Governance and the Corporate Secretary, who together act as principal advisers on all aspects of corporate governance within the Trust.

The Board continued to be focussed on delivering the Trust’s four strategic objectives throughout the year.

Board Development Programme

The Board Development Programme for 2018/19 covered the following areas:

Theme	Areas of focus
Patient experience and engagement	<ul style="list-style-type: none"> • Enhanced Models of Care • NHS Long Term Plan
Staff experience and engagement	<ul style="list-style-type: none"> • Staff Stories • Development programmes for BME staff
Development of the Board collectively and individually	<ul style="list-style-type: none"> • Deloitte Independent Well Led Review • Well Led Framework • Enhanced Models of Care
Strategic issues	<ul style="list-style-type: none"> • Refresh of the Trust’s Integrated Business Plan • Viability of small services within the Trust • Transfer of Acute Children’s Services • Strategic Estates Redevelopments • Research • NHS Long Term Plan • Well Led Improvement Priorities • Enhanced Models of Care

The Board has established eleven standing sub-committees, all chaired by Non-Executive Directors, which have key roles in relation to the system of governance and an integrated review and analysis of quality, workforce, finance,

performance and risks. All Board committees present a report to the Board after every sub-committee meeting, covering key issues and escalation points. Additionally, all Board members have access to papers of all Board committees.



Audit Committee

The audit committee has responsibility for providing assurance to the Board that risk is being managed appropriately, maintaining direct oversight of all high level risks, including clinical, generic and specific risks arising from the integrated business plan and risks to financial processes and control. It is also responsible for the Board Assurance Framework and reviewing the effectiveness of risk management arrangements through the internal audit programme and monitoring the implementation of recommendations from those audits. In January 2019, the committee completed an annual review of all risks rated moderate and above across the Trust.

The committee is constituted in accordance with the provisions of the NHS Audit Committee Handbook and has overseen the audit of 2018/19 accounts, the annual governance statement, the development of internal and external audit plans and the risk management and internal control processes, including control processes around counter fraud.

During 2018/19, the committee met five times. In addition to the above, the committee reviewed all reports from completed internal audit assignments for the 2018/19 work plan, which had been agreed by the committee at the start of the year.

Head of internal audit opinion 2017/18

The organisation has an adequate and effective framework for risk management, governance and internal control.

However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

The following table summarises the outcomes from each internal audit assignment against the four possible opinions:

- no assurance;
- partial assurance;
- reasonable assurance, or
- substantial assurance.

Internal Audit Description	Assurance Opinion
Financial Planning and Delivery (including CIP)	Substantial assurance
Key Financial Controls – General Ledger, Accounts Receivable and Payroll	Reasonable assurance
Business Development	Reasonable assurance
Effectiveness of Joint Working Arrangements with East London NHS Foundation Trust	Reasonable assurance
Learning from Patient Safety Indicators including Never Events	Reasonable assurance
Implementation of New Models of Care	Substantial assurance
GDPR Compliance	No audit opinion – advisory only
Board Assurance Framework	Reasonable assurance
Divisional Governance and Assurance Arrangements	Reasonable assurance
Quality Accounts	Substantial assurance
Consultant Job Planning	Partial assurance
Management of Drug Stocks on Wards	Reasonable assurance

The Trust’s management team has accepted recommendations to implement improvements identified by internal audit during 2018/19. These actions will be implemented in line with the timeline agreed with the internal auditors.

Counter fraud, anti-bribery and corruption

The Trust takes a zero-tolerance approach towards fraud and bribery and will prosecute in this area wherever possible. Our counter fraud team works to investigate and prevent fraud and bribery, and ensure that adequate procedures are in place.

We have an Anti-Fraud and Bribery policy and our counter fraud team gives advice to staff on how to be on the alert for, and report fraud, bribery and corruption as quickly as possible.

Ensuring staff are aware of fraud and bribery issues is the first line of defence against fraud. This year our team of Local Counter Fraud Specialists has been focused on raising awareness throughout the Trust including new starters at the corporate induction and awareness sessions targeted at front line staff.

The Trust continues to support the investigation of all allegations of wrongdoing, and utilises the full range of disciplinary, civil, regulatory and criminal sanctions, including seeking financial redress and recovery where appropriate and necessary. The Trust’s approach is in line with guidance set by NHS Counter Fraud Authority.

Estates Committee

The role of the estates committee is to ensure that there are effective structures and systems in place, to support the continuous improvement of the Trust’s estate, that our estate is statutorily compliant and that it supports quality services and safeguards high standards of patient care. The committee is also responsible for advising the Board on Trust compliance with health and safety and sustainability requirements and for providing an effective reporting, escalation and engagement route for key groups with estates services to the Trust and commissioners and the corresponding return of information. The committee is also responsible for reviewing the estates risk register including risks identified on the strategic risk register. During 2018/19, the committee met four times.

The issues considered by the committee during the year included:

- assurance on estates management services compliance;
- fire safety;
- implementation of the estates strategy;
- estates developments;
- Trust’s annual capital plan;
- oversight of the Trust’s capital projects;
- estates related cost improvement plans;
- sustainability reporting;
- risks relating to the Trust’s estates and facilities;
- infection prevention and control;
- health and safety; and
- internal audit recommendations.



Clinical Operational Boards

The three clinical operational boards met six times this year to support the Board by undertaking detailed, integrated analysis of the following and highlight areas of concern requiring the Board's attention and/or action:

- quality standards (patient safety, patient experience and clinical effectiveness);
- financial strategy and budget setting including Cost Improvement Plans;
- workforce issues including recruitment, retention and staff experience;
- investment proposals and activity information to support the income of the Trust and achievement of Trust performance objectives;
- key performance indicators (KPIs);
- efficiency and economy, effectiveness and efficacy;
- progress on the tendering, negotiation and finalisation of contracts with commissioners and suppliers;
- oversight of the implementation of any relevant action plans; and
- oversight of risks and emerging risks.

The Committees highlight for the Board's attention, as required, areas of outstanding practice, emerging areas of concern on quality and workforce as well as financial and operational risk, gaps in control, gaps in assurance and actions being undertaken to address these issues. Service level risks are identified by the leads in each area and are reviewed and discussed by the clinical operational boards, and escalated to the Board in line with the Trust's procedures. In 2018/19 the Trust had the following clinical operational boards in place:

- Ambulatory Care Services;
- Cambridgeshire & Norfolk Children and Young People's Services; and
- Bedfordshire and Luton Children and Adults Community Services.

Quality Improvement and Safety Committee

The quality improvement and safety committee supports the Board to foster a culture of continuous improvement with regard to:

- ensure patient safety is at the heart of the delivery of services in the Trust and to provide assurance, that the Trust meets all its duties and responsibilities to its patients, users and staff;
- ensure that there are effective structures and systems in place to support the continuous improvement of quality services, and safeguard high standards of patient care and to advise the Board on quality standards, research governance and associated clinical risk management;
- advise the Board on Trust compliance with quality standards, regulatory requirements and accreditation; and
- review and approve an annual clinical audit programme and advise the Board on learning from the outcomes.

The committee met six times during 2018/19 and considered a range of themes as illustrated below:



Remuneration Committee

The remuneration committee supports the Board to ensure fairness, equity and consistency in remuneration practices and undertake succession planning for the executive tier. The committee met twice during the year to:

- determine clinical excellence awards;
- review executive level remuneration;
- consider the appointment of new directors;
and
- receive assurance that Fit and Proper Persons Test checks had been undertaken for all directors.

Strategic Change Board

The strategic change board oversees the Trust's key strategic change programmes on behalf of the Board. It provides oversight of the effectiveness of changes that are implemented to ensure that the outcomes and benefits of these are realised, sustained and embedded within the organisation.

The committee met four times during the year to review the delivery of strategic programmes and transitions. The key issues considered by the committee included:



People Participation Committee

The Committee's purpose is to provide the Board with assurance on the Trust's overall approach to people participation and ensure that there is a culture of continuous, positive improvement driven by engagement with people in the communities we serve; both service users and staff.

CCS/CPFT Joint Children's Partnership Board

The Joint Children's Partnership Board's role is to have oversight of the partnership work and provide assurance to the Boards of Cambridgeshire Community Services NHS Trust (CCS) and Cambridge and Peterborough NHS Foundation Trust (CPFT) regarding the integrated service for Children, Young People and Families in Cambridgeshire and Peterborough jointly provided by both organisations.

Charitable Funds Committee

Cambridgeshire Community Services NHS Trust is the corporate trustee for charitable funds. The Board, on behalf of the Trust, is responsible for the effective overall management of charitable funds. The role of the committee is to oversee the management, investment and disbursement of charitable funds, as delegated, within the regulations provided by the Charities Commission and to ensure compliance with the laws governing NHS charitable funds and the wishes of the donors. The committee met twice during 2018/19.

Executive directors and their managers are responsible for maintaining effective systems of control on a day-to-day basis. A full governance framework has been developed providing Board/Committee terms of reference including escalation points for all sub-committees. Each committee also has an annual cycle of business setting out its agenda for the year.

Risk assessment

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, 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 policies, aims and objectives of Cambridgeshire Community Services NHS Trust, to evaluate 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 the Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

The Trust has risk registers that track and monitor clinical risks that are escalated to the Board, via sub-committees, in line with the Trust’s escalation framework. Key strategic risks as at 31 March 2019 are shown in the table below:

Risk ID	Strategic Risk Description	Risk Score
2610	There is a risk that the Trust doesn't fully identify plans to recurrently deliver the £3m savings target for 2018/19, and the result could be that this could contribute to the Trust being financially unsustainable in the future.	12
2257**	There is a risk that the Trust becomes financially unsustainable through a combination of events such as: <ul style="list-style-type: none">• Failure to secure contract extensions• Failure to secure new business opportunities• Loss of business through procurement• Decommissioning of services• Unable to mitigate amber and red rated risk schemes• The impact of the Public Health grant cuts without a corresponding change in contracted activity levels• Need to identify efficiencies and CIP's for 2017/18	6
2636**	There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.	6
1320**	There is a risk that services fail to remain compliant with the CQC Fundamental Standards Framework, leading to patient safety incidents, regulatory enforcement action and reduction in confidence from the public and commissioners in specific services.	8
2776	There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS Provider sector to drive greater provider efficiency.	12
2897	There is a risk that the UK leaves the EU with no agreed deal or with a limited deal resulting in disruption to and delays in imports, fuel shortages, travel disruption and food shortage.	12
2748	Due to the increased number of services facing workforce challenges there is a risk that the Trust is unable to maintain high quality care across the organisation.	9

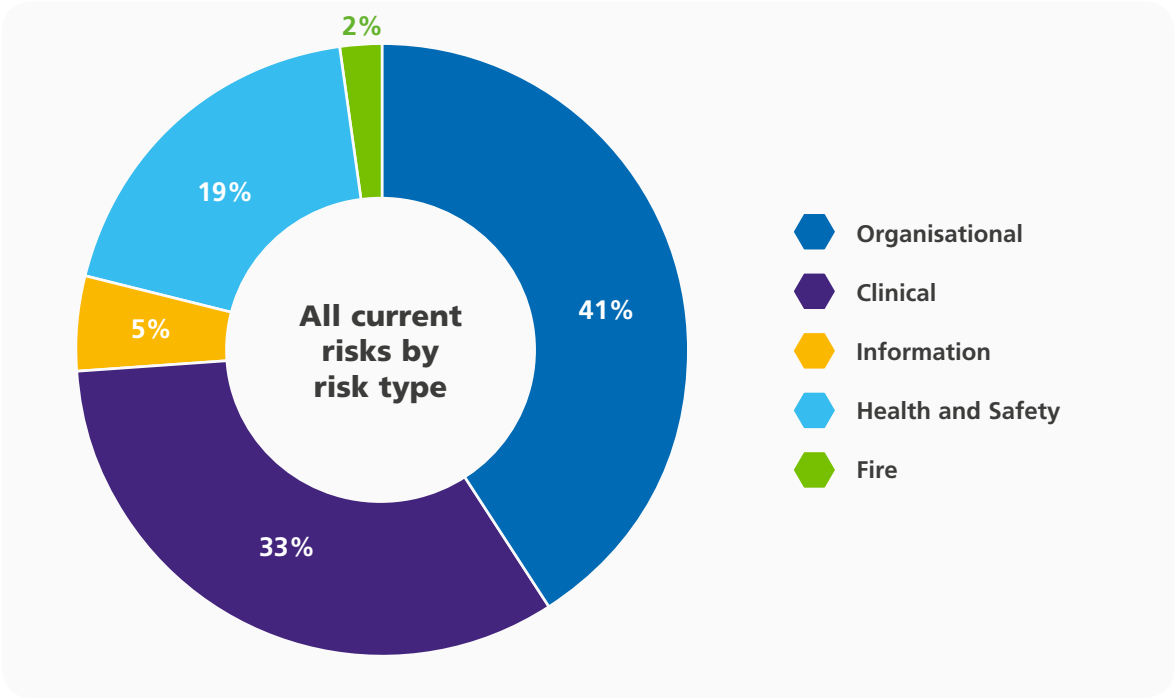
** Highlights risks carried over from prior periods.

The table below shows the changes to the strategic risk register since 31 March 2018.

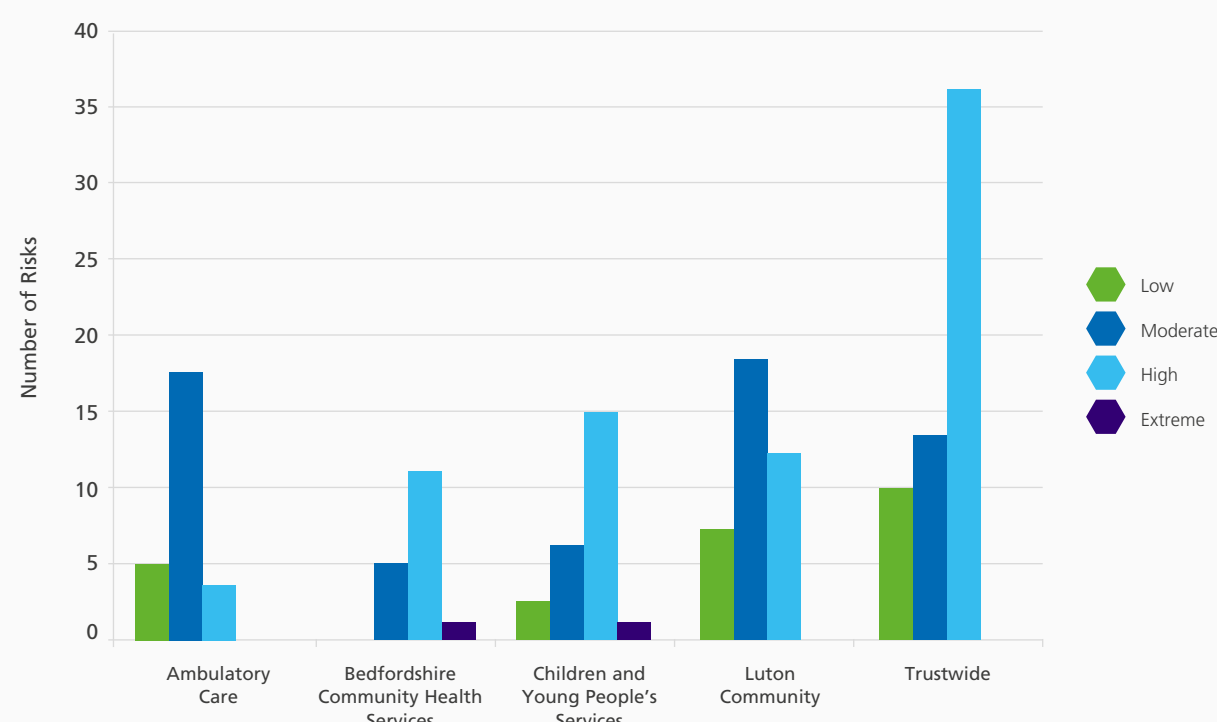
Risk ID	2018/19	2019/20	Changes
1320	8	4	↓
2257	6	6	↔
2610	12	12	↔
2636	9	6	↓
2748	-	9	New
2776	-	12	New
2897	-	12	New

Outcomes will be assessed against appropriate action plans and projects, managed through the designated leads and overseen by the Board and relevant sub-committees.

As of 31 March 2019, the Trust has 180 open risks. The chart below presents an overview of all open risks.



All current risks by directorate



The following risks were scored at 15 or above as at 31 March 2019:

- **risk 2919** - there is a risk that children with community nursing needs may not be supported due to current Children's Community Nursing (CCN) vacancies and transformation of the service;
- **risk 2915** - there is a risk that we will be unable to complete safeguarding work (in Luton) as necessary due to staffing pressures placing clients and children at further risk of harm; and
- **risk 2850** - there is a risk that the staffing required may not be available to deliver the Luton Enhanced Model of Care.

Note: action plans related to the two risks recorded as 'extreme' are currently being implemented.

The Trust has identified and risk-assessed cost improvement plans across the organisation and will be monitoring their achievement on an ongoing basis, as follows:

- service related schemes via clinical operational boards;
- corporate support functions schemes via the Trust Board;

- transformation and service redesign schemes via the Strategic Change Board; and
- estates schemes via the Estates Committee.

Quality Impact Assessments are undertaken against all proposed cost improvement schemes. Post implementation quality impact reviews are also conducted to inform learning for consideration of future schemes.

The Trust achieved 96% compliance (against a target of 95% compliance) with mandatory information governance training at 31 March 2019.

The Information Governance Toolkit has been replaced with the Data Security and Protection Toolkit. We submitted our baseline assessment in October 2018 and the full assessment on 29th March to NHS Digital. All standards were met as assessed by the algorithm used by NHS Digital.

In the light of publication of the General Data Protection Regulation (GDPR), the Guide to Notification of Data Security and Protection Incidents was revised and there is a change to the classification of breaches as Serious Incidents and hence the need for Root Cause Analysis.

During 2018/19, there were three data breach incidents reported to the Information Commissioner. None of these resulted in enforcement action as the Commissioner was satisfied that they had been handled appropriately.

Internal Audit carried out an advisory GDPR compliance audit in January 2019, to assess the current data governance processes, procedures and controls. The audit provided confidence that the Trust is meeting its obligations under data protection law and identified a number of areas of good practice. The audit also identified actions to further improve our data governance arrangements.

The strategic risk register is presented to the Board at every meeting, is shared with key stakeholders and risks relating to the contracts with the commissioners are identified and discussed during the contract negotiation stage.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

As an employer with staff entitled to membership of the NHS pension scheme, the Trust is compliant with NHS Pension Scheme Regulations. 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. A Contributions Assurance Statement has been submitted to the NHS Business Services Authority, confirming that the contributions remitted properly represent amounts due to the scheme.

The Trust's preparation for climate change, and the necessary adaptations, form part of its emergency preparedness and civil contingency requirements, as based on the UK Climate Projections 2009 (UKCP09), to ensure that this organisation's obligations under the Climate Change Act are met. The Trust has a major incident plan that is fully compliant with the requirements of the Civil Contingencies Act (2004) and NHS Emergency Planning Guidance 2010 and all associated guidance.

The risk and control framework

The Trust has a risk management policy, which makes it clear that managing risk is a key responsibility for the Trust and all staff employed by it. The policy includes a Risk Appetite Statement for the Trust as agreed by the Board. The Board and its committees receive regular reports that detail risk, financial, quality and performance issues and, where required, the action being taken to reduce identified high-level risks.

The principles of risk management are included as part of the mandatory corporate induction programme and cover both clinical and non-clinical risk, an explanation of the Trust's approach to managing risk and how individual staff can assist in minimising risk. Additional support is provided to individuals and teams via the clinical and corporate governance functions.

Guidance and training are also provided to staff through specific risk management training, wider management training, policies and procedures, information on the Trust's intranet and feedback from audits, inspections and incidents. Included within all of this is sharing of good practice and learning from incidents. Information from a variety of sources is considered in a holistic manner to provide learning and inform changes to practice that would improve patient safety, and overall experience of using the Trust's services.

The risk management policy sets out the key responsibilities for managing risk within the organisation, including the ways in which risk is identified, evaluated and controlled. It identifies strategic and operational risk and how both should be identified, recorded and escalated and highlights the open and honest approach the Board expects with regard to risk management. The Trust's risk assessment policy describes the process for standardised assessment of risk, including assessment of likelihood and consequence.

The Trust's Board Assurance Framework incorporates a register of the principal risks faced by the Trust in meeting its principal objectives. It provides the Trust with a clear and comprehensive method of describing the organisation's objectives, identifying the main risks to their achievement and the gaps in

assurances on which the Board relies. As part of its 5 Well Led Improvement priorities, the Trust continues to work on further strengthening its Board Assurance Framework.

The Board has identified the risks to the achievement of the Trust's objectives. The nominated lead for each risk has identified existing controls and sources of assurance that these controls operate effectively. Any gaps in controls have been identified and action plans put in place to strengthen controls, where appropriate. The outcome of this process is articulated in the strategic risk register which is presented to the Board monthly for review. In line with the Trust's risk management policy, all other risks rated 15 or above are escalated to the Board. All risks rated 12 or above are reviewed regularly by identified Board sub-committees and an escalation process is in place, as outlined in the risk management policy.

Risk is assessed at all levels in the organisation from individual members of staff within business units to the Board. This ensures that both strategic and operational risks are identified and addressed. Risk assessment information is held in an organisation-wide web-based risk register.

The Trust has in place a strategic risk register, which sets out the principal risks to delivery of the Trust's strategic objectives. Executive directors review the risk register and enter strategic risks onto the corporate risk register. In addition, other corporate risks scoring 15 or above that have been reviewed by the relevant sub-committee, are escalated in line with the Trust's escalations processes. The executive director with delegated responsibility for managing and monitoring each risk is clearly identified. The strategic risk register identifies the key controls in place to manage each of the principal risks and explains how the Board is assured that those controls are in place and operating effectively. These include the monthly integrated performance report, minutes of the clinical operational boards, audit, estates and quality improvement and safety assurances provided through the work of internal and external audit, the CQC and the NHS Resolution (formerly the NHS Litigation Authority).

Specific areas of risk such as fraud, corruption and bribery are addressed through specific policies and procedures and regular reports made to the Board via the sub-committees.

Review of the effectiveness of risk management and internal control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the risk management processes. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through and on the controls reviewed as part of the internal audit work.

The head of internal audit's opinion is that: "The organisation has an adequate and effective framework for risk management, governance and internal control". However, they identified further enhancements to ensure the framework remains adequate and effective. The Trust will implement the identified actions in 2019/20.

Executive leaders within the organisation, who have responsibility for the development and maintenance of the system of internal control, provide me with assurance. The assurance framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by clinical audits, the Trust's external auditors and any assessments conducted by the Care Quality Commission, Ofsted and the Information Commissioner's Office.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Clinical Operational Boards and the Audit, Estates, and Quality Improvement and Safety Committees. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board's role is to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed. Trust objectives for 2018/19 are as follows:

1. Provide outstanding care
2. Collaborate with other organisations
3. Be an excellent employer
4. Be a sustainable organisation

All objectives have identified outcomes, measures and timescales. The objectives integrate external (e.g. national targets), local (e.g. commissioners' contract targets) and internal (e.g. effective patient care) drivers of the organisation. Indicators relating to the Quality Account and the Commissioning for Quality and Innovation (CQUIN) framework have been incorporated where appropriate, along with other measures agreed with executive directors.

Significant Issues

The 'Consultant Job Planning' audit was undertaken and a partial assurance opinion was provided.

An action plan has been established and is being implemented.

Conclusion

There has been no evidence presented to myself or the Board to suggest that at any time during 2018/19, the Trust has operated outside of its statutory authorities and duties. In relation to our reporting of the Trust's corporate governance arrangements, we have drawn from the best practice including those elements of The Healthy NHS Board and the UK Corporate Governance Code, which are applicable to the Trust.

My review confirms that Cambridgeshire Community Services NHS Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.

Signed:

Matthew Winn
Chief Executive

24 May 2019

#NorfolkCan



The new healthy lifestyles pathway known as #NorfolkCan launched alongside JustOneNorfolk.nhs.uk during Self Care Week. The initiative oversees the whole healthy lifestyles section of the website and has its own dedicated social media campaign.

The campaign received an extra boost with a series of pop up promotions that captured the attention and support from the Lord Mayor of Norwich and Lord Mayor of King's Lynn. The initiative was also featured in an episode of 'Britain's Fat Fight with Hugh Fearnley-Whittingstall' with the #NorfolkCan banana.

Behind the promotional campaign is a clinical team of healthy lifestyles practitioners who work in Just One Number and provide advice and help to children, young people and families in Norfolk.

In the last three months the team has had more than 2,900 phone calls with families and more than 9,000 web page views.

As the pathway becomes established, there will be further developments to ensure #NorfolkCan is widely known across the region, in particular on social media with the #NorfolkCan challenge.

Annex 1 - Attendance at Board meetings and Board sub-committees

The table below sets out the number of meetings attended by each Board member during 2018/19.

Where membership of Board sub-committees changed in year, these are reflected in the attendance levels shown below indicating that individuals may not have been members of sub-committees for the full year, or where directors attended meetings on an ad hoc basis as ‘ex officio’ members.

Name and Position	Board Meetings	CCS/CPFT Joint Children's Partnership Board	Audit Committee	Quality Improvement & Safety Committee	Remuneration Committee	Charitable Funds Committee	Estates Committee	Strategic Change Board	Ambulatory Clinical Operational Board	Children's Clinical Operational Board	Luton Clinical Operational Board
Nicola Scrivings (Chair)	6(6)	1(1)			2(2)	2(2)	4(4)	3(4)	2(2)		3(3)
Dr Anne McConville (NED)	4(6)		2(3)	6(6)				1(1)	6(6)		
Gill Thomas (NED) (resigned 31 Oct 2018)	2(3)	2(2)			1(1)		2(2)	2(2)		4(4)	
Geoff Lambert (NED)	6(6)		4(4)		2(2)	2(2)				1(1)	6(6)
Richard Cooper (NED) (resigned 28 Feb 2019)	4(5)		2(4)					2(3)	5(6)		
Oliver Judges (NED)	3(6)		0(1)	3(5)			4(4)			4(6)	
Judith Glashen (Associate NED) (effective from 1 November 2018)	2(3)									1(1)	
Anna Gill NED (effective 1 Jan 2019)	2(2)	1(1)		1(1)						1(1)	
Gary Tubb (NED) (effective 1 Jan 2019)	2(2)					1(1)	1(1)				1(1)
Matthew Winn (Chief Executive)	6(6)				1(1)			2(4)	4(6)		
Anita Pisani (Deputy Chief Executive and Director of Workforce and Service Redesign)	6(6)	3(3)		3(6)	2(2)	1(2)		4(4)			4(6)
Dr David Vickers (Medical Director)	5(6)	2(2)		4(6)					5(6)	3(3)	4(6)
Mark Robbins (Director of Finance and Resources)	6(6)		4(4)			2(2)	4(4)	4(4)		6(6)	
Julia Curtis (Chief Nurse)	5(6)	2(3)	0(4)	6(6)			2(4)			5(6)	3(3)
Gill Thomas (Director of Governance) (effective from 1 November 2018)	2(3)		1(1)					2(2)			

Figures in brackets show total number of meetings members could have attended in year.

Names	Title	Sub Committee Members (* Indicates Chairs of that committee)
Nicola Scrivings (Chair)	Chair	Charitable Funds Committee; Estates Committee; Ambulatory Care Clinical Operational Board*; Remuneration Committee; People Participation*; Strategic Change Board*.
Dr Anne McConville	Non-Executive Director	Ambulatory Care Clinical Operational Board; Quality Improvement & Safety Committee*; Remuneration Committee; Strategic Change Board
Geoff Lambert	Non-Executive Director	Audit Committee*; Charitable Funds Committee*; Luton Children & Adults Clinical Operational Board *; Remuneration Committee;
Oliver Judges	Non-Executive Director	Estates Committee*; Children & Young People's Clinical Operational Board; Audit Committee.
Gary Tubb (effective from 1 January 2019)	Non-Executive Director	Charitable Funds Committee*; Estates Committee; Bedfordshire & Luton Children & Adults Clinical Operational Board; Quality Improvement & Safety Committee
Richard Cooper (resigned 28 February 2019)	Non-Executive Director	Ambulatory Care Clinical Operational Board*; Strategic Change Board; Audit Committee.
Anna Gill (effective from 1 January 2019)	Non-Executive Director	Children & Young People's Clinical Operational Board*; Quality Improvement & Safety Committee; People Participation Committee; CCS/CPFT Joint Children's Partnership Board*.
Judith Glashen (effective from 1 November 2018)	Associate Non-Executive Director	No committee assignments.
Matthew Winn	Chief Executive	Ambulatory Care Clinical Operational Board; Strategic Change Board.
Anita Pisani	Deputy Chief Executive and Director of Workforce and Service Redesign	Charitable Funds Committee; Luton Children & Adults Clinical Operational Board; Quality Improvement & Safety Committee; Strategic Change Board; CCS/CPFT Joint Children's Partnership Board.
Dr David Vickers	Medical Director	Ambulatory Care Clinical Operational Board; Luton Children & Adults Clinical Operational Board; Quality Improvement & Safety Committee; CCS/CPFT Joint Children's Partnership Board.
Mark Robbins	Director of Finance and Resources	Charitable Funds Committee; Estates Committee; Children & Young People's Clinical Operational Board;
Julia Curtis	Chief Nurse	Estates Committee; Children & Young People's Clinical Operational Board; Quality Improvement & Safety Committee; CCS/CPFT Joint Children's Partnership Board.
Gill Thomas (effective from 1 November 2018)	Director of Governance	Strategic Change Board

NB. This shows the sub-committee membership as at the end of the 2017/18 financial year.



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Membership of the Remuneration, Terms of Service and Nominations Committee (not subject to audit)

Name	Position
Gill Thomas	Non-Executive Director (Chair of the Committee to 31st October 2018)
Geoffrey Lambert	Non-Executive Director (member to 31st October 2018 and Chair of Committee from 1st November 2018)
Anne McConville	Non-Executive Director (member from 1st November 2018)
Nicola Scrivings	Chair of the Board
Matthew Winn	Chief Executive (in attendance for relevant discussions only)
Anita Pisani	Deputy Chief Executive (in attendance for relevant discussions only).

Policy on the remuneration of senior managers

For the purposes of the remuneration report the Chief Executive considers the executive directors of the Trust to be 'senior managers'.

Remuneration payments made to the Non-Executive Directors are set nationally by the Secretary of State. The remuneration of Executive Directors is set by the remuneration committee. The committee considers comparative salary data, benchmarking information for similar organisations and labour market conditions in arriving at its final decision. All Executive Directors are employed on permanent contracts with the Trust.

No remuneration was waived by members and no compensation was paid for loss of office during the financial year ended 31 March 2019. No payments were made to co-opted members and no payments were made for golden hellos. The Trust does not have any staff members on performance related pay systems.

Where national review bodies govern salaries, then the national rates of increase have been applied. Where national review bodies do not cover staff, then increases have been in line with the percentage notified by the NHS Chief Executive and approved by the remuneration committee.

The remuneration committee takes the financial circumstances of the organisation into consideration in making pay awards, as well as

advance letters of advice from the Department of Health. All uplifts were discussed with and decided by the remuneration committee, which is supported by a human resources professional.

Policy on performance conditions

The Trust's annual objectives are set through the annual business planning cycle. The Trust's Chair then agrees these objectives with the Chief Executive whose performance is monitored via monthly one-to-one meetings. The Chief Executive agrees his objectives with the Trust's Executive Directors and holds similar monthly one-to-ones to manage their performance. The Chair also holds bi-monthly performance meetings with each of the Executive Directors.

Policy on duration of contracts, notice periods and termination payments

Executive Directors' contracts are subject to three months' contractual notice. Termination payments are made in accordance with NHS policy.

Service Contracts (not subject to audit)

Details of remuneration payable to the senior managers of Cambridgeshire Community Services NHS Trust in respect of their services for the year ended 31 March 2019 are given in the tables on the following four pages.



Name	Position	Date of contract	Unexpired term (if applicable)	Early termination terms	Notice Period
Matthew Winn	Chief Executive	01/04/2010	N/A	N/A	3 months
David Vickers	Medical Director	01/04/2010	N/A	N/A	3 months
Mark Robbins	Director of Finance & Resources	01/05/2015	N/A	N/A	3 months
Anita Pisani	Director of Workforce and Transformation & Deputy CEO	01/06/2012	N/A	N/A	3 months
Gill Thomas	Director of Governance	05/11/2018	N/A	N/A	3 months
Julia Curtis	Chief Nurse	01/04/2018	N/A	N/A	3 months

Remuneration 2018/19 (subject to audit)

Name	Position	2018/19				
		Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Bonus Payments (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Nicola Scrivings	Chair	20-25	0	0	0	20-25
Gillian Thomas	Non Executive Director (to 31st October 2018)	0-5	0	0	0	0-5
Anne McConville	Non Executive Director	5-10	0	0	0	5-10
Geoffrey Lambert	Non Executive Director	5-10	0	0	0	5-10
Richard Cooper	Non Executive Director (to 28th February 2019)	5-10	0	0	0	5-10
Oliver Judges	Non Executive Director	5-10	0	0	0	5-10
Gary Tubb	Non Executive Director (from 1st January 2019)	0-5	0	0	0	0-5
Anna Gill	Non Executive Director (from 1st January 2019)	0-5	0	0	0	0-5
Judith Glashen	Associate Non Executive Director **	0	0	0	0	0
Matthew Winn	Chief Executive	140-145	0	0	20-25	165-170
David Vickers	Medical Director *	125-130	0	10-15	0	140-145
Mark Robbins	Director of Finance and Resources	90-95	0	0	15-20	105-110
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	115-120	0	0	15-20	130-135
Julia Sirett	Chief Nurse	85-90	0	0	30-35	115-120
Gillian Thomas	Director of Governance (from 5th November 2018)	30-35	0	0	5-10	40-45
		2017/18				
Nicola Scrivings	Chair	20-25	0	0	0	20-25
Trish Davies	Non Executive Director (to 31st January 2018)	0-5	0	0	0	0-5
Gillian Thomas	Non Executive Director	5-10	0	0	0	5-10
Anne McConville	Non Executive Director	5-10	0	0	0	5-10
Geoffrey Lambert	Non Executive Director	5-10	0	0	0	5-10
Richard Cooper	Non Executive Director (from 1st May 2017)	5-10	0	0	0	5-10
Oliver Judges	Non Executive Director (from 1st October 2017)	0-5	0	0	0	0-5
Matthew Winn	Chief Executive	140-145	0	0	35-40	175-180
David Vickers	Medical Director *	125-130	0	5-10	15-20	150-155
Mark Robbins	Director of Finance and Resources	90-95	0	0	20-25	115-120
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	110-115	0	0	100-105	215-220
Mandy Renton	Chief Nurse (to 30th April 2017)	5-10	0	0	0	5-10
Julia Curtis	Chief Nurse (from 1st May 2017)	70-75	0	0	0	70-75

* David Vickers is employed as both a Paediatric Consultant and Medical Director at the Trust. His "salary" includes his role as a Paediatric Consultant (£125,000 - £130,000).

** Judith Glashen receives £0 remuneration for her Associate Non Executive Director role.

The Trust does not make any payments to Directors based on the financial performance of the Trust.

Salary and other remuneration exclude the employer’s pension contributions and is gross of pay charges to other NHS Trusts.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the organisation’s workforce.

The mid-point of the banded remuneration of the highest paid director in 2018/19 was £142,697 (2017/18 comparator £140,622). This was 4.82 times the median remuneration of the workforce (subject to audit), which was £29,608 (2017/18 comparator was 4.89 times the median remuneration of the workforce which was £28,746). Remuneration ranged from £17,460 to £142,697 See the salaries and allowances table on the previous page for details of the highest paid director.

The calculation was based on staff employed in substantive and bank contracts as at 31 March 2019, sorted by full time equivalent salary value and then taking the middle employee from this list.

In 2018/19, 0 employees (2017/18 comparator 0 employees) received remuneration in excess of the highest paid director.

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

No payments were made in respect of ‘golden hellos’ or compensation for loss of office.

No compensation payments were made to a third party for the services of an Executive Director or Non-Executive Director.

Review of Tax Arrangements of Public Sector Appointees (not subject to audit)

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2018	1
<i>Of which, the number that have existed:</i>	
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	1
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

The Trust has undertaken a risk based assessment as to whether assurance is required, that the individual is paying the correct amount of tax and National Insurance (NI). The Trust has concluded that the risk of significant exposure in relation to these individuals is minimal.

For all new off-payroll engagements or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	1
<i>Of which:</i>	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	1
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	1
Number of engagements that saw a change to IR35 status following the consistency review	0

One engagement was entered into without contractual clauses through their own private limited company and was assessed for consistency with IR35 during the year.

The Trust has had three exit packages in 2018/19 (subject to audit) in all of which 2 were compulsory redundancies and 1 was a voluntary redundancy.

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	1	2,913	1	3,956	2	6,869		
£10,000 - £25,000	1	10,661			1	10,661		
£25,001 - £50,000					0	0		
£50,001 - £100,000					0	0		
£100,001 - £150,000					0	0		
£150,001 - £200,000					0	0		
> £200,000					0	0		
Total	2	13,574	1	3,956	3	17,530	0	0

Signed:

Matthew Winn
Chief Executive

29 May 2019



ChatHealth Launched in Luton

Luton’s young people are being encouraged to talk about relationships, bullying and healthy eating among other issues through direct, confidential texts with their school nurses.

The ChatHealth service was launched across the town by Luton Children’s Community Health Service’s School Nursing Team, giving young people, aged 11-19, the chance to seek advice on a range of health and wellbeing issues and concerns.

Pension Benefits - 2018/19 (subject to audit)

Name	Position	2018/19							
		Real Increase in pension at age 60 (bands of £2,500) £'000	Real Increase in lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2018 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2018 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2018 £'000	Cash Equivalent Transfer Value at 1 April 2017 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	0-2.5	0	35-40	75-80	629	518	75	N/A
David Vickers	Medical Director	0-2.5	0-2.5	50-55	150-155	0	1,140	0	N/A
Anita Pisani	Director of Workforce and Transformation	0-2.5	0	35-40	90-95	724	606	83	N/A
Julia Curtis	Chief Nurse	0-2.5	5-7.5	20-25	60-65	452	360	70	N/A
Mark Robbins	Director of Finance	0-2.5	0	30-35	75-80	591	495	68	N/A
Gill Thomas	Director of Governance (from 5th November 2018)	0-2.5	0	0-5	0-5	8	0	6	N/A

Prior Year - Pension Benefits - 2017/18 ***

Name	Position	2017/18							
		Real Increase in pension at age 60 (bands of £2,500) £'000	Real Increase in lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2018 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2018 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2018 £'000	Cash Equivalent Transfer Value at 1 April 2017 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	2.5-5	0-2.5	30-35	75-80	515	449	65	N/A
David Vickers	Medical Director	0-2.5	2.5-5	45-50	145-150	1,140	1,066	74	N/A
Anita Pisani	Director of Workforce and Transformation	5-7.5	7.5-10	35-40	90-95	604	488	115	N/A
Mandy Renton*	Chief Nurse (to 30th April 2017)	0	0	0	0	0	711	0	N/A
Julia Curtis**	Chief Nurse (from 1st May 2017)	17.5-20	52.5-55	15-20	50-55	360	0	360	N/A
Mark Robbins	Director of Finance	0-2.5	0-2.5	25-30	70-75	493	441	52	N/A

*Decrease in real increase in cash equivalent transfer value is due to retirement

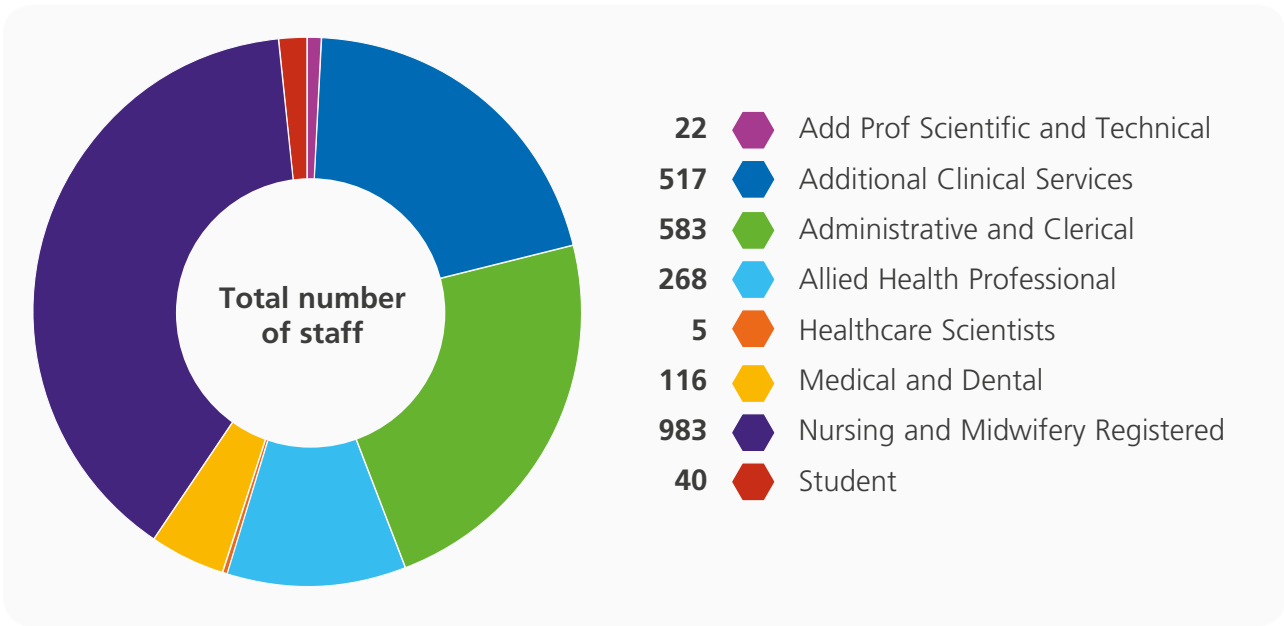
**High real increase in cash equivalent transfer value is due to existing NHS employee being appointed to a Director role

*** Greenbury guidance on the calculation of the real increase in CETV changed for 18/19 to include the deduction of in year employee pension's contributions. This change in calculation has not been retrospectively applied to the 2017/18 figures which remain unadjusted.

Staff Report

(Subject To Audit)

As at 31 March 2019, the Trust employed 2534 staff. The following chart shows an analysis of the total number of staff by occupational code.



The following table shows an analysis of the average whole time equivalent staff, split between staff groups and permanently employed and other for 2018/19 and 2017/18 for the prior year.

Average Staff Numbers	Total Current Year	Permanently Employed	Other	Total Prior Year	Permanently Employed	Other
Medical and dental	91	69	22	82	64	18
Ambulance staff	0	0	0	0	0	0
Administration and estates	472	450	22	410	377	33
Healthcare assistants and other support staff	404	391	13	305	298	8
Nursing, midwifery and health visiting staff	814	805	9	712	699	12
Nursing, midwifery and health visiting learners	33	2	31	29	2	27
Scientific, therapeutic and technical staff	237	231	6	160	157	3
Healthcare Science staff	4	4	0	4	4	0
Bank staff	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total average numbers	2,055	1,952	103	1,703	1,601	102
Staff engaged on capital projects (included above)	0	0	0	0	0	0

The following table shows an analysis of pay costs for 2018/19 split between permanently employed and other.

Employee Benefits Current Year - Gross Expenditure	2018/19		
	Total £000s	Permanently Employed £000s	Other £000s
Salaries and wages	70,343	66,743	3,600
Social security costs	6,445	6,445	0
Apprenticeship levy	327	327	0
Employer Contributions to NHS BSA - Pensions Division	8,862	8,862	0
Other pension costs	0	0	0
Termination benefits	18	18	0
Total employee benefits	85,995	82,395	3,600



Last November, four visiting rehabilitation professionals from Hong Kong attended a 10-day bespoke training programme at the Oliver Zangwill Centre.

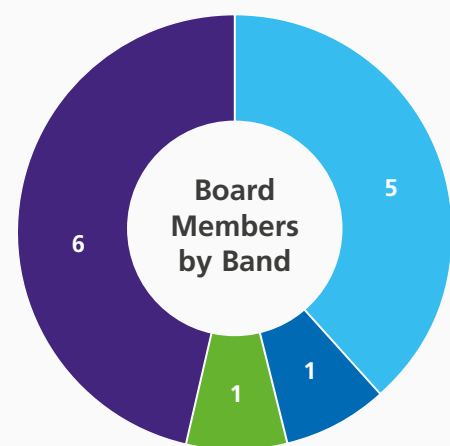
Lai Tsz Wing, Liang Bin, Kong Ka Yan and Ho Yu Man from the SAHK Continuing Rehabilitation Centre in Hong Kong started their visit with an introduction to the centre, learning more about the programme of work they offer and meeting the team. They also had the opportunity to learn first hand from one of the centres clients how the programme benefited her.

One of the highlights of the first day was sharing the British tradition of afternoon tea! The rest of the time focused on the different components of the intensive rehabilitation programme offered at the Oliver Zangwill Centre with the aim of providing our international visitors with ideas and innovations they may be able to implement back in Hong Kong.

The Oliver Zangwill Centre shares expertise (and tea!) with Hong Kong Visitors

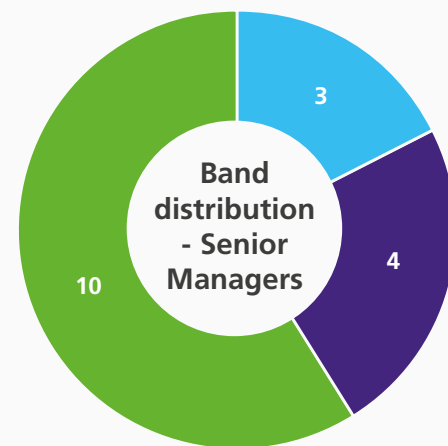


The following chart provides an analysis of the number of Board members within the Trust, by band.



- Executive Directors - Band 9
- Executive Directors - Non AFC Banding
- Non-Executive Directors - Chair
- Non-Executive Directors

The following chart provides an analysis of the number of senior managers within the Trust, by band.



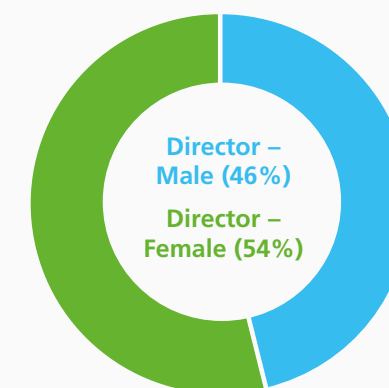
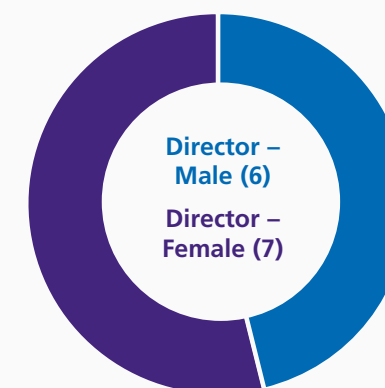
- Band 8b
- Band 8c
- Band 8d

excluding Directors

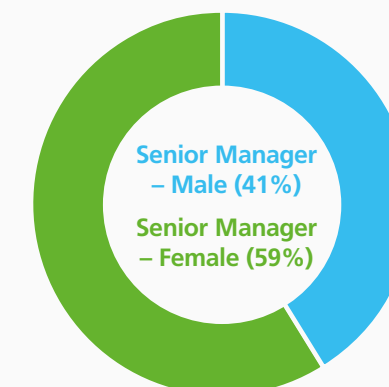
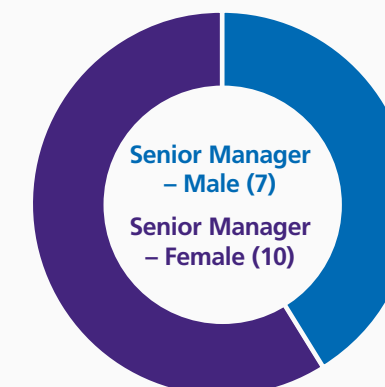
Analysis of gender distribution within our workforce

The following charts set out the gender distribution across the Trust as of 31 March 2019.

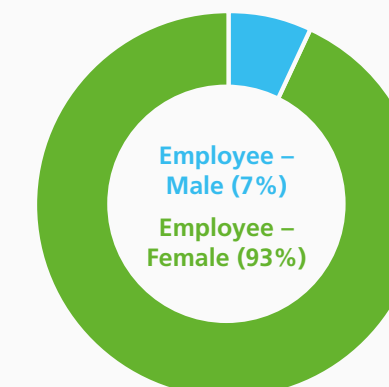
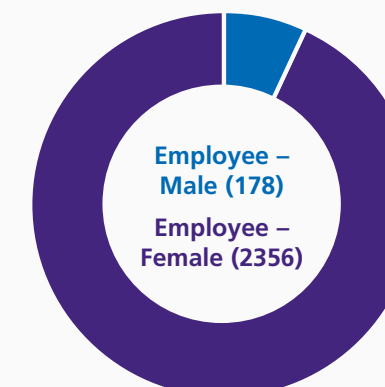
Gender distribution – Directors (including Executive & Non-Executive Directors)



Gender distribution – Senior Managers (excluding Directors)



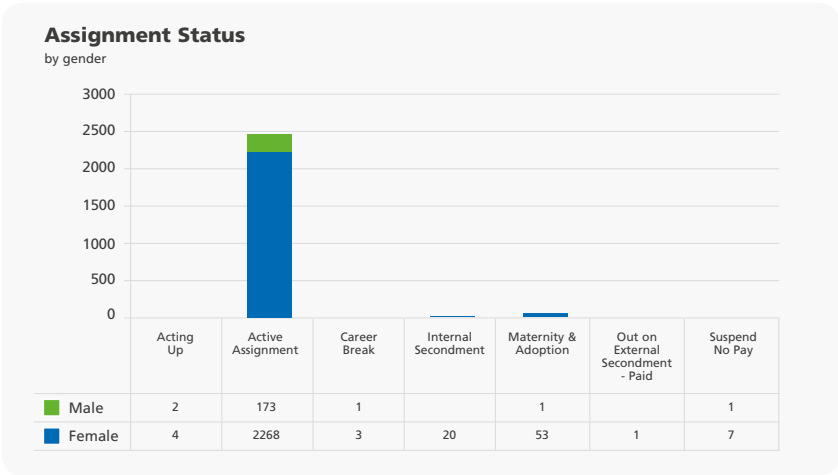
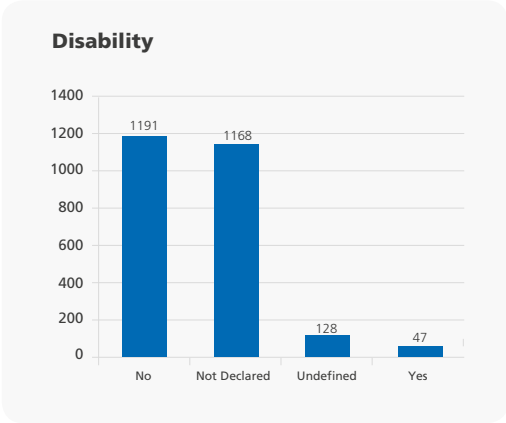
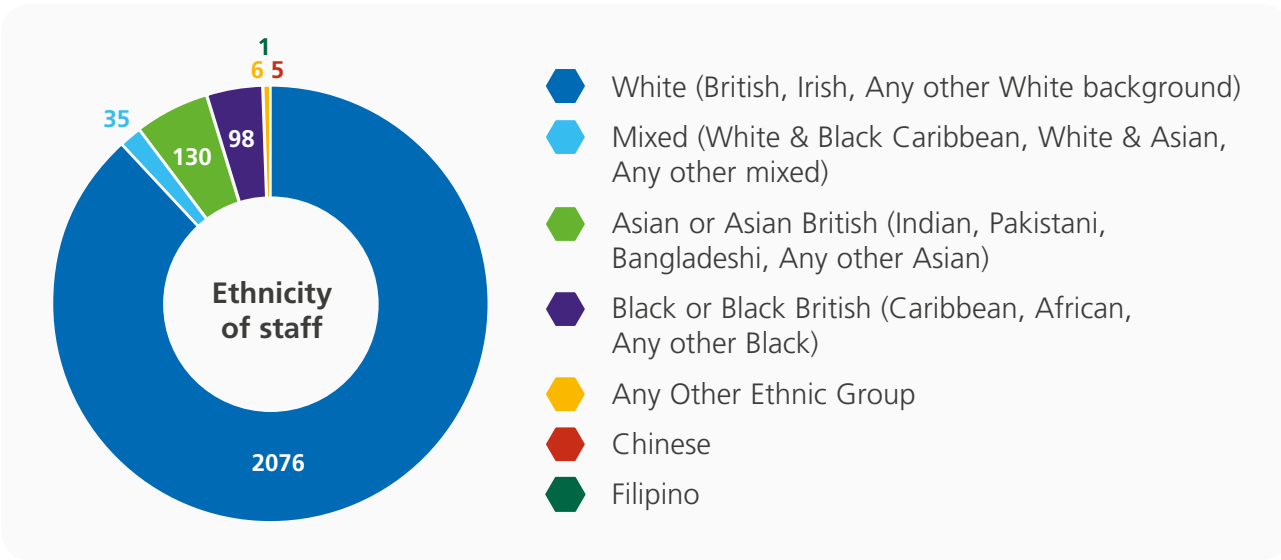
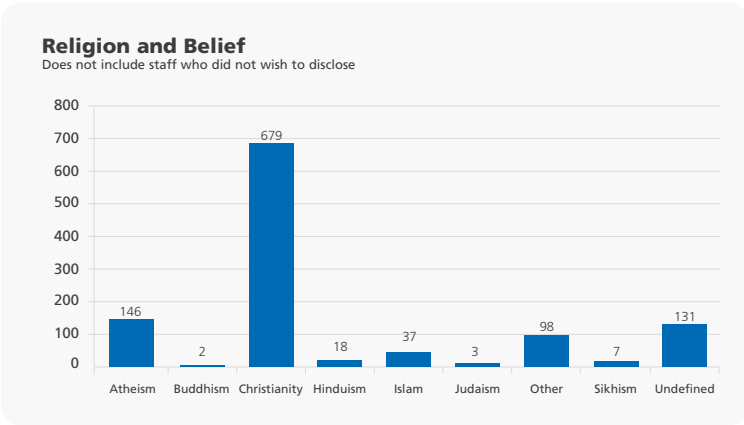
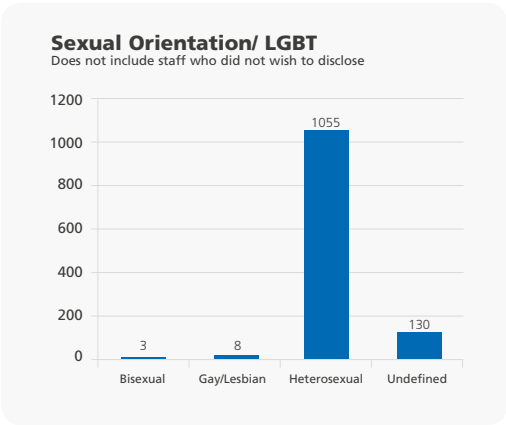
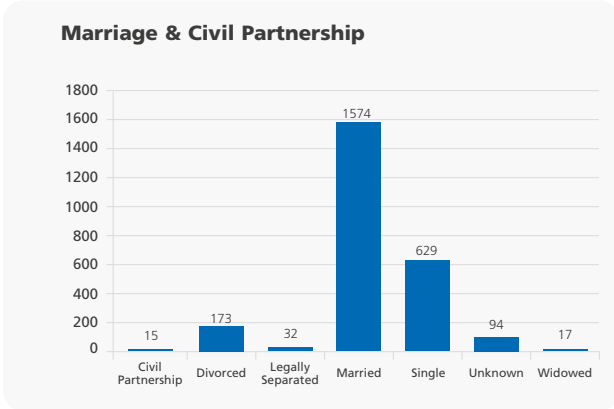
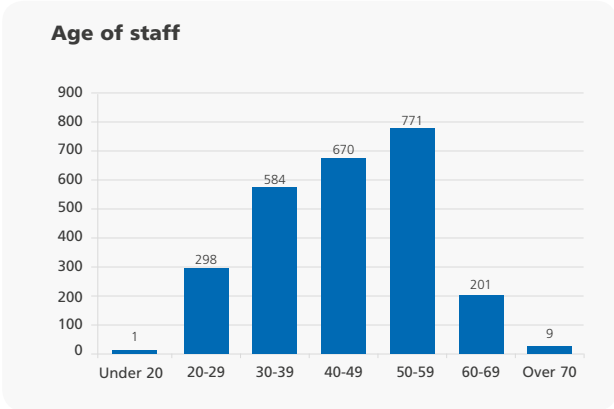
Gender distribution – Employees Headcount Percentage of Total Headcount



As part of the Trust’s commitment to promoting and ensuring inclusion and diversity across our workforce, we analyse workforce data against eight of the nine protected characteristics set out in the Equality Act 2010. The gender distribution charts/tables set out above and below relating to age, marriage and civil partnership, disability, sexuality, religion and

belief, maternity and adoption, and race reflect this analysis and support our programme of work to promote inclusion and diversity across the Trust.

Currently we do not collect data relating to gender reassignment and will be reviewing this issue during 2019/20.



Health and wellbeing and sickness absence reduction

Live Life Well

The Trust’s comprehensive Live Life Well Programme has continued to support staff to achieve a healthy work life balance, including through:

- personalised approaches to managing attendance and flexible working requests using a ‘Person before Process’ ethos;
- continued promotion of support available to staff including the rapid access to MSK service, union representatives, occupational health and our confidential counselling services;
- supporting staff with their financial wellbeing through a partnership with Neyber, a financial service provider; and to trade union members via their unions;
- promotion of the wellbeing values of good team working and two way communication and taking a break;

- incorporating input from experts into our mental wellbeing, reliance and mindfulness support and undertaking research into the wider use of mental wellbeing interventions;
- supporting the mental wellbeing of staff including a ‘Healthy Mind and Healthy Body’ week held in May 2018;
- promotion of the wellbeing effects of volunteering;
- promotion of NHS staff discounts;
- encouragement to participate in the ‘flu vaccination programme with an uptake of 65.77% from our frontline staff (an increase of 3.37% on the previous year’s uptake);
- promotion of key national wellbeing related days/weeks throughout the year;
- working with public health wellbeing providers to offer staff a range of health checks and advice and information within

- their local area, building on the success of this in Luton;
- resilience training;
- newsletters, intranet pages and communication cascade weekly updates;
- review of our domestic violence policy

/ support using the expertise in our safeguarding team; and

- reminder to staff about access to free eye tests if they use a computer as part of their role.

The following table provides information on the Trust’s sickness absence rates.

Data category	2014/15	2015/16	2016/17	2017/18	2018/19
Average WTE*	2854	1953	1763	1713	1970
Average monthly sickness rate	4.73%	4.38%	4.67%	4.45%	5.21%
WTE days lost	49,993	31,427	30,111	20,795	37,430
WTE days available	1,042,141	700,107	645,166	466,911	719,566
Cumulative sickness rate - based on yearly totals	4.80%	4.49%	4.67%	4.59%	5.20%

Notes:

*WTE refers to Whole Time Equivalent (e.g. a full time post equivalent to 37.5 hours per week)

Figures in the table above have been rounded up/down to the nearest decimal point

Note: the above table reflects data from our internal monitoring process based on a full calendar year e.g. 365 days. As such, the sickness rates included within the Trust’s annual accounts, which are based on Department of Health estimated figures over 225 days per year (i.e. excluding weekends and bank holidays) will not correlate with the above.

New Sexual Health Clinic Opens in Bedfordshire

Obtaining sexual health advice and testing is now easier than ever for residents of south Bedfordshire due to a new integrated Contraception and Sexual Health (iCaSH) clinic.

The latest Dunstable Priory clinic was officially opened on Friday 9th November 2018 and is the second bespoke hub in the county, bringing all aspects of sexual health under one roof.

Since moving from Kirby Road surgery, clinic availability at Dunstable Priory has increased from once a week to three times a week and services have expanded to include:

- Contraception,
- Treatment and testing for sexually transmitted infections,
- HIV care and treatment, and
- Psychosexual counselling.



Staff policies

The Trust aims to ensure that no employee or job applicant receives less favourable treatment because of their race, colour, nationality, ethnic or national origin or on the grounds of gender, marital status, disability, age, sexual orientation or religion; or is disadvantaged by conditions or requirements which are not justified by the job.

The Trust’s Equality and Diversity work stream, alongside our Equal Opportunities Policy, Recruitment and Selection Policy, Dignity at Work Policy, and Training, Education and Development Policy are central in achieving this aim. The Trust’s Equal Opportunities Policy was reviewed and updated in 2018/19 to align it to the Trust’s Diversity and Inclusion ambitions.

During 2018/9, the Trust continued to receive accreditation to use the Disability Confident Symbol for employers who meet a range of commitments towards disabled people and as a Mindful Employer, which increases awareness of mental health in the workplace.

Consultancy expenditure

Consultancy Service expenditure for 2018/19 was £427,634.

Off payroll arrangements

The Trust had one off payroll engagement during 2018/19.

Exit packages

The Trust made three exit packages in 2018/19 (subject to audit).

Independent auditor's report to the Directors of Cambridgeshire Community Services NHS Trust

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Cambridgeshire Community Services NHS Trust (the 'Trust') for the year ended 31 March 2019, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity for the year ended 31 March 2019, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2019 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19; 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. 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 have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. 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.

In connection with our audit of the financial statements, 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 or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the 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 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 guidance issued by NHS Improvement or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual 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 IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, 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 the Directors and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Director's Responsibilities, the Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, 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.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

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.

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 – Conclusion on 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 - 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 2019.

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, as the Accountable Officer of the Trust, the 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(1)(c) and Schedule 13 paragraph 10(a) 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 and to report where we have not been able to satisfy ourselves that it has done so. 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 on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of Cambridgeshire Community Services NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

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.

Ciaran McLaughlin

Ciaran McLaughlin, Key Audit Partner

for and on behalf of Grant Thornton UK LLP,
Local Auditor
110 Bishopsgate
London
EC2N 4AY

24 May 2019



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Statement of Comprehensive Income

		2018/19	2017/18
	Note	£000	£000
Operating income from patient care activities	3	128,191	109,324
Other operating income	4	8,454	7,216
Operating expenses	6	(131,116)	(111,742)
Operating surplus/(deficit) from continuing operations		5,529	4,798
PDC dividends payable		(1,675)	(1,609)
Surplus / (deficit) for the year		3,854	3,189
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	-	(53)
Revaluations	12	-	1,542
Other reserve movements		73	-
Total comprehensive income / (expense) for the period		3,927	4,678

Statement of Financial Position

		31 March 2019	31 March 2018
	Note	£000	£000
Non-current assets			
Intangible assets		117	185
Property, plant and equipment	11	52,982	51,506
Total non-current assets		53,099	51,691
Current assets			
Inventories		41	41
Receivables	13	14,781	12,767
Cash and cash equivalents	14	11,546	8,698
Total current assets		26,368	21,506
Current liabilities			
Trade and other payables	15	(14,949)	(12,080)
Provisions	16	(418)	(449)
Other liabilities		(258)	(428)
Total current liabilities		(15,625)	(12,957)
Total assets less current liabilities		63,843	60,240
Non-current liabilities			
Trade and other payables	15	(1,045)	(1,045)
Provisions	16	(1,340)	(1,803)
Total non-current liabilities		(2,385)	(2,848)
Total assets employed		61,458	57,392
Financed by			
Public dividend capital		2,245	2,107
Revaluation reserve		18,772	18,772
Other reserves		(16)	46
Income and expenditure reserve		40,457	36,467
Total taxpayers' equity		61,458	57,392

The notes on pages 7 to 39 form part of these accounts.

Name	Matthew Winn
Position	Chief Executive
Date	24 May 2019

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	2,107	18,772	46	36,467	57,392
Surplus/(deficit) for the year	-	-	-	3,855	3,855
Transfers by absorption: transfers between reserves	-	-	(62)	62	-
Public dividend capital received	138	-	-	-	138
Other reserve movements	-	-	-	73	73
Taxpayers' equity at 31 March 2019	2,245	18,772	(16)	40,457	61,458

* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	2,107	17,283	46	33,278	52,714
Surplus/(deficit) for the year	-	-	-	3,189	3,189
Impairments	-	(53)	-	-	(53)
Revaluations	-	1,542	-	-	1,542
Taxpayers' equity at 31 March 2018	2,107	18,772	46	36,467	57,392

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 service potential.

Other reserves

In line with Department of Health accounting instructions in the 2010-11 Manual for Accounts the net assets (£1,653,000) of the Trust's predecessor or Autonomous Provider Organisation (APO) were aquired by the Trust upon establishment. The transaction resulted in the Trust making a payment to NHS Cambridgeshire, returning the reserves associated with these assets to them. This created a merger reserve in the Cambridgeshire Community Services NHS Trust's 2010/11 accounts.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus / (deficit)		5,530	4,798
Non-cash income and expense:			
Depreciation and amortisation	11	2,803	2,616
(Increase) / decrease in receivables and other assets	13 & 14	(1,916)	(609)
Increase / (decrease) in payables and other liabilities	15	2,897	(2,285)
Increase / (decrease) in provisions	16	(494)	251
Net cash generated from / (used in) operating activities		8,820	4,771
Cash flows from investing activities			
Purchase of intangible assets		(33)	-
Purchase of property, plant, equipment and investment property		(4,280)	(2,066)
Net cash generated from / (used in) investing activities		(4,313)	(2,066)
Cash flows from financing activities			
Public dividend capital received		138	-
PDC dividend (paid) / refunded		(1,734)	(1,782)
Net cash generated from / (used in) financing activities		(1,596)	(1,782)
Increase / (decrease) in cash and cash equivalents		2,911	923
Cash and cash equivalents at 1 April - brought forward		8,698	7,775
Cash and cash equivalents at 1 April - restated		8,698	7,775
Cash and cash equivalents transferred under absorption accounting		(62)	-
Cash and cash equivalents at 31 March	14	11,547	8,698

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 2018/19 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.

Note 1.1.1 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

The Trust has prepared the accounts on a going concern basis and believes that it will continue to provide services for the year from sign off date for the following reasons:

The Trust has operated to within the NHSI control total and thus achieved it's Provider Sustainability Fund (PSF) funding for the year resulting in a surplus overall of £3,854,000. Since its establishment on the 1st April 2010 the Trust has consistently delivered its control total and a surplus position.

The Trust has agreed contracts for provision of services for 2019/20, which cover circa 95% of its income and are block contracts which give certainty over income levels. In addition circa £50m of income relates to contracts which have a contract term greater than 1 year, which gives certainty of income post 2019/20.

The Trust constantly works to grow its portfolio of services where tenders are issued for services which are a strategic fit and has a strong track record of success in tenders and subsequent contract delivery.

The Trust has maintained good scores in performance metrics such as the acting within the agency cap, the NHS single oversight framework and CQC inspections. Both internal and external audit opinions provide further assurance of the Trust's position as a going concern.

Note 1.3.1 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). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

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.

Note 1.3.2 Revenue grants and other contributions to expenditure

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.

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, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4 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 NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, 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.

Employer's pension cost 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.

The NHS Pension scheme is the only Pension scheme the Trust operates.

Note 1.5 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 1.6 Property, plant and equipment

Note 1.6.1 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 service potential 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 a 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.
- items form part of the initial equipping and setting-up of a new building, ward or unit, irrespective of their individual or collective cost.

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 economic lives.

Note 1.6.2 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.

All assets are measured subsequently at valuation. Assets which are held for their service potential 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.

Land and buildings used for the Trust's services or for the administrative purposes are stated in the statement of financial position at their revalued amounts, being the current value in existing use at the date of revaluation less any impairment.

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.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

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.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

Where subsequent expenditure enhances asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item is replaced is written-out and charged to operating expenses.

Depreciation

Freehold land, assets under construction or development, and assets held for sale are not depreciated/amortised.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, on a straight line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the NHS trust expects to obtain economic benefits or service potential from the asset. This is specific to the NHS trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful lives.

Leasehold improvements in respect of buildings for which the Trust is a lessee under an operating lease will be depreciated over the lease duration (or other period deemed appropriate) and carried at depreciated historic cost, as this is not considered to be materially different from current value. Thus improvements are not revalued, and no indexation is applied as the adjustments which would arise are not considered material.

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 income.

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 service potential 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 service potential 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.

Note 1.6.3 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	25	25
Plant & machinery	5	10
Information technology	5	5
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.7 Intangible assets

Note 1.7.1 Recognition

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

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, eg 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, eg application software, is capitalised as an intangible asset.

Note 1.7.2 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.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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

Amortisation

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

Note 1.7.3 Useful economic life 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
Development expenditure	5	5
Websites	5	5
Software licences	5	5

Note 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value.

Note 1.9 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.

Note 1.10 Financial assets and financial liabilities

Financial assets are recognised when the NHS trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

All of the Trust's financial assets fall into the loans and receivables category, as defined by IAS 39. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

At the end of the reporting period, the NHS trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset and that have an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced directly/through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

Financial liabilities

Financial liabilities are recognised on the statement of financial position when the NHS trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. All of the Trust's financial liabilities fall into the category of other financial liabilities as defined by IAS 39.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

Note 1.11 Leases

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.

Note 1.11.1 The Trust as lessee

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.11.2 The Trust as lessor

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.12 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.

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 17.1 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 1.13 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.

At any time, 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, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable.

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 thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

Note 1.14 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 1.15 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, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However 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 1.16 Critical judgements in applying accounting policies

The need for the application of management judgement within the Trust's accounts is limited by the nature of its transactions. 64% of the Trust's expenditure is in relation to staff costs that are paid in the month the costs are incurred.

The Trust's charitable funds have not been consolidated due to the immaterial level of movements against the funds.

Note 1.16.1 Sources of estimation uncertainty

There are a number of areas in which management have exercised judgement in order to estimate Trust liabilities. Management do not consider that any of these constitute a material risk to the financial statements of the Trust, however more information on these risks is detailed below.

The Trust's provision for the impairment of receivables

There are a number of long standing debts owed to the Trust from non NHS bodies. Management have reviewed all debts past their due date and formed a judgement on each one's recoverability. This provision represents the sum of all those debts that management consider to be at significant risk. Resolution on these outstanding debts is expected within the next financial year.

Accruals and provisions

In line with the framework set out by International Financial Reporting Standards, the Trust has made expenditure accruals and provisions for transactions (and other events) that relate to 2018/19 irrespective of whether cash or its equivalent has been paid.

In some cases, this has resulted in estimates being made by management for transactions or events that have already occurred but whose costs are not known exactly. In such cases management have exercised judgement in calculating an estimate for the costs and do not expect that to differ significantly to those finally incurred on payment. The liabilities will be settled during the normal course of the Trust's business.

Asset lives, impairment and depreciation methodology

In line with IAS 16, Property, Plant and Equipment (PPE), the Trust depreciates its Non Current PPE in line with the assets' useful economic lives. The Trust's management team believe that the economic benefits associated with such assets are broadly consumed on a straight line basis in line with the useful economic lives contained within note 1.6.3.

Note 1.17 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.18 Standards, amendments and interpretations in issue but not yet effective or adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2018-19. These standards are still subject to HM Treasury FReM interpretation.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 01 April 2020, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021 but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019.

Note 2 Operating Segments

IFRS 8 requires income and expenditure to be broken down into the operating segments reported to the Chief Operating Decision Maker. The Trust considers the Board to be the Chief Operating Decision Maker because it is responsible for approving its budget and hence responsible for allocating resources to operating segments and assessing their performance. For 2018-19 the Trust has five Divisions with the addition of Bedfordshire Community Unit from 1st April 2018. The divisions are Ambulatory Care Services, providing a diverse range of primary care services including sexual health, Musculoskeletal Services, Dental and outpatients, Bedfordshire Community Unit providing Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Bedfordshire), Luton Community Unit, providing a range of community nursing, therapy and hospital based services for both Adults and Children throughout Luton, Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Cambridgeshire) and Other Services which includes Corporate Costs, Contracted income and other indirect costs. The Trust's operating segments reflect the services that it provides across Bedfordshire, Cambridgeshire, Luton, Suffolk and Norfolk. Expenditure is reported to the Board on a regular basis by Division.

The Statement of Financial Position is reported to the Board on a Trust wide basis only.

2018/19				
	Income	Pay	Non-Pay	Net Total
Division Level	£'000	£'000	£'000	£'000
Ambulatory Care Services	1,706	(17,605)	(10,545)	(26,444)
Bedfordshire Community Unit	1,119	(11,893)	(2,406)	(13,180)
Childrens & Younger Peoples Services	2,827	(32,067)	(4,410)	(33,650)
Luton Community Unit	1,659	(17,315)	(3,603)	(19,259)
Other Services	129,332	(7,167)	(25,778)	96,387
CCS Total 2018/19	136,643	(86,047)	(46,742)	3,854

2017/18				
	Income	Pay	Non-Pay	Net Total
Division Level	£'000	£'000	£'000	£'000
Ambulatory Care Services	1,760	(17,149)	(10,741)	(26,130)
Childrens & Younger Peoples Services	2,406	(30,054)	(4,717)	(32,365)
Luton Community Unit	509	(17,083)	(2,817)	(19,391)
Other Services	111,866	(6,855)	(23,937)	81,074
CCS Total 2017/18	116,541	(71,141)	(42,211)	3,189

	2018-19	2017-18
	£000	£000
Revenue from patient care activities	128,191	109,324
Other operating revenue	8,454	7,216
Operating expenses	(131,116)	(111,742)
Operating surplus	5,529	4,798
Public dividend capital dividends payable	(1,675)	(1,609)
Retained Surplus for the financial year	3,854	3,189

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.1

Note 3.1 Income from patient care activities (by nature)	2018/19	2017/18
	£000	£000
Acute services		
High cost drugs income from commissioners (excluding pass-through costs)	4,974	-
Community services		
Community services income from CCGs and NHS England	46,727	48,716
Income from other sources (e.g. local authorities)	69,626	54,612
All services		
Private patient income	128	139
Agenda for Change pay award central funding	1,073	-
Other clinical income	5,663	5,857
Total income from activities	128,191	109,324

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19	2017/18
	£000	£000
NHS England	9,966	10,001
Clinical commissioning groups	41,735	38,715
Department of Health and Social Care	1,115	81
Other NHS providers	17,719	2,345
NHS other	2,133	2,805
Local authorities	49,732	49,381
Non-NHS: private patients	128	139
Injury cost recovery scheme	-	2
Non NHS: other	5,663	5,855
Total income from activities	128,191	109,324
Of which:		
Related to continuing operations	128,191	109,324

Note 4 Other operating income

	2018/19 £000	2017/18 £000
Other operating income from contracts with customers:		
Education and training (excluding notional apprenticeship levy income)	233	159
Non-patient care services to other bodies	2	-
Provider sustainability / sustainability and transformation fund income (PSF / STF)	3,236	2,252
Income in respect of employee benefits accounted on a gross basis	100	80
Other contract income	780	659
Other non-contract operating income		
Charitable and other contributions to expenditure	54	44
Rental revenue from operating leases	4,049	4,022
Total other operating income	8,454	7,216
Of which:		
Related to continuing operations	8,454	7,216

Note 5.1 Additional information on revenue from contracts with customers recognised in the period

	2018/19 £000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	428

Note 6.1 Operating expenses

	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	5,136	6,585
Purchase of healthcare from non-NHS and non-DHSC bodies	5,899	2,853
Staff and executive directors' costs	85,995	71,091
Remuneration of non-executive directors	52	57
Supplies and services - clinical (excluding drugs costs)	2,451	2,233
Supplies and services - general	5,016	4,154
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	5,758	6,247
Consultancy costs	407	184
Establishment	1,669	1,824
Premises	8,204	6,029
Transport (including patient travel)	2,252	1,973
Depreciation on property, plant and equipment	2,702	2,521
Amortisation on intangible assets	101	95
Movement in credit loss allowance: contract receivables / contract assets	(63)	
Movement in credit loss allowance: all other receivables and investments	-	169
Increase/(decrease) in other provisions	(296)	97
Change in provisions discount rate(s)	(198)	154
Audit fees payable to the external auditor		
Audit services - statutory audit	42	48
Internal audit costs	67	66
Clinical negligence	417	373
Legal fees	-	60
Education and training	983	815
Rentals under operating leases	3,239	3,320
Redundancy	-	49
Other	1,282	745
Total	131,116	111,742
Of which:		
Related to continuing operations	131,116	111,742

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2017/18: £5m).

Note 7 Impairment of assets

	2018/19	2017/18
	£000	£000
Total net impairments charged to operating surplus / deficit	-	-
Impairments charged to the revaluation reserve	-	53
Total net impairments	-	53

Note 8 Employee benefits

	2018/19	2017/18
	Total	Total
	£000	£000
Salaries and wages	66,743	54,838
Social security costs	6,445	5,342
Apprenticeship levy	327	265
Employer's contributions to NHS pensions	8,862	7,249
Termination benefits	18	49
Temporary staff (including agency)	3,600	3,397
Total gross staff costs	85,995	71,140
Recoveries in respect of seconded staff	-	-
Total staff costs	85,995	71,140

Note 8.1 Retirements due to ill-health

During 2018/19 there were 2 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £56k (£249k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. The Trust operates no other Pension Schemes outside the NHS Pension Scheme. 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 are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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 report of the scheme actuary, which forms part of the annual NHS Pension Scheme 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 (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 the Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 10 Operating leases

Note 10.1 Cambridgeshire Community Services NHS Trust as a lessor

This note discloses income generated in operating lease agreements where Cambridgeshire Community Services NHS Trust is the lessor.

The lease agreements are managed through lease contracts and Memorandum of Occupations, with both NHS and non-NHS organisations. The properties are either freeholds of the Trust or properties where the Trust holds the head lease.

	2018/19 £000	2017/18 £000
Operating lease revenue		
Minimum lease receipts	4,049	4,022
Total	4,049	4,022
	31 March 2019 £000	31 March 2018 £000
Future minimum lease receipts due:		
- not later than one year;	4,431	4,252
- later than one year and not later than five years;	227	2,426
- later than five years.	75	107
Total	4,733	6,785

Note 10.2 Cambridgeshire Community Services NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Cambridgeshire Community Services NHS Trust is the lessee.

The leases are managed through lease contracts with NHS, local authority and non-NHS organisations. The lease agreements are based on agreed contracted amounts per annum which include contingent rent based on periodic rent reviews. The Trust does not have a purchase option included in the lease contracts.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	3,239	3,320
Total	3,239	3,320
	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	2,906	3,082
- later than one year and not later than five years;	7,033	8,501
- later than five years.	5,131	5,962
Total	15,070	17,545
Future minimum sublease payments to be received	-	-

Note 11.1 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Plant & machinery £0	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	11,709	45,863	1,393	1,678	796	61,440
Additions	-	3,096	304	747	31	4,178
Valuation/gross cost at 31 March 2019	11,709	48,959	1,697	2,425	827	65,618
Accumulated depreciation at 1 April 2018 - brought forward	-	7,958	884	888	204	9,934
Provided during the year	-	2,167	101	357	77	2,702
Accumulated depreciation at 31 March 2019	-	10,125	985	1,245	281	12,636
Net book value at 31 March 2019	11,709	38,834	712	1,180	546	52,982
Net book value at 1 April 2018	11,709	37,905	509	790	592	51,506

Note 11.2 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	11,709	42,884	1,239	1,581	531	57,945
Valuation / gross cost at 1 April 2017 - restated	11,709	42,884	1,239	1,581	531	57,945
Additions	-	1,490	154	97	265	2,006
Impairments	-	(53)	-	-	-	(53)
Revaluations	-	1,542	-	-	-	1,542
Valuation/gross cost at 31 March 2018	11,709	45,863	1,393	1,678	796	61,440
Accumulated depreciation at 1 April 2017 - as previously stated	-	5,946	783	552	132	7,413
Accumulated depreciation at 1 April 2017 - restated	-	5,946	783	552	132	7,413
Provided during the year	-	2,012	101	336	72	2,521
Accumulated depreciation at 31 March 2018	-	7,958	884	888	204	9,934
Net book value at 31 March 2018	11,709	37,905	509	790	592	51,506
Net book value at 1 April 2017	11,709	36,938	456	1,029	399	50,532

Note 11.3 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019							
Owned - purchased	11,709	38,834	712	1	1,180	546	52,982
NBV total at 31 March 2019	11,709	38,834	712	1	1,180	546	52,982

Note 11.4 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018							
Owned - purchased	11,709	37,905	509	1	790	592	51,506
NBV total at 31 March 2018	11,709	37,905	509	1	790	592	51,506

Note 12 Revaluations of property, plant and equipment

In accordance with the requirements of the Group Accounting Manual 2018/19, the Trust's freehold land and buildings were valued in 2014/15 by external valuers Boshier & company, Chartered Surveyors, in accordance with the requirements of the RICS Valuation Standards and International Accounting Standards. In March 2019 Boshiers did a desktop review of the Trust freehold operational assets valuation and concluded that the current book values reflected fair values of the assets.

In March 2018 Boshiers also reviewed the asset lives of the Trust's freehold operational assets and determined revised asset lives up to a maximum of 37 years, which will be reviewed and potentially be applied from 2019/20.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the Statement to Financial Position date. In practice the Trust will ensure there is a full quinquennial valuation and an interim calculation in the third year of each quinquennial cycle. In any intervening year the Trust will carry out a review of movements in appropriate land and building indices and where material fluctuations occur, will engage the services of a professional valuer to determine appropriate adjustments to the valuations of assets to ensure that the book values reflect fair values. Fair values are determined as follows:

The valuation of each property was on the basis of fair value, subject to the assumption that all property would be sold as part of the continuing enterprise in occupation.

The Valuer's opinion of the market value was primarily derived using comparable recent market transactions on arms length terms.

The depreciated replacement cost method of valuation as the specialised nature of the asset means that there is no market transaction of this type except as part of the enterprise in occupation and is subject to the prospect and viability of the continued occupation and use.

Note 13.1 Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables*	13,607	
Trade receivables*		9,018
Accrued income*		2,990
Allowance for impaired contract receivables / assets*	(543)	
Allowance for other impaired receivables	-	(606)
Prepayments (non-PFI)	1,335	1,200
PDC dividend receivable	36	-
VAT receivable	346	165
Total current trade and other receivables	14,781	12,767
Of which receivables from NHS and DHSC group bodies:		
Current	7,066	5,510

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 13.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets	All other receivables
	£000	£000
Allowances as at 1 April 2018 - brought forward		606
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	606	(606)
New allowances arising	95	-
Reversals of allowances	(158)	-
Allowances as at 31 March 2019	543	-

Note 14.1 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.

	2018/19	2017/18
	£000	£000
At 1 April	8,698	7,775
Prior period adjustments	-	-
At 1 April (restated)	8,698	7,775
Transfers by absorption	(62)	-
Net change in year	2,910	923
At 31 March	11,546	8,698
Broken down into:		
Cash at commercial banks and in hand	3	4
Cash with the Government Banking Service	11,543	8,694
Total cash and cash equivalents as in SoCF	11,546	8,698

Note 15.1 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables *	4,302	5,136
Capital payables *	-	102
Accruals *	9,588	5,753
Other taxes payable	1,059	1,066
PDC dividend payable	-	23
Total current trade and other payables	14,949	12,080
Non-current		
Other payables	1,045	1,045
Total non-current trade and other payables	1,045	1,045
Of which payables from NHS and DHSC group bodies:		
Current	3,081	3,078
Non-current	-	-

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note . IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 16.1 Provisions for liabilities and charges analysis

	Other £000	Total £000
At 1 April 2018	2,252	2,252
Change in the discount rate	(198)	(198)
Arising during the year	31	31
Reversed unused	(327)	(327)
At 31 March 2019	1,758	1,758
Expected timing of cash flows:		
- not later than one year;	418	418
- later than one year and not later than five years;	1,005	1,005
- later than five years.	335	335
Total	1,758	1,758

Other: Dilapidations

The Trust occupies a number of properties on short term leasehold agreements (see note 10.2). There are a number of lease covenants requiring that during and on expiry of the leases, the properties need to be maintained in a good condition and state of repair, which usually requires a level of reinstatement, repair or decoration. As such, it is deemed appropriate to create a provision to ensure that leased properties can be maintained and vacated in correct condition. Sweett (UK) Limited were appointed by the Trust to advise on this.

Note 17.1 Clinical negligence liabilities

At 31 March 2019, £702k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Cambridgeshire Community Services NHS Trust (31 March 2018: £786k).

Note 18 Financial instruments

Note 18.1 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.

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 Improvement. 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 Improvement. 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 2018 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 CCG's and Local Authorities, 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 18.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2019 under IFRS 9		
Trade and other receivables excluding non financial assets	13,064	13,064
Cash and cash equivalents at bank and in hand	11,546	11,546
Total at 31 March 2019	24,610	24,610

	Loans and receivables £000	Total book value £000
Carrying values of financial assets as at 31 March 2018 under IAS 39		
Trade and other receivables excluding non financial assets	12,008	12,008
Cash and cash equivalents at bank and in hand	8,698	8,698
Total at 31 March 2018	20,706	20,706

Note 18.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Trade and other payables excluding non financial liabilities	13,890	13,890
Total at 31 March 2019	13,890	13,890

	Other financial liabilities £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Trade and other payables excluding non financial liabilities	10,991	10,991
Total at 31 March 2018	10,991	10,991

Note 18.4 Maturity of financial liabilities

	31 March 2019 £000	31 March 2018 £000
In one year or less	13,890	10,991
Total	13,890	10,991

Note 19.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Note 19.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 20 Related parties

The Department of Health and Social Care is the Trust's parent entity and also regarded as a related party. During the year Cambridgeshire Community Services NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is also regarded as the parent Department. The Trust also had transactions with other government bodies which are regarded as related parties. These entities are:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
Bedfordshire CCG				
Cambridgeshire and Peterborough CCG				
Luton CCG				
Milton Keynes CCG				
West Norfolk CCG				
NHS England Core				
Local Area Teams - East Local Office				
Specialist Commissioning - East Commissioning Hub				
Bedford Hospital NHS Trust				
St Helens and Knowsley Hospital Services NHS Trust				
Cambridge University Hospitals NHS Foundation Trust				
Cambridgeshire and Peterborough NHS Foundation Trust				
East London NHS Foundation Trust				
Essex Partnership University NHS Foundation Trust				
Luton and Dunstable University Hospital NHS Foundation Trust				
Norfolk and Norwich University Hospital NHS Foundation Trust				
North West Anglia NHS Foundation Trust				
Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust				
West Suffolk NHS Foundation Trust				
Bedford Unitary Authority	84	2,356	0	68
Cambridgeshire County Council	50	13,198	19	1,502
Huntingdonshire District Council	1,570	0	0	0
Lincolnshire County Council	0	241	0	31
Luton Borough Council	166	4,220	0	316
Norfolk County Council	8	22,805	0	2,587
Peterborough City Council	130	1,450	0	2
Suffolk County Council	123	5,062	6	252
Department of Health and Social Care				
Health Education England				
NHS Resolution				
Care Quality Commission				
NHS Property Services				
HM Revenue and Customs	6,772	0	1,059	0
NHS Pension Scheme				

The NHS Pension Scheme is a related party to the Trust.

Transactions with the NHS Pension Scheme comprise the employer contribution disclosed in note 8. No contributions were owed at the start or end of the financial year. The Scheme is administered by the NHS Business Services Authority.

There have been transactions in the ordinary course of the Trust's business with an organisation with which Directors of the Trust are connected. The Chief Executive is Chair of both the Cambridgeshire and Peterborough and Bedfordshire/Luton and Milton Keynes Local Workforce Action Boards, both hosted by Health Education England. The Chairman is the Chair of Cambridge Housing Society. The Medical Director is Trustee for East Anglia’s Children's Hospices.

Details of directors' and senior managers' remuneration are given in the Remuneration Report included in the Trust's Annual Report.

The Trust is corporate Trustee for the children's charity Dreamdrops and the Community Services. These have not been consolidated within the Trust's accounts on the grounds of materiality, with the unaudited results for 2018/19 being £38k and £476k respectively of income generation, a revaluation loss of £102k for the Community Services funds, resources expended of £28k and £112k respectively and a closing fund balance of £539k and £1,301k respectively.

Note 21 Events after the reporting date

On the 1st April 2019 the Trust ceased providing Acute Paediatric services at Hinchingsbrooke Hospital with the services transferring to North West Anglia Foundation Trust. This equated to £3,826k reduction in income from Cambridgeshire and Peterborough CCG and £1,968k reduction in income from NHSE Specialist Commissioning.

Note 22 Better Payment Practice code

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	17,384	53,679	15,747	48,044
Total non-NHS trade invoices paid within target	15,856	50,111	14,120	45,246
Percentage of non-NHS trade invoices paid within target	91.2%	93.4%	89.7%	94.2%
NHS Payables				
Total NHS trade invoices paid in the year	995	12,213	1,283	10,652
Total NHS trade invoices paid within target	744	9,502	1,073	8,975
Percentage of NHS trade invoices paid within target	74.8%	77.8%	83.6%	84.3%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 23 External financing

The Trust is given an external financing limit against which it is permitted to underspend:

	2018/19 £000	2017/18 £000
Cash flow financing	(2,772)	(923)
External financing requirement	(2,772)	(923)
External financing limit (EFL)	245	
Under / (over) spend against EFL	3,017	923

Note 24 Capital Resource Limit

	2018/19 £000	2017/18 £000
Gross capital expenditure	4,211	2,006
Charge against Capital Resource Limit	4,211	2,006
Capital Resource Limit	4,211	3,000
Under / (over) spend against CRL	-	994

Note 25 Breakeven duty financial performance

	2018/19 £000
Adjusted financial performance surplus / (deficit) (control total basis)	3,855
Breakeven duty financial performance surplus / (deficit)	3,855

Note 26 Breakeven duty rolling assessment

	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000
Breakeven duty in-year financial performance	513	681	1,632	777	766	576	2,098	3,189	3,855
Breakeven duty cumulative position	513	1,194	2,826	3,603	4,369	4,945	7,043	10,232	14,087
Operating income	102,793	158,331	161,921	157,589	160,501	110,365	116,570	116,540	136,645
Cumulative breakeven position as a percentage of operating income	0.5%	0.8%	1.7%	2.3%	2.7%	4.5%	6.0%	8.8%	10.3%

The Trust was established as an independent NHS Trust on 1st April 2010 and can therefore only provide 8 years of historic performance

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, the Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

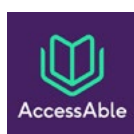
Glossary for Key Performance Indicators

Term	Definition
ASQ™3 Assessment	The ASQ-3 is an assessment tool that helps parents provide information about the developmental status of their young child across five developmental areas: communication, gross motor, fine motor, problem solving, and personal-social
BASHH	The British Association for Sexual Health and HIV
BCG	Bacillus Calmette-Guérin/ TB Vaccine
C Card	C-Card is a confidential, free condom distribution scheme for young people
CCG	Clinical Commissioning Group
CCS	Cambridgeshire Community Services NHS Trust
CD4	White blood cell count
CFS/ME	Chronic Fatigue Syndrome/Myalgic Encephalomyelitis
CHIS	Child Health Information System
Chlamydia	Sexually transmitted infection, particularly common in sexually active teenagers and young adults
Clostridium Difficile	Also known as C. difficile or C. diff, is a bacterium that can infect the bowel and cause diarrhoea
Cover	Cover of Vaccination Evaluated Rapidly, the UK childhood immunisation programme.
CPD	Continuing Professional Development
Deduction Lists	When a patient cancels their registration at a practice or medical service
DNA	Did not attend appointment
Duty of Candour	The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment
EHC	Emergency Hormone Contraception
FNP	Family Nursing Partnership

Term	Definition
GUM	Genitourinary medicine
HCW	Healthcare worker
HPV	Human Papilloma Virus, a vaccine for cervical cancer
HV SCPHN	Health visitor (specialist community public health nursing)
iCaSH	integrated Contraception and Sexual Health Service
IUD	Intrauterine device or coil (contraceptive)
IUS	The IUS (intrauterine system), a hormonal contraceptive
LAC	Looked After Children and Young People
LARC	Long Acting Reversible Contraception
Men ACWY	The Men ACWY vaccine protects against four types of meningitis
MMR	Measles, Mumps and Rubella (German measles) vaccine
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSM	Men who have sex with men
NBBS	New-born blood screening
NBV	New Birth Visit
NCMP	National Child Measurement Programme
NHSE	NHS England
OT	Occupational Therapy
PN Discussion	Partner notification discussion
RTT Waits	Referral to Treatment Waiting Times
SCPHN	Specialist community public health nursing
SEND	Special Education Needs and Disabilities
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection



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