NHS
Cambridgeshire and Peterborough
NHS Foundation Trust

Annual Report 2019/20

Pride in our care

A member of Cambridge University Health Partners

Cambridgeshire and Peterborough NHS Foundation Trust

Annual Report and Accounts 2019 – 2020

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

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About this Report

Cambridgeshire and Peterborough NHS Foundation Trust's Annual Report 2019 - 2020, Annual Accounts and Quality Report have been prepared under a direction issued by NHS Improvement (NHSI) under the National Health Service Act 2006.

The report is divided into the following sections:

The report is based on guidance issued by the Independent Regulator of NHS Foundation Trusts and was approved by the Board of Directors on 22nd June 2020. The Board of Directors considers the Annual Report and Accounts taken as a whole, to be fair, balanced, understandable and provides the information necessary for patients, regulators and other stakeholders to assess Cambridgeshire and Peterborough NHS Foundation Trust's performance, business model and strategy.

Tracy Dowling
Chief Executive

22nd June 2020

Statement from the Trust Chair

In 2020, our Trust, like all others across the country, was due to take part in events to mark the Year of the Nurse and the Midwife.

It was supposed to be a celebration. At the time of writing this, it has been anything but.

However, what the early part of this year has shown us is the clearest ever demonstration of the incredible commitment of our nurses, as well as every other member of staff at Cambridgeshire and Peterborough Foundation Trust (CPFT), amid the biggest challenge to the NHS since its formation.

Until the pandemic struck, we were on course for another year of considerable progress for our Trust and also for the local health system.

Our community teams have continued to see increasing numbers of older people and those with long-term conditions, while during my visits to teams I have witnessed at first hand the incredible care that is offered on our community physical health wards.

A number of our teams gained national recognition at a series of award ceremonies towards the end of 2019.

Our Dementia Carer's Support Service was a finalist at the TCNi Nurse Awards while at the National Older Peoples Mental Health and Dementia Awards- run by campaigners Positive Practice in Mental Health – the Crisis Resolution and Home Treatment Team for Older People and Older People and Adult Community (OPAC) directorate were both shortlisted. The OPAC directorate's recognition was due to how physical and mental health teams work together to treat patients.

Positive Practice chose CPFT and our colleagues at Hertfordshire Partnership Trust to co-host its annual national mental health awards.

Our Psychological Wellbeing Service, Recovery College East and Cambridge Lifespan Autism Spectrum Service (CLASS), Dual Diagnosis Street Team, and our Children and Young People's Peer Support Workers were all shortlisted in a variety of categories while our Primary Care Mental Health Service won one award and finished runner-up in another.

The Trust's Liaison and Diversion Team was shortlisted for the Howard League for Penal Reform Community Awards for its work in supporting female offenders while there was double success for our Springbank ward at Fulbourn Hospital, Cambridge.

The team were highly commended at the Royal College of Psychiatrists annual awards while a BBC Radio 4 report of the ward's work with young women with personality disorders was shortlisted in the Mind Media Awards.

Research remains a vital part of what we do, and by the end of the financial year a record number of people had taken part in studies to try new treatments and therapies, and there was also the launch of a new five year programme to improve health and social care with research.

In our children's, young people and families directorate, our child health teams working jointly with counterparts from Cambridgeshire Community Services continues to improve services for children, their families and carers across the area.

There has also been considerable progress with plans and funding for Cambridge Children's, the collaboration between CPFT, Cambridge University Hospitals and the University of Cambridge, which will create a children's hospital for the East of England.

Uniquely, it will locate mental and physical health services as well as world-leading researchers alongside each other and enable teams to provide the finest care and support “under one roof” at the Cambridge Biomedical Campus. The strategic outline case was signed in early April 2020. Like so many other projects, work continues on that as attention has had to switch to the response to Covid-19.

This is where the system has really come together. All NHS organisations have been involved in the focus to get patients who are clinically well enough, discharged from hospital – and offer as much support as possible to those patients in the community who are at high risk of being admitted to hospital.

This has involved partnership working across all levels of all organisations and has meant that some services have had to be paused (again, at the time of writing) while the emphasis is placed on tackling coronavirus. In some cases, these were very difficult decisions.

But like all businesses, the ability to pivot in times of crisis is vital, and our Business Technology team has moved mountains to oversee a rapid introduction of new technology to allow all staff to work from home, if they were able, to ensure services could continue to operate.

For example, in just a few short days online consultations by staff across all our directorates replaced some face-to-face appointments.

For some services this meant the future arrived far quicker than any of us could have imagined at the turn of the year, but staff, patients and service-users have all shown how quick they are to adapt to the “new normal”.

Services will return and we will use the experiences we learn from the pandemic and the innovations that have been so rapidly introduced to shape how we operate in the future.

My role as Chair is to lead the Board of Directors, which is made up of the Trust’s Executive Directors and six Non-Executive Directors. I would also like to thank them all for their support and the support of Lead Governor Keith Grimwade and all members of our Council of Governors.

But my thanks go to all colleagues across the Trust.

They continue to be unwavering in their commitment to ensure patients, service users and carers get the treatment, support and care they need.

When we get through this, we will return to the events to mark the Year of the Nurse and the Midwife – never will have those celebrations been more deserved. Not just for our nursing teams but for every member of staff who works for CPFT and the wider NHS.

Julie Spence Trust Chair

The Trust Chair's Statement has been signed by the Trust Chair:

Signed by:

Julie Spence
Trust Chair

22nd June 2020

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Section 1: Performance Report

This section provides information on Cambridgeshire and Peterborough NHS Foundation Trust, its main objectives and strategies, and the principal risks that it faces. It covers the requirements of a Strategic Report as set out in the *Companies Act 2006* and NHS Improvement guidance.

It includes:

Overview

Tracy Dowling Chief Executive

Statement from the Chief Executive

This is my third performance report since becoming CEO and I would like to thank all our staff for their continued hard work and dedication.

We continue to focus on our four strategic goals that underpin our central purpose. They are:

- Delivering the best care
- Being a leading innovator in healthcare and research
- Demonstrating best value
- Improving the experience of working at CPFT

Following our CQC inspection we retain our rating of “Good”. We continue to aim to become an “outstanding” organisation for both our staff and for the people and their families who use our services.

Delivering the best care

Over the last year we have embedded Quality Service Improvement Redesign (QSIR) methodology within our organisation. The aim of this is to ensure that the process of continuous improvement is at the heart of how we work, and that the evaluation of change is firmly embedded in any program of change. We recognise that the involvement of people who use our services and their families are crucial to ensure that together we make the right choices to create positive change.

The development of our Individual Placement Support Service represents a significant development. This service will support people who have accessed our secondary mental health services to gain employment.

We continue to innovate across both physical and mental health services, ensuring that we are delivering the best available care.

Leading innovator in healthcare and Research

The use of technology is vital to ensure best quality and most cost-effective care. Our Digital Strategy has been developed through consulting with our staff, the people who use our services and their families and carers. The Strategy will ensure that we have a coordinated and systematic approach to implementation. The plans to implement SystmOne (already used as an electronic record by our physical health services) within Adult Specialist Mental Health and our Children, Young People and Families Directorate will enable greater integration of physical and mental health services as all services will then be on the same system. This system will underpin collaborative working with our colleagues in Primary Care. As the demands on the NHS increase, the adoption of technology enabling innovative ways of working will be essential to ensure that we continue to deliver high quality services.

Demonstrating best value

Collaboration and partnership continue to be key to ensure we are providing the best and most cost-effective care. This is especially important as we remain one of the most financially challenged health economies in the country. We continue to work with our partners on long term projects such as the Cambridge Children's Hospital, the Exemplar within Peterborough (a different model of delivering mental health services) and the transformation and integration of our community services. Financial performance has been strong with delivery of the agreed control total; however, there is further work to do to address high reference costs.

Improve the experience of working at CPFT

Increasing the satisfaction of staff is critical to achieving our strategic goals. The 2019 staff survey showed improvements in most areas with significant gains in morale of staff and quality of appraisals.

Over the last year we have focused on ensuring that our organisation is recognised as being one in which the wellbeing of our staff is core to the delivery of outstanding health care. The development of our Staff Wellbeing Service has enabled work related health issues to be addressed quickly and within the context of the working environment. We have continued to focus on equality and diversity within our organisation. The implementation of Schwartz Rounds has enabled staff to express the emotions associated with delivering compassionate care. Our Campaign against Bullying complements our already established Freedom to Speak Up service, and our 'Stop the Line' process is firmly established for staff to confidently raise concerns.

Recognising that our workforce is our biggest asset, the endorsement of our Workforce Strategy by the Board means that we have clear processes in place to recruit and retain staff, following both traditional and innovative routes.

We recognise that collaboration across the system around workforce will be part of the future ways of working. Over the past year the Trust has worked hard to broaden its equality and diversity reach into the organisation and to make genuine and sustainable impact across all of the domains, with a concerted focus on race and disability. There is always more to be done, and the disproportionate impact of Covid19 on the BAME workforce has helped to highlight some of these inequalities that urgently need to be addressed. We are committed to doing just that by taking positive action at pace to make sure we have a diverse workforce that is visible at all levels of the organisation.

Our staff continue to be our greatest asset and therefore whilst not underestimating the challenges facing the NHS, I remain confident of our ability to continue to provide really good care – in ways that fit with our values.
I believe that, through the ongoing commitment of our staff, that I am fortunate to witness on a daily basis, we will become a truly outstanding organisation across all areas of our work.

Tracy Dowling
Chief Executive

22nd June 2020

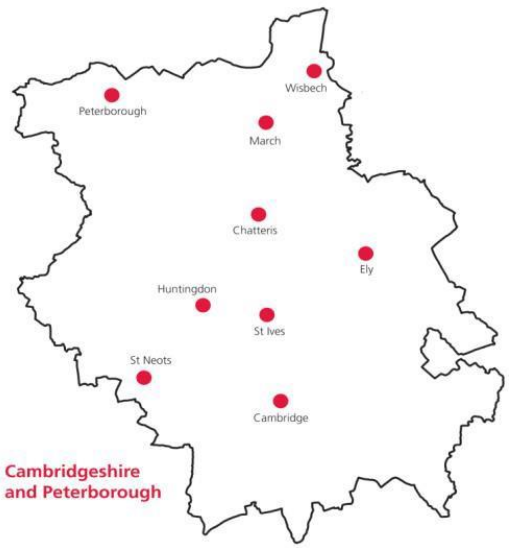
History and purpose

Cambridgeshire and Peterborough NHS Foundation Trust was formed on 1 June 2008 under the Health and Social Care (Community Health and Standards) Act 2003, succeeding Cambridgeshire and Peterborough Mental Health Partnership NHS Trust.

We provide a wide range of mental health, physical health, specialist, learning disability and neuro-rehabilitation community and hospital services to a population of around 950,000 people in the east of England. CPFT is a health and social care organisation, providing:

- integrated older adult physical and mental health services,
- adult mental health and learning disability services (including specialist services such as low secure services and adult eating disorder in-patient services)
- children's mental health services (including specialist services such as child and adolescent in-patient services, and adolescent in-patient eating disorder services), across Cambridgeshire and Peterborough, and
- children's community physical health services in Peterborough.

We employ more than 4,000 staff. Our main bases are at The Cavell Centre, Peterborough, and Fulbourn Hospital, Cambridge, with staff based in more than 50 locations across the county. CPFT is a designated Cambridge University Teaching Trust and a member of Cambridge University Health Partners; one of only eight Academic Health Science Centres in the UK.



Our strategic ambitions

Our Three-Year Strategy for 2018-2021 sets out our **Statement of Purpose:** 'CPFT strives to improve the health and wellbeing of the people we care for, our staff and members, to support and empower them to lead a fulfilling life.'

We have set ourselves four strategic goals to achieve this purpose, each delivered through a series of strategic objectives setting out what we need to do to work effectively with partners to improve the health and wellbeing of the people we care for, and how success will be measured. Our goals are to:

- Deliver the best care,
- Be a leading innovator in healthcare and research – nationally and internationally.
- Demonstrate best value, and
- Improve the experience of working in CPFT.

The full plan is available to view via this link to our website, with updates on progress submitted regularly to our Board of Directors.

A number of enabling strategies have been developed and are in place to support the delivery of the three-year strategy, around:

- Workforce and organisational development
- Information management, technology and estates
- Clinical strategies
- Research and development
- Patient experience and involvement
- Communications and engagement
- Nursing and Allied Health Professionals.

Further details are available from the Trust Secretariat:

Trust Secretary
Cambridgeshire and Peterborough NHS
Foundation Trust
Elizabeth House
Fulbourn Hospital, Fulbourn
Cambridge CB21 5EF
corporateoffice@cpft.nhs.uk

Our Values and Behaviours

Professionalism – We will maintain the highest standards and develop ourselves
Respect – We will create positive relationships
Innovation – We are forward thinking, research-focused, and effective
Dignity – We will treat you as an individual
Empowerment– We will support you

Head to Toe Charity

Head to Toe, the Trust's charity has continued its excellent work this year to raise funds that enhance CPFT's ability to improve the health and wellbeing of the people it serves and the staff who care for them. Thanks to the generosity of its supporters, it is able to do this by investing in the following key areas across the Trust: hope, support, innovation, empowerment; and raising awareness and understanding.

Head to Toe also collaborates with several other non-profit organisations and businesses across Cambridgeshire and Peterborough in order to strengthen its offer to the local community, build wider networks with other partners who prioritise wellbeing and increase fundraising opportunities.

Head to Toe collaborates with both Addenbrookes Charitable Trust (ACT) and Family Voice and Dreamdrops Charity on programmes across the region that enhance services for children and young people.

Head to Toe is supported by the work of the Friends of Fulbourn Hospital, who provide small patient grants to those accessing CPFT mental health services either in the community, or as inpatients. In Peterborough, the Charity works alongside the Peterborough Hospitals at Home Charity who support the delivery of our Hospital at Home end of life care across the city.

Head to Toe also work with numerous local event providers throughout the year to be able to offer a programme of local fundraising events for CPFT staff and supporters; these include the Cambridge Half Marathon, Living Sport (as partners for the Living Sport 4 Seasons Series) and Fulbourn Park Run (recently launched on the Fulbourn Hospital Site).

The Charity is also a grateful beneficiary of several corporate sponsorship initiatives, including the continued support provided by gaming company Ninja Theory, who fund the 'Senua Scholarship' programme through the Recovery College East. Looking forward into 2020 / 21 Head to Toe will continue to grow the Charity's profile across the region, facilitating introductions and partnerships through the 'Living Well, Living With' network, supporting a diverse range of wellbeing programmes and initiatives.

You can find out more about the Charity's work and how you can help by visiting: www.HeadToToeCharity.org
or by calling 01223 219708.

Head to Toe charity
Supporting your mental and physical health

Business and Overseas Development

The Trust continues to scan the market to provide the directorates and Executive Team with the necessary commercial opportunities in line with our Trust Strategy 2018-21:

- to demonstrate best value and
- to enhance our ability to improve health outcomes through current and future business development opportunities.

We have a dedicated Business Development Team with the necessary systems in place enabling us to respond to commercial developments locally, regionally and internationally.

During 2019/20 we successfully initiated our first international business venture supporting the development of psychology services overseas.

Throughout the last year we also progressed our work in support of New Care Models. We are one of six partner Provider organisations in the East of England Collaborative supporting this national programme of work which aims to enhance Tier 4 care delivery closer to home through devolved commissioning arrangements.

We continue to have an interest in potential European and international opportunities where we could offer research expertise, mentorship, training and service and strategy development.

The Trust was successful in being awarded a tender in Qatar to support a research and psychology service development program. We commenced this contract in June 2019/2020 and this project will continue for a period of three years.

Service: Key risks and issues

In line with our monthly risk-reporting cycle of business, the Board Assurance Framework (BAF) and Operational Risk Register (ORR) content is reviewed by the Trust Leadership Team each month, and subsequently by the Board and Board Sub-Committees.

The BAF reflects the top organisational risks that have the greatest impact on the delivery of the Trust's strategic objectives, and risks scoring 15+.

The ORR reflects risks that threaten delivery of operational goals and risks with a mitigated risk score of more than 12 that have been scrutinised and escalated from directorate level.

Board Assurance Framework (BAF)

The top risks recorded on the BAF at the time of writing, are:

Risk Ref: 5877 – Covid 19 *(Score: 20)*
Covid 19 and the requirement to prepare a sustained and comprehensive response to mitigate and respond to this risk could have consequences for the Trust across a range of areas, e.g. operations, workforce, pharmacy, estates, patient care and ongoing service provision.

Risk Ref: 4655 - Sustainable Discharge to Assess Model *(Score: 16)*
Lack of clear commissioning for Discharge to Assess (D2A)/Intermediate Care Model and lack of clear governance structure for care support and provision. CPFT undertook to establish a D2A model as part of the STP. Responsibility for funding of this scheme for 2018/19 and beyond was passed to the CCG. Private provision of care was transferred to the CCG from CPFT and CPFT continues to run co-ordination and professional input.

Risk Ref: 5553 – Vacating Ida Darwin Site *(Score: 16)*
Unable to vacate Tier 4 Children's Wards by April 2023. There is no scope to extend the lease on the Ida Darwin site and an interim accommodation solution is needed for the Tier 4 wards. There is a risk to the Tier 4 service if this is not in place by March 2023. Potentially could lead to loss of service and loss of income. Possible legal challenge if we cannot vacate the site. Cost and reputational impact.

Risk Ref: 4921 - Tier 4 Financial Risk *(Score: 16)*
Not securing New Care Model (NCM) opportunities across Cambridgeshire and Peterborough and beyond could result in patients not being admitted to our Tier 4 wards. This would have a significant financial impact on the Trust, including loss of income and stranded cost, estimated to be in the region of £11.5M

Operational Risk Register

The top risks recorded on the ORR at the time of writing, are:

Risk Ref: 4465 – AMHPs *(Score: 12)*
Risk of not having enough AMHPs to fulfil our statutory duties under the Mental Health Act 1983.

At the time of writing there were four further risks on the Operational Risk Register all scoring six or below.

Overview of ongoing concern

The accounts have been prepared on the basis that the Trust continues to operate as a 'going concern', reflecting the on-going nature of its activities. After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Use of Resources Rating

The financial health of NHS Trusts is measured using the Use of Resources Metric outlined in the NHS England and NHS Improvement's Oversight Framework. The rating is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score The Trust's rating for 2019-20 was a "1" (2018-19 also rated "1") which is the best possible rating.

Capital Investment

The Trust continued to invest in infrastructure improvements, with Capital expenditure in 2019-20 of £7.9m. Improvements in the year included investment in technology to implement a new Clinical Records System, and to improve IT resilience and performance. The Trust also continued to invest in mobile working technology to support clinical staff in the community. Estates and facilities investments were made to address areas of risk, relocate Teams and support improvements to enhance the clinical environment. The capital programme was funded through a combination of internally generated funds and National Monies made available by NHSE/I.

Environmental Issues

The Trust understands its responsibilities to the environment and the wider community. It recognises that everything it does impacts on the environment which, in turn, can affect people's health and wellbeing. The Trust, in its position as a public sector employer, consumer of resources and producer of waste, recognises its role in the promotion of sustainability and its contribution to the Government's sustainability agenda. To this extent we understand the need to develop and maintain a sustainable development management system that will provide the framework to deliver against national and regional sustainable development initiatives and targets.

The Trust will operate a sustainable development management system based around the following processes:

- Sustainability assessment through the use of the Sustainable Development Assessment Tool (SDAT)
- The development, implementation and ongoing monitoring of a Sustainable Development Management Plan (SDMP) which is informed by the outcomes of the SDAT assessment
- Identification and assessment of environmental aspects and impacts of the Trust's operations and the use of

audit and review to ensure that all impacts are effectively managed. The Trust is in the process of completing a sustainability assessment using the newly revised SDAT. The findings of the assessment will be used to inform the renewal of the Trust's SDMP which will be aligned with the new NHS Sustainability Strategy – 'Sustainable, Resilient, Healthy People and Places'

The Trust has developed a Sustainability Policy that is currently under review.

The Trust has also identified a number of initiatives aimed at reducing energy consumption that include:

- Improving the energy metering infrastructure. The Trust has installed a 'smart' meter network that provides comprehensive energy and covers over 95% of the Trust's estate.

- Replacement of inefficient lighting with LED lighting. Business cases for re-lamping projects at a number of buildings across the Trust have been approved and an on-going programme of replacement is now in place.

Social, Community and Human Rights

The Trust has continued to work with its local authority partners on the implementation of the Care Act (2014) and delegated responsibility for the delivery of adult social work services, and specified duties, for people aged 18 years and over with needs associated with their mental health, through the Social Work Partnership Agreement under Section 75 of the National Health Service Act (2006). This year has seen the appointment of the Trust Professional Lead for Social Work to strengthen the delivery of these statutory social work functions.

Overall recruitment to vacant social work posts has continued to prove successful over the last year, however the number of Approved Mental Health Professionals (AMHPs) remains a challenge both locally and nationally.
The Trust appointed a Freedom to Speak Up Guardian (0.50 WTE) in 2017 following the recommendations from the Freedom to Speak Up Review Report (2015). This role was held alongside the post holder's other Trust-wide remit. Since their appointment, significant progress has been made by the Freedom to Speak Up Guardian to implement and embed both the Trust's Speaking Up processes, culture change and improvements following Speaking Up.

During the past year, there has been demonstrable evidence of the collaborative working between the Freedom to Speak Up Guardian and other Trust services such as HR, the Equality, Diversity and Inclusion Team, Staff Well-being and a Staffside representative to embed good Speaking Up practices in the Trust. In particular, the collaborative working with HR has led to a number of key Trust-wide development initiatives such as tackling bullying and harassment and undermining behaviour. In addition to the positive feedback received from the CQC inspectors and the Trust external Auditors during 2019-20, the Trust has received extremely positive feedback from the National Guardian Office on the significant and collaborative progress made by the Freedom to Speak Up Guardian in embedding a Speaking Up culture in the organisation.

In February 2020, the Trust's FTSUG resource has been increased from 0.50 WTE to 1.20 WTE in order to further enhance the support and development work across the wide geography of the Trust.

A **clear governance process** is in place to ensure activity, themes and issues raised in the Trust are made available to the members of the Trust Board and senior managers, and that learning is shared across the Trust.

The Trust has a Counter-Fraud, Bribery and Corruption policy that follows the NHS Counter-Fraud Authority's strategic guidance. This policy helps to ensure staff are aware of the correct reporting requirements in this area, and of the

actions that the Trust will take to counter fraud, bribery and corruption. The Local Counter-Fraud Specialist delivers specific anti-bribery guidance to staff on a regular basis.

Significant events since Statement of Financial Position

The outbreak of Covid-19 is having a significant impact on NHS resources, which has led to the current suspension of the long-term planning regime.

As a result, the Trust has yet to agree a budget or capital programme for 2020/21.

As the economic impact of Covid-19 impacts on the cashflows of other Non-NHS organisations, there may be an impact on the level of bad debt provision required by the Trust.

The Trust is also likely to be affected by increased costs of both workforce and clinical supplies during the pandemic, although the Trust is expecting full reimbursement of such costs.

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End of Section 1: Performance Report

The Performance Report is judged to be a fair, balanced and understandable analysis of Cambridgeshire and Peterborough NHS Foundation Trust's performance in line with the overarching requirement for the Annual Report and Accounts as a whole.

The Trust's Auditors have reviewed the Performance Report for consistency with the Financial Statements.

Signed (in her capacity as Accounting Officer) by:

Tracy Dowling
Chief Executive

22 June 2020

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Section 2: Accountability Report

The Accountability Report comprises:

Director's Report
Remuneration Report
Staff Report
Disclosures set out in the NHS Foundation Trust Code of Governance
NHS Improvement's Single Oversight Framework
Statement of Accounting Officer's Responsibility
Annual Governance Statement

Directors' Report

Board of Directors

The Trust's Board of Directors is accountable for organisational performance and stewardship. Its key responsibilities are to:

- Set the overall strategic direction
- Ensure provision of consistent high-quality, safe and effective services
- Maintain effective dialogue with the communities which the Trust serves
- Ensure high standards of governance across all organisational activities
- To approve the Annual Report and Accounts
- Manage resources to maintain financial sustainability.

Day-to-day responsibility for overseeing and directing the delivery of services is held by the Trust leadership team acting under delegated authority from the Board of Directors.

The Board currently comprises six Executive Directors, two directors and seven independent Non-Executive Directors (NEDs), including one Non-Voting Advisory NED. The Director of Corporate Affairs and the Director of Transformation and Partnerships do not have voting rights. The Non-Executive Chair maintains a casting vote. Six formal Board meetings were held during the financial year 2019 – 2020.

During the year, the Trust has put in place a detailed Board of Director's skills matrix, which is reviewed by the Nominations and Remuneration Committees, to ensure that the Board has an appropriate balance of skills and experience. The Board of Directors also evaluates its own effectiveness on an annual basis, with the results presented to the private Board meeting at the beginning of each year. During 2019-20, the trust also undertook a Well Led review supported by Grant Thornton. Findings from this review were reviewed by the Board and the Trust Leadership Team.

Appointment of the Trust Chair, Non-Executive Directors and Executive Directors

The table below outlines responsibility for the appointment of members of the Board:

POSITION	APPOINTMENT RESPONSIBLITY
Trust Chair	Council of Governors
Non-Executive Directors	Council of Governors
Chief Executive	Trust Chair, Remuneration Committee, and the Council of Governors
Directors and Executive Directors	Trust Chair and Chief Executive Officer

Details of remuneration paid to the Trust Chair, NEDs and Executive Directors are outlined in the Annual Remuneration Report. NEDs are appointed for a term of three years and are subject to an annual performance appraisal.

NEDs may be re-appointed for a second three-year term providing they continue to be effective and demonstrate commitment to the role. In line with the Trust's constitution, a third term may be considered subject to any reappointment being reviewed on an annual basis.

Removal of NED's, including the Trust Chair, requires the approval of no less than 75 percent of the Council of Governors.

Register of Interests

The Trust Register of Interests details any (potential) conflicts of interest of Board members and Trust Leadership Team. The register is maintained by the Trust Secretary, and all Board members, in addition to providing annual declarations, are given the opportunity to declare any new interests at the beginning of every Board and Sub-Committee meeting.

The Trust Register of Interests is available for public inspection via the website and also upon written request to the following address:

Trust Secretary
Cambridgeshire and Peterborough NHS
Foundation Trust
Elizabeth House
Fulbourn Hospital
Fulbourn
Cambridge CB21 5EF

Non-Executive Directors 2019-2020

Julie Spence OBE

Trust Chair

Chair of:
Board of Directors
Council of Governors
Nomination Committee
Remuneration Committee

Julie has more than 30 years distinguished public service with the police. She retired as Chief Constable of Cambridgeshire in late 2010. Appointed as Trust Chair of the Trust in 2014, she is experienced operating with high levels of public scrutiny and accountability. Julie chaired the Police Mutual Assurance Society during 2018-19 and is a Trustee of Ormiston Families. She has lectured on leadership and organisational management at the University of Cambridge and Anglia Ruskin University.

Julian Baust
Deputy Chair

Chair of:
Business and Performance Committee (until January 2019)

Julian has more than 30 years' commercial experience including organisational transformation, redesign and performance management gained within product and service industries. Prior to taking early retirement, he was Chairman and Managing Director of Kodak (UK) Ltd. In addition to his role within the Trust, Julian serves as Vice-Chairman of Diabetes UK and as a Non-Executive Director at Settle Group (formerly North Hertfordshire Homes).

Jo Lucas
Senior Independent Director

Chair of:
Charitable Funds Management Committee

Joanna has more than 40 years' experience working in mental health services in the UK and internationally. She served as a Board member for a number of organisations that included Chair for a special needs housing association. Currently a psychotherapist in private practice in Cambridge, Joanna is the Non-Executive lead for recovery. Joanna was appointed as the Trust's Senior Independent Director in October 2016. She also serves as Chair of MIND (Cambridgeshire, Peterborough and South Lincolnshire).

Sarah Hamilton
Non-Executive Director

Chair of:
Quality, Safety and Governance Committee

Sarah is a solicitor and has more than 20 years' experience acting for public bodies including the NHS Litigation Authority. She was previously a Public Governor of Hertfordshire Partnership University NHS Foundation Trust. She is an Education Associate for the General Dental Council and also sits as Chair on Fitness to Practise Committees for the General Pharmaceutical Council and the Health and Care Professions Council. Sarah left the Trust in February 2020.

Mike Hindmarch
Non-Executive Director

Chair of:
Audit and Assurance Committee

Mike is a chartered accountant with extensive experience at Board level in the private, public and third sectors. Following a successful career with multi-national companies, he more recently worked for a large UK charity supporting people with multi-sensory impairment. He previously served as a Non- Executive Director and Audit Chair at Cambridgeshire Community Services NHS Trust, and currently serves as Vice-Chair of the 'Joint Audit Committee for the Police and Crime Commissioner and Chief Constable' for Cambridgeshire and Peterborough.

Professor Peter B Jones
Half Time Advisory Non-Executive Director

Peter has been Professor of Psychiatry in Cambridge since 2000, and Deputy Head of the Clinical School since 2014.
Peter's research interests are in the epidemiology of mental illness, particularly in causes active in early life, and the mental health of young people. He was a founder of the award-winning Cameo Early Intervention service, and in 2008 took on the Directorship of the National Institute of Health Research Collaboration for Leadership in Applied Health Research and Care East of England hosted by the Trust – this is a partnership between researchers and health services to accelerate the research evidence on policy and practice. Having helped form Cambridgeshire's specialist mental health Trust in 2002, Peter served as a Non-Executive Director until 2005 and re-joined the Trust as an advisory Non-Executive Director in 2017. He is a Trustee for MQ, the mental health research charity.

Brian Benneyworth
Non-Executive Director

Brian is an experienced Non- Executive Director and is Managing Director of his own Consultancy Company. He is a Fellow of the Chartered Institute of Personnel and Development (CIPD). He works closely in the Trust regarding Equality and Diversity and Freedom to Speak Up. Brian has previously held Executive Director positions in both private and not-for-profit companies and has had extensive experience in housing, care and support sectors.

Geoff Turral
Non-Executive Director

Chair of:

Business and Performance Committee (from January 2019)

Geoff currently works in the technology ventures sector, specialising in developing digital platforms to improve communication between organisations and their customers. Prior to this, he worked in the car industry, most recently as Managing Director of Porsche Cars GB Ltd.

Angela Single
Advisory Non-Executive Director

Angela initially joined the Board as part of the national NExT Director Scheme, which supports women and people from black, Asian and minority ethnic communities to become non-executive directors in the NHS. Angela started her career as a registered nurse and subsequently qualified as a district nurse. She was general manager of all acute services at Hinchingbrooke Hospital and then Deputy Chief Nurse, North Middlesex Hospital.

Angela has worked in the heath technology market for more than 20 years. She was Global Business Development Director at BT Health and has advised several health tech start-ups. She chaired a joint Department of Health and Industry initiative in the UK *3millionlives* whose aim was to enable 3 million users to use technology in the home. She also launched a similar initiative (*1in4 lives*) in conjunction with the Australian Government.

Following the successful completion of her NExT traineeship, Angela was appointed as an advisory Non-Executive Director in March 2019 and left in February 2020.

Executive Directors 2019-2020

Tracy Dowling
Chief Executive

Date in post: Aug 2017

Areas of special interest and / or responsibility:

Responsible for meeting all of the statutory and regulatory requirements of the Trust, in addition to being the Trust's Accounting Officer to Parliament. Special interests include developing a quality improvement culture and ensuring that meeting the needs of services users, families and carers are core to developing and delivering Trust services.

Tracy has more than 30 years' experience in the NHS, and more than 10 years' experience at Board level. She joined the NHS in a clinical capacity as a diagnostic radiographer before deciding to undertake a Masters degree in Business Administration and then to pursue a career in NHS management and leadership. She has experience in the acute sector, in commissioning, and in a regulatory role.

Tracy has done much to commission, increase and improve services for both community and mental health services in Cambridgeshire and Peterborough and is thrilled to be leading the Trust in the development and delivery of these vital services which support some of the most vulnerable service users, of all ages, in our community.

Kit Connick
Director of Corporate Affairs

Date in post: Oct 2018

Areas of special interest and / or responsibility:

Corporate projects, Trust secretariat, governance, communications and engagement, charitable funds, health and safety, equality, diversity and inclusion, risk management, emergency planning, medical devices, Recovery College East, partnership engagement and chaplaincy services.

Kit has worked in a number of NHS corporate leadership roles in Cambridgeshire for 17 years, prior to which she worked in the private sector. Kit has a particular interest in organisational and personal development and is an executive coach and mentor, as well as a healthcare leadership feedback facilitator and Belbin accreditor.

Rachel Gomm
Executive Director of Nursing, Allied Health Professional's & Quality

Date in post: March 2020

Areas of special interest and / or responsibility:

Rachel is responsible for a diverse range of areas in CPFT including patient experience, clinical effectiveness and compliance, patient safety, infection control and safeguarding. Rachel is Board level executive lead for nursing and Allied Health Professionals.

Rachel has more than 30 years' experience working in the NHS. A learning disability nurse by background, Rachel has held a range of clinical, service development and leadership positions in community and mental health settings for children and adults.

Dr Chess Denman
Executive Medical Director

Date in post: Jan 2012

Areas of special interest and / or responsibility:

Responsible officer for medical revalidation, consultant appraisal, clinical research development and governance, clinical effectiveness and medicines management, Caldicott Guardian.

Chess has more than 20 years' experience working in the NHS. She trained in medicine at Trinity College, Cambridge, and London University before studying psychiatry at London's Guys and St Thomas' and Cassel Hospital's. A consultant psychiatrist in psychotherapy at Addenbrooke's Hospital before joining the Trust in 2003, Chess is committed to improving services for mental health patients. She founded the Trust's Complex Cases Service for the treatment of personality disorders which won innovation site status and funding from the Department of Health.

Scott Haldane
Executive Director of Finance

Date in post: Jan 2015

Areas of special interest and / or responsibility:

Finance (including financial reporting, financial control, payroll, audit, capital planning, financial performance and management), procurement, business information and technology, information governance, security, and estates management.

Scott has more than 30 years' experience in senior management roles and more than 25 years as a Director of Finance. He graduated from the University of Stirling with a BA in Accountancy and Business Law in 1981 and qualified as a Chartered Accountant in 1984. His immediate past roles include Director of Finance at Cambridgeshire Community Services NHS Trust and NHS National Services Scotland respectively, in addition to four years as Strategy and Business Development Director (Scotland) for Atos IT Services (UK) Ltd. Scott previously served as President of the Healthcare Financial Management Association and was recognised as 'Public Sector Finance Director of the Year' in 2006. He is currently a lay member of the Court at the University of Stirling, a Non-Executive Director of Edinburgh Leisure Ltd. (an arms-length Charitable body of City of Edinburgh Council), and a Trustee of Ambient LTD (formally known as Heritage Care), a national Charity providing community-based care and support for people with learning disabilities, mental health support needs and older people.

Stephen Legood
Executive Director of People and Business Development

Date in post: Sept 2015

Areas of special interest and / or responsibility:

Strategy development, business planning and development, commissioning, client management and service transformation, human resources, learning and development, leadership and management development; workforce productivity and all personnel matters.

Stephen has more than 20 years' experience working in the NHS, which has taken him from ward to Board. Prior to his current role, Stephen served as interim Chief Operating Officer having previously served in several Associate Directors roles at the Trust, leading on commissioning, contracting, system redesign and development of large-scale services. He is a Governor of Cambridge University Hospitals NHS Foundation Trust.

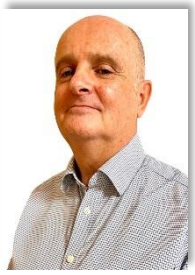
Debbie Smith
Executive Director of Operations and Systems Partnerships

Date in post: March 2020

Areas of special interest and / or responsibility:

Operational delivery of our clinical services and the development of our systems partnerships.

Debbie started in the NHS in 1987 in Derbyshire where she trained as a mental health nurse before moving to Staffordshire working in a number of clinical roles in both adult and older people's services. After returning to Derbyshire as a service manager in 2001, she then joined Rotherham, Doncaster and South Humber NHS Foundation Trust in 2005 as an Assistant Director for Older People's Mental Health Services and then as Deputy Director of Operations. In 2013, she was appointed Mental Health Service Director and completed an MBA with the Open University. In 2016 Debbie became Chief Operating Officer before joining CPFT in March 2020 as the Director of Operations and System Partnerships.



Gerard Newnham
Director of Transformation and Partnerships

Date in post: Dec 2019

Areas of special interest and / or responsibility:

Service Transformation, Quality Improvement and System Partnerships.

Gerard previously worked for the Ministry of Justice, Legal Services Commission and Cambridgeshire County Council. In 2009 he joined the Granta Medical practice, Sawston, Cambridgeshire and successfully merged four medical practices. This created a delivery model which was nationally recognised as being at the forefront of new models of care. He joined the Trust in November 2019.

Attendance at Board of Directors Meetings

Name	Title	Period Served	Board Meeting Attended					Date Appointed to Board	Expiry/End of Term in Office
			23rd May 19	24th July 19	25th Sept 19	27th Nov 19	29th Jan 20		
Julie Spence, OBE	Chair (Non-Executive Director)	Full Year	✓	✓	✓	✓	✓	Jan-13	May-20
Julian Baust	Non-Executive Director	Full Year	X	✓	✓	X	✓	Apr-13	Jan-22
Jo Lucas	Non-Executive Director	Full Year	✓	✓	X	✓	✓	Oct-14	Sep-20
Mike Hindmarch	Non-Executive Director	Full Year	✓	✓	✓	✓	✓	May-15	Jun-21
Prof Peter Jones	Advisory Non-Executive Director	Full Year	✓	✓	✓	✓	✓	Mar-17	Feb-20
Brian Benneyworth	Non-Executive Director	Full Year	✓	✓	✓	X	✓	Jan-18	Jan-21
Geoff Turral	Non-Executive Director	Full Year	✓	✓	X	✓	✓	Jan-18	Jan-21
Sarah Hamilton	Non-Executive Director	3 years 11 m	X	X	✓	X	✓	Jan-16	Left: 28th Feb 20
Angela Single	Advisory Non-Executive Director	11 months	X	✓	✓	X	✓	Mar-19	Left: 28th Feb 20
Tracy Dowling	Chief Executive Officer	Full Year	✓	✓	✓	✓	✓	Sep-17	Exec Director
Dr Chess Denman	Executive Medical Director	Full Year	✓	X	✓	✓	✓	Jan-12	Exec Director
Scott Haldane	Executive Director of Finance	Full Year	✓	✓	✓	✓	✓	Jan-15	Exec Director
Stephen Legood	Executive Director of People and Business Development	Full Year	✓	✓	✓	✓	✓	Sep-15	Exec Director
Kit Connick	Director of Corporate Affairs	Full Year	X	✓	✓	✓	✓	Oct-18	Exec Director
Rachel Gomm	Executive Director of Nursing and Quality	6 months	N/A	N/A	N/A	✓	✓	Started: 01.10.19	Exec Director
Debbie Smith	Director of Operations	1 month	N/A	N/A	N/A	N/A	✓	Started: 02.03.20	Exec Director
Gerard Newnham	Director of Transformation and Partnerships	4 months	N/A	N/A	N/A	N/A	✓	Started: 09.12.19	Exec Director
Melanie Coombes	Director of Nursing and Quality	7 years 6 m	✓	✓	N/A	N/A	N/A	Nov-12	Left: 29th Sept 19
Julie Frake-Harris	Director of Operations	1 year 6 m	✓	✓	N/A	N/A	N/A	Oct-18	Left: 29th Sept 19
Sarah Warner	Director of Service Transformation	1 year 8 m	✓	✓	✓	✓	N/A	Mar-18	Left: 29th Nov 19
John Martin	Interim Director of Operations	7 months	X	X	✓	✓	✓	Started: 01.09.19	Left Post: Mar-20

Board of Directors Sub Committee

The work of the sub-committees and their Terms of Reference are reviewed annually to ensure they remain fit for purpose.

Audit and Assurance Committee (AAC)

This committee is responsible for ensuring an effective system of integrated governance, risk management and internal control is in place to support the achievement of the Trust's strategic objectives. The committee is tasked with reviewing all internal and external audit reports and accounts to ensure the Trust is compliant with all governance and audit standards.

Membership of the committee consists of three Non-Executive Directors (excluding the Trust Chair), one of whom is appointed to the role of committee Chair. At least one member of the committee is required to have relevant and significant financial expertise. A nominated governor lead also attends.

Meeting held during 2019-2020 were:
15 May 2019
10 July 2019
9 October 2019
16 January 2020

Business and Performance Committee (B&P)

This committee is responsible for monitoring, reviewing and providing assurance to the Board on financial performance and service delivery against set targets and budget. The committee is tasked with providing assurance to the Board on delivery of the long-term business and financial strategy, and support to the service development strategy.

Membership of the committee consists of four Non-Executive Directors, one of whom is appointed to the role of committee Chair, three Executive Directors and one director. A nominated governor lead also attends.

Meetings held during 2019-2020 were:
24 April 2019
26 June 2019
28 August 2019
23 October 2019
18 December 2019
26 February 2020

Quality, Safety and Governance Committee (QSG)

This committee is responsible for monitoring the Trust's performance in developing and co- ordinating policy and practice of clinical governance and quality (including patient experience, patient safety and clinical effectiveness). The committee is tasked with providing assurance to the Board that high standards of care, appropriate governance structures, and efficient processes and controls are in place across the Trust. The committee also provides assurance to the Board in relation to workforce matters.

Membership of the committee consists of four Non-Executive Directors, one of whom is appointed to the role of committee Chair, and four Executive Directors. A nominated governor lead also attends.

Meetings held during 2019-2020 were:
24 April 2019
26 June 2019
28 August 2019
23 October 2019
18 December 2019
26 February 2020

Charitable Funds Management Committee (CFMC)

This committee is responsible for considering the general running and use of the charitable funds and makes recommendations to the Board, as Trustee. The committee also reviews operational activity/plans of the charity. The committee is tasked with considering any changes in investment policy, reviewing performance of current investments, receiving reports on the investment and charitable fund, and monitoring and reviewing the implementation of any recommendations. The committee regularly reviews spending compliance against the Reserves Policy.

Membership of the committee consists of three Non-Executive Directors, one of whom is appointed to the role of committee Chair, and two Executive Directors, however, responsibility from one Executive Director has been assigned by the Board of Directors to the Director of Corporate Affairs, who holds responsibility for the Head 2 Toe charity. The Director of Finance of the Trust is a non-voting member of the committee. There is also a nominated governor lead who attends.

Meetings held during 2019-2020 were:

12 June 2019
5 September 2019
4 December 2019
12 March 2020

Sub-Committee Membership and Attendance

					AAC				B&P						QSG						CFM			
Name	AAC	B&P	QSG	CFM	15-May-19	10-Jul-19	09-Oct-19	16-Jan-20	24-Apr-19	26-Jun-19	28-Aug-19	23-Oct-19	18-Dec-19	26-Feb-20	24-Apr-19	26-Jun-19	28-Aug-19	23-Oct-19	18-Dec-19	26-Feb-20	12-Jun-19	05-Sep-19	04-Dec-19	12-Mar-20
Julian Baust	✓	Chair	✓		✓	✓	x	✓	x	✓	✓	✓	✓	✓	✓	✓	x	x	x	x	✓	✓	✓	x
Jo Lucas			✓	Chair	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
Sarah Hamilton		✓	Chair		NA	NA	NA	NA	x	✓	x	✓	✓	✓	x	✓	x	✓	✓	✓	NA	NA	NA	NA
Mike Hindmarch	Chair	✓		✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	NA	NA	NA	NA	NA	NA	✓	✓	✓	x
Brian Benneyworth			✓	✓	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	✓	✓	✓	x	✓	NA	NA	NA	NA
Geoff Turral	✓	Chair	✓		x	✓	✓	✓	✓	✓	✓	✓	x	✓	x	✓	✓	✓	x	✓	NA	NA	NA	NA
Melanie Coombes			✓		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	✓	✓	NIP	NIP	NIP	NA	NA	NA	NA
Dr Chess Denman			✓		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	x	✓	✓	✓	✓	✓	NA	NA	NA	NA
Scott Haldane	✓	✓		✓	✓	x	✓	x	✓	✓	✓	✓	✓	✓	NA	NA	NA	NA	NA	NA	✓	✓	✓	✓
Stephen Legood		✓	✓		NA	NA	NA	NA	✓	✓	x	x	x	✓	x	✓	✓	x	x	✓	NA	NA	NA	NA
Julie Frake-Harris		✓	✓		NA	NA	NA	NA	x	✓	x	x	x	x	x	✓	✓	NIP	NIP	NIP	NA	NA	NA	NA
Sarah Warner		✓			NA	NA	NA	NA	✓	x	x	x	x	x	✓	✓	✓	✓	NIP	NIP	NA	NA	NA	NA
Kit Connick				✓	✓	✓	x	✓	✓	✓	✓	x	x	✓	NA	NA	NA	NA	NA	NA	✓	✓	x	✓
Rachel Gomm			✓		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	✓	✓	✓	✓	✓	NA	NA	NA	NA
John Martin		✓	✓		NA	NA	NA	NA	NIP	NIP	✓	✓	✓	✓	NIP	NIP	NIP	✓	✓	✓	NA	NA	NA	NA
Debbie Smith		✓			NA	NA	NA	NA	NIP	NIP	NIP	NIP	NIP	NIP	NIP	NIP	NIP	NIP	NIP	NIP	NA	NA	NA	NA
Gerard Newnham		✓	✓		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	x	NA	NA	NA	NA

Board and Sub-Committee effectiveness

The Trust Scheme of Delegation outlines the level of decision making that can be delegated and those responsibilities reserved for the Board of Directors. The Board and sub-committee cycle of business and Terms of Reference are reviewed annually to ensure they remain up to date, effective and fit for purpose.

In line with NHSI guidelines, the Board and Committees completed annual reviews of their effectiveness. Results were collated and considered to form the basis for continuous improvement.

During 2019-20, the trust also undertook a Well Led review supported by Grant Thornton. Findings from this review were reviewed by the Board and the Trust Leadership Team.

Better Payment Practice Code

Public Sector Payment Policy - Unless other terms are agreed, we are required to pay our creditors within 30 days of the receipt of goods or a valid invoice, whichever is the later. This is to ensure that we comply with the Better Payment Practice Code. The Trust's performance against this metric is shown in the table below:

Better Practice Payment Code Compliance

Better Practice Payment Code Summary 2019/20	Number of invoices	Value (£000)
NHS payables		
Total NHS trade invoices paid in the year	1,391	12,964
Total NHS trade invoices paid within target	669	5,987
Percentage of NHS trade invoices paid within target	48.1%	46.2%
Non-NHS payables		
Total non-NHS trade invoices paid in the year	37,716	80,353
Total non-NHS trade invoices paid within target	28,354	61,002
Percentage of non-NHS trade invoices paid within target	75.2%	75.9%

The Trust paid £0.000m (2018-19 £0.005m) interest under the Late Payment of Commercial Debts (Interest) Act 1998. Section 113(7) of the Public Contract Regulations 2015 requires the Trust to disclose the amount of interest that the Trust may be liable to pay in respect of late payment. The total potential liability to pay interest on invoices paid after their due date during 2019/20 would be £0.327m (2018-19 £0.322m). There have been no claims under this legislation and liability is only included within the accounts when a claim is received. This legislation does not apply to inter NHS invoices.

Enhanced Quality Governance Reporting

Quality governance reporting is detailed in the Annual Governance Statement.

Cost Statement

The Trust has complied with the cost allocation and charging requirements set out in the *HM Treasury and Office of Public Sector Information Guidance.*

Income Disclosures

NHSI, in exercise of the powers conferred on Monitor by paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, directs that the keeping of accounts and the annual report of each NHS Foundation Trust shall be in the form as laid down in NHSI's NHS Foundation Trust Annual Reporting Manual, that is in force for the financial year.

Income Disclosures required by Section 43(2A) of the NHS Act 2006

As an organisation we are required by the NHS Act 2006 (as amended by the Health and Social Care Act 2012) to state whether our income from the provision of goods and services for the purposes of the health service in England is greater than our income from the provision of goods and services for any other purpose. We can confirm that this was the case, as evidenced by our accounts.

We are also required by the same Act to provide information on the impact that other income has had on our provision of healthcare. We can confirm that our other operating income has had no adverse impact on our provision of goods and services for the purposes of the health service in England.

NHS Improvement's Well-Led Framework

Information and disclosures relating to NHS Improvement's Well-Led Framework have been included within the Annual Governance Statement.

Patient Care

Due to our size and level of autonomy, we can enter into partnerships with other organisations and secure funding to develop new and innovative ways to deliver services. **We are a major contributor in the wider healthcare economy,** and we use that influence to drive change and improvements such as:

- The 'Urgent and Emergency Care Roundtable' which is taking a systemwide approach to the delivery of Unplanned Care Services including the Joint Emergency Team (JET) and the Minor Injury Units (MIU).
- Joint work with Cambridgeshire Community Services on Children's services.

Performance against key healthcare targets is reported in the Quality Report and includes:

- Various core performance indicators required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) like the Care Programme Approach 7-day follow up, Crisis Resolution Treatment team gate keeping and Patient Safety Incident rates
- Additional indicators mandated by NHS Improvement year on year, and include cardio metabolic assessments, early intervention to psychosis, improving access to psychological therapies, under 16 admissions to adult facilities, and inappropriate out of area placements for adult mental health. New for this year relates to a statement on progress in bolstering staffing in adult and older adult community mental health services, following additional investment from local CCGs' baseline funding.

Performance Analysis

The Foundation Trust has an approved and audited performance framework that assesses itself against a range of Key Performance Indicators and other relevant metrics. These indicators have been selected to ensure the Foundation Trust complies with statutory requirements, local commissioner requirements and also provide the Foundation Trust with effective mechanisms to proactively identify and manage risk.

Building on previous investments, performance analysis processes have evolved during 2019-2020. Improvements in data quality and the enhancement of

available data sources has increased the range of insight available to service managers and clinicians. These include the introduction and roll out of Statistical Process Charts (SPC's) to help inform a better understanding of performance variations against statistically relevant control parameters. As a result, at Trust, Directorate, service or clinician levels of granularity, the Trust can monitor the capacity and demand associated with clinical activity, and also triangulate analysis across a range of clinical, HR and finance variables. These developments ensure that whilst maintaining compliance with NHS England & Improvement and Commissioner targets, the Trust can develop further business insight. Using national benchmarking data, Trust services use this data to investigate efficiencies and opportunities to enhance service provision.

The following table shows the performance of the Trust against the mandated NHS Improvement indicators, as defined in the Single Oversight Framework. Additionally, for completeness legacy indicators are reported, showing positive results maintained:

Performance tables and graphs

Measure	Type	Data Frequency	Measure Source	2016 / 2017 Full Year	2017 / 2018 Full Year	2018 / 2019 Full Year	2019 / 2020 Target	Q1	Q2	Q3	Q4	Full Year
Staff Friends and Family Test % recommended - care *(% of those categorised as extremely likely or likely to recommend)*	Caring	Quarterly	NHS England	69.5%	72.5%	71.0%	↑	74.8%	74.5%	74.1%	75.0%	74.6%
Community scores from Friends and Family Test – % positive (% of those categorised as extremely likely or likely to recommend)	Caring	Quarterly	NHS England	52.7%	76.9%	87.7%	↑	90.0%	88.8%	89.8%	86.7%	88.9%
Finance - Use of Resources	Effective	Monthly	CQC	2	1	2	<=2	2	2	2	1	2
Written complaints – rate	Caring	Quarterly	NHS Digital	174	214	205	-	56	33	35	46	170
Inpatient scores from Friends and Family Test - % positive	Caring	Monthly	NHS England	92.9%	93.2%	81.8%	>60%	86.7%	83.6%	83.5%	83.1%	84.3%
Mixed Sex Accommodation breaches *(Count of number of occasions sexes were mixed on same- sex wards)*	Caring	Monthly	NHS England	0	0	0	0	0	5	0	0	5
% clients in employment (on CPA, aged 18-69)	Effective	Monthly	NHS Digital	Measured differently	13.0%	14.6%	4.5%	13.8%	12.7%	11.3%	11.5%	11.5%
% clients in settled accommodation (On CPA, aged 18-69)	Effective	Monthly	NHS Digital	79.6%	80.0%	79.9%	75%	81.3%	81.1%	81.8%	82.2%	82.2%
Admissions gate kept by CRHT	Effective	Monthly	CPFT	99.4%	99.8%	99.8%	95%	100.0%	99.6%	99.2%	100.0%	99.7%
Care programme approach (CPA) follow-up - proportion of discharges from hospital followed up within 7 days	Effective	Monthly	NHS Digital	96.0%	95.8%	95.7%	95%	96.7%	95.2%	98.0%	95.8%	96.4%
CPA patients having formal review within 12 months	Effective	Monthly	CPFT	96.1%	96.9%	95.3%	95%	96.60%	93.14%	94.67%	93.05%	93.05%
Inappropriate out-of-area placements for adult mental health services *(defined as - The total number of bed days patients have spent out of area)*	Effective	Monthly	NHS Digital	2677	3294	554	↓	8	0	38	21	67
Minimising delayed transfers of care	Effective	Monthly	CPFT	2.9%	2.3%	1.9%	<=3.5%	2.6%	0.8%	0.8%	0.2%	1.1%
CQC community mental health survey *(Findings from the CQC survey which gathered information from people who received community mental health services)*	Organisational health	Annual	CQC	Compliant	Compliant	Compliant	-	Compliant	Compliant	Compliant	Compliant	Compliant
Proportion of temporary staff (Agency staff)	Organisational health	Monthly	Provider return	7.80%	7.90%	4.60%	-	4.5%	4.2%	3.9%	3.9%	3.9%

Measure	Type	Data Frequency	Measure Source	2016 / 2017 Full Year	2017 / 2018 Full Year	2018 / 2019 Full Year	2019 / 2020 Target	Q1	Q2	Q3	Q4	Full Year
Staff sickness	Organisational health	Monthly	NHS Digital	4.9%	4.1%	4.3%	<4.35%	3.8%	4.0%	4.7%	4.7%	4.30%
Staff turnover *(cumulative 12 month rolling)*	Organisational health	Monthly	NHS Digital	14.8%	12.2%	11.9%	<10.5%	12.1%	12.6%	12.7%	12.5%	12.5%
Occurrence of any Never Event(Count of Never Events in rolling six- month period)	Safe	Monthly	STEIS/NHS Improvement	0	0	0	0	0	0	0	0	0
Patient Safety Alerts not completed by deadline *(Improvement patient safety alerts outstanding in most recent monthly snapshot)*	Safe	Monthly	MHRA/NHS Improvement		0	0	0	6	2	0	0	8
Admissions to adult facilities of patients who are under 16 years old	Safe	Monthly	NHS Digital		0	0	0	0	0	0	0	0
Clostridium difficile - Infection rate	Safe	Monthly	PHE	0	2	0	0	0	0	0	0	0
MRSA bacteraemias	Safe	Monthly	PHE	0	1	0		0	0	0	0	0
People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks of referral		Monthly	NHS Digital	N/A	100.2%	91.9%	53%	91.5%	95.5%	92.3%	96.6%	93.8%
% Compliance Overall Mandatory Training (core modules)		Monthly	CPFT	N/A	99.1%	93.8%	90%	94.9%	93.4%	94.2%	92.8%	94.9%
Safe Staffing Levels (Registered and Unregistered)	Safe	Monthly	CPFT	100.90%	88.2%	101.7%	80%	103.5%	101.2%	102.5%	103.0%	103.5%
Identifier Metrics -Complete and valid submissions of metrics in the monthly Mental Health Services Data Set (MHSDS) (NHS number, DOB, Postcode, Gender, Reg. Gp, Commissioner)		Monthly	CPFT	N/A	N/A	99.2%	95%	99.6%	99.8%			no longer measured, replaced with measures below
Priority Metrics - Complete and valid submissions of metrics in the monthly Mental Health Services Data Set (MHSDS) *(Ethnicity, Employ status, School Att., Accommodation status, ICD coding)*		Monthly	CPFT	N/A	N/A	87.6%	85%	88.2%	89.1%			no longer measured, replaced with measures below

Measure	Type	Data Frequency	Measure Source	2016 / 2017 Full Year	2017 / 2018 Full Year	2018 / 2019 Full Year	2019 / 2020 Target	Q1	Q2	Q3	Q4	Full Year
Data Quality Maturity Index (DQMI)	Data Quality	Monthly published 3 months in arrears	NHS Digital				=>95%	91.8%	97.1%	97.3%		
Mental Health Services Data Set (MHSDS)	Data Quality		NHS Digital				=>95%	89.3%	98.5%	98.6%		
Community Services Data Set (CSDS)	Data Quality		NHS Digital				=>95%	97.6%	92.6%	93.0%		
Improving Access to Psychological Therapies (IAPT)	Data Quality		NHS Digital				=>95%	98.4%	98.4%	98.7%		

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Data Quality Maturity Index (DQMI) - *National figures release 3 months after submission*	91.6%	91.6%	91.8%	92.0%	95.6%	97.1%	97.0%	97.3%	97.3%			
Mental Health Services Data Set (MHSDS) - *National figures release 3 months after submission*	88.9%	88.9%	89.3%	92.6%	98.2%	98.5%	98.3%	98.6%	98.6%			
Community Services Data Set (CSDS) - *National figures release 3 months after submission*	97.3%	97.4%	97.6%	87.1%	87.0%	92.6%	92.8%	93.0%	93.0%			
Improving Access to Psychological Therapies (IAPT) - *National figures release 3 months after submission*	98.0%	98.4%	98.4%	98.4%	98.5%	98.4%	98.6%	98.7%	98.7%			

These figures are published nationally 3 months after the submission deadline date.

They represent the data quality assessment of our four data rich submissions and are, therefore, a good measure of data quality.

The performance measures within the Trust are monitored through a robust governance structure. An active and effective performance management framework hierarchy exists, from service line reporting within individual teams, through to monthly Performance and Risk Executive meetings, the Board subcommittees (Quality, Safety and Governance and Business and Performance committees) and then to the Board itself. At each stage of this cycle, data-driven performance discussion and challenge is undertaken.

This established and effective process ensures the Trust remains assured of performance and confident any issues are identified and addressed in a timely manner.

The Quality, Safety and Governance Committee (QS&G) has Board-delegated responsibility for receiving and scrutinising data and information relating to the quality and safety of our services. At Directorate level, data is reported and discussed at the Directorate Management Team (DMT) meetings, who are then held to account through the monthly Performance and Risk Executive (PRE) meetings.

We have a range of processes in place to monitor compliance with Trust policies and procedures, as well as our progress in meeting our targets and objectives. These include:

- patient, carer and staff surveys and feedback
- incidents
- complaints
- clinical audit
- other service evaluations

A number of our services are accredited under the Quality Improvement Network and other accreditation bodies, which provide us with a view of our performance and level of compliance with CQC regulations.

Progress towards targets as agreed with local commissioners and details of other key quality improvements are included within the Quality Report.

Information on new or significantly improved services is included within the Quality Report. Service improvements following staff or patient surveys is also included within the Quality Report.

Improvements to patient / carer information

The Carer's Handbook was published in 2017. It was developed collaboratively with carer organisations through our Carer Board and as part of our commitment to the Triangle of Care. The aim is to provide a practical guide for families and friends. It covers a range of topics including information about getting support, legislation, benefits and respite, understanding diagnosis, suicide prevention and maintaining wellbeing.

Complaints Handling

Oversight and assurance for the complaints process is provided through the quality and safety governance structures, up to Board. All complaints are reviewed by the Complaints Officer, and where necessary in discussion with the Patient Safety Manager and/or Directorate Heads of Nursing, to determine whether there are safeguarding issues or whether the concerns meet the criteria for further clinical investigation or escalation as a serious incident in line with the Trust's policy.

The Quality, Safety and Governance Committee receives a thematic review on complaints which provides information about complaints management, learning and themes. The Complaints Team provides monthly data on complaints to the Directorates, and at a Trust level within the Trust Quality and Safety Report, which is discussed at the Quality Safety and Governance Committee and Trust Board.

The Trust has seen an 18% decrease in the number of formal complaints for 2019-2020. The complaints team deals with formal and potential complaints, signposts service users/complainants to the Patient Advice and Liaison Service (PALS) and other NHS / Social Care organisations, and registers and responds to all health professional feedback. The complaints team offers support to patients, service users, families and carers on

the complaints process and it offers guidance and support to staff who undertake complaints investigations or who manage complaints.

The Trust received 170 formal complaints between 1 April 2019 and 31 March 2020. This is a 18% decrease from the number of complaints received in 2018/19 (n=207) and 21% decrease compared to 2017/18 (n=216). The number of complaints received is less than those received in 2016/17 (n=174).

The average response rate across the Trust for 2019/20 is 51 working days which is static compared to 2018/19. The response rate is based on 200 formal and reopened responses being sent between 1 April 2019 and 31 March 2020. The Trust's average response time has remained static but the number of responses being sent has seen a decrease of 12%.

The Complaints Team commenced a quality improvement project to review the complaints pathway and processes. This includes all levels of complaints, from those being dealt with directly by clinical staff and managers, the concerns resolved by the Patient Advice and Liaison Service (PALS), and those dealt with through the formal complaints process and Ombudsman route. As part of this it will review the interface between PALS and the Complaints Team to ensure an appropriate level of investigation is completed for the level of risk and concern associated with the complaint.

The aim of the pathway review is to improve the Trust's responsiveness to complaints and efficiency for the clinical teams who complete the investigations. A trial commenced within the Older People's and Adult Community Directorate on 1 November 2019. The process changed so formal complaints are investigated under two levels: 1) local investigation and 2) independent investigation. Further analysis of this change is still required, however due to the emergency response to Covid-19 this has been suspended and a reduced complaints system was implemented from April 2020 until further notice.

Stakeholder Relations

The Trust recognises the importance of partnership working and collaboration to facilitate the delivery of improved healthcare and invests a significant amount of time, energy and resources in fostering good relationships with key stakeholders, partner organisations and the community.

The Associate Director of Involvement and Partnerships is responsible for proactively advancing involvement with people who use our services, their families and carers.

Recent developments have been the established of the Participation and Partnership Forum (PPF), CPFT's service user forum. This consists of fifteen people who have used CPFT services. The key aims of the PPF are to:

- Support CPFT to develop involvement within its core services.
- Work with CPFT on projects which require a service user / patient perspective.
- Create and support collaborations between CPFT and our wider community.

Our established Carers Programme Board continues to work collaboratively with key partners such as Rethink Mental Illness, Caring together and Making Space to ensure that the principles of the Triangle of Care continue to be embedded across the Trust.

Statement as to Disclosure to Auditors (S148)

To the best of their knowledge, the Board of Directors are not aware of any relevant audit information of which the auditors are unaware.

Each member of the Trust's Board of Directors is considered to have taken relevant steps to satisfy themselves that the Auditors are fully aware of any relevant audit information.

Annual Statement on Remuneration

The Committee is responsible for all contractual arrangements covering the Trust's Chief Executive Officer, Executive Directors and any other staff groups not subject to national terms and conditions of service. Contractual arrangements include:

- All aspects of salary (including any performance-related elements / bonuses and cost of living increases)
- Provision of other benefits including pensions and cars
- Any arrangement of termination of employment and other contractual terms.

The Committee is further responsible for identifying and appointing candidates to all Executive Director positions on the Board and overseeing their performance through an annual objective setting and review process.

Membership of the Committee is shown below:

- **Julie Spence, Trust Chair**
- **Julian Baust, Non-Executive Director and Deputy Chair**
- **Jo Lucas, Non-Executive Director and Senior Independent Director**
- **Sarah Hamilton, Non-Executive Director**

There were two Remuneration Committee meetings during 2019 – 2020, and attendance was as follows:

13 June 2019
2 December 2019

Meeting Attendance

Name	13 June 2019	2 Dec 2019
Julie Spence	Y	Y
Julian Baust	Y	Y
Sarah Hamilton*	Y	Y
Jo Lucas	Y	N

*Sarah Hamilton left CPFT in February 2020

Other attendees may be co-opted from time-to-time in accordance with agenda items. During the course of 2019 - 2020 the Committee was supported in its work by Tracy Dowling, Chief Executive and Stephen Legood, Executive Director of People and Business Development.

Senior Managers' Remuneration Policy

The Trust's Remuneration Committee is responsible for determining Senior Managers' remuneration or any other staff not subject to Agenda for Change terms and conditions or Medical and Dental terms and conditions.

It is the policy of the Trust to pay salaries that are appropriate to recruit senior managers with the necessary skills, capability and experience to effectively run the Trust, whilst also having due regard to the importance of demonstrating pay restraint at a time of considerable pressure on NHS finances.

There were no substantial changes to remuneration made during the year or the process in place for review.

The remuneration committee follows CPFT's policy and objectives on diversity and inclusion.

Remuneration and performance conditions

The Remuneration Committee may use one or more of the following in determining appropriate role remuneration:

- Benchmarking data provided by NHS Providers surveyed among the Trust's peer group
- National and regional analysis of NHS Chief Executive's and Executive Director's remuneration
- Reviews of advertised Executive Director roles across the NHS

Amendments to annual salary are decided by the Remuneration Committee on the basis of the size and complexity of job portfolio.

Executive Director annual salaries are inclusive. Other payments such as overtime, long hours, on-call and stand by do not feature in Executive Directors' remuneration. The Executive Medical Director's salary is in accordance with national terms and conditions of the Service Consultant Contract 2003.

Cost-of-living increases or notice periods/loss of office for Executive Directors are linked to the Agenda for Change terms and conditions of employment, which apply to all staff.

For Very Senior Manager (VSM) positions, the Trust does not currently implement a performance-related pay policy.

The Trust uses detailed national data to benchmark the levels of remuneration for the Executive Directors.

Service Contracts

Executive Directors appointed to permanent contracts, are subject to six months' notice of termination by either party. Date of contract, the unexpired term and details of notice period are as follows:

Tracy Dowling, Chief Executive.
Date in post: Aug 2017. Unexpired term: permanent. Notice period: 6 months.

Kit Connick, Director Corporate Affairs.
Date in post: Oct 2018. Unexpired term: permanent. Notice period: 6 months.

Melanie Coombes, Director of Nursing and Quality. Date in post: Nov 2012. Left Post: 29 Sept 2019.

Dr Chess Denman, Medical Director. Date in post: Jan 2012. Unexpired term: permanent. Notice period: 6 months.

Scott Haldane, Director of Finance. Date in post: Jan 2015. Unexpired term: permanent. Notice period: 6 months.

Stephen Legood, Director of People and Business Development. Date in post Sept 2015. Unexpired term: permanent. Notice period: 6 months.

Sarah Warner, Director of Service Transformation. Date in post: March 2018. Left post: 29 Nov 2019.

Julie Frake-Harris, Director of Operations. Date in post: Oct 2018. Left post: 29th September 2019

Rachel Gomm, Director of Nursing and Quality. Interim: 30 Sept 2019. Substantive: 5 March 2020. Unexpired term: permanent. Notice period: 6 months.

Gerard Newnham, Director of Service Transformation. Date in post: 9 Dec 2019. Unexpired term: permanent. Notice period: 6 months.

Debbie Smith, Director of Operations and System Partnerships. Date in post: 2 March 2020. Unexpired term: permanent. Notice period: 6 months.

There are no special contractual compensation provisions for early termination of Executive Directors' contracts. Early termination by reason of redundancy is subject to either:

- The provisions of the Agenda for Change: NHS Terms and Conditions of Service Handbook (Section 16)
- Or for those above minimum retirement age, the provisions of the NHS Pension Scheme

Employees above the minimum retirement age who themselves request termination by reason of early retirement are subject to the normal provisions of the NHS Pension Scheme

Remuneration of Senior Managers

Name and Title	Year ending 31 March 2020						Year ending 31 March 2019					
	Salary and Fees (bands of £5000) £000	Taxable Benefits (total to the nearest £100) £000	Performance-related bonuses (bands of £5000) £000	Long Term Performance Related Bonuses £	Pension Related Benefits (bands of £2,500) £000	Total (bands of £5000) £000	Salary and Fees (bands of £5000) £000	Taxable Benefits (total to the nearest £100) £000	Performance-related bonuses (bands of £5000) £000	Long Term Performance Related Bonuses £	Pension Related Benefits (bands of £2,500) £000	Total (bands of £5000) £000
Non-Executive Directors												
Julie Spence OBE - (Non - Executive Chairman)	50 - 55	0	0	0	0	50 - 55	50 - 55	0	0	0	0	50 - 55
Jo Lucas - (Non - Executive Director)	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Sarah Hamilton (Non - Executive Director) - See Note 1	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Mike Hindmarch (Non - Executive Director)	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Julian Baust (Non - Executive Director)	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 20
Brian Benneyworth (Non - Executive Director)	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Geoff Turral (Non - Executive Director)	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Professor Peter Jones (Non - Executive Director)	0	0	0	0	0	0	0	0	0	0	0	0
Angela Single (Non-Executive Director) - See Note 2	5 - 10	0	0	0	0	5 - 10	0 - 5	0	0	0	0	0 - 5
Executive Directors												
Tracy Dowling (Chief Executive)	160 - 165	0	0	0	0	160 - 165	160 - 165	0	0	0	0	160 - 165
Dr Francesca Denman (Medical Director)	135 - 140	0	0	0	0	135 - 140	120 - 125	0	0	0	0	120 - 125
Melanie Coombes (Director of Nursing and Quality) - See Note 3	65 - 70	0	0	0	22.5 - 25.0	90 - 95	130 - 135	0	0	0	30 - 32.5	165 - 170
Sarah Warner (Director of Service Transformation) - See Note 4	60 - 65	0	0	0	0	60 - 65	90 - 95	0	0	0	5 - 7.5	100 - 105
Stephen Legood (Director of People and Business	120 - 125	0	0	0	20.0 - 22.5	140 - 145	115 - 120	0	0	0	27.5 - 30	145 - 150
Scott Haldane (Director of Finance)	150 - 155	0	0	0	32.5 - 35.0	185 - 190	150 - 155	0	0	0	32.5 - 35	180 - 185
Julie Frake-Harris (Director of Operations) - See Note 5	60 - 65	0	0	0	105.0 - 107.5	165 - 170	120 - 125	0	0	0	30 - 32.5	155 - 160
John Martin (Interim Director of Operations) - See Note 6	45 - 50	0	0	0	35.0 - 37.5	90 - 95	N/A	N/A	N/A	N/A	N/A	N/A
Gerard Newnham (Director of Service Transformation) - See Note 7	25 - 30	0	0	0	40.0 - 42.5	65 - 70	N/A	N/A	N/A	N/A	N/A	N/A
Debbie Smith (Director of Operations and System Partnerships) - See Note 8	5 - 10	0	0	0	0	5 - 10	N/A	N/A	N/A	N/A	N/A	N/A
Rachel Gomm (Director of Nursing, Allied Health Professionals and Quality) - See Note 9	50 - 55	0	0	0	155.0 - 157.5	205 - 210	N/A	N/A	N/A	N/A	N/A	N/A
Kit Connick (Director of Corporate Affairs)	90 - 95	0	0	0	22.5 - 25.0	115 - 120	90 - 95	0	0	0	27.5 - 30	120 - 125

Note 1 - Left 29th February 2020

Note 2 - Left 29th February 2020

Note 3 - Left 29th September 2019

Note 4 - Left 29th November 2019

Note 5 - Left 29th September 2019

Note 6 - Took up Interim position on 30th September 2019 and stepped down on 30th March 2020

Note 7 - Joined 9th December 2019

Note 8 - Joined 2nd March 2020

Note 9 - Took up Interim position on 30th September 2019 and then made substantive on 5th March 2020

Disclosures required by the Health and Social Care Act 2012:
The Trust is required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest-paid director in CPFT in the financial year 2019/20 was £160,000 - £165,000 (2018/19 £160,000 - £165,000). This was 5.2 times (2018/19 5.8 times) the median remuneration of the workforce, which was £31,365 (2018/19, £28,050).

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.
During the year the Trust reimbursed £25,250 in expenses to Directors (2018/19 £25,911) and £1,440 to Governors (2018/19 £2,680). 15 of the 21 Directors posts made claims for expenses and 6 of 23 Governors claimed expenses.
The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Pension Benefits 2019 – 2020

Name and title	Real increase in pension at age 60 (bands of £2500) £000	Real increase in lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2020 (bands of £5000) £000	Lump sum at aged 60 related to accrued pension at 31 March 2020 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2019 £000	Real increase in CETV at age 60 £000	Cash Equivalent Transfer Value at 31 March 2020 £000	Employer's Contribution to Stakeholder Pension £000
Tracy Dowling (Chief Executive)	0	0	0	0	1,110	0	0	0
Dr Francesca Denman (Medical Director)	0	0	0	0	0	0	0	0
Melanie Coombes (Director of Nursing and Quality)	0.0 - 2.5	(2.5) - 0.0	50 - 55	115 - 120	928	10	990	10
Sarah Warner (Chief Operating Officer)	0.0 - 2.5	(2.5) - 0.0	40 - 45	90 - 95	699	2	733	9
Steven Legood (Director of People and Business Development)	0.0 - 2.5	(2.5) - 0.0	20 - 25	40 - 45	378	14	419	17
Scott Haldane (Director of Finance)	2.5 - 5.0	0	15 - 20	0	261	30	318	21
Julie Frake-Harris (Director of Operations)	2.5 - 5.0	2.5 - 5.0	40 - 45	80 - 85	541	34	641	9
John Martin (Director of Operations)	0.0 - 2.5	0.0 - 2.5	25 - 30	50 - 55	332	5	371	11
Gerard Newnham (Director of Service Transformation)	0.0 - 2.5	0	10 - 15	0	167	8	210	4
Debbie Smith (Director of Operations and System Partnerships)	0	0	0	0	0	0	0	0
Rachel Gomm (Director of Nursing, Allied Health Professionals and Quality)	2.5 - 5.0	10.0 - 12.5	35 - 40	115 - 120	656	76	846	12
Kit Connick (Director of Corporate Affairs)	0.0 - 2.5	(2.5) - 0.0	20 - 25	45 - 50	329	14	361	0

Pension Benefits for Comparison 2018 – 2019

Name and title	Real increase in pension at age 60 (bands of £2500) £000	Real increase in lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2019 (bands of £5000) £000	Lump sum at aged 60 related to accrued pension at 31 March 2019 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2018 £000	Real increase in CETV at age 60 £000	Cash Equivalent Transfer Value at 31 March 2019 £000	Employer's Contribution to Stakeholder Pension £000
Tracy Dowling (Chief Executive)	0	0	50 - 55	140 - 145	982	96	1,110	67
Dr Francesca Denman (Medical Director)	0	0	65 - 70	205 - 210	1,554	0	0	0
Melanie Coombes (Director of Nursing and Quality)	2.5 - 5.0	0.0 - 2.5	45 - 50	115 - 120	777	108	928	76
Sarah Warner (Chief Operating Officer)	0 - 2.5	0.0 - 2.5	35 - 40	90 - 95	583	86	699	60
Steven Legood (Director of People and Business Development)	0 - 2.5	0	20 - 25	40 - 45	300	51	378	36
Scott Haldane (Director of Finance)	2.5 - 5.0	0	15 - 20	0	197	37	261	26
Julie Frake-Harris (Director of Operations)	0 - 2.5	0.0 - 2.5	30 - 35	75 - 80	431	79	541	55
Kit Connick (Director of Corporate Affairs)	0 - 2.5	0.0 - 2.5	20 - 25	40 - 45	257	50	329	35

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. The method used to calculate CETVs changed, to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8th August 2019. If any individuals were entitled to a GMP, this will have affected the calculation of the real increase in CETV. This is more likely to affect the 1995 section and 2008 section.

Revised guidance was issued by HM Treasury on 26 October 2011 regarding the calculation of CETVs in public service pension schemes. Based on this guidance the NHS Pensions Agency, with effect from 8 December 2011, has used revised and updated actuarial factors produced by GAD when calculating CETVs within the NHS Pensions Scheme.

The Remuneration Report has been signed by the Chief Executive:

Signed (in her capacity as Accounting Officer) by:

Tracy Dowling
Chief Executive

22nd June 2020

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Staff Report

This breakdown excludes social work staff on Local Authority contracts of employment who are seconded into the Trust under Section 75 Agreements.

Analysis of Average Staff Numbers:

Department / Role	No. of Staff by Contract Type		Average Staff	Average Staff
	Fixed-Term Temp	Permanent	2019-2020	2018-2019
Medical and Dental	63	105	168	178
Ambulance Staff	-	12	12	0
Administrative and Estates	77	837	914	843
Healthcare Assistants and other support staff	119	879	998	1032
Nursing, Midwifery and Health Visiting Staff	10	1,196	1,205	1,247
Nursing, Midwifery and Health Visiting Learners	4	-	5	0
Scientific, Therapeutic and Technical Staff	24	759	783	642
Healthcare Science Staff	-	-	0	0
Social Care Staff	-	-	0	0
Agency and Contract Staff	-	-	0	0
Bank Staff	-			189
Other	-	-	0	0
Overall Average	**297**	**3,788**	**4,085**	**4,131**
Of Which: Number of Employees (FTE) Engaged in Capital Projects	-	-	0	

Workforce Gender Breakdown

Role Category	Female	Male	Total
Board of Directors	9	8	17
Other Employees	3421	704	4125
Total Employees	3430	712	4142

Board of Directors

Name	Gender	Role
Julie Spence	Female	Chair
Tracy Dowling	Female	Chief Executive
Scott Haldane	Male	Director of Finance
Chess Denman	Female	Medical Director
Rachel Gomm	Female	Director of Nursing
Debbie Smith	Female	Director of Operations and System Partnerships
Stephen Legood	Male	Director of People and Business Development
Kit Connick	Female	Director of Corporate Affairs
Julian Baust	Male	Non-Executive Director
Peter Jones	Male	Non-Executive Director
Mike Hindmarch	Male	Non-Executive Director
Jo Lucas	Female	Non-Executive Director
Sarah Hamilton	Female	Non-Executive Director
Brian Benneyworth	Male	Non-Executive Director
Geoffrey Turral	Male	Non-Executive Director
Angela Single	Female	Non-Executive Director
Gerard Newnham	Male	Director of Partnerships and Transformation

Staff Costs			2019 - 2020	2018 - 2019
	Permanent £000	Other £000	Total £000	Total £000
Salaries and wages	128,481	8,493	136,974	131,105
Social security costs	11,417	612	12,029	11,533
Apprenticeship levy	639	-	639	612
Employer's contributions to NHS pensions	16,362	-	16,362	15,703
Pension cost - other	-	-	-	-
Other post-employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	132	-	132	114
Temporary staff	-	6,832	6,832	6,880
Total gross staff costs	157,031	15,937	172,968	165,947
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	157,031	15,937	172,968	165,947
Of which				
Costs capitalised as part of assets	794	90	884	384

2019/20 Staff Costs figure excludes the additional 6.3% NHS pension contributions paid centrally by NHS England, totaling £7.195m in 19/20.

Average Number of Employees (WTE basis)			2019 - 2020	2018 - 2019
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	153	16	169	172
Ambulance staff	11	-	11	5
Administration and estates	774	7	781	741
Healthcare assistants and other support staff	937	132	1,069	960
Nursing, midwifery and health visiting staff	1,049	113	1,162	1,209
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	677	13	690	661
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	-
Other	2	1	3	7
Total average numbers (WTE)	**3,604**	**281**	**3,885**	**3,755**
Of which:				
Bank staff	-	-	192	218
Agency and Contract staff	-	-	89	103
Number of employees (WTE) engaged on capital projects	26	1	27	5

Workforce Strategy

A new Workforce Strategy was ratified in May 2019 detailing the workforce plans over the next 3 years.

There are four core strategic goals of this strategy:

- **Sustainable Workforce for the Future:** Ensure we have the workforce for the future, with the right numbers, professions and skills to deliver the care our patients need informed by robust data. Support future talent with careers and opportunities to grow, develop and reach their own personal goals along with developing and nurturing quality leaders within the Trust.
- **Healthy Working Environment:** Create a supportive, safe and healthy working environment for all our staff to be able to recruit and retain talent and to be in the top 25% of Trusts that staff would recommend as a good place to work.
- **Improved Staff Engagement:** Promote a culture where staff feel engaged, empowered and valued, which is inclusive and culturally diverse recognising everyone's contributions.
- **System Partnership:** Work with our system partners to create a flexible, skilled and adaptable workforce for the system, which can support the demand for our services, enabling productive and effective working utilising and enhancing technology

Union Facility Time

Facility time is paid time off for union representatives to carry out Trade Union activities. The information below relates to Trade Union facility time within NHS England.

The Trust is currently working in partnership with recognised Trade Unions to ensure that a full disclosure, stating information relating to the percentage of time spent on facility time and percentage of pay bill spent on facility time and paid trade union activities in line with the Trade Union Regulations 2017 (Facility Time Publication Requirements) is published on its website.

Developing a skilled and engaged workforce

To support the ambitions laid out in the NHS Long Term plan the Trust recognises the need to create an engaging and innovative approach to how we develop the capability and capacity of our diverse workforce and future-proof their needs to provide excellent patient care.

Over the last year, to enhance our offering and improve accessibility we have completed the following:

- Developed and implemented a comprehensive training needs analysis that focusses on competencies, behaviours and roles. This is being delivered across seven different locations across Cambridgeshire to improve accessibility for our staff and increase the amount of time they spend with our patients.
- Launched our Talent Leadership and Organisational Development Strategy to further strengthen our commitment to retaining and developing CPFT talent through strategically planning our workforce and how they are developed. This has included embedding a compassionate and collaborative leadership culture and our values and behaviours across our leadership and personal development programmes.
- Strengthened our leadership development programmes by investing in and leading the facilitation of a Cambridge and Peterborough system wide leadership programme.
- Developed robust organisational development plans to support the ongoing change programmes that enable staff to meet the ongoing ambitions to integrate our health and social care services.

Information on NHS sickness data

The average percentage sickness rate for the Trust was 4.30% across the 2019 calendar year which was below our set target of 4.35%.

Sickness Analysis (2019 - 2020)				
Average FTE 2019	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Day per FTE	FTE Days Available	FTE Days Lost to Sickness Absence
3,605	-	1.31	1,207,554	52,000

The sickness analysis figures shown above are for the 2019 calendar year.

Staff policies

Staff policies and procedures reviewed and/or developed for 2019/2020 are:

- Annual Leave Policy
- Clinical Excellence Award Scheme for NHS Consultants
- Employment Break Policy
- Equality, Diversity & Human Rights Policy
- Flexible Working Policy
- Home Working Policy
- New Parents Policy
- Pay Protection Policy
- Procedure for Handling Concerns around Medical and Dental Employees
- Redeployment Procedure
- Salary Overpayments and Underpayments Policy
- Special Leave Policy
- Substance Use Policy
- Temporary Employment Policy

The Trust constantly reviews policies as a result of changes in the law or changes within Trust processes. All policies are reviewed and agreed in partnership with the Joint Consultation and Negotiating Partnership (JCNP). The JCNP works collaboratively with the Trust's Management Team, human resources team and staff to support a number of different areas, which include:

- Receiving and analysing workforce information
- Negotiating with the organisation on issues affecting terms and conditions of employment
- Other workforce related matters

Policies related to Medical & Dental Staff are discussed and agreed with the Medical Negotiating Group.

All policies are assessed in accordance with the Equality Act 2010 for compliance requirements relating to any staff connected to any of the nine protected characteristics.

Our *Wearing 2 Hats* group continues to support the development of policies, particularly those which affect individuals with long term conditions.

Modern Slavery Act

CPFT continues to take a number of steps to ensure slavery and human trafficking is not taking place in any of its supply chains or in any part of its own operations. We do this by:

- working towards full compliance with the relevant legislation and regulatory requirements;
- working to promote the requirements of the legislation, making our approach known to our suppliers and service providers;
- building on our existing workforce awareness of human trafficking and modern slavery, through our safeguarding policies/ protocols and commercial learning; and
- considering human trafficking and modern slavery issues when making procurement decisions.

In line with the Modern Slavery Act 2015, the Trust publishes a Slavery and Human Trafficking Statement on its public website. This is approved by the Board of Directors on an annual basis and can be found here: http://www.cpft.nhs.uk/about- us/

Workforce initiatives

- A new Onboarding process and guide has been developed for new employees and managers. This provides contact and support between an offer being made and a new employee commencing with the Trust to enable a positive start to employment with the Trust.
- A new recruitment system (TRAC) was launched which provides enhanced technical ability along with a streamlined process to support and improve the recruitment process and experience for managers and new employees. This has seen an improvement with time to fill. Along with this a new streamlined internal recruitment process has been developed and implemented.
- The Trust commissioned developments to the E-Rostering system (Health Roster) which are underway. This will result in the implementation of Safecare modules and HealthMedics module which will bring all medical staff onto the rostering system supported by robust job planning.
- The Trust continues to participate in the NHSI Retention Programme and has published updated Recruitment and Retention Strategies to support retaining high quality staff. There has been a reduction in turnover and increase in stability throughout the year.
- An updated and revised appraisal and supervision system was implemented to enable better recording of supervision.
- Improving data quality was a priority over the last year which has resulted in improvements to the accuracy.

Equality Reporting

All NHS Trusts are required to annually publish evidence to demonstrate commitment and progress in meeting the aims and objectives of this legislation and to set out plans for the coming year. The Trust complies fully with the Equality Act 2010 and associated Public Sector Equality Duty (PSED) and is actively engaged with the Equality Delivery System2 (EDS2).

Full details of EDS2 can be found at:
https://www.england.nhs.uk/about/equality/equality-hub/eds/

The Trust recognises that its community is diverse and as such, endorses Equality and Diversity among staff, patients, carers, visitors and partners, valuing all individuals for their contribution to the Trust. Promoting equality, embracing diversity and ensuring full inclusion for people who use our services is central to the vision and values of the Trust. We maintain a no tolerance policy towards any demonstration of discrimination (direct, indirect, associative or perceptive), harassment or bullying, victimisation or racism. For more information go to:
http://www.cpft.nhs.uk/about-us/equality.htm

The Trust Diversity Network has responsibility for overseeing and monitoring the organisation's equality and diversity agenda and provides a forum for individuals to come together, to share ideas, raise awareness of challenges and provide support to other staff within the organisation. The network, chaired by the Director of Corporate Affairs, and made up of a cross-section of Trust representatives, is accountable to the Trust's Board of Directors, and meets quarterly. The Diversity Network is open to every employee to help make the equality and diversity agenda part of the daily work of the Trust. This is delivered via social media, Diversity Champions and aligning programmes of work around the equality and diversity remit.
The Equality Diversity and Inclusion team continues to take forward the Equality agenda by ensuring equality legislation is embedded within the organisation. We are committed to providing an environment where all staff, service users and carers enjoy equality of opportunity.

Key highlights for 2019/2020 include:

- Raising the profile of our Black Asian Minority Ethnic (BAME) colleagues through workshops, training, sharing stories and encouraging an open culture allowing them to voice their concerns.
- Development of our BAME and LGBTQ+ staff network to align to the existing Wearing 2 Hats network.
- Launching the national Rainbow Badges scheme with over 600 staff making a pledge to support the LGBTQ+ agenda.
- Diversity Champions supported local and national PRIDE events.
- Promoting the "What's it got to do with you" campaign
- Reverse Mentoring was launched in 2019, with 26 pairings, commencing with BAME staff initially, but to be rolled out to other staff groups,
- 98.11% staff compliance with the mandatory training module: 'Treating People with Respect' which includes Equality and Diversity and the Equality Act Legislation.
- The Trust's second Diversity Conference attended by 100+ staff was held in September 2019 with a focus on race and disability.

Consultation with and involvement of employees

Any service changes within the year were carried out in consultation with staff involved.

The Trust's joint consultative and Negotiating Partnership Forum meets every two months to engage and consult with Trade Union colleagues on any employment-related or organisational changes. They also meet to review and develop employment policies.

Direct communication with staff at all levels is supported by the Board through Executive back- to-the-floor sessions, Non-Executive Director service visits, and via internal communication channels including intranet updates and weekly staff bulletins.

Education and training activities

The Trust is committed to providing learning and development opportunities to support staff in further developing and in turn improving patient experience and care. We are enhancing the digital learning programme to support creative and innovative ways of developing our diverse workforce, with enhanced blended learning. Improving talent management initiatives ensures that we support our staff at all levels to develop and grow. More CPD opportunities are now available on our online learning portal, CPFT Academy, and further development is underway to support clear career pathways alongside information around development and learning. A consultative approach is in place to support across a range of areas from mandatory training and clinical skills to organisational development and career/ CPD drop-in sessions.

Other key developments this year have been:

- Launch of a new appraisal and career conversation guide and process including management training to enhance the quality of conversation.
- Leadership and personal development modules for leaders at all levels.
- We have worked with our partners in the STP to launch a local Stepping Up Leadership Development programme specifically for BAME members of staff and Springboard Women's development programme, in-line with our Equality and Diversity strategy and gender pay gap findings.
- QISR P training has been launched to support the development of Quality Improvement within CPFT.

The Trust continues to support apprenticeships across the organisation, and this year launched our 'Grow your Own' strategy. We are now on the sixth cohort of Nursing Associates and we continue to work closely with educational providers to support work-based learning programmes and work experience with local schools and colleges.

Continuing Professional Development (CPD) continues to be a Trust priority and from staff feedback is clearly a retention tool. With the Trust investment and external funding via Health Education England we continue to support a number of staff undertaking programmes at degree and masters levels as well as advanced clinical skills to support our varied workforce strengthen their clinical abilities and strengthen our research and development skills.

Health, Safety and Occupational Health

The Trust's Sickness Absence and Wellbeing Policy details support available to staff in relation to their health and working environment.
A health and wellbeing strategy has been developed and ratified by the Trust Board. This links to the NHS Employers framework and focuses on:

- Leadership and management
- Data and communication
- Healthy working environments
- Mental health
- Musculoskeletal support
- Healthy lifestyles- which is being developed to support our staff activities

The Trust's pilot Staff and Wellbeing Service was successful and has been commissioned on a permanent basis and has been fully staffed since December 2019. The team uses coaching and self-management approaches to enable staff to and take responsibility for their own health and wellbeing. The service provides occupational therapy and physiotherapy assessment and treatment, including functional assessment, education, advice and

guidance, environmental adaptation and vocational rehabilitation. We partner with private physiotherapy providers to ensure swift, local access to MSK physiotherapy support.

- Another successful health and wellbeing week was held in October 2019
- Mindfulness courses continue to be provided to staff. The frequency of these has been increased, with 5 courses being offered per year. Outcome measurements show significant improvements in stress management and compassion.
- Stress management courses began in February 2020 but have been halted due to Covid-19
- Workstation assessments are offered by the Assistant Practitioner
- Mental health and work-life balance support is provided by the Specialist Occupational Therapist
- Physiotherapy drop-ins have been running fortnightly across the Trust and have been well received by staff

A number of other support channels include:

- Occupational health service provided by Optima via SBS
- Counselling services provided by Insight Healthcare (until April 2020 when they were taken over by Optima)
- Relevant Health Promotion information is regularly updated on the Staff Wellbeing Service intranet page
- Health promotion and activity weeks are planned throughout 2020, although are being modified due to the Covid-19 response

Staff Survey

The National Staff Survey was completed by 51% of Trust staff, which equates to 2,008 individuals, a decrease in the % of respondents, but an increase in the number of staff completing the survey from the previous year. Overall, the Trust is comparable to similar mental health, learning disability and community organisations. For 2019, results are organised into eleven themes.

The below table highlights the Trust's top five scores:

No.	Question	2018	2019	National Average	Trend
Q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	81.00%	80.40%	76%	↓
Q22b	Receive regular updates on patient/service user feedback in my directorate/department	66.80%	67.82%	64%	↑
Q28b	Disability: organisation made adequate adjustment(s) to enable me to carry out work	79.70%	80.23%	76%	↑
Q13a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	74.80%	75.81%	72%	↑
Q12a	Not experienced physical violence from patients/service users, their relatives or other members of the public	87.50	88.65%	85%	↑

Ten of the eleven key themes showed an improvement and out of those ten key themes, three showed a statistically significant increase. These were Health and Wellbeing which increase from 5.9 in 2018 to 6.1 in 2019, Morale which increased from 6.1 in 2018 to 6.2 in 2019, and Quality of Appraisals which went from 5.5 in 2018 to 5.8 in 2019. The Trust actions relating to the development areas will be incorporated into the Trust Organisational Development Action Plan. The Trust's bottom 5 scores are:

No.	Question	2018	2019	National Average	Trend
Q19a	Q19a. Had appraisal/KSF review in last 12 months	90.7%	84.85%	90%	↓
Q21c	Q21c. Would recommend organisation as place to work	54.1%	58.85%	63%	↑
Q4c	Q4c. Involved in deciding changes that affect work	51.5%	50.35%	54.2%	↓
Q4d	Q4d. Able to make improvements happen in my area of work	58.2%	55.78%	59.8%	↓
Q10c	Q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	33.9%	34.61%	38%	↓

The results continue to be analysed and the Workforce Executive will oversee the development of an appropriate action plan in response to the survey results. Draft action plans will continue to be developed with Staff Side, Directorates and staff, and will link to both the Workforce Strategy and the Organisational Development strategy and other work taking place within the Trust. These will be shared with Staff Governors for feedback and input.

Current activity and performance

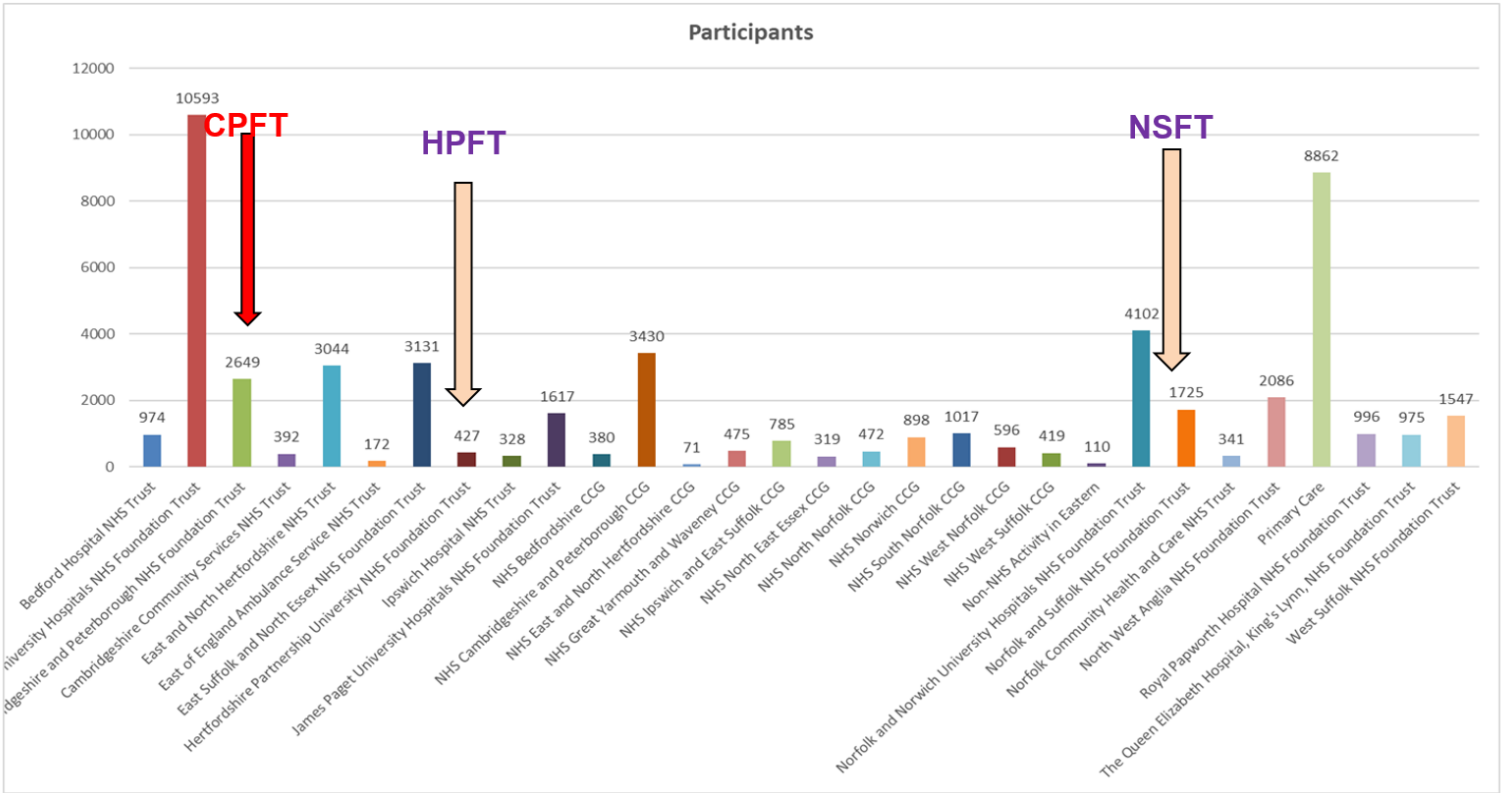
Research underpins our services by building the evidence base and changing practice, so we find the most effective and efficient ways of delivering care, achieving better health outcomes and recovery.

CPFT is one of the UK's top three NHS Trusts for volume of mental health research and nearly doubled participation in studies for 2018/19. The Trust is also one of the national top five recruiters for mental health research, compared to other regional mental health trusts (see Figure 1 below).

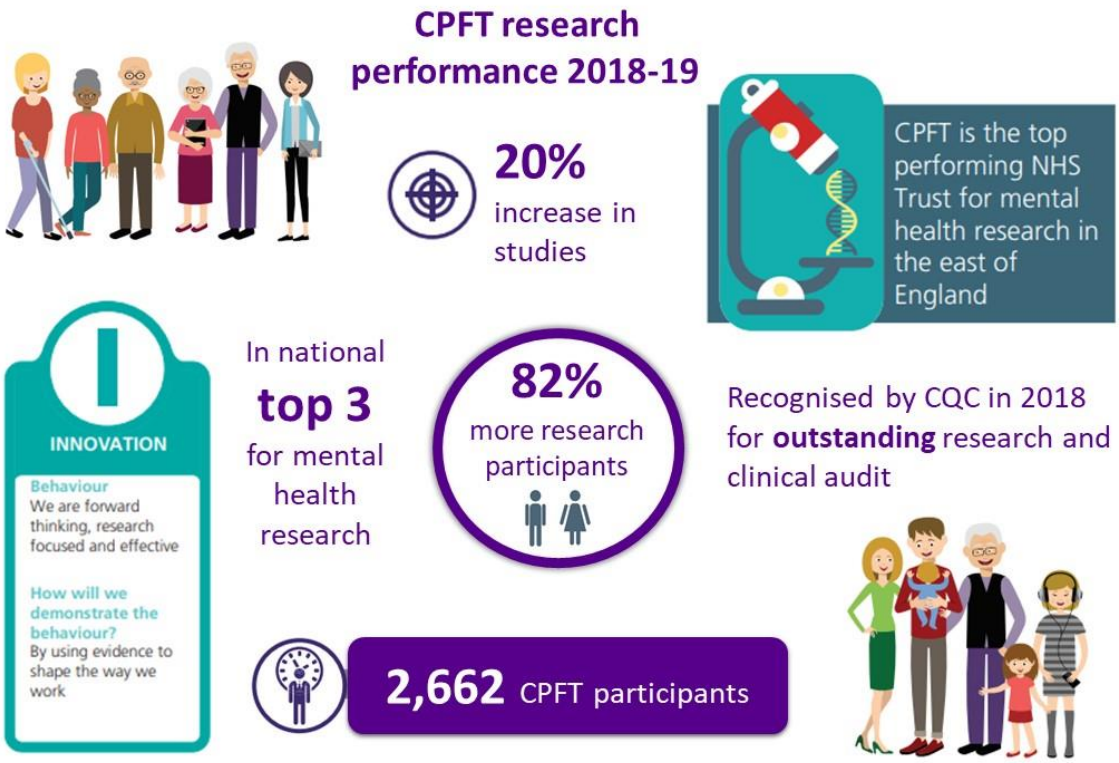
The annual Research Activity League Table published by the National Institute for Health Research (NIHR) in July 2019 highlighted CPFT's record contribution, with 20% more studies increasing recruitment by 82% and helping 2,662 people take part - a major advance on 1,461 in 2018.

As of March 2019, there were 158 active research studies in CPFT. A total of 41 studies were approved in 2018/19, of which 27 (66%) were adopted on the NIHR portfolio. Research activity and studies set up by CPFT pulled in an income of nearly £1.5 million for the Trust in 2019.

Figure 1: NIHR Portfolio recruitment by NHS trust



The infographic below highlights research and development activity reported for 2018-19:



'Outstanding' research projects praised by CQC inspectors

The 2019 CQC report noted examples of outstanding practice at CPFT for 'research projects undertaken in the community based mental health services for adults of working age; including an e-support service for the families and friends of patients affected by psychosis; a study to investigate the genetic links to anxiety and depression and a research study to try to understand why some people experience difficulties in their mental health.'

Helping more people to be part of research

Record numbers of people are taking part in NHS research, and since it opened in 2012, the Trust's Windsor Research Unit has recruited over 10,406 participants to studies in dementia, mental and physical health. Each year CPFT delivers hundreds of studies with thousands of people taking part. 2019 broke the Trust's excellent record for recruitment and increasing access to new therapies and treatments through research. Clinical director Dr Ben Underwood and his team at the Windsor Research Unit won the 2018 Clinical Research Network Eastern Celebration Award for their work to improve the patient research experience – Putting Patients First.

Research filming projects over 2019/20 have shared research expertise, lived experience and case studies. Highlights include a story and poem from patient research ambassador Sheila Evenden with the University of Cambridge research team, sharing her Obsessive Compulsive Disorder research experience; conversations with experts by experience - sharing insights with researchers to improve understanding and the care experience for people with mental health conditions; and recordings of CPFT lunchtime seminars and interviews with researchers, available as a learning resource to view here:
https://www.cpft.nhs.uk/RandD/resources.htm

Growing CPFT's research portfolio

Research teams across the Trust continue to grow the number of projects and increase the number of research participants. Working collaboratively with patients, carers and members of the public they are improving care and treatment for mental and physical health, and expanded the portfolio in 2019 to include research in intellectual disabilities, working closely with Professor Tony Holland and the Cambridge Intellectual and Developmental Disabilities Research Group at the University of Cambridge. Working with the Clinical Research Network Eastern to plan budget for delivering portfolio studies, the Trust's successful track record in recruiting to time and target also attracts major investment to deliver commercial studies.

NIHR Applied Research Collaboration East of England

Following a successful bid for £9M funding to tackle the region's greatest health and social care challenges and transform lives with applied research projects, CPFT is proud host for the Applied Research Collaboration East of England over five years (starting in October 2019). The popular Fellowship programme is running in 2020 (with plans to offer this over the ARC lifespan), and funding has been awarded to support CPFT staff with research training and attendance at regional and national events during the year. The ARC launched with public engagement events in October 2019 and attracted major local BBC coverage when the funding was announced, reaching thousands of people across the region.

Applied research projects are planned to improve care for mental health, ageing, dementia, learning disabilities, palliative and end-of-life care and for people with multiple conditions. The projects are focused to help communities with the greatest health challenges across the region: Great Yarmouth and Waveney, Peterborough and Fenland, Stevenage and Thurrock. The Collaboration is also acting as national co-lead with the ARC South London for applied research in mental health as well as palliative and end of life care.

Developing research capacity and skills for CPFT staff

Following a successful application in 2019, the Trust was awarded nearly £15,000 funding by the NIHR ARC East of England to build CPFT's research capacity. Regional events have been planned for 2020 for health professionals to learn about research, with a CPFT research skills training course rolling out to staff in Peterborough. In 2019, health professionals, especially AHPs, nurses, pharmacists and social workers, were invited to apply for places at major national events and research courses. Three places - one for each clinical directorate, were funded for the NHS Research and Development Forum's national training courses on research leadership and essential skills and two places were awarded for the UK Dementia Congress.

CPFT actively supports researchers and clinicians of the future. In 2018/19, 14 student research projects were supported by the Trust. The projects approved included PhDs, Masters and Clinical Psychology Doctorates. Two CPFT clinical psychologists have started master's degrees in association with UEA. The Trust's Windsor Research Unit continues to run Principal Investigator (PI) masterclasses to refresh and develop skills for professionals to lead research, incorporating an interactive 'escape room' challenge, and the masterclass has received very positive feedback from staff who attended.

Successful clinical research skills training days were held in May and November 2019. The workshops are open to anyone running or is about to start a clinical study; particularly PHD students, postdoctoral scientists and other clinical researchers working in CPFT. Both workshops were well attended, with 38 delegates from the Trust in total.

R&D advice and information is offered to every new member of staff at corporate induction every month. New staff welcome the early opportunity to discuss research that is occurring within their clinical areas, wider research within CPFT as well as specific interests and how to start a research project.

Research achievements and case studies

Major national survey launched to shape the use of health data

All UK residents can take part in a survey with CPFT to say how health data should be used to improve care and services. The study is jointly sponsored by CPFT and the University of Cambridge, led by the CLIMB (Clinical Informatics for Mind and Brain Health) project team and developed with CPFT service users and carers. It is funded by the UK Medical Research Council via a Mental Health Data Pathfinder Award and supported by the National Institute for Health Research (NIHR).

This is the largest study of its kind and aims to find out the public's preferences about the best ways to use health data safely and effectively, and how anonymous data should be shared for research to improve care for other people in the future. The survey will be open at www.climbproject.org.uk until June 2020. Results will be published when the research team has completed the study and analysed the findings from over 350 healthcare organisations across the UK.

Investigating a new treatment for depression

CPFT is running the Insight study, to explore whether the anti-inflammatory drug tocilizumab – commonly used to treat arthritis - could fight some of the symptoms of depression.

Research suggests that low grade inflammation and overactivity of one aspect in the immune system may play a role in the development and persistence of depression. This study is testing the effects of tocilizumab on mood, attention and memory, and will give doctors greater insight into how inflammation could cause depression.

CPFT is working with researchers at the University of Cambridge, in partnership with Cambridge University Hospitals NHS Foundation Trust, and the study is supported by the Wellcome Trust and the BMA Foundation.

Results show app can improve therapy for stroke survivors

CPFT's community neuro-rehabilitation team have found an innovation which improves care for stroke survivors and helps health staff make evidence-based decisions 'on-the-go' to speed up recovery. They worked with researchers at the University of East Anglia (UEA) to test the ViaTherapy phone app. The online tool is designed to help health staff find the best treatment options for people to regain arm function when recovering from a stroke.

Results from the project published in the BMJ Open Quality online show that ViaTherapy and the tailored questionnaire can enhance and improve therapy services for stroke survivors, by increasing access to evidence on the best interventions for quick and effective treatment.

Clinical manager Charlie Dorer (pictured) and the team are looking into co-production projects to use the latest evidence for better care in practice much quicker and make a real difference to patients. Testing new technology in clinical settings helps CPFT care teams to change practice, and the Trust actively encourages staff to innovate and improve care with their ideas.

Unique research group launched to help discoveries benefit patients

(Left to right: Professor John O'Brien, NIHR, Professor Giovanna Mallucci, UKDRI and Dr Ben Underwood, CPFT present the first brain scan imagery from the 'Super D' study)

CPFT has partnered with the University of Cambridge to set up the Gnodde Goldman Sachs Translational Neuroscience Group as part of the UK Dementia Research Institute (UKDRI), led by Professor Giovanna Mallucci. The group launched in May 2019 to test promising new drugs for dementia, including one of the world's first studies with an antidepressant that could stop the disease progressing.

The collaboration links CPFT's top-performing Windsor Research Unit with international research facilities on the Cambridge Biomedical Campus, funded by a generous philanthropic donation from Goldman Sachs Gives, and supported by the

National Institute for Health Research. CPFT provides dementia care for thousands of patients in Cambridgeshire and Peterborough, and this partnership accelerates the path from research to transform care for NHS patients in the community - bringing them the latest treatments from the lab.

Finding new drugs which slow down dementia is essential to improve health outcomes, and the antidepressant trazodone has potential to be one of these. Laboratory tests show that it could restore the production of essential proteins to keep brain cells alive, which gets disrupted by dementia. The Group's first pioneering trial – 'Super D' - will compare brain scans of people with and without a diagnosis to assess whether healthy proteins are being produced in patients taking trazodone. The cutting-edge scan is the first of its kind to be used in a UK clinical setting.

New intervention aids recovery for challenging mental health condition

Health professionals in CPFT's CAMEO Early Intervention Services (team pictured) have developed a novel intervention to support people with delusional disorders, where they have trouble recognising reality, offering hope for recovery from a condition which can be difficult to treat. Clinical psychologist Dr Cate Treise noticed an unusual set of delusional symptoms in her clinical conversations with a particular group of mental health patients. She investigated further with a multidisciplinary team of experts from the University of Manchester, the University of Cambridge and Norwich Medical School, and shared their findings in a conceptual paper published by the prestigious journal *Psychopathology* online, for further testing and research work in clinical teams around the world. It provides a new model for understanding the mechanisms in delusional disorders and the role of dissociation in psychosis.

Working with the CAMEO team, Cate was able to adapt existing ideas about dissociation to make psychological treatments, such as Cognitive Behavioural Therapy for psychosis (CBTp) more accessible, allowing people to question beliefs which were previously resistant to treatment. This approach helps to dismantle some of the reasons for emotional difficulties and explain the causal factors to the patient in therapy sessions.

Study shows how to double quit rate for smokers with severe mental illness

Research with CPFT led by a nurse Principal Investigator showed that targeted support to help people with severe mental illness stop smoking can double quit rates at six months compared to standard care. CPFT took part in national study SCIMITAR+, the largest ever trial to help people using mental health services stop smoking, led by the University of York's Mental Health and Addiction Research Group. Smoking rates for people with mental health conditions are among the highest of any group for the last 20 years, while other smokers have quit. Results show that with the right support, this inequality can be addressed.

Community psychiatric nurse Julia Ferris (pictured) ran the study for CPFT, working with 23 people in the local community to test this targeted approach and learn how to improve support for smokers with mental illness. Mental health nurses were trained to deliver evidence-based behavioural support to smokers with severe mental illness in their own homes, alongside providing access to Nicotine Replacement Therapy (NRT) and medications. The researchers found that people who received this support were more than twice as likely to have quit smoking six months following the intervention, than people who received standard care.

Service user and carer involvement in research

Involvement of people with lived experience of mental health issues in research is a key priority area within our R&D programme, with CPFT having over 15 years of experience and expertise in this area. We aim to support, enable and empower service users, carers, researchers and clinicians to work together to develop high quality research which is relevant to people's needs.

CPFT Service User and Carer Research Group (SUCRG)

This is a virtual group where people with lived experience of mental health issues or dementia are supported to be involved in the development, undertaking and dissemination of research and to facilitate learning.

During 2019/20:

- **55** Experts by Experience (EbEs) were supported to be involved in **39** research or research related activities
- PPI advice and support was provided to **42** researchers
- **19** EbEs were involved for the first time

Key achievements in 2019-20 include:

Maximise patient leadership in R&D
An Expert by Experience (EbE) joined the CPFT R&D Strategic Funding Allocation Committee to bring a patient and/or carer perspective to the discussions and decisions made at the meetings. Two new EbE representatives were also recruited to join the CPFT Research Database Oversight Committee.

Developing an approach to evaluate the impact of involvement practices in CPFT research

An approach to monitor and understand involvement practices in our research and their impact through the life course of research projects has been developed based on the available literature, discussion with experts on the field and a team of experts by experience. Tools to capture information have been developed. They are currently being reviewed and first results will be available during 2020.The above information will help us describe some of the journey the Trust has made over the years to support meaningful involvement in research.

Strengthen interdisciplinary team working and research

During 2019/2020 the PPI Lead members of the SUCRG and other experts by experience worked in partnership with researchers from the Department of Geography (University of Cambridge) to organise an academic conference, called Social Power and Mental Health. The conference was planned to be held on 25–26 March 2020 at CRASSH in Cambridge but had to be cancelled due to Covid-19.

Successful continuation of a PPI training programme

- Approximately 100 researchers attended 11 teaching sessions co-delivered with EbEs, which included the user-led teaching programme called *Conversations with Experts by Experience (CEbE)* which aims to help non-clinical researchers understand the symptoms and conditions they study from the service user perspective. All nine sessions were well attended and received excellent feedback.
- Members of the SUCRG and the PPI Lead supported the development of a two-day introductory workshop designed for CPFT nurses, allied health professionals and support staff to get started in research.
- At least 15 members of the SUCRG attended a four-day Leadership Development Course sponsored by the NHS Leadership Academy and Eastern Academic Health Science Network and delivered jointly by the King's Fund and the Citizens' Senate.

Examples of research with patient and carer involvement:

- Long-term outcomes of psychotic disorders in rural and urban populations
- Randomized, double-blind, placebo-controlled study of the Unfolded Protein Response in Dementia (SUPeRD2)
- Implementation of preconception support for women with severe mental illness: a comparative study
- A survey study of delirium and Lewy body associated features in people
- Sound and Vision: A collaboration between service-users, artists and the public to explore lived experience
- Antidepressant trial of a novel P2X7 receptor blocker (ATP Trial)
- Blood Immune Cell Biomarkers In Depression (BICBID) Study
- Lewy-CRATE: Determining the predictors and outcomes of dementia with Lewy bodies (DLB) using the CPFT Research Database (CRATE) to improve diagnosis and management
- Can brain connectivity and speech help detect mental health disorders in young people?
- Understanding the impact of Expert by Experience involvement in CPFT research
- A study of neuroimaging and magnetoencephalography biomarkers for prodromal dementia with Lewy bodies
- CBT to Reduce Insomnia and Improve Sleep in Early Psychosis (CRISP)

Expenditure on consultancy

During the year CPFT spent £0.811m on consultancy. This included £0.476m on consultancy support through the System Development Unit, hosted by the Trust on behalf of the local System Transformation Partnership, including strategic reviews of the health system financial plans. The Trust specific spend includes support for the development of the Trust's digital strategy, support on implementing a new financial system, supporting the development of new Support Services contracts and actuarial services.

Reporting high paid off-payroll arrangements

Table 1: For all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last longer than six months:

Number of existing engagements as of 31 March 2020	**13**
Of which…	
No. that have existed for less than one year at time of reporting	5
No. that have existed for between one and two years at time of reporting	3
No. that have existed for between two and three years at time of reporting	4
No. that have existed for between three and four years at time of reporting	0
No. that have existed for four or more years at time of reporting	1

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last longer than six months:

Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	**10**
Of which…	
Number assessed as within the scope of IR35	10
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to Trust) and are on the Trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020:

Number of off-payroll engagements of board members, and/or senior officials with significant financial responsibility, during the financial year	**0**
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	21

Exit packages

There were four exit packages agreed in 2019/20 totaling £0.132m (3 in 2018/19 totaling £0.114m).

Reporting of Compensation Schemes: Exit Packages 2019 - 2020			
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (incl. any special payment element)			
<£10,000	-	1	1
£10,001 - £25,000	-	1	1
£25,001 - 50,000	-	1	1
£50,001 - £100,000	1	-	1
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total Number of exit packages by type	**1**	**3**	**4**
Total resource cost (£)	£75,000	£57,000	£132,000

Reporting of compensation schemes: exit packages 2018 - 2019			
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (incl. any special payment element)			
<£10,000	-	-	-
£10,001 - £25,000	-	2	2
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	1	1
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total Number of Exit Packages by Type	**-**	**3**	**3**
Total resource cost (£)	-	£114,000	£114,000

Gender Pay Gap

Reporting gender pay gap figures was not formally required due to Covid 19; however, the Trust did review its figures:

Figure 3 Gender Pay Gap		
	Mean	Median Hourly Rate
Pay Gap% as at 31st March 2019	18.07	12.18
Pay Gap% as at 31st March 2018	16.78	7.2

Adult and Specialist Mental Health Directorate

Accreditations: Accreditation for Impatient Mental Health Services (AIMS). Quality Network for PICU (QNPICU). College Centre for Quality Improvement for Forensic Inpatient Services (CCQI). Quality Network for Eating Disorder Services. Enabling Environments Accreditation. Home Treatment Accreditation Schemes (HTAS). Psychiatric Liaison Accreditation Network (PLAN). ECT Accreditation Scheme (ECTAS).

The Adult and Specialist Mental Health Directorate was created four years ago. Continuous development of a shared leadership model called 'triumvirate working' (Head of Nursing, Clinical Director and Associate Clinical Director) from senior management through to ward and community management (Ward Manager, Clinical Nurse Specialist and Consultant Psychiatrists). This is in line with collective and collaborative working ensuring that teams are empowered to make appropriate decisions at each level. This will improve patient care, wellbeing and overall performance**.**

Over the last 12 months the Adult and Specialist Mental Health Directorate has seen an expansion of its *front door* services, the embedding of Primary Care Mental Health Services (formerly PRISM), witnessed a significant increase in activity within its First Response Service and the expansion of the Psychological Wellbeing Services and 24/7 Liaison Psychiatry. A perinatal service was launched during November 2018.

The main areas of development over the last year include:

First Response Service (FRS)
The service operates 24/7, providing much quicker access to urgent assessment and treatment for people of any age in a crisis situation living in Peterborough and Cambridgeshire. In the 2 years since it was fully launched there have been significant increases in demand with the service having handled 93,049 calls between October 2017 and March 2020. Anyone can call the team and receive advice, support or an assessment of needs. In addition, the team also undertakes face-to-face contacts. The service links to two out-of-hours 'safe havens' run by mental health charity Cambridgeshire, Peterborough and South Lincolnshire Mind. The Trust is committed to the continued development of the service which has received additional funding to guarantee its future for the next 12 months.

Figures show that **the service has reduced the number of people in mental health crisis attending Accident and Emergency departments** across the county, further reduced the use of Section 136, and impacted on a reduction in patients coming into mental health secondary care services.

Primary Care Mental Health Service
The Primary Care Mental Health service (formerly PRISM) **provides mental health support input into all GP surgeries** across Peterborough and Cambridgeshire. We have piloted drop-in clinics at some Cambridge-based GP practices and a *Managing Me* group in the Huntingdon area.

Perinatal Mental Health Service Launched
The Perinatal Mental Health Team is a multi-disciplinary mental health service for pregnant and post-natal women with complex or severe mental health illness. The team works collaboratively with women, their families and other professionals to detect, prevent and treat perinatal mental health problems. Since it launched in November 2018, the service has received over 1000 referrals to January 2020.

Community Locality Teams
With the introduction of PRISM and the First Response Service, the community teams were reviewed. The numbers of patients entering secondary care decreased with the introduction of PRISM, giving teams more time to provide community care and evidence-based treatments.

Psychological Wellbeing Service (PWS) and Long-Term Conditions (LTC)
The service celebrated its 11th anniversary during the year. The service continued to build on the links made with the Diabetes, Cardiovascular and Chronic Obstructive Pulmonary Disorder physical health teams. Since the expansion of the service in April 2017 to March 2020, 7138 of the 8373 referrals resulted in patients entering treatment.

24/7 Liaison Psychiatry Service (Pilot) Launched
This service is available to anyone attending A&E or who requires mental health care on acute wards. The service operates on a 24/7 basis at Peterborough City and Cambridge University Hospitals and on a weekday 9-5 basis at Hinchinbrooke Hospital. Discussions are currently ongoing about extending the pilot.

Out of Area Treatment Services (OATS)
The number of people needing care outside of Cambridgeshire and Peterborough has been another focus for the Directorate. This number has slowly reduced, and, at the end of March 2020, there were seven out of area patients. All of these patients need services that are currently not provided by the Trust. Work continues to develop services ensuring that all patients receive their care as close to home, friends and families as possible.

Integrated Mental Health Teams
These are CPFT staff who are based at the police force control room in Hinchingbrooke, that provide frontline officers direct advice and support when dealing with someone in mental health crisis.

Older People's and Adult Community Directorate

2019/20 been a busy, challenging and exciting year for staff across the Older People's and Adult Community Services (OPAC) directorate.

Our ongoing commitment to delivering **the quadruple aim** for our population of older people in our community, striving to:

- enhance the experience of each of our patients
- be sensitive to the wider health needs of our local populations
- deliver high quality services in an efficient and cost-effective way and
- ensure we support our staff in maintaining their own health and wellbeing.

Performance Headlines in 2019/20:

- OPAC services ended 2019/2020 with a caseload of 35,335 patients
- We delivered 855, 671 contacts throughout this period, which was over 28,000 more contacts than were delivered in 2018/19
- OPAC saw an increase of over 3,500 Minor Injury Unit attendances from the previous year, with 44, 119 people attending our MIUs
- OPAC inpatient units delivered 49, 931 inpatient bed days across our community physical health and older people's mental health wards
- 98% of referrals were seen within 18 weeks, up from 97% in 2018/19
- There were not any Never Events
- OPAC reported 4 Serious Incidents, compared with 22 in 2018/19 and 39 in 2017/18
- There were 3 'Stop the Lines' compared with 4 in 2018/19
- There were 5 avoidable pressure ulcers reported compared with 14 in 2018/19
- The directorate received 53 complaints, down from 68 complaints in 2019/20 and 88 in 2018/19

The NHS Long Term Plan published in January 2019 identified clear goals and ambitions to address major national, organisational and workforce issues across the health and care system. The directorate has therefore also considered key areas from the NHS Long Term Plan alongside our ongoing challenge to deliver **the quadruple aim** for our local population of older people in our community in developing a list of ongoing and evolving OPAC priorities for 2019 and beyond:

A New Model of Integrated Community and Primary Care

Throughout the year the directorate has worked closely with our partner organisations including Primary Care Networks (PCNs), social care, local acute trusts, the voluntary sector, the county council, North and South Alliances, the CCG and primary care.

We have commenced work to realign our neighbourhood teams (NTs) to the new 21 *PCNs* and are continuing to work with individual PCNs at their varying levels of maturity to develop a new model of proactive integrated community care to their local populations.

Implementation of Disease Specific Clinical Strategies

The directorate has engaged in the system-wide development and implementation of disease specific clinical strategies such as our local Falls, Dementia and Diabetes strategies which have impacted on our specialist services and community nursing and therapy teams.

Our specialist clinicians continue to be at the forefront of co-designing, testing and implementing new clinical pathways alongside colleagues from PCNs and other key stakeholder groups.

Engagement with North and South Alliances
Throughout 2018/19 the directorate has worked collaboratively with the CCG to undertake the first round of Community Services Review workshops – a joint clinically led review of our community NT and specialist services, recognising the need to achieve efficiencies and excellent patient outcomes within a significantly financially challenged local health system.

We have also continued to work with system partners as part of the Urgent Care Round Table Network to engage in review and transformation of our urgent care services including Joint Emergency Teams, Minor Injury Units and crisis response teams.

Quality and Patient Safety
The directorate continues to focus on the delivery of initiatives to enhance the quality and safety of the care we provide under the leadership of our Head of Nursing and Quality.

Work has continued to improve the identification and response to the deteriorating patient. The nursing clinical skills programme has been designed to support nursing staff and physiological observations including anatomy and physiology. Falls prevention and pressure area care remains a priority. We continue to ensure lessons learnt are shared and discussed at directorate wider leadership events and patient safety and quality meetings. We have also embedded our Safe to Care Group, End of Life Steering Group and Technology Groups as clinicians continue to strengthen the quality of care we deliver.

Investing in digital and clinical systems
The directorate has engaged with the trust wide roll out of OneVision and Community Hospital (COHO) for our inpatient physical health wards as we continue to modernise our clinical systems. Large numbers of clinician teams have been trained in these new clinical IT systems in order to enhance patient care.

Continual drive to enhance the productivity of our workforce is being enabled by ongoing use of digital technologies, furthering the integration of our services with each other as well as across the trust

Transformation and Financial Balance
Ensuring we work in the most effective and efficient way remains an ongoing challenge for OPAC staff, with several initiatives and projects underway in 2019/20 that will continue as we move into the new financial year.

These include:

- Community Nursing Transformation programme –this programme will focus on implementation of several projects across all neighbourhood team nursing teams to standardise administrative and clinical practices
- Productivity opportunities – using Benson analysis, benchmarking data and reference cost variation, the directorate will work with finance, performance, clinical leads and services to identify opportunities for increased productivity across all staff groups through skill mix review,
- Close working with Urgent and Emergency Collaborative – evolution of current Joint Emergency Team offer and minor injury units as part of the system discussions to develop local models for enhancing urgent care services
- Community Services Review– ongoing

work with commissioners with next phase of review of community services
- Community Neuro Rehabilitation Service CCG review- ongoing work with CCG and system partners to review the community neuro pathway
- PCN and Integrated Neighbourhood alignment – ongoing liaison and partnership working with primary care networks to develop pilots, accelerator sites, new pathways and ways of working for both neighbourhood teams and specialist services
- Ongoing internal transformation of administrative services - Standardising processes for admin and clinical staff countywide, development of do not attend (DNA) processes and consent to share policies, digitalisation including use of scripts.
- Engagement with CCG led transformation of end of life – Directorate involvement in system transformation across end of life pathways
- Ongoing AHP transformation and service improvement projects – delivery of the Adults Positive Challenge Programme, development of robust therapy outcome measures and tools for demonstrating impact of OT in reduction of care needs, rolling out standardised triage training county wide, linking job planning to demand and capacity modelling, development of county wide orthopaedic pathways.

Our Staff -workforce planning and development

Ensuring we have a *highly skilled, well trained and developed workforce*, who feel engaged, listened to and supported across all teams is recognised as fundamentally important to OPAC.

Throughout the year we have successfully implemented initiatives such as Staff Engagement sessions, randomised coffee trials and Schwartz rounds as we embed a Just culture and strive to live by the PRIDE Trust values.

The directorate continues its commitment and focused approach on strong leadership and high engagement with our staff, driving forward a co-creation approach to delivering local service improvements. Throughout the year, many of our staff have undertaken the training on the trust's Quality Service Improvement and Redesign Programme to become QSIR practitioners.

Use of feedback from local questionnaires along with the national staff survey results continues to assist us to shape our future model for staff engagement, ensuring our staff feel valued and supported to do the basics well, empowering them to make decisions and ensuring communication channels are efficient, effective and supportive.

Accreditations: Quality Network for Inpatient CAMHS (QNIC) Quality Network for Community CAMHS (QNCC) Quality Network for Eating Disorder Service UNICEF Baby Friendly Accreditation

In 2019–2020, the directorate continued to improve services for children, young people and families.

Joint transformation

A key focus of work during the year was the joint work with Cambridgeshire Community Services NHS Trust to bring together children's services across Cambridgeshire and Peterborough. The 0 -19 services have progressed with a joined-up service model and single clinical leads across services. Occupational therapy and physiotherapy services now share a clinical lead across the 2 organisations leading to a more joined up and consistent service offer for families.

Child and Adolescent Mental Health Community Services (CAMHS)

CASUS have combined their service provision with YOS CASUS workforce to ensure a robust consistent offer to children countywide.

There will be a continued focus on delivering timely access to assessment and evidence-based treatment at clinics across the county for CYP with anorexia and moderate-severe bulimia. Close working with partner services and GPs is ongoing to ensure smooth transitions (between inpatient/outpatient, core CAMHS and ED pathway, and with adult EDS); and links are also being developed with local paediatric teams.

Work has started on redesigning the Single Point of Access for Child and Adolescent Mental Health services by working with partner agencies to ensure that young people and families are directed to the correct service.

The Directorate will continue to work in partnership with third sector agencies such as CHUMS, YMCA and Centre 33; and also develop close working relationships with Children's Social Care Services in order to provide better co-ordinated care for the most complex and vulnerable children and families. The Directorate will also seek to organise its work to be centred around schools and primary care

Outcome Measures: CYPF is working to embed outcome measures in services. These are used effectively in the inpatient services, and in community CAMHS there is extensive use of outcome measures by clinicians working with patients and to support research projects. The next stage is to ensure these are used in routine practice and to develop a user and staff friendly tool to collect, analyse and report outcomes to support clinical care and demonstrate effectiveness.

Co-Production: Increasing young people and parent participation in service development will underpin many of the priorities within the directorate over the coming year. This will include working with young people in the development of a Discovery College, based on an adapted Recovery College approach; the development of a youth forum and a "have your say" group; re-establishing parent groups on inpatient units;

continuing with the important work to improve the experience of transitions between services, and further development of the peer support worker role, potentially to encourage participation.

Children and Young People's Health and Justice Services 19/20 has seen the embedding of new and enhanced services for Children and Young People accessing Health and Justice services in Peterborough and Cambridgeshire and across the East of England region

Clare Lodge Health Team

The Secure Stairs framework, a model for developing trauma-focussed integrated formulations and care plans for young people in the Secure Estate, has been rolled out successfully in the setting. In addition to providing improved mental and physical health care planning and interventions, training is underway for the residential care and education staff to establish a shared psychological understanding of the needs of the young people in the setting.

East of England Community FCAMHS

FCAMHS has been fully operational across the East of England region for a full year, offering advice, consultation, indirect support and assessment for professionals working with young people presenting with significant mental health challenges and high risk to others. The service has successfully engaged with a range of partners from across the region and begun the roll out of training packages for a broad spectrum of professionals working with young people across the region.

Complex Case Management Service

CCM has had a year of change, establishing a Peer Support role within the service model and broadening the referral pathway to include Pupil Referral Units across Peterborough and Cambridgeshire and maximise opportunities for children and young people who traditionally struggle to access mainstream services.

Tier 4 Inpatient Units

Developed a process with the Local Authority and CCG to review all children in Tier 4 units and assist with executive level support for discharge planning.

Continuing work with the collaborative to develop the clinical model for new care models for Tier 4 and children's eating disorders, this will involve investment in home treatment to reduce the need for inpatient beds

The Croft Children's Unit

There are plans to extend the provision on The Croft Child and Family Unit to be a ward which is open seven days a week, by building on the existing proven care model to cover weekends

Cambridge Children's Hospital

Cambridge Children's aspires to be more than a hospital. We are seeking a visionary new approach to healthcare for young people. We will treat the whole child, not just illnesses or conditions, using all the talent that Cambridge and our region has to offer.

Delivering the right care for young people, in the right place at the right time, will vastly improve outcomes over their whole lifetime. Together we will build a new model of paediatric care in the East of

England that will set the standard nationally and internationally.

By combining government support and philanthropy we can deliver an ambitious vision that transforms child health care, benefiting children and young people, today and long into the future.

A unique melting-pot combining ground-breaking research with mental and physical health expertise, Cambridge Children's will focus on prevention and early detection of childhood diseases, supported by world-leading genomics, brain imaging and clinical research facilities.

The specialist hospital will deliver state-of-the-art care, and work in close partnership with local acute providers, community services, GPs and social care to ensure children are treated at home or in their communities wherever possible. We will make care pathways seamless by working hand-in-hand with young people and families, using the latest medical technology to improve remote monitoring and communications.

We will engage actively with children, young people and their families to co-design a unique building with an emphasis on usability, play and maintaining a normal childhood.

Developing a psychologically literate workforce, with staff who can assess both the psychological and physical needs of their patients, is a key ambition of Cambridge Children's. The integration of physical and mental health care will lead to better outcomes and transform how children, young people and their families experience care.

Paediatric Therapies

Over the past 12 months staff in the therapies teams have been working hard to improve the service received by CYPF. This has been especially true for the Occupational Therapy (OT) Service who have been working hard to try and maintain patient waits to below 18 weeks despite staffing changes and reduction (e.g. due to maternity leave). At the end of the financial year the draft specification OT and Physiotherapy teams had been released for discussion between the Local Authority, Commissioners, CCS and CPFT but discussions had been paused due to Covid-19.

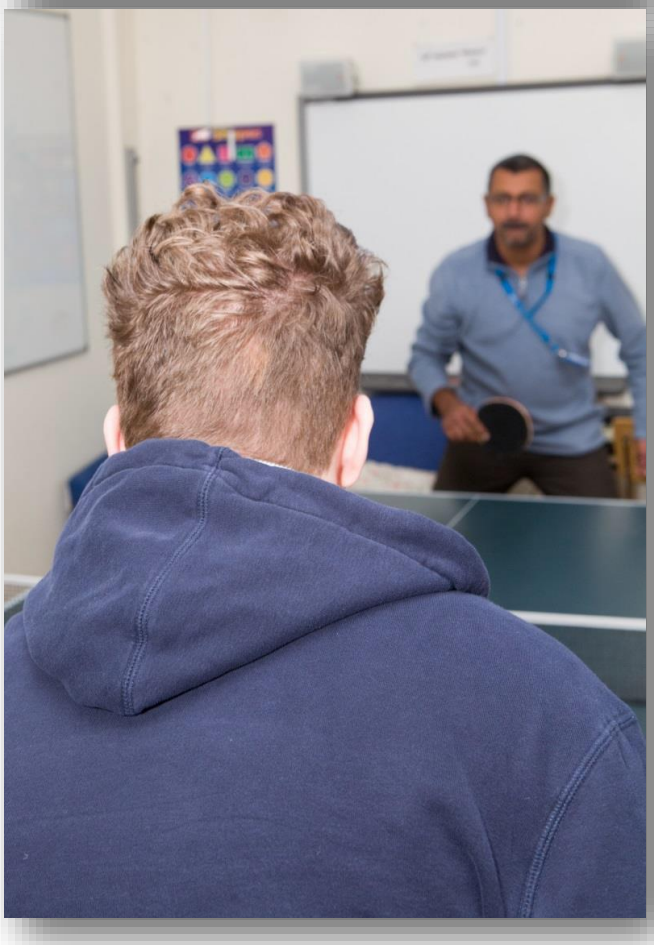
The Physiotherapy (PT) team has experienced staffing changes to allow for a more balanced staffing structure which now allows opportunities for developing NQP members of the team and career progression for the team with all Bandings (3-7) having representation. Previously this team was predominantly Band 7 heavy.

In Speech and Language Therapy the team has been getting into a year of 'business as usual' with working in an integrated way with a joint service specification with CCS. We have achieved on our KPIs and been working to set new KPIs with the commissioners and local authority. KPIs have primarily focused on ensuring that we are working on our universal offer of training the wider workforce (e.g. school staff, nursery staff, Health Visitors) to support children with SLCN including joint delivery of the Public Health England Health Visitor training.

Over the next year our aim will be to continue with service improvements and work with a new service specification in OT and PT whilst also trying to bring services into line with the AHP agenda around supporting students, the Apprenticeships and Advanced Clinical Practice.

Children and young people

- Child and adolescent mental health community services in Cambridgeshire and Peterborough
- Children's community services in Peterborough
- Adolescent intensive support team
- Young people's drug and alcohol service and Specialist inpatient services for children, young people and their families



Council of Governors (CoG)

Established in 2008, the Council of Governor's primary role is to hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors, and to represent the interests of Trust members and the wider public.

The CoG's wider statutory duties and how they were actioned during 2019–2020, are outlined below:

COG RESPONSIBILITY	ACTIONS IN FY 2020
Approving appointment and, if appropriate, removal of the Trust Chair	No required actions in year.
Appointment and, if appropriate, removal of other Non-Executive Directors	Appointed Angela Single as an Advisory NED for a one-year period.
Approving changes to remuneration and allowances for the Trust Chair and Non-Executive	This is discussed as a regular item on the Cycle of Business for the Nominations Committee.
Appointing, reappointing or removal of the Trust's External Auditors	At the Council of Governors' meeting in December 2019.
Approving amendments to the constitution	Amendments to clauses 1.3 Definitions and Clause 23 Board of Directors compositions were approved at the Council of Governors meeting in April 2019
Approving significant transactions	No required actions in year.
Receiving the Annual Report and Accounts	At the Council of Governors' meeting in September 2019

CoG Meetings, Governor and Board Involvement

The CoG met in full four times during 2019-2020. The Trust's Board of Directors are required to attend each CoG meeting and provide commentary on relevant areas of clinical, operational and financial performance.

Governors and members of the public attending CoG meetings are given the opportunity to ask questions of any Director on any relevant matter.

The view of Governors, membership and members of public are heard and considered by the Board of Directors through various means including but not limited to:

- Council of Governor meetings
- Governor attendance at Board of Director meetings
- Governor observers at sub-committee meetings
- Specific Governor Lead roles
- Membership events
- Governor development days
- Governor involvement in stakeholder and interview panels

Development of strategy and forward plans

Routine reports, updates and progress against the Strategic Plan are received by Governors at induction, Board of Directors meetings and Council of Governors meetings.

Composition of the Council of Governors

The structure of the Council of Governors is as follows:

15 Public Governors, 6 Patient / Carer Governors, 4 Staff Governors, 9 Appointed Governors

Representing the interests of the Trust's members and the public

A Governor Membership working group has been established to carry out specific duties on behalf of the Council, including reviewing the Trust's Membership Strategy and communications with members and amongst Governors. It has a core membership comprising of four Governors, but its meetings are open to all interested Governors. In the past year, the

working group has begun to look at a comprehensive communications plan including wider engagement between Governors and members particularly within the staff and service user/carer constituencies. A membership report, including updates regarding the implementation of this plan is provided to the Council of Governors every six months. This ensures that the Board of Directors and Council of Governors are sighted on representation and engagement with the Trust membership.

The Trust's website provides details of our Governors' work and how to contact them – www.cpft.nhs.uk/about-us/council-of-governors.htm

Governor updates are included within member newsletters. Governor representation at quarterly member events and the Annual Members' Meeting provides additional face-to-face contact.

Composition of the Council of Governors (CoG)

The CoG holds four formal public meetings annually. In 2019 - 2020, these were held on: 11 April, 24 June,9 September and 2 December.

NAME	CLASS OF GOVERNOR	DATE ELECTED	DATE(S) OF RE-ELECTION	CURRENT TERM ENDS	MEETINGS ATTENDED of 4
Margaret Peers	Public (Cambridgeshire)	June 2019		June 2022	**0 out of 2**
Jo Griffin	Public (Cambridgeshire)	May 2017	-	May 2020	**1 out of 4**
Fiona Kerr	Public (Cambridgeshire)	June 2018		June 2021	**3 out of 4**
Clare Tevlin	Public (Cambridgeshire)	June 2019		June 2022	**3 out of 4**
Margaret Johnson	Public (Cambridgeshire)	July 2011	July 2014, May 2017	May 2020	**4 out of 4**
Stephen Mallen	Public (Cambridgeshire)	June 2018		June 2021	**0 out of 4**
Adrian Howson	Public (Cambridgeshire)	June 2018		June 2021	**3 out of 4**
Paul McGhee	Public (Cambridgeshire)	June 2017	-	Stepped Down September 2019	**3 out of 3**
Kripa Dwarakanath (Note 1)	Public (Cambridgeshire) (Interim)	September 2019		June 2020	**1 out of 1**
Dr Charlotte Paddison	Public (Cambridgeshire)	May 2016		May 2019	**0 out of 1**
Rick Harris	Public (Peterborough)	June 2018		June 2021	**4 out of 4**
Maggie Barker	Public (Peterborough)	June 2018		June 2021	**2 out of 4**
Nazreen Bibi	Public (Peterborough)	June 2018		Stepped Down March 2019	**0 out of 0**
David Westbrook	Public (Peterborough)	June 2019		June 2022	**2 out of 2**
John Parkes	Public (Peterborough)	June 2019		June 2022	**2 out of 2**
Helen Blythe	Public (Peterborough)	May 2016	-	May 2019	**0 out of 4**
Sarah Fox	Public (Peterborough)	June 2018		Stepped Down November 2019	**1 out of 4**
Margery Abbott	Patient/Service user (Interim)	June 2018		June 2019	**2 out of 2**
Mark Prince	Patient/Service user	June 2018		June 2021	**3 out of 4**
Ashley Curry	Patient/Service user	June 2018		Stepped Down November 2019	**0 out of 3**
Keith Grimwade	Patient/Carer: Carer	May 2014	May 2017	May 2020	**4 out of 4**
Hannah Toughey	Patient/ Carer: Patient	June 2019		June 2022	**2 out of 2**
Helen Brown	Public (Rest of England)	June 2018		June 2020	**3 out of 4**
Ollie Ayres	Staff	June 2019		June 2022	**1 out of 2**
Sue Rampal	Staff (Interim)	June 2018		June 2019	**1 out of 1**
Matthew Barker	Staff	June 2018		June 2021	**3 out of 4**
Norest Mararike	Staff	June 2019		June 2022	**0 out of 2**
Nora O'Shea	Staff	May 2017	-	May 2020	**3 out of 4**
Sara Simpson	Staff	May 2016	-	May 2019	**1 out of 1**

*Note 1 – **Kripa Dwarakanath** was appointed as an interim Governor on a temporary basis as a vacancy arose due to an Elected Governor ceasing to hold office before the expiry of his term of office*

Current vacancies: Public Governors Cambridgeshire: 1. Patient/Carer Governors: 3, 2 Cambridgeshire, 1 for Rest of England. Staff Governors: 1

Appointed Governors

NAME	ORGANISATION REPRESENTED	ORGANISATION TYPE	DATE OF APPOINTMENT	MEETINGS ATTENDED
Charlotte Black	Cambridgeshire County Council and Peterborough City Council	Stakeholder	September 2018	**0 out of 4**
Diana Wood	University of Cambridge	Stakeholder	June 2008	**1 out of 4**
Laura Hunt	Cambridgeshire Police Constabulary	Partner	July 2016	**0 out of 4**
Graham Wilson	Cambridgeshire County Council	Stakeholder	July 2016	**3 out of 4**
Susie Willis	Cambridge Care Network	Partner	April 2019	**1 out of 3**

Current vacancies: two Partner Governor of the Voluntary Sector. Two Stakeholder vacancies

Board of Directors' attendance at Council of Governor meetings

Name	Executive position	Meetings attended
Tracy Dowling	Chief Executive	4 out of 4
Brian Benneyworth	Non-Executive Director	4 out of 4
Chess Denman	Executive Medical Director	1 out of 4
Geoff Turral	Non-Executive Director	3 out of 4
Jo Lucas	Non-Executive Director	1 out of 4
Julian Baust	Non-Executive Director	4 out of 4
Julie Spence (OBE)	Trust Chair	4 out of 4
Kit Connick	Director of Corporate Affairs	3 out of 4
Melanie Coombes	Executive Director of Nursing and Quality	1 out of 3
Mike Hindmarch	Non-Executive Director	4 out of 4
Prof Peter Jones	Non-Executive Director	0 out of 3
Sarah Hamilton	Non-Executive Director	4 out of 4
Scott Haldane	Executive Director of Finance	1 out of 4
Stephen Legood	Executive Director of People and Business Development	3 out of 4
Sarah Warner	Director of Service Transformation	1 out of 3
John Martin	(Interim) Director of Operations	1 out of 1
Rachel Gomm	(Interim) Director of Nursing	1 out of 1

Governor Elections Update

UK Engage acted as Independent Returning Officer for the Trust's Governor election process in 2019. Results of this annual election were published in June 2019. In summary, the following Governors were elected or re-elected:

PUBLIC – CAMBRIDGESHIRE

Clare Tevlin
Newly elected following the 2019 elections

Margaret Peers
Newly elected following the 2019 elections

PUBLIC - PETERBOROUGH

David Westbrook
Newly elected following the 2019 elections

John Parkes
Newly elected following the 2019 elections

SERVICE USERS LIVING WITHIN THE ELECTORAL AREAS OF CAMBRIDGESHIRE COUNTY COUNCIL, PETERBOROUGH CITY COUNCIL AND THE REST OF ENGLAND:

Hannah Toughy
Newly elected following the 2019 elections

STAFF

Ollie Ayres
Newly elected following 2019 elections

Norest Mararike
Newly Elected following the 2019 elections

A total of eight Governor Vacancies existed at the time of election.

Governors' Nominations Committee

The Nominations Committee, a standing committee of the CoG, held two meetings during the course of the year.
Membership of the Committee consists of:

- The Trust Chair or Deputy Chair (unless standing for appointment)
- 3 elected Governors (one of these to be the Lead Governor by virtue of office)
- 1 appointed Governor

The Council of Governors has appointed Jo Lucas as Senior Independent Director. Working with the Lead Governor, the Senior Independent Director appraised the Trust Chair's performance and reported to the April 2019 Council of Governors.

The Committee confirmed the appointment of Angela Single as an Advisory Non-Executive Director for a one-year period at its January 2019 meeting and approved extensions of the terms for Sarah Hamilton and Julian Baust. Sarah Hamilton has since resigned from her Non-Executive Director role.

Register of Interests

All Governors are required to declare any (potential) conflicts of interest at the time of their appointment or election. The register is maintained by the Trust Secretary and all Governors, in addition to providing annual declarations, are given the opportunity to declare any new interests at the beginning of every CoG meeting.

The CoG Register of Interests is maintained by the Trust Secretary. It is available for public inspection via the website and also upon written request to the following address:

Trust Secretary
Cambridgeshire and Peterborough NHS Foundation Trust
Elizabeth House Fulbourn Hospital
Fulbourn
Cambridge
CB21 5EF

Trust Membership

Membership is divided into three constituencies:

- Public
- Patient / Carer
- Staff

Public membership

Any individual aged 14 years or over can be a member of the public constituency, assuming:

- They live within the electoral areas of Cambridgeshire County Council
- They live within the electoral areas of Peterborough City Council, or
- They live in the rest of England

This is subject to the exclusions for membership set out in the Trust Constitution.

Patient / Carer membership

Any person aged 14 years and over can be a member of the Public / Carer constituency, assuming either:

- An individual who has been a user of any of the Trust's services as either a patient or as a carer of a patient may become a member of the Trust, or
- They are a carer of a service user and live within the electoral areas of Cambridgeshire County Council, Peterborough City Council, and the rest of England.

This is subject to the exclusions for membership set out in the Trust Constitution.

Staff membership

Employees who have a contract of employment with the Trust are automatically a member unless they choose to opt out.

Membership numbers

As at 31 March 2020 the membership numbers were as follows:

Public	**1129**
Service User/Carer	**277**
Staff	**4779**

A total of **626** new members were recruited between 31 March 2019 and 31 March 2020.

Membership benefits

By becoming a member of the Trust, individuals are eligible to receive the following benefits:

1. An opportunity to help **influence** the future of your local health services
2. Receive **news and updates** through our website and newsletter
3. Be invited to attend member **events and training** sessions and learn about mental health, physical health and general wellbeing
4. Take part in surveys **and consultations** on our services
5. Support our campaigns to promote good health and **fight mental health stigma**
6. Vote for or put yourself forward as **a Governor** of the Trust
7. Register to receive **NHS discounts**

NHS Foundation Trust Code of Governance

The Code of Governance is best practice guidance and is designed to assist NHS Foundation Trust Board of Directors in improving their governance practices. The code sets out a common overarching framework for the corporate governance of NHS Foundation Trusts and complements their statutory and regulatory obligations.

Cambridgeshire and Peterborough NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a “comply or explain” basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on principles of the UK Corporate Governance Code issued in 2012

It is the responsibility of the Board of Directors to confirm that the Trust complies with the provisions of the Code or, where it does not, to provide an explanation that justifies departure from the Code. The Board of Directors considers that, overall, it complies with the main and supporting principles outlined within the Code of Governance. The main exceptions being:

B.1.2 The Trust’s Board of Directors currently consists of seven Non-Executive Directors including the Trust Chair and one advisory NED, and six Executive Directors and two Directors. These Non-Executive Directors are considered by the Board to be independent. Two Directors and two Advisory Non-Executive Directors do not have voting rights. This ensures that there are more Non-Executive Directors with voting rights in total.

B.1.3 The Trust’s Director of People and Business Development, Stephen Legood, is an appointed Partnership Governor for Cambridge University Hospitals NHS Foundation Trust.

B.3.3 Scott Haldane, Director of Finance, is a Non-Executive Director for Edinburgh Leisure.

Reference	Summary
A.1.1	The Council of Governors appointed a Senior Independent Director. In certain circumstances, the Senior Independent Director will work with the Trust Chair and other Directors and Governors (as necessary) to resolve any significant issues. The Trust has in place a Scheme of Delegation which outlines the types of decisions to be taken by the Board of Directors, Executive Management and Council of Governors.
A.1.2	Contained within the Directors' Report.
A.5.3	Contained within the Directors' Report.
B.1.1	Contained within the Directors' Report.
B.1.4	Contained within the Directors' Report.
B.2.10	Contained within the Directors' Report.
B.3.1	Contained within the Directors' Report. These commitments are also captured within the Directors' Register of Interest, and upon appointment to the Trust.
B.5.6	Contained within the Directors' Report.
B.6.1	Contained within the Directors' Report.
B.6.2	There was no external evaluation of the Board of Directors during 2018 – 2019.
C.1.1	Contained within About This Report, External Auditor's Report and the Annual Governance Statement.
C.2.1	Contained within the Annual Governance Statement.
C.2.2	Contained within the Annual Governance Statement.
C.3.5	Not applicable.
C.3.9	Contained within the Directors' Report.
D.1.3	Not applicable.
E.1.4	Contained within the Directors' Report.
E.1.5	Contained within the Directors' Report.
E.1.6	Contained within the Directors' Report.

NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4'reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

The Trust has been segmented as a '2' in NHS Improvement's assessment process. This segmentation information is the Trust's position as at 31 March 2020. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources rating is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2019/20 scores				2018/19 scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	**Capital service capacity**	**1**	**3**	**3**	**3**	**1**	**3**	**2**	**2**
	Liquidity	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Financial efficiency	**I&E margin**	**1**	**2**	**2**	**2**	**1**	**3**	**2**	**2**
Financial controls	**Distance from financial plan**	**1**	**1**	**1**	**1**	**1**	**3**	**1**	**1**
	Agency spend	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Overall scoring		**1**	**2**	**2**	**2**	**1**	**2**	**1**	**1**

Information on Serious Incidents (SI) involving data loss or confidentiality breaches

SI LEVEL	FY2019-2020	FY 2018 – 2019	FY 2017 - 2018
Level one	4	9	26
Level two	5	3	5

Five incidents graded as *Level Two* SIs were reported to the Information Commissioners Office (ICO), and 4 incidents graded as *Level One* SIs followed the Clinical Review process as they did not meet the SI *Level Two* ICO reporting criteria.

As a result of the Trust investigations into the incidents and mitigations put into place confirmation was received from the ICO that no action would be taken in relation the reported incidents.

All Information Governance incidents are reported using the internal incident reporting system. The Information Governance team reviews each incident against the *NHS Digital Guide for the Notification of Data Security and Protection Incidents.*

Incidents that reach the threshold for reporting are entered onto the *Data Security and Protection Toolkit* reporting tool.

All incidents were thoroughly investigated, and measures were put in place to learn and share, to prevent and minimise recurrence.

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Statement of Chief Executive's Responsibilities as the Accounting Officer of Cambridgeshire and Peterborough Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS foundation trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions that require Cambridgeshire and Peterborough NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Cambridgeshire and Peterborough NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance,
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable her to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is 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.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Tracy Dowling
Chief Executive

22nd June 2020

Annual Governance Statement

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Cambridgeshire and Peterborough NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me.

I am also responsible for ensuring that the Cambridgeshire and Peterborough NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve 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 the Cambridgeshire and Peterborough NHS Foundation 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 Cambridgeshire and Peterborough NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

The leadership structure within each of the Directorates (including Corporate services) has been designed to support comprehensive management of the Directorate risks including those risks that impact on key overarching and strategic risks for the Trust. All Directorates (and individual teams within each Directorate) are expected to identify, understand and mitigate local risks, ensuring that these are reviewed and managed at various levels within the organisation, depending on the mitigated risk score.

The Trust produces a corporate risk profile, which is logged on an electronic system (Datix) and mapped to each Directorate. Each Directorate risk register is reviewed and updated monthly by the respective Associate Directors of Operations and Clinical Directors. This is then reviewed at the main performance management forum for Directorates; the monthly Performance and Risk Executive (PRE) meetings where key risk issues are discussed.

The Executive Directors hold each Directorate Leadership Team to account for their management and mitigation of these risks and to understand the collective risk on the organisation. This forum is also an opportunity for key directorate-level issues that may pose a risk to the achievement of the Trust's strategic objectives to be added to the Operational Risk Register and, where appropriate, the Board Assurance Framework (BAF).

Another key governance forum where information is shared between Directorates and the Executive Directors is the monthly Trust Leadership Team (TLT). This meeting is attended by Clinical Directors, Associate Directors of Operations, Directorate Nurse Leads, Associate Directors of Corporate Functions and Executive Directors. It is used as an information sharing and

problem-solving forum, where good practice relating to management and mitigation of risks is shared and cross-Directorate learning can take place. The Trust Leadership Team reports to the Board through the Chief Executive's report.

The Trust's Operational Risk Register and Board Assurance Framework includes clinical and non-clinical risks. Together, these registers reflect the current risks facing the organisation, which are assessed and mitigated based on the Board of Directors' collectively agreed 'risk appetite' and in accordance with the Trust's Risk Management Framework. Risk is also regularly reviewed in the following formally constituted subcommittees of the Trust Board:

- Business and commercial risks are reviewed by the **Business and Performance Committee**
- Clinical risks affecting quality and safety are reviewed at the **Quality, Safety and Governance Committee.**
- The **Audit and Assurance Committee** reviews the Trust-wide Board Assurance Framework and Risk Register at each of its meetings and has oversight of the risk discussions that have taken place at the above two meetings.

The Chairs of each of these Committees provide an update and overview to the Trust Board, in line with the agreed cycle of business.

All staff within the Trust receive risk management training at Trust induction, and there is a 'Working Safely' module within the Mandatory Training programme, in addition to Risk Assessor Training that is available monthly to all staff. Further bespoke training is available for teams on request. This rigorous approach highlights the Trust's commitment to delivery of an effective risk recognition, management, mitigation and reporting system at both operational and strategic level.

The Risk and Control Framework

The Trust's Risk Management Strategy describes the organisation's values and strategic priorities against which key risks are identified and monitored. Key priorities for the management of those risks are clearly defined, alongside performance measures against which the Trust will measure its success in the management and mitigation of risk.

The Trust's strategic aims define the Board of Directors' vision of how the organisation's services should be delivered; they are the measure by which risk is assessed. These aims reflect the commitment made by the Trust to enhance stakeholder confidence in quality, safety and governance.

To enable the Trust to measure how successfully it is managing risk, a number of risk indicators are used. The Board Assurance Framework ("BAF") and Operational Risk Register ("ORR") are updated monthly as 'live' documents to ensure they reflect up to date risks and mitigations. Operational risks are escalated monthly through Directorate PRE meetings as described above, with appropriate actions discussed and agreed to reduce or manage operational risks.

Together the Operational Risk Register (ORR) and Board Assurance Framework (BAF)set out the key risks to the achievement of the Trust's strategic objectives and the mitigations against each risk. These documents provide a simple, comprehensive, but constantly evolving document to inform discussions regarding the management of strategic risks that could affect the delivery of strategic aims. At the end of each Trust Corporate Meeting the final agenda item is to consider whether any issues discussed at the meeting need to be included in the BAF or ORR, which has proved to be an effective way to ensure that the strategic and operational discussions happening at these meetings are reflected in the BAF/ORR.

The relevant sections of the BAF/ORR

are regularly reviewed by Board sub-committees to seek assurance on the effectiveness of controls in place to manage the strategic risks via the relevant Executive risk owner. In addition, annual internal audits are used to evaluate the successful day-to-day management of risk by the Trust and there is a detailed annual review by the Trust Leadership Team and the Board of all the risks on the Board Assurance Framework to ensure that these appropriately reflect the current risk status and that the BAF/ORR is a 'live' document.

Together, the Business and Performance Committee and the Quality, Safety and Governance Committee hold the Trust to account for performance against quality and governance targets. Feedback from the Performance and Risk Executive meetings is shared with both committees. The Finance Report is considered by the Business and Performance Committee before being presented to the Board, together with the Integrated Performance Report, which incorporates clinical and other performance targets.

The Business and Performance Committee:

1. Considers and comments upon revisions to the Trust's Risk Management Strategy and supporting policies and procedures.
2. Receives the Risk Register in order to consider and provide views regarding financial and business risks prior to reporting to Trust Board.
3. Considers and highlights to the Trust Board, any areas of business, performance or financial risk that may escalate and impact upon delivery of the annual plan and Trust objectives.
4. Receives and reviews Commissioning, Business Development and Capital spend plans and reports.

The Quality, Safety and Governance Committee:

1. Ensures the Trust Board is sighted on areas of good practice and emerging risks in relation to clinical governance and ratifies the policy assurance process;
2. leads on compliance with the CQC fundamental standards for quality and safety and including preparation for any CQC assessments and actions to be taken following the inspection; and
3. leads on the implementation of the Trust's Quality Strategy and ensures issues that impact on the quality of our services are dealt with as they emerge.

This approach ensures the Board develops a better understanding of governance issues, which may not necessarily be reflected in performance targets.

The Audit and Assurance Committee:

1. Has responsibility for ensuring that an effective system of integrated governance, risk management and internal control is in place to support the achievement of the Trust's strategic objectives; and
2. Is comprised of three Non-Executive Directors, including a Chairperson, who is required to have significant recent financial experience

The Quality and Compliance Executive:

The Quality and Compliance Executive (QCE) is responsible for considering operational responses to Serious Incident reviews, Infection Control and Safeguarding, as well as 'Freedom to Speak-Up' (whistleblowing) and a 'Stop the Line' initiative (see below). Risk and safety priorities for the year were to continue to strengthen and improve processes, systems and practices and to better support staff to identify and

effectively manage risk. The objective being to focus on continued improvements in the quality and safety of Trust services.

The Quality and Compliance Executive has over-arching responsibility for monitoring quality and compliance matters in the Trust, particularly in relation to patient safety, clinical effectiveness, and patient experience. It also has delegated responsibility over ensuring Trust compliance with the CQC standards, as well as identifying and acting on cross-cutting themes across the three clinical directorates.

In addition to the output from the PRE-meetings, the Executive Directors are held to account by the Non-Executive Directors as described above, through the Quality, Safety and Governance Committee and Business and Performance Committee. The Non-Executive Directors are held to account for their role in scrutinising performance by the Council of Governors, both informally on an on-going basis, and formally at the quarterly Council meetings. Control measures are also in place to ensure that the organisation's obligations under Equality, Diversity and Human Rights legislation are complied with.

We have a range of mechanisms to provide the Trust Board with assurance in respect of compliance with the CQC registration requirements. This includes certain metrics within the Integrated Performance Report (IPR) and the more detailed Quality and Safety Report; both produced on a monthly basis. Other sources of assurance include internal patient, carer and staff surveys, as well as bespoke assessments tools such as our Quality Improvement and Evaluation Tool (QuIET) which monitors practice around care planning standards. We also use intelligence from safeguarding and Serous Incident (SI) investigations, complaints, compliments, and concerns raised from the Freedom to Speak Up Guardian process; as well as through clinical audit and service reviews, NICE scoping and gap analysis, accreditations, and other benchmarking information.

Within the clinical Directorates, there is a programme of regular Quality Assurance & Engagement Visits (QAEV) that have been designed around the CQC Key Lines of Enquiry (KLoE). Emerging themes are triangulated against known data and other information to support the development of improvement actions.

Periodic internal reviews of services are conducted, having been commissioned by the Board, as well as a planned series of Executive and Non-Executive Director visits to facilities as part of ensuring the quality of services is maintained.

Specifically, risks to data security are managed via the normal governance structure and reporting process. The Information Governance Steering Group is responsible for overseeing Information Governance within the organisation and is chaired by the Director of Finance in his capacity as Senior Information Risk Officer (SIRO). During the year information governance has also been reviewed as part of the process of preparation for the Data Security and Protection Toolkit (formerly known as the Information Governance Toolkit) submission. The Trust successfully recorded compliance with the NHS Digital Information Governance requirements.

Trust is a committed partner in the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP). As a result, the Trust is actively involved in the system-wide governance arrangements that support the STP. The STP progress and initiatives are managed through Board sub-Committee structures. The Chief Executive updates the Board in her report. Any risks associated with delivery against STP projects are captured within the Board Assurance Framework, with the risk being recognised as the impact on the Trust's own ability to achieve its statutory duties. Whilst all attempts are made to balance organisational risks against any risks

pertaining to the wider system, ultimately the Chief Executive is accountable for discharging the Trust's own responsibilities as defined in statute.

The organisation's major risks, as identified within the Board Assurance Framework and Operational Risk Register as reported to the Board of Directors at the end of Quarter 4, are detailed below:

Description of Risk Mitigation

Details of our risks on the BAF and ORR are detailed in pages 16 and 17 of this annual report.

Equality Impact Assessments (EIA)

An Equality Impact Assessment (EIA) is a tool aimed at improving the quality of local health services by ensuring that individuals and teams think carefully about the likely impact and consequences of their work on different communities or groups when redesigning services and reviewing strategies and policies.

To facilitate the integration of EIAs into core Trust business, a policy for the production and management of Policies and Procedural documents is in place. This specifically requires those developing policies to have regard to the impact of their policy – and therefore the operation of the organisation – on equality. This takes the form of a statement within each policy relating to whether or not an equality assessment has taken place and, if it has been judged that one is not necessary, the reasoning for this. This cascades through the development and revision of all policies, underlining the Trust's commitment to equality.

Although the EIA process is embedded in our systems at CPFT, it's still a challenge as not all staff are carrying out an EIA when looking at service redesign, reviewing policies or strategies. Since January 2020 we have trained two Diversity Champions who can now support EDI team with EIA's. We are continuing to train more Diversity Champions via the Recovery College so that we have a pool of staff who can help in raising awareness.

The following EIA's have been carried out by teams in the Trust between 2019-20

Pension flexibility to Support Staff affected by Tax Allowance
Lifework Closure
Equality Diversity and Human Rights Policy

Further work is planned to strengthen this process so that all policies due for review have an EIA carried out; this would cover approximately 70 policies each year. All completed EIA's will be stored onto the Procedural Documents portal on the CPFT Intranet page.

Incident reporting is openly encouraged throughout the Trust. A Serious Incident (SI)Group is in place, chaired by the Director of Nursing, to review all incidents and to ensure learning is shared throughout the organisation. This information is triangulated with complaints and other patient experience information at a specific Triangulation Meeting and at the Quality, Safety and Governance Committee, to ensure that themes can be identified across the Trust. The Board receives regular reports throughout the year on Serious Incidents.

The Trust has in place an innovative patient safety initiative called 'Stop the Line'. The initiative is driven by proactive Executive-led communication and encourages staff at all levels to 'call a halt' to any proceeding that gives them cause for concern, from a safety or quality perspective. From the most junior to the most senior members of staff 'stopping the line' is widely recognised throughout the Trust as a legitimate, non-confrontational way to pause proceedings and re-evaluate the situation. A structured process is in place, with rapid escalation of issues to divisional leadership and the Executive Directors, with an Executive response provided within 24 hours. Extra provision has been added to the incident reporting

form, so the Trust is able to track such incidents in a coherent manner. This process highlights to staff the willingness of the Board to support any employee who raises concerns in good faith. Eleven 'Stop the Line' incidents were reported in 2019-20. The Executive Committee reviews 'Stop the Line' as a standing item at each Trust Leadership Team meeting.

In addition to the Director of Nursing, AHP and Quality who is the Executive Lead for Freedom to Speak Up, there is also a designated Non-Executive Lead. There is an established governance process in place in the Trust for escalating concerns to senior leaders and for reporting to the Trust Sub-Board and Board of Directors. The Freedom to Speak Up Guardian has regular meetings with the Trust Chief Executive Officer, Executive Lead for Speaking Up and the Director of People and Business Development to discuss emerging themes from Speaking Up and Trust-wide developments.
Bi-monthly meetings are held with colleagues from HR, Equality and Diversity, Staffside and Staff Well-Being teams to triangulate common themes and collaborate on improvement actions. Additionally, a local Freedom to Speak Up Guardians network has been established to offer peer support and to share learning.

Freedom to Speak Up is a standing item on the Trust Leadership Team agenda.

The public Board receives a regular Safer Staffing report for all bed-based services, highlighting exceptions and possible impact on patient care. This provides figures and analysis of the RNs and HCAs monthly average fill rates for day and night shifts, where the figures fall below or above threshold (i.e. below 80% and above 120%). Data is derived from the Trust's live on-line safer staffing reporting system, entered at ward level and collated centrally. This system was originally based on the Hurst Multiplier Tool. Information is triangulated with other data including: Datix reports/complaints regarding inpatient staffing; deep dives; Stop the lines; noting changes e.g. bed reconfigurations, skill mix; recruitment. The monthly Safer Staffing Report also includes a narrative regarding any staffing hotspots and Directorate plans to mitigate the risks.

The Trust has committed to implementing the SafeCare module on Healthroster to manage and report demand versus acuity for inpatient areas. This shows live data based on actual patient acuity per shift, clear visibility across the organisation of real-time staffing levels, identifying hot spots and potential risk, thereby enabling informed decision making.

The Trust now holds licenses for the Mental Health Optimal Staffing Tool (MHOST) and the Shelford Nursing Care Tool (SNCT). MHOST covers all mental health wards (including Tier 4, Older People, Eating Disorders and forensic), while SNCT covers physical health wards. The acuity tool for Learning Disability is currently in development by Imperial Innovations. MHOST tool has been trialed on some of our wards since September 2019 prior to SafeCare implementation, Phase 1 of the project.

The proposed date for completion of the pilot phase was originally planned for the end of May 2020 and documentation was being shared with other locations within CPFT to prepare for full rollout. This may have to be delayed due to prioritising current demands due to Covid-19.

A project group overseeing these developments is being led by the Associate Director People & Business Development and the Director of Nursing & Quality. Updates on the project are being reported to the Transformation Board and Workforce Executive.

The Trust submits Care Hours per Patient Day (CHPPD) data to NHSI every month. The CHPPD data is designed to allow for a national picture of how staff are deployed on inpatient units and for Trusts to be able to compare their staff deployment with similar Trusts. CHPPD also includes AHPs and Nurse Associates, with the data for this aspect of

the return currently being drawn from the staff in post list.

CHPPD data will be drawn in future from Healthroster when SafeCare has been implemented across all inpatient areas and the team is currently liaising with the Information Technology team to prepare for this transition.

The performance team continues to review the staffing numbers used to calculate the fill rates from the safer staffing online tool and will be verifying and validating any changes made with the directorate senior leadership teams. For community services, safer staffing and staffing levels are monitored within directorates. These are discussed at Service Line Reporting meetings and at PREs. Mechanisms are in place to raise areas of concern via Stop the Line and incident reporting.

On a monthly basis the Trust reviews vacancies. Any areas that cause concern are analysed in detail to identify and develop specific plans to recruit or cover vacancies. The Trust's temporary staffing service will also support covering gaps via the bank and, if required, agency to ensure there are enough staffing numbers in place.

In relation to developing workforce safeguards, the process in place for safer staffing is in line with the principles stated and this will be improved with the implementation of Safecare within the rostering system. The Trust continues to develop the use of rostering to incorporate job planning for staff. This has already commenced with medical staff and the plan is to progress to other staff groups. The Trust has submitted an operational plan to NHSI which contains 12-month workforce planning figures. Further work is starting to develop a Trust and system-wide longer-term workforce plan.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

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

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

The Foundation Trust has undertaken risk assessments and has a sustainable development management plan in place that takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency, and effectiveness of the use of resources.

The key processes that have been applied to ensure that resources are used economically, efficiently and effectively across the Trust involve a hierarchy of scrutiny of the use of resources throughout the Trust. The Audit and Assurance Committee has responsibility for ensuring that an effective system of integrated governance, risk management and internal control is in place to support the achievement of the Trust's strategic objectives. The Committee receives and considers reports from both Internal and External Auditors and approves the Annual Report and Accounts for submission to the Board of Directors. The Committee exercises Non-Executive scrutiny over the Executive Directors for the efficient use of public funds.

The Audit and Assurance Committee carries out an annual self-assessment of its performance and reports this formally to the Trust Board. Any changes that may be deemed necessary to its terms of reference are also made to reflect best practice.

Internal Audit presents a proposed schedule of audits to the Committee, which is then agreed, executed and reported upon. Via the Committee, the Executive Directors are held to account for any actions arising because of audit findings through challenge at the Committee. In addition, each executive attends the meeting by invitation, to update on issues within their area.

The Audit and Assurance Committee reports to the Board of Directors and the Board seeks assurance from the Committee that it is satisfied that the Trust is using resources in an efficient and effective manner.

Information governance

Cambridgeshire and Peterborough NHS Foundation Trust has an information governance strategy in place which identifies how the Trust ensures information is appropriately and effectively managed, properly controlled, is accessible and available for use. The Trust has an Information Governance Steering Group which reports into the Business and Performance Committee.

A risk-assessment process is embedded to ensure that the severity of any information governance incident is assessed consistently, with appropriate and timely action taken to address any associated risks. Any incidents relating to actual or potential breaches in confidentiality involving personal identifiable information, including data loss, are reported appropriately through the information governance assurance framework. Five data-related incidents were reported externally to the Information Commissioner's Office (ICO) for 2019-2020. The ICO closed the five incidents stating no further action was required due to the remedial and proactive measures put in place by the Trust.
In respect of other non-reportable personal data-related incidents experienced during the year, we have carried out investigations to ensure that the root causes are properly understood and addressed. In addition, where necessary, patients have been contacted to inform them of the lapses and to provide them with assurance about the actions we have taken to prevent recurrence.

Information governance risks are managed as part of the integrated Risk Management Strategy and assessed using the Data Security and Protection Toolkit. The Trust has a Senior Information Risk Owner (SIRO) (Executive Director of Finance), who reviews all confidentiality and data protection issues with the Information Governance Manager and Caldicott Guardian (Executive Medical Director).

The deadline for submission of organisations self-assessment of the Data Security and Protection Toolkit has been extended until 30th September along with National Data Opt out compliance. The Trusts self-assessment will be published as standards met. Currently 40 of the 42 mandatory assertions are confirmed as complete with 114 of 116 pieces of mandatory evidence uploaded.

The Trust's Internal Auditors conducted an audit of the Trust's Data Security and Protection Toolkit self-assessment auditing 29 sub assertions within 10 of the mandatory assertions. (Five assertions selected by the Auditor and five selected by the Trust for testing). The auditors draft report gave the Trust 'An overall Moderate' assurance.

Quality Improvement

The Trust is committed to a strategic and values-led approach to quality improvement (QI), ensuring that this is sustainable and utilises the skills and

contribution of all staff, to deliver excellence in every aspect of our service delivery.

Following formal Board approval in late 2017, we have made great strides in embedding a culture across our services in which learning, and innovation will thrive and drive improvements in the quality and outcomes of care. Staff empowerment and co-production are key to our approach and underpins our programme of improvement, building on our strong track record on research, clinical audit, service improvement and transformation and working in close partnership with our patients, their families and carers and our staff.

The Trust has chosen the Quality, Service Improvement and Redesign (QSIR) programme, developed by NHS Improvement (NHSI) and delivered through the ACT Academy, to develop quality and efficiency capability across the Trust. In 2019/20, the Trust supported 26 staff members to complete the national QSIR course and six have successfully completed the QSIR College exams to become QSIR associates, with a further four in the pipeline. This has enabled the Trust to establish a QSIR Faculty to deliver the training in-house. As of March 2020, 25 staff have completed the first in-house training cohort bringing the total QSIR practitioners in CPFT to 51. A further 25 are attending the second cohort, including one patient. In addition, 305 staff, patients and carers have accessed the 2-hour introduction session in QI.

The ACT Academy also ran two sessions on quality improvement for the Board in 2019. A Board development session is also planned to be delivered by the Academy.

The Quality Improvement Support Team has been in post since August 2019. In addition to running the QSIR Faculty, the team also provides support to staff from across the Trust's clinical and non-clinical services with their QI projects. As of March 2020, there were 62 projects registered with the team and allocated to a QSIR practitioner. The Quality Improvement Support Team has also established links with other organisations undertaking quality improvement and are part of the network of Trusts who have adopted QSIR methodology, which is expected to be around 100 by March 2020.

The quality improvement work is aligned with the priority areas of the Trust's over-arching Quality Strategy.

Annual Quality Report

It is important to note that there are some changes to the Quality Report this year in response to the Covid-19 pandemic.

From a national perspective, there is no longer a requirement for NHS Foundation Trusts to include the quality report in the annual report, however they are encouraged to include the additional quality report content in their Quality Accounts. Whilst the deadline of 30 June for Quality Accounts is specified in Regulation, the Department of Health and Social Care is seeking approval from Ministers to amend the regulations in respect of this deadline. In addition, there is no formal requirement for a limited assurance opinion or a governors' report from external auditors for NHS Foundation Trusts.

Locally, the Trust has decided to take a light touch approach to the preparation of the report, focusing on the mandatory sections, to take account of the changes in the activities and priorities of clinical services and the Trust as a whole during this period. In some instances, progress on performance will only be reported as of Quarter Three and some sections may be more concise than previously reported or not included entirely as it may not be possible to obtain the necessary information. Moreover, it will be premature to identify quality priorities for the coming year at this stage as we do not know what our staff and services will be facing at the end of this pandemic. Needless to say, the over-arching quality objectives set out in the Trust's Quality Strategy is still around *improving health outcomes, reducing levels of harm, improving experience of care* and *developing and supporting our staff.*

The Trust has a robust governance framework that ensures data and its associated information relating to the Trust's activities and performance are documented, scrutinised and reported upon accurately and in a timely manner through the Trust's reporting structures. This was recognised by the CQC in the 2019 inspection, reporting that the Trust had a *cohesive governance framework* and a *clear structure for overseeing performance, quality and risk.* The final report on the independent Well-Led review by Grant Thornton, commissioned by the Trust and published in December 2019, found that *there were clear responsibilities, roles and systems of accountability to support good governance and management* in the Trust.

The Quality, Safety & Governance Committee (QSGC) has Board-delegated responsibility for receiving and scrutinising data and information, as well as providing guidance and direction relating to quality and safety and making recommendations to the Trust Board on actions required to improve our services. At directorate level, data is reported and discussed at the Quality & Safety (QS) meetings and Directorate Management Team (DMT) meetings, who are held to account through the monthly Performance & Risk Executive (PRE) meetings.

Considerable work has been undertaken in the past year on the Trust Integrated Performance Report (IPR) and Quality & Safety Report (QSR) to more clearly map the quality and performance indicators against the CQC Key Lines of Inquiry (KLoEs) and the quality priorities of the Trust, improve the quality of the data from clinical and other reporting systems, and make better use of statistical process control charts (SPC). These have improved the quality of the information in these reports, allowing us to focus our attention and resources on areas that matter.

Directorate dashboards are also in place so that each clinical team has its own set of quality measures and performance

indicators that inform decision making and service developments. Quality, safety and clinical governance data is collected, triangulated and reported monthly in line with the Trust's governance framework.

We provide our staff with training, development and support to enable them to effectively discharge their duties and responsibilities, and the Trust has policies and procedures that provide staff with guidance for the delivery of care in line with national guidance and evidence of best practice. We have a range of processes in place to monitor compliance with the Trust's policies and procedures, as well as our progress in meeting our targets and objectives. These include patient, carer and staff surveys and feedback, incidents, complaints, clinical audit and other service evaluations, among others. A number of our services are accredited under the Quality Improvement Network and other accreditation bodies, and we take part in national benchmarking activities. These provide us with a view of our performance and level of compliance with the CQC regulation requirements.

The Trust is fully compliant with the requirements of the Care Quality Commission (CQC) and retained its rating of 'Good' from the inspection in May-June 2019. In July 2019, the Trust received a Section 29A Warning Notice in relation to the seclusion environment and paperwork, and fire safety issues. We developed and implemented improvement actions to address the concerns, and the warning notice was formally lifted by the CQC on 6 April 2020.

The inspection scheduled in 2020 did not take place due to the cessation of all planned inspection in response to Covid-19. Nevertheless, the Trust continues to work towards ensuring that practice remains in line with the fundamental standards of quality and safety during this period.

Each clinical team has a risk register that feeds into the Trust's Corporate Risk Register. This enables the Trust to manage risks effectively and act on gaps in compliance in a timely manner. The Trust has a programme of national, local and service level clinical and non-clinical audit (both internal and external) to examine our compliance with standards of practice and service delivery and identify areas for improvement.

During 2019-20, in addition to the announced 3-day CQC inspection, 11 unannounced Mental Health Act (MHA) visits were carried out.

Consistent with previous years outcomes, the inspector reported positively on the following areas:

- The Trust put in place a robust mechanism to ensure that the MHA legal requirements are understood and adhered to by staff. The Mental Health Law Team regularly monitor and report on compliance with key legal functions of the Act. All inspected patients' records showed that a strong administrative and medical scrutiny took place to ensure patients were detained lawfully.
- Patients were reminded of their legal rights under the MHA as part of their care plan reviews. Compliance is audited and reported weekly in all inpatients and community services
- The Mental Health Law Team ensures that patients are being referred to the MHA Tribunal and 'Hospital Managers' when this was requested, or as required by law.
- The Independent Mental Health Advocates (IMHA) visited the wards regularly and join ward rounds to support patients. Patients understood their statutory right to the IMHA service and were supported by staff in this process.
- The inspector received positive feedback from patients and their carers, who said that staff were easy to approach, were respectful of the patients and responsive to their needs without being intrusive.
- Patients felt safe being on the wards, they felt well informed and believed

that the stay in the ward helped their recovery.

- All patients received a welcome pack at the point of admission, informing them about their legal status the ward and their rights. Informal patients understood the process they had to take if they wish to leave the ward.
- Patient had access to fresh air, therapeutic activities and to section 17 leave.
- There was evidence that the Multidisciplinary teams were meeting weekly to monitor progress of each patient. It was evident that the team worked towards the 'least restrictive' principles when planning patients care and treatment.

As in previous years, the following areas were highlighted by the CQC inspector as requiring improvement.

- In visits to some of the wards, the CQC inspector identified cases where no evidence was available to show **patients' involvement in their care planning**. To address this issue, the directorates reviewed and improved the care planning practice, with the aim of cultivating a culture of engagement as part of the care planning process. Compliance with the process and the quality of the care plans are monitored by the directorates.

  The Trust has initiated a comprehensive review of the care planning template and process. The aim is for the revised templates to be built in the new patient information system (SystmOne), which will be introduced in three phases during 2020/21.

- In a few visits, the inspector also identified that a small number of patients were given medication which were not recorded on the relevant **MHA Treatment Certificate.** Those cases were rectified immediately following the visit and an investigation into these cases identified that the additional medications were prescribed after the Treatment Certificate was completed and scrutinized, however, a fresh certificate treatment was not put in place. In order to avoid these cases from reoccurring, the ward managers have strengthened the weekly ward-based medication audit, which is also being carried out independently by the locality pharmacists.

The Trust has actioned all of the recommendations of the CQC and put in place monitoring and reporting mechanisms to ensure on-going compliance.

We employ a range of measures to ensure open and effective communication with our staff and promote engagement and ownership of matters that are important to the Trust. The Clinical Directorates are actively engaged in identifying, embedding and monitoring progress of the quality priorities in their respective areas. We have discussed and consulted with our key stakeholders in the development of our Quality Report. This includes our staff, Governors, Commissioners and relevant local Health bodies such as HealthWatch and the Local Authority Overview and Scrutiny Committees.

The processes and measures described above provide the Board with assurance that the Quality Report presents an accurate and balanced view of the Trust's performance in 2019-20.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the Internal Auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the External Auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Assurance Committee, the Business and Performance Committee and the Quality, Safety and Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board of Directors' role is to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent, effective controls which enables risk to be assessed and managed.

The Directorate management teams have processes in place to ensure that whilst risks can be escalated to the Board through the Directorate, services are supported to manage their own risks where appropriate.

The Trust has a comprehensive Programme of clinical audit, service evaluation / development and other projects using quality improvement methodologies. The list of projects includes national mandatory and CQUIN audits, Trust and service-specific priorities, as well as those requested by clinicians; and are based on evidence-based standards. The programme is developed in collaboration with the clinical Directorates to ensure it meets the requirements of the Trust and objectives of the services. The outcome of the audit projects and actions agreed are reported to the Directorates through the Directorate Management Team (DMT) meetings, and to the Quality, Safety and Governance Committee through quarterly reporting. Risks of possible non-compliance with quality standards and regulations are highlighted, as required. Completion of actions is monitored through the same process.

The Trust receives Internal Audit Services from BDO and has had a range of internal audits undertaken in the year including audits relevant to Risk Management, Complaints, Data security and protection, Research and Development, E-Rostering, Agency Expenditure, and Key Financial Systems. All internal audit reports are reported to the Audit and Assurance Committee who also review progress against the plan and progress in implementing recommendations.

The Head of Internal Audit Opinion (HoIAO) on the effectiveness of the system of internal control for the year states that:

"The role of internal audit is to provide an opinion to the Board, through the Audit and Assurance Committee, on the adequacy and effectiveness of the internal control system to ensure the achievement of the Trust's objectives in the areas reviewed."

The annual report from internal audit provides an overall opinion on the adequacy and effectiveness of the Trust's risk management, control, and governance processes, within the scope of work undertaken by our firm as outsourced providers of the internal audit service. It also summarises the activities of internal audit for the period.

Head of internal audit opinion

For the 12 months ended 31 March 2020, the head of internal audit opinion for Cambridgeshire and Peterborough NHS Foundation Trust is as follows:

Overall, we are able to provide moderate assurance that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently

The basis for forming my opinion is as follows:

- An assessment of the design and operation of the underpinning Board Assurance Framework and supporting processes;
- An assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year;
- This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

In forming our view, we have taken into account that:

- In respect of the design of the controls, an opinion of moderate assurance was provided for five out of the 12 assurance audits, substantial assurance was provided in six audit areas, and in one area limited assurance
- In respect of the operational effectiveness of the controls, an opinion of moderate assurance was provided for eight of the 12 assurance audits, substantial assurance was provided in one area, and in three areas limited assurance
- The Trust has specifically requested audits into known areas of concern and new areas of risk e.g. an advisory review on Research and Development and the new frameworks for Agency Expenditure and E-Rostering.
- Management has responded positively to reports issued and action plans have been developed to address the recommendations raised
- We have confirmed with reference to evidence that 81% of recommendations due for implementation by the end of 2019/20 had been completed, and we have received management assurances that the other 19% have been implemented.

Our annual report and head of internal audit opinion has been prepared based on the audit work undertaken during the year.

The internal audit assurance framework provides assurance on the design of controls and the operational effectiveness of controls. Each report contains recommendations rated as high, medium or low.

The Trust has agreed actions to strengthen the control framework in areas identified by audit to manage the identified risks in each of these areas. All high and medium rated recommendations will be followed up through progress reports to the Audit and Assurance Committee.

Conclusion

As Accounting Officer and based on the review process outlined above, I conclude that the Trust has identified and has taken the necessary action on the control issues during the year which have been identified in detail in the body of the Annual Governance Statement above.

This Annual Governance Statement is signed by the Chief Executive as Accounting Officer.

Tracy Dowling
Chief Executive

22 June 2020

END OF SECTION 2: Accountability Report

The Trust's Auditors have reviewed the Accountability Report for consistency with the Financial Statements.

Signed (in her capacity as Accounting Officer) by:

Tracy Dowling
Chief Executive

22 June 2020

Voluntary Disclosures

Freedom to Speak Up

In response to the Freedom to Speak Up Review by Sir Robert Francis in 2015; all NHS Trusts in England are required to have a Freedom to Speak Up Guardian. This key role contributes to the development of an open organisational culture by:

- Protecting patient safety and quality of care
- Improving the experience of everyone who works in health and care, and
- Promoting learning and improvement

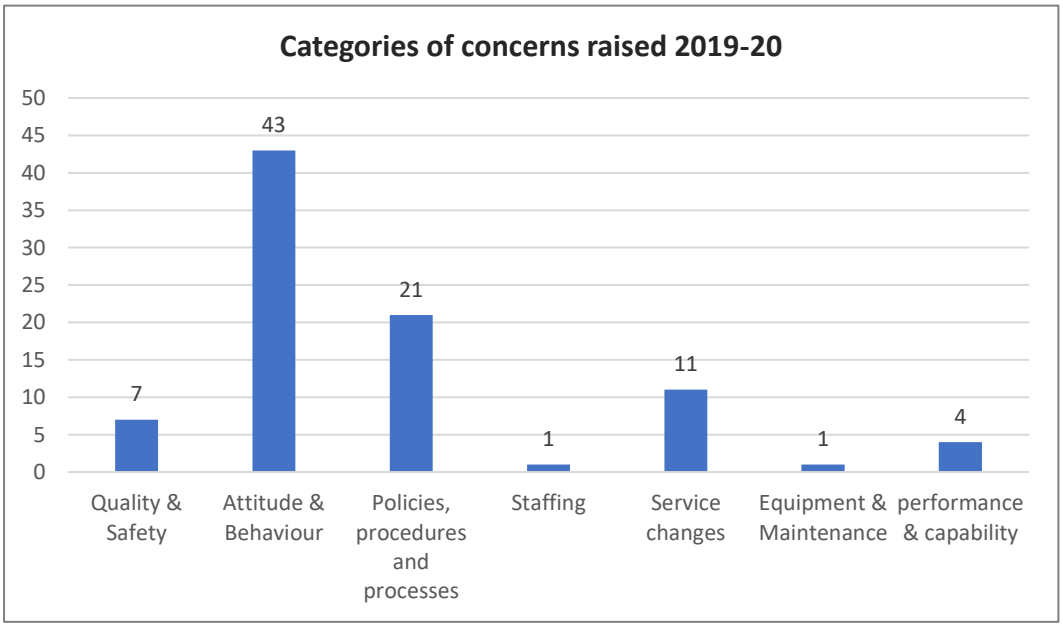
By ensuring that:

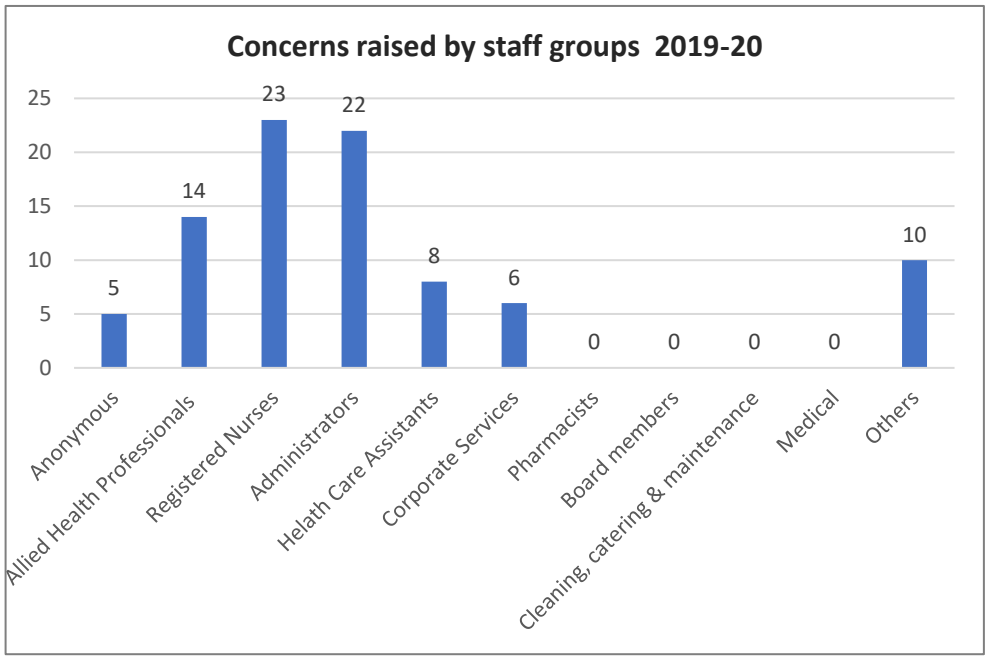
- Workers are supported in Speaking Up
- Barriers to Speak Up are addressed
- A positive culture of Speaking Up is fostered

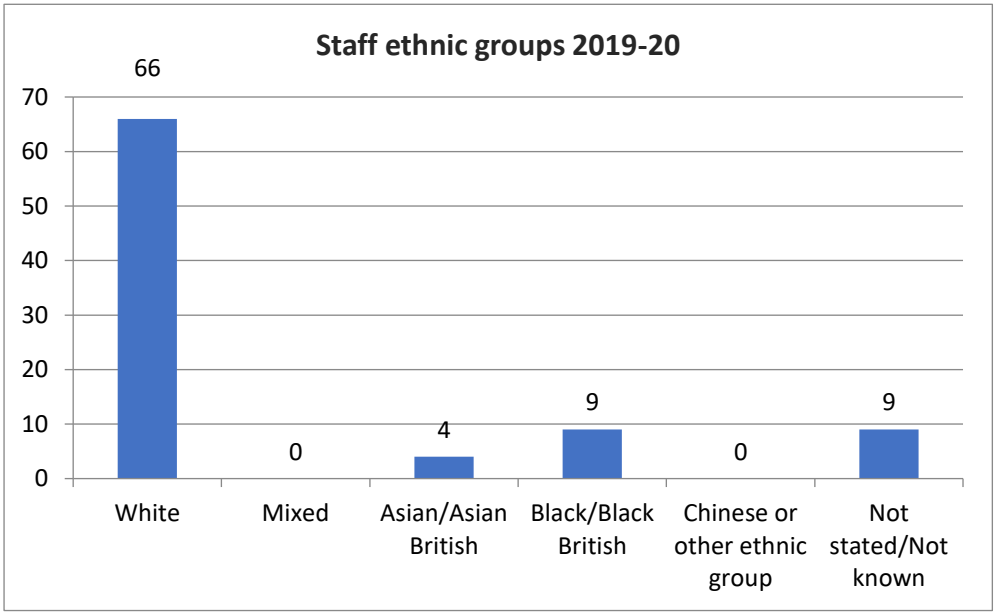
The Freedom to Speak Up Guardian works alongside the Trust Leadership Teams to support the organisation in becoming a more open and transparent place to work and where Speaking Up becomes business as usual.

The Trust quarterly staff barometer surveys consistently indicate a majority of staff know how to raise concerns and would raise concerns. On average, 98% of Trust staff indicated they know how to raise concerns.

Eighty-eight Trust staff raised concerns with the Freedom to Speak Up Guardian in 2019-2020 compared with 69 that were raised in the 2018-19. The primary categories of the concerns raised, the staff group and ethnicity data of the individuals who raised concerns are shown in the three graphs below. The numbers of staff from the Black Asian Minority Ethnic group who contacted the Freedom to Speak Up Guardian in 2019-20 was 15% which compares positively with the average 12% Trust workforce data for this staff group.







Examples of improvements in particular where these have been embedded in the Trust governance, training and HR processes in response to concerns received by the Freedom to Speak Up Guardian include;

- Collaborative work with HR in a number of Trust-wide developments in relation to
- tackling bullying & harassment.
- Improvements in the consistency of the recording of patients' allergies in clinical records.
- Embedding a compassionate and just culture approach in managing staff sickness and absence.
- Improved awareness of the equality and diversity agenda within a service with a high proportion of Black, Asian and Ethnic Minority staff.

- Improved awareness of the requirements of reasonable adjustment for staff with a disability.
- Improved awareness and adherence to the Trust's sickness and absence management policy and procedures
- Improvements in the standards of clinical documentations within a service area.
- Improved process for the local security and safety risk assessments during local staff inductions.

Freedom of Information

The Trust operates a transparent and open system of access to information about its services, whilst recognising and adhering to the best practice on protecting the confidentiality of certain types of information.

The Effect of Covid-19 on FOI

The Covid-19 pandemic has affected FOI statistics in two ways.

- *Total FOI numbers:* FOI requests fell off sharply in the last two weeks of March
- *FOI response times:* The Trust's main focus shifted to responding to the pandemic. As a result, it took longer to gather the information requested, leading to delayed response times.

From 1 April 2019 to 31 March 2020 the Trust received 479 Freedom of Information requests. This is an increase of 0.84% over 2018/19. The majority of requests contain multiple questions that require input from across the Trust's Directorates.

Compliance with the 20-day working response target was 87% with 16 FOIs still outstanding.

Although requestors are not obliged to disclose the capacity in which they are submitting their request, we estimate the majority of requests were from Individuals (49.2%), though this may conceal other categories as requesters from commercial and media organisations do not always identify themselves as such. This is followed by Private Companies (22.1%) and Media (10.0%). The topics most frequently asked about were Clinical Services (14.2%), Patient Statistics (12.2%), and Budget/Expenditure/Finance (9.6%)

Section 3: Annual Accounts

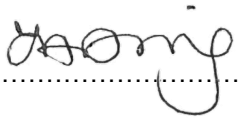
Cambridgeshire and Peterborough NHS Foundation Trust

Annual accounts for the year ended 31 March 2020

Foreword to the accounts

Cambridgeshire and Peterborough NHS Foundation Trust

These accounts, for the year ended 31 March 2020, have been prepared by Cambridgeshire and Peterborough NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name **Tracy Dowling**
Job title **Chief Executive**
Date **22nd June 2020**

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	213,024	198,784
Other operating income	4	23,155	25,461
Operating expenses	6	(231,559)	(217,382)
Operating surplus/(deficit) from continuing operations		**4,620**	**6,863**
Finance income	11	1,422	987
Finance expenses	12	(1,930)	(1,744)
PDC dividends payable		(2,108)	(2,008)
Net finance costs		**(2,616)**	**(2,765)**
Other gains / (losses)	13	874	0
Surplus / (deficit) for the year from continuing operations		**2,878**	**4,098**
Surplus / (deficit) for the year		**2,878**	**4,098**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(229)	0
Revaluations	14	800	830
Remeasurements of the net defined benefit pension scheme liability/asset	28	102	0
Total comprehensive income / (expense) for the period		**3,551**	**4,928**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		2,878	4,098
Remove net impairments not scoring to the Departmental expenditure limit	7	215	0
Remove I&E impact of capital grants and donations		2	2
Remove non-cash element of on-SoFP pension costs	29	51	0
Adjusted financial performance surplus / (deficit)		**3,146**	**4,100**

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Property, plant and equipment	14	85,978	81,626
Total non-current assets		**85,978**	**81,626**
Current assets			
Inventories	18	124	82
Receivables	19	22,846	23,514
Other investments / financial assets	16	20,220	20,220
Non-current assets for sale and assets in disposal groups	20	227	1,375
Cash and cash equivalents	21	40,646	28,886
Total current assets		**84,063**	**74,077**
Current liabilities			
Trade and other payables	22	(33,147)	(27,191)
Borrowings	24	(816)	(778)
Provisions	26	(229)	(401)
Other liabilities	23	(12,335)	(8,072)
Total Current liabilities		**(46,527)**	**(36,442)**
Total assets less current liabilities		**123,514**	**119,261**
Non-current liabilities			
Borrowings	24	(23,274)	(24,119)
Provisions	26	(1,470)	(1,244)
Other liabilities	23	(141)	(192)
Total non-current liabilities		**(24,885)**	**(25,555)**
Total assets employed		**98,629**	**93,706**
Financed by			
Public dividend capital		9,752	8,380
Revaluation reserve		23,954	23,519
Other reserves		33,733	33,733
Income and expenditure reserve		31,190	28,074
Total taxpayers' equity		**98,629**	**93,706**

The notes on pages 8 to 52 form part of these accounts.

Name Tracy Dowling
Position Chief Executive
Date 22nd June 2020

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**8,380**	**23,519**	**33,733**	**28,074**	**93,706**
Surplus/(deficit) for the year	0	0	0	2,878	**2,878**
Impairments	-	(229)	-	0	**(229)**
Revaluations	0	800	0	0	**800**
Transfer to retained earnings on disposal of assets	0	(136)	0	136	**0**
Remeasurements of the defined net benefit pension scheme liability/asset	0	0	0	102	**102**
Public dividend capital received	1,372	0	0	0	**1,372**
Taxpayers' and others' equity at 31 March 2020	**9,752**	**23,954**	**33,733**	**31,190**	**98,629**

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

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**8,368**	**22,689**	**33,733**	**23,976**	**88,766**
Surplus/(deficit) for the year	0	0	0	4,098	**4,098**
Revaluations	0	830	0	0	**830**
Public dividend capital received	12	0	0	0	**12**
Taxpayers' and others' equity at 31 March 2019	**8,380**	**23,519**	**33,733**	**28,074**	**93,706**

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 and Social Care as the public dividend capital dividend. During 2019/20 the Trust received PDC of £1.372m in respect of approved capital expenditure in respect of One Vision and Pharmacy.

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 and are recognised in operating expenses. 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
Other reserves within the Statement of Financial Position relate to the difference between the value of fixed assets taken over by the Cambridge and Peterborough Mental Health Partnership NHS Trust at inception on 1 April 2002 and the corresponding value of the Opening Capital Debt. The balance of Other Reserves will remain fixed for the foreseeable future.

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

Statement of Cash Flows

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		4,620	6,863
Non-cash income and expense:			
Depreciation and amortisation	15	4,198	4,601
Net impairments	21	281	0
Non-cash movements in on-SoFP pension liability	30	51	0
(Increase) / decrease in receivables and other assets	20	433	10,332
(Increase) / decrease in inventories	19	(42)	12
Increase / (decrease) in payables and other liabilities	23	8,493	2,273
Increase / (decrease) in provisions	27	54	(24)
Net cash flows from / (used in) operating activities		**18,088**	**24,057**
Cash flows from investing activities			
Interest received	11	1,422	650
Purchase and sale of financial assets / investments	17	0	(20,220)
Purchase of PPE and investment property	15	(6,169)	(3,176)
Sales of PPE and investment property		1,655	0
Net cash flows from / (used in) investing activities		**(3,092)**	**(22,746)**
Cash flows from financing activities			
Public dividend capital received		1,372	12
Capital element of finance lease rental payments		(20)	(18)
Capital element of PFI, LIFT and other service concession payments		(788)	(696)
Other interest		0	(5)
Interest paid on finance lease liabilities		(47)	(50)
Interest paid on PFI, LIFT and other service concession obligations		(1,684)	(1,689)
PDC dividend (paid) / refunded		(1,870)	(1,984)
Cash flows from (used in) other financing activities		(199)	0
Net cash flows from / (used in) financing activities		**(3,236)**	**(4,430)**
Increase / (decrease) in cash and cash equivalents		**11,760**	**(3,119)**
Cash and cash equivalents at 1 April - brought forward		**28,886**	**32,005**
Cash and cash equivalents at 31 March		**40,646**	**28,886**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, 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 2019/20 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 1.1.2 Going concern

International Accounting Standards (IAS1) require the directors to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern (i.e. that it will continue in the business of healthcare provision for the foreseeable future). The Trust has prepared these accounts on the strong cash position it holds and the basis that the Department of Health and Social Care will fund the Trust to meet its obligations as they fall due.

With the CoVID-19 pandemic affecting all NHS Trusts, the Department of Health and Social Care has delayed the Long-Term Financial Planning process for 2020/21. As a result the Trust has yet to agree a Budget or Capital Programme for 2020/21. The Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the Going Concern basis in preparing the accounts.

Note 1.2 Critical judgements in applying accounting policies

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of revision and future periods if the revision affects both current and future periods.

The following judgement, apart from those involving estimations (see Note 1.2.1), that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Charitable Funds
From 2013-14, the divergence from the FReM that NHS Charitable Funds are not consolidated with bodies' own returns was removed. Under the provisions of IFRS 10 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities' returns.

IAS 1, Presentation of annual report and accounts, says that specific disclosure requirements set out in individual standards or interpretations need not be satisfied if the information is not material. In addition accounting policies need not be developed or applied if the impact of applying them would be immaterial. The Trust has concluded that in the current financial year that the accounts of the Charitable Fund are not material and have not therefore consolidated them in these accounts.

Note 1.2.1 Key Sources of estimation uncertainty

The following are the key assumptions about the future and other key sources of estimation uncertainty at the end of the reporting year, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property Valuations

Valuation assumptions for Property, Plant and Equipment with a net book value of £74.8m as at 31 March 2020, are in line with note 15.

The Trust has not obtained a valuation report for 2019/20 but it should be noted that there now may be greater uncertainty in markets on which the valuation obtained in 2018/19, to which the Trust has applied an indexation figure of 1.2% based on the Royal Institution of Chartered Surveyors (RICS) reports and reflected in these financial statements is based.

The RICS guidance states "The outbreak of the Novel Coronavirus (CoVID-19) declared by the World Health Organisation as a "Global Pandemic" on 11 March 2020, has impacted global financial markets. Travel restrictions have been implemented by many countries. Market activity is being impacted in many sectors. As at the valuation date, we consider that we can attach less weight to previous market evidence for comparison purposes, to inform opinions of value. Indeed, the current response to CoVID-19 means that we are faced with an unprecedented set of circumstances on which to base a judgement. Valuations are therefore reported on a basis of "material valuation uncertainty" as per VPS 3 and VPGA 10 of the RICS Red Book Global. Consequently, less certainty - and a higher degree of caution - should be attached to a valuation than would normally be the case. Given the unknown future impact that CoVID-19 might have on the real estate market, we recommend that you keep the valuation of land and buildings under frequent review."

Given the judgements explained above in preparing these 2019/20 financial statements, the Trust has not deviated from its existing accounting policy by obtaining an additional valuation to which a material uncertainty might be attached.

A 1.2% increase in the index used would have £834K impact on the statement of financial position with a £3K impact on the PDC Dividend due to be paid next year and accrued in these financial statements.

Of the £74.8m net book value of land and buildings subject to valuation, £63.6m relates to specialised assets valued on a depreciated repacement cost basis. Here the valuer bases their assessment on the cost of replacing the service potential, rather than the extent of the service. It is possible that the CoVID-19 pandemic will affect the Trust's future assessment of what would be required in a modern equivalent asset, but as yet there is insufficient evidence to affect the assumptions used in the valuation.

Note 1.3 Interests in other entities

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method.

The Trust has been involved in a joint venture with Cambridge University Hospitals NHS Foundation Trust under the umbrella of the UnitingCare Partnership LLP. The joint venture, was formally closed on 10th March 2020. The Trust has accounted for this joint venture under the equity method in the year. However, the joint venture has not traded during the year.

Note 1.4 Revenue from contracts with customers

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

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

The majority of the Trust's healthcare contracts are on a block basis, where it is deemed that performance obligations are met on an equal monthly basis. To this end, commissioners pay the annual contract value in 12 equal instalments during the year. Each instalment is paid during the month to which it relates. Where a contract is on a cost and volume basis, invoices are raised as the performance obligation is discharged in line with the timeline mandated within the NHS Standard Contract.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner against which performance obligations and payments are agreed on a quarterly basis.

Revenue from research contracts

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

Note 1.4.1 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 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 1.4.2 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 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 schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

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

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Note 1.6 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 1.7 Property, plant and equipment

Note 1.7.1 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 cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

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

Note 1.7.2 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. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. The quinquennial valuation of land and buildings was undertaken as at 31st March 2019. 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.

The Trust has applied an indexation figure of 1.2% as at 31st March 2020, based on Royal Institution of Chartered Surveyors (RICS) reports it received from its valuers. However because of the CoVID-19 pandemic, the RICS have issued a note to say that there is material uncertainty around the indices that it has issued. It is possible that the CoVID-19 pandemic will affect the Trust's future assessment of what would be required in a modern equivalent asset, but as yet there is insufficient evidence to affect the assumptions used in the valuation. The Trust has not undertaken an additional valuation.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

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

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

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

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

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating 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 1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:
- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:

  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

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

Note 1.7.4 Donated and grant funded assets

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

Note 1.7.5 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate. The Trust has also elected under IAS 23 to captalise any borrowing costs associated with the PFI as these are considered to be the borrowing costs of the operator.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Note 1.7.6 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	3	57
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 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

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

Note 1.10 Financial assets and financial liabilities

Note 1.10.1 Recognition

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

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

Note 1.10.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.
Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

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

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

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

Note 1.10.3 Derecognition

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

Note 1.11 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

Finance leases

property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position 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. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

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 26.1 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 Contingencies
Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 27 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 28, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

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

Note 1.14 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,
(iii) any PDC dividend balance receivable or payable, and
(iv) any Capital expenditure associated with CoVID-19.

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 the audit of the annual accounts.

Note 1.15 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 1.16 Corporation tax

The Cambridgeshire and Peterborough NHS Foundation Trust is a Health Service body within the meaning of s 519A ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for the Treasury to disapply the exemption in relation to the specified activities of a Foundation Trust (s519A (3) to (8) ICTA 1988). Accordingly the NHS Foundation Trust is potentially within the scope of Corporation Tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits there from exceed £50,000pa. There is no tax liability arising in respect of the current or previous financial year.

Note 1.17 Foreign exchange

The functional and presentational currency of the Trust is sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise. Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.18 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.19 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 1.20 Gifts

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

Note 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. This has been deferred from 1st April 2020, following the outbreak of the Coronavirus (CoVID-19). The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessment made under the old standards of whether existing contracts contain a lease.

On tranisition to IFRS16 on 1 April 2021, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of the remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and the adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term. The judgement of the lease term will be assessed on a number of factors such as ability of the lessor to re-lease the property, any break penalties and the life of any capital works carried out by the Trust.

Following the CoVID-19 pandemic, on the 19 March 2020 HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021. Due to the need to reassess lease calculations, together with uncertainty on expected lease activity from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is not currently viable. However, based on work to date, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Other standards, amendments and interpretations

IFRS 17 - Insurance Contracts. This applies for accounting periods beginning on or after 1st January 2023, this is not yet adopted by the FReM. Therefore early adoption is not therefore permitted.

Note 2 Operating Segments

Segment information is presented on the same basis as that used for internal reporting purposes by the "Chief Operating Decision Maker". The operating segments to be disclosed in these accounts are therefore identified on the basis of internal reports regularly reviewed by the Board of Directors, the Board of Directors being considered to be the chief operating decision-maker for the Trust, in order to allocate resources to the segments and to assess their respective performance.

The Board considers the Trust from a service perspective, organised into one business segment, Healthcare.

The internal directorates of the healthcare reportable segment (Adult and Specialist Mental Health, Children, Young People and Families, Older People's and Adult Community and Corporate Services), do not qualify as reportable segments as decisions about the allocation of resources and the assessment of performance are not made at this level by the Board.

The Board assesses the performance of the operating segments based on gross expenditure and income where the service contract is discrete to that service. The Board do not receive a breakdown by segment for the Trust's performance in terms of interest receivable or payable, depreciation or amortisation and any other material non-cash items.

Other information provided to the Board is measured in a manner consistent with that in the accounts.

Note 3 Operating income from patient care activities

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

Note 3.1 Income from patient care activities (by nature)	2019/20 £000	2018/19 £000
Acute services		
A & E income	1,480	1,397
Mental health services		
Cost and volume contract income	9,817	8,587
Block contract income	105,248	94,102
Clinical partnerships providing mandatory services (including S75 agreements)	12,419	13,666
Community services		
Community services income from CCGs and NHS England	71,185	70,343
Income from other sources (e.g. local authorities)	5,212	6,469
All services		
Private patient income	168	127
Agenda for Change pay award central funding*	0	2,321
Additional pension contribution central funding**	7,195	0
Other clinical income	300	1,772
Total income from activities	**213,024**	**198,784**

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2019/20 £000	2018/19 £000
NHS England*	21,556	11,673
Clinical commissioning groups	162,248	154,773
Department of Health and Social Care	0	2,321
Other NHS providers	8,189	10,179
Local authorities	16,897	16,778
Non-NHS: private patients	168	127
Injury cost recovery scheme	25	0
Non NHS: other	3,941	2,933
Total income from activities	**213,024**	**198,784**
Of which:		
Related to continuing operations	213,024	198,784

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts. This equates to £7.195m.

Note 4 Other operating income

	2019/20			2018/19		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	4,699	0	**4,699**	4,371	0	**4,371**
Education and training	9,542	349	**9,891**	8,858	77	**8,935**
Non-patient care services to other bodies	96	0	**96**	3,199	0	**3,199**
Provider sustainability fund (PSF)	1,745	0	**1,745**	3,728	0	**3,728**
Other income	6,724	0	**6,724**	5,228	0	**5,228**
Total other operating income	**22,806**	**349**	**23,155**	**25,384**	**77**	**25,461**
Of which:						
Related to continuing operations			**23,155**			**25,461**

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

	2019/20	2018/19
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	3,888	386
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	258	339

Note 5.1 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2020 £000	31 March 2019 £000
within one year	10,168	6,584
after one year, not later than five years	2,137	1,488
Total revenue allocated to remaining performance obligations	**12,305**	**8,072**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.2 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2019/20	2018/19
	£000	£000
Income from services designated as commissioner requested services	178,331	168,920
Income from services not designated as commissioner requested services	34,693	29,864
Total	**213,024**	**198,784**

Note 6 Operating expenses

	2019/20	2018/19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	791	0
Purchase of healthcare from non-NHS and non-DHSC bodies	1,587	1,917
Staff and executive directors costs	170,577	157,511
Remuneration of non-executive directors	160	151
Supplies and services - clinical (excluding drugs costs)	3,501	2,458
Supplies and services - general	9,619	10,146
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,264	1,181
Consultancy costs	811	149
Establishment	2,417	2,711
Premises	10,026	11,626
Transport (including patient travel)	3,370	3,372
Depreciation on property, plant and equipment	4,198	4,601
Net impairments	281	0
Movement in credit loss allowance: contract receivables / contract assets	441	(55)
Movement in credit loss allowance: all other receivables and investments	0	171
Change in provisions discount rate(s)	105	0
Audit fees payable to the external auditor		
audit services- statutory audit	72	41
other auditor remuneration (external auditor only)	0	5
Internal audit costs	78	79
Clinical negligence	1,018	851
Legal fees	485	411
Insurance	47	55
Research and development	4,885	4,513
Education and training	5,727	5,711
Rentals under operating leases	6,367	3,595
Redundancy	132	114
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	2,226	2,181
Car parking & security	128	200
Hospitality	44	59
Losses, ex gratia & special payments	24	1
Other	1,178	3,627
Total	**231,559**	**217,382**
Of which:		
Related to continuing operations	231,559	217,382

Note 6.1 Other auditor remuneration

	2019/20	2018/19
	£000	£000
Other auditor remuneration paid to the external auditor:		
8. Other non-audit services not falling within items 2 to 7 above	0	5
Total	**0**	**5**

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2018/19: £2m).

Note 7 Impairment of assets

	2019/20	2018/19
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Abandonment of assets in course of construction	66	0
Changes in market price	215	0
Total net impairments charged to operating surplus / deficit	**281**	**0**

Note 8 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	136,974	131,105
Social security costs	12,029	11,533
Apprenticeship levy	639	612
Employer's contributions to NHS pensions*	23,557	15,703
Termination benefits	132	114
Temporary staff (including agency)	6,832	6,880
Total staff costs	**180,163**	**165,947**
Of which		
Costs capitalised as part of assets	884	384

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts. This equates to £7.195m.

Note 8.1 Retirements due to ill-health

During 2019/20 there were 2 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £15k (£478k in 2018/19).

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

Note 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pension 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. The scheme is an unfunded defined benefit scheme that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the 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 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 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 to 20.6%, and the scheme regulations were amended accordingly.

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 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 and Peterborough NHS Foundation Trust as a lessor

Nil for 2019/20 and 2018/19.

Note 10.2 Cambridgeshire and Peterborough NHS Foundation Trust as a lessee

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

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	6,367	3,595
Total	**6,367**	**3,595**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease payments due:		
- not later than one year;	5,968	3,055
- later than one year and not later than five years;	20,371	1,264
- later than five years.	594	0
Total	**26,933**	**4,319**

The movement is due to the inclusion of NHS Property Service rentals, Leases with Cambridgeshire Community Services and the extension of those leases to 2025. The expenses were previously recorded under Premises.

Note 11 Finance income

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

	2019/20	2018/19
	£000	£000
Interest on bank accounts	223	145
Other finance income	1,199	842
Total finance income	**1,422**	**987**

Note 12 Finance expenditure

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

	2019/20	2018/19
	£000	£000
Interest expense:		
Finance leases	48	50
Interest on late payment of commercial debt	0	5
Main finance costs on PFI and LIFT schemes obligations	1,081	1,139
Contingent finance costs on PFI and LIFT scheme obligations	603	550
Total interest expense	**1,732**	**1,744**
Other finance costs	198	0
Total finance costs	**1,930**	**1,744**

Note 12.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2019/20	2018/19
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	0	5

Note 13 Other gains / (losses)

	2019/20	2018/19
	£000	£000
Gains on disposal of assets	874	0
Total gains / (losses) on disposal of assets	**874**	**0**
Total other gains / (losses)	**874**	**0**

The gain on disposal relates to the sale of Vinery Road and Victoria Road Assets, that were recorded under Asset Held for Sale.

Note 14 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	**9,550**	**70,694**	**1,314**	**2,025**	**14,412**	**1,389**	**99,384**
Additions	0	681	5,396	589	1,226	0	**7,892**
Impairments	0	(229)	(66)	0	0	0	**(295)**
Revaluations	115	702	0	0	0	0	**817**
Reclassifications	0	437	(601)	2	162	0	**0**
Disposals / derecognition	0	0	(76)	0	0	0	**(76)**
Valuation/gross cost at 31 March 2020	**9,665**	**72,514**	**5,967**	**2,616**	**15,800**	**1,389**	**107,951**
Accumulated depreciation at 1 April 2019 - brought forward	**0**	**4,833**	**0**	**1,144**	**10,645**	**1,136**	**17,758**
Provided during the year	0	2,557	0	172	1,401	68	**4,198**
Revaluations	0	17	0	0	0	0	**17**
Accumulated depreciation at 31 March 2020	**0**	**7,407**	**0**	**1,316**	**12,046**	**1,204**	**21,973**
Net book value at 31 March 2020	**9,665**	**65,107**	**5,967**	**1,300**	**3,754**	**185**	**85,978**
Net book value at 1 April 2019	**9,550**	**65,861**	**1,314**	**881**	**3,767**	**253**	**81,626**

Note 14.1 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	**9,635**	**72,372**	**1,243**	**1,614**	**13,408**	**1,283**	**99,555**
Additions	0	778	1,223	229	611	106	**2,947**
Revaluations	100	(2,454)	0	0	0	0	**(2,354)**
Reclassifications	0	248	(1,152)	182	722	0	**0**
Transfers to / from assets held for sale	(185)	(250)	0	0	0	0	**(435)**
Disposals / derecognition	0	0	0	0	(329)	0	**(329)**
Valuation/gross cost at 31 March 2019	**9,550**	**70,694**	**1,314**	**2,025**	**14,412**	**1,389**	**99,384**
Accumulated depreciation at 1 April 2018 - as previously stated	**0**	**5,488**	**0**	**1,031**	**9,140**	**1,026**	**16,685**
Provided during the year	0	2,544	0	113	1,834	110	**4,601**
Revaluations	0	(3,184)	0	0	0	0	**(3,184)**
Transfers to / from assets held for sale	0	(15)	0	0	0	0	**(15)**
Disposals / derecognition	0	0	0	0	(329)	0	**(329)**
Accumulated depreciation at 31 March 2019	**0**	**4,833**	**0**	**1,144**	**10,645**	**1,136**	**17,758**
Net book value at 31 March 2019	**9,550**	**65,861**	**1,314**	**881**	**3,767**	**253**	**81,626**
Net book value at 1 April 2018	**9,635**	**66,884**	**1,243**	**583**	**4,268**	**257**	**82,870**

Note 14.2 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020							
Owned - purchased	9,665	29,915	5,967	1,300	3,754	185	**50,786**
Finance leased	0	3,616	0	0	0	0	**3,616**
On-SoFP PFI contracts and other service concession arrangements	0	31,547	0	0	0	0	**31,547**
Owned - donated	0	29	0	0	0	0	**29**
NBV total at 31 March 2020	**9,665**	**65,107**	**5,967**	**1,300**	**3,754**	**185**	**85,978**

Note 14.3 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019							
Owned - purchased	9,550	31,435	1,314	881	3,767	253	**47,200**
Finance leased	0	3,311	0	0	0	0	**3,311**
On-SoFP PFI contracts and other service concession arrangements	0	31,084	0	0	0	0	**31,084**
Owned - donated	0	31	0	0	0	0	**31**
NBV total at 31 March 2019	**9,550**	**65,861**	**1,314**	**881**	**3,767**	**253**	**81,626**

Note 15 Revaluations of property, plant and equipment

All the freehold properties owned by the Foundation Trust were valued by Boshier & Company Chartered Surveyors in the 2018/19 financial year. This valuation represents the Trust's Quinquennial valuation. The properties were valued as at 31st March 2019. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the statement of financial position date. In practice the Trust will ensure that there is a full quinquennial valuation and an interim valuation 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 book values reflect current values. For 2019/20, the Trust has applied a percentage of 1.2% based on the March 2020 BCIS forecast. However because of the CoVID-19 pandemic the RICS has issued a note over the material uncertainty of the indices it has issued. It is possible that the CoVID-19 pandemic will affect the Trust's future assessment of what would be required in a modern equivalent asset, but as yet there is insufficient evidence to affect the assumptions used in the valuation. The Trust has not undertaken an additional valuation. Current values are determined as follows:

- Land and non specialised buildings – market value for existing use/modern equivalent asset.
- Specialised building - Depreciated Replacement Cost.

The valuations were in accordance with the requirements of the RICS valuation standards sixth edition and the international valuation standards. The valuation of each property was on the basis of market value, subject to the following assumptions:-

i) For owner occupied property: that the property would be sold as part of the continuing enterprise in occupation;
ii) For investment property: that the property would be sold subject to any existing leases;

The Valuer's opinion of market value was primarily derived using:

i) Comparable recent market transactions on arm's length terms;

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

Plant and equipment that have not been revalued are shown at their depreciated value.

Note 16 Other investments / financial assets (current)

	31 March 2020	31 March 2019
	£000	£000
Other current financial assets	20,220	20,220
Total current investments / financial assets	**20,220**	**20,220**

Other current financial assets relates to a cash loan provided to the Department of Health and Social Care. This loan was transacted on 1st June 2018 and will remain in place until the Trust notifies the Department of Health and Social Care of the intention to terminate the agreement.

The loan yields 5% interest per annum.

Note 17 Disclosure of interests in other entities

UnitingCare Partnership LLP

UnitingCare Partnership LLP was a partnership set up between the Trust and Cambridge University Hospitals NHS Foundation Trust to bid for the Adults and Older People's service put out to tender by Cambridgeshire and Peterborough Clinical Commissioning Group. The LLP was successful in securing this contract and as such took responsibility for the provision of these services from 1st April 2015. The LLP ceased trading on 3rd December 2015.

There have been no transactions since 2016/17 and the LLP was formally wound up on the 10th March 2020.

Cambridge University Health Partnership

Cambridge University Health Partners (CUHP) was designated an Academic Health Science Centre by the Department of Health and Social Care in March 2009. The entity became fully established as a company limited by guarantee on 11th September 2009, with CPFT (as one of the four partners) underwriting 25% of the guarantee costs. The objectives of CUHP are to drive forward the partnership between the National Health Service (NHS) and the University of Cambridge.

The Trust accepted as part of the members agreement a recurrent funding of £103,300 (2018/19 £103,300), however the agreement requires unanimous confirmation of partners for any additional funding.

In view of the arrangements set out in the members agreement with CUHP, the Trust considers CUHP to be an associate. However it has not been accounted for under the equity method as it is the Trust's view that the investment is not material.

Note 18 Inventories

	31 March 2020 £000	31 March 2019 £000
Drugs	94	56
Other	30	26
Total inventories	**124**	**82**

Inventories recognised in expenses for the year were £0k (2018/19: £12k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

Note 19 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	20,986	21,809
Allowance for impaired contract receivables / assets	(705)	(264)
Allowance for other impaired receivables	(387)	(409)
Prepayments	1,838	1,362
Interest receivable	337	337
PDC dividend receivable	0	235
VAT receivable	539	194
Other receivables	238	250
Total current receivables	**22,846**	**23,514**
Of which receivable from NHS and DHSC group bodies:		
Current	16,525	19,867

Note 19.1 Allowances for credit losses

	2019/20		2018/19	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**264**	**409**	**0**	**806**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	0	0	450	(450)
New allowances arising	441	0	18	171
Changes in existing allowances	0	0	(73)	0
Utilisation of allowances (write offs)	0	(22)	(131)	(118)
Allowances as at 31 Mar 2020	**705**	**387**	**264**	**409**

Note 19.2 Exposure to credit risk

The main receivables of the Trust are accounts receivable and loans receivable related to the loan to the Department of Health and Social Care (DHSC). The former has a low degree of credit risk (risk concerning non-payment of an agreement by the counterparty). In accordance with good practice, the Trust strives to promptly identify and reduce concerns about collection by regularly monitoring the Trust's aged debt and providing an update to the Board and other Committees as to actions being taken to address outstanding payment. Collection risk is minimal as the majority of income sources are DHSC bodies. The Trust has no significant concentrations of credit risk with any counterparty.

Note 20 Non-current assets held for sale and assets in disposal groups

	2019/20	2018/19
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**1,375**	**955**
Assets classified as available for sale in the year	0	420
Assets sold in year	(704)	0
Impairment of assets held for sale	(215)	0
March	**227**	**1,375**

During 2018/19, following Board approval, the Trust classified the following assets as held for sale:

- Drybread Road, Whittlesey - as at 31st March 2020, it is still available for sale.

Drybread Road carries a net book value as at 31st March 2019 of £95,000 relating to land and £132,000 buildings.

Note 21 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.

	2019/20	2018/19
	£000	£000
At 1 April	**28,886**	**32,005**
Net change in year	11,760	(3,119)
At 31 March	**40,646**	**28,886**
Broken down into:		
Cash at commercial banks and in hand	337	385
Cash with the Government Banking Service	40,309	28,501
Total cash and cash equivalents as in SoFP	**40,646**	**28,886**
Total cash and cash equivalents as in SoCF	**40,646**	**28,886**

Note 21.1 Third party assets held by the Trust

Cambridgeshire and Peterborough NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020	31 March 2019
	£000	£000
Bank balances	137	95
Total third party assets	**137**	**95**

Note 22 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	7,444	6,819
Capital payables	1,944	221
Accruals	15,545	14,111
Other taxes payable	3,313	2,436
PDC dividend payable	3	0
Other payables	4,898	3,604
Total current trade and other payables	**33,147**	**27,191**
Of which payables from NHS and DHSC group bodies:		
Current	3,627	2,543

Note 23 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	12,335	8,072
Total other current liabilities	**12,335**	**8,072**
Non-current		
Net pension scheme liability	141	192
Total other non-current liabilities	**141**	**192**

Note 24 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Obligations under finance leases	24	20
Obligations under PFI, LIFT or other service concession contracts	792	758
Total current borrowings	**816**	**778**
Non-current		
Obligations under finance leases	155	178
Obligations under PFI, LIFT or other service concession contracts	23,119	23,941
Total non-current borrowings	**23,274**	**24,119**

Note 24.1 Reconciliation of liabilities arising from financing activities - 2019/20

	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2019	**198**	**24,699**	**24,897**
Cash movements:			
Financing cash flows - payments and receipts of principal	(20)	(788)	**(808)**
Financing cash flows - payments of interest	(47)	(1,081)	**(1,128)**
Non-cash movements:			
Application of effective interest rate	48	1,081	**1,129**
Carrying value at 31 March 2020	**179**	**23,911**	**24,090**

Note 24.2 Reconciliation of liabilities arising from financing activities - 2018/19

	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2018	**216**	**25,395**	**25,611**
Cash movements:			
Financing cash flows - payments and receipts of principal	(18)	(696)	**(714)**
Financing cash flows - payments of interest	(50)	(1,139)	**(1,189)**
Non-cash movements:			
Application of effective interest rate	50	1,139	**1,189**
Carrying value at 31 March 2019	**198**	**24,699**	**24,897**

Note 25 Finance leases

Note 25.1 Cambridgeshire and Peterborough NHS Foundation Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	31 March 2020 £000	31 March 2019 £000
Gross lease liabilities	**416**	**480**
of which liabilities are due:		
- not later than one year;	67	67
- later than one year and not later than five years;	202	220
- later than five years.	147	193
Finance charges allocated to future periods	(237)	(282)
Net lease liabilities	**179**	**198**
of which payable:		
- not later than one year;	24	20
- later than one year and not later than five years;	64	66
- later than five years.	91	112

Note 26 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2019	**215**	**1,153**	**147**	**130**	**1,645**
Change in the discount rate	3	102	0	0	**105**
Arising during the year	84	48	0	0	**132**
Utilised during the year	(72)	(66)	(28)	0	**(166)**
Reversed unused	0	0	(17)	0	**(17)**
At 31 March 2020	**230**	**1,237**	**102**	**130**	**1,699**
Expected timing of cash flows:					
- not later than one year;	72	55	102	0	**229**
- later than one year and not later than five years;	158	224	0	130	**512**
- later than five years.	0	958	0	0	**958**
Total	**230**	**1,237**	**102**	**130**	**1,699**

Pension: Early Departure Costs - This reflects the liabilities arising from early retirements.

Pension: Injury Benefits - This reflects the liabilities arising from injury benefits.

Legal claims - This reflects potential claims against the NHSLA scheme and provision for employer tribunal costs.

Other - reflects provisions arising from dilapidations for Trust properties.

Note 26.1 Clinical negligence liabilities

At 31 March 2020, £15m was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Cambridgeshire and Peterborough NHS Foundation Trust (31 March 2019: £13m).

Note 27 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities		
NHS Resolution legal claims	27	35
Gross value of contingent liabilities	**27**	**35**
Net value of contingent liabilities	**27**	**35**

Note 28 Contractual capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	2,371	0
Total	**2,371**	**0**

The Capital commitment relates to the One Vision Patient Record System and is based on the future payments outlined in the contract less amounts paid to date.

Note 29 Defined benefit pension schemes

The Trust employs a small number of staff that transferred from Cambridgeshire Community Services NHS Trust on 1 April 2015 as members of the Local Government Pension Scheme (LGPS). These staff formerly worked for Cambridgeshire County Council but transferred into the NHS in April 2004 as part of the Cambridgeshire wide section 75 agreement for the provision of Health and Social Care for Older People. The LGPS is a defined benefit statutory scheme administered in accordance with the Local Government Pension Scheme Regulations. The Trust became an admitted body to the scheme effective on 1 April 2015.

Note 29.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2019/20	2018/19
	£000	£000
Present value of the defined benefit obligation at 1 April	**(2,055)**	**(2,055)**
Current service cost	(290)	0
Interest cost	(198)	0
Contribution by plan participants	(53)	0
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	(224)	0
Benefits paid	89	0
Present value of the defined benefit obligation at 31 March	**(2,731)**	**(2,055)**
Plan assets at fair value at 1 April	**1,863**	**1,863**
Interest income	188	0
Remeasurement of the net defined benefit (liability) / asset:		
- Return on plan assets	326	0
Contributions by the employer	249	0
Contributions by the plan participants	53	0
Benefits paid	(89)	0
Plan assets at fair value at 31 March	**2,590**	**1,863**
Plan surplus/(deficit) at 31 March	**(141)**	**(192)**

Note 29.2 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

	2020	2019
	£000	£000
Present value of the defined benefit obligation	(2,731)	(2,055)
Plan assets at fair value	2,590	1,863
Net (liability) / asset after the impact of reimbursement rights	**(141)**	**(192)**

Note 29.3 Amounts recognised in the SoCI

	2019/20	2018/19
	£000	£000
Current service cost	(290)	0
Interest expense / income	(10)	0
Past service cost	0	0
Total net (charge) / gain recognised in SOCI	**(300)**	**0**

Note 30 On-SoFP PFI, LIFT or other service concession arrangements

Note 30.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2020 £000	31 March 2019 £000
Gross PFI, LIFT or other service concession liabilities	**37,879**	**39,744**
Of which liabilities are due		
- not later than one year;	1,835	1,835
- later than one year and not later than five years;	7,207	7,196
- later than five years.	28,837	30,713
Finance charges allocated to future periods	(13,968)	(15,045)
Net PFI, LIFT or other service concession arrangement obligation	**23,911**	**24,699**
- not later than one year;	792	758
- later than one year and not later than five years;	3,390	3,235
- later than five years.	19,729	20,706

Note 30.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

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

	31 March 2020 £000	31 March 2019 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**137,617**	**142,528**
Of which payments are due:		
- not later than one year;	4,608	4,508
- later than one year and not later than five years;	19,612	19,189
- later than five years.	113,397	118,831

Note 30.3 Analysis of amounts payable to service concession operator

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

	2019/20 £000	2018/19 £000
Unitary payment payable to service concession operator	**4,698**	**4,566**
Consisting of:		
- Interest charge	1,081	1,139
- Repayment of balance sheet obligation	788	696
- Service element and other charges to operating expenditure	2,226	2,181
- Contingent rent	603	550
Total amount paid to service concession operator	**4,698**	**4,566**

The Trust is committed to make payments in relation to service charges on its PFI scheme. The charges are subject to an index linked inflation adjustment each year.

On 19th June 2007 the Trust concluded contracts under the Private Finance Initiative (PFI) with Peterborough (Progress Health) PLC for the construction of a new 102 bed hospital and the provision of hospital related services.

The PFI scheme was approved by the NHS Executive and HM Treasury as being better value for money than the public sector comparator. Under IFRIC 12, the PFI scheme is deemed to be on Statement of Financial Position, meaning that the hospital is treated as an asset of the Trust, being acquired through a finance lease. The payments to Progress Health in respect of the facility (Cavell Centre) have therefore been analysed into finance lease charges and service charges. The accounting treatment of the PFI scheme is detailed in the accounting policies note.

The service element of the contract was £2,226,000 (2018/19: £2,181,000). The Cavell Centre was handed over to the Trust in two phases in November 2008 and May 2009. Payments under the scheme commenced in November 2008. The agreement is due to end in November 2042.

The estimated value of the scheme at inception was £25,700,000.

Note 31 Financial instruments

Note 31.1 Financial risk management

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 clinical commissioning groups and the way those clinical commissioning groups 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. 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.

Market Risk
Market risk is the possibility that financial loss might arise as a result of changes in such measures as interest rates and stock market movements. A significant proportion of the Trust's transactions are undertaken in sterling and so its exposure to foreign exchange risk is minimal. It holds no significant investments other than short-term bank deposits. Other than cash balances, the Trust's financial assets and liabilities carry nil or fixed rates of interest and the Trust's income and operating cashflows are substantially independent of changes in market interest rates.

Interest Rate Risk
The Trust exposure to interest rate risk is primarily in relation to the PFI, details which are set out in Note 31.

Credit Risk
Because the majority of the Trust revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2020 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk
The Trust operating costs are incurred under contracts with healthcare commissioners which are financed from resources voted annually by Parliament . The Trust is not, therefore, exposed to significant liquidity risks.

Note 31.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	20,469	0	0	**20,469**
Other investments / financial assets	20,220	0	0	**20,220**
Cash and cash equivalents	40,646	0	0	**40,646**
Total at 31 March 2020	**81,335**	**0**	**0**	**81,335**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	21,723	0	0	**21,723**
Other investments / financial assets	20,220	0	0	**20,220**
Cash and cash equivalents	28,886	0	0	**28,886**
Total at 31 March 2019	**70,829**	**0**	**0**	**70,829**

Note 31.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under finance leases	179	0	**179**
Obligations under PFI, LIFT and other service concession contracts	23,911	0	**23,911**
Trade and other payables excluding non financial liabilities	29,831	0	**29,831**
Provisions under contract	1,699	0	**1,699**
Total at 31 March 2020	**55,620**	**0**	**55,620**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under finance leases	198	0	**198**
Obligations under PFI, LIFT and other service concession contracts	24,699	0	**24,699**
Trade and other payables excluding non financial liabilities	22,592	0	**22,592**
Provisions under contract	1,645	0	**1,645**
Total at 31 March 2019	**49,134**	**0**	**49,134**

Note 31.4 Maturity of financial liabilities

	31 March 2020	31 March 2019
	£000	£000
In one year or less	30,876	23,771
In more than one year but not more than two years	991	899
In more than two years but not more than five years	2,975	2,842
In more than five years	20,778	21,622
Total	**55,620**	**49,134**

Note 32 Losses and special payments

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned	1	0	0	0
Stores losses and damage to property	1	0	0	0
Total losses	**2**	**0**	**0**	**0**
Special payments				
Ex-gratia payments	9	24	6	1
Total special payments	**9**	**24**	**6**	**1**
Total losses and special payments	**11**	**24**	**6**	**1**

Note 33 Related parties

All Bodies within the scope of the Whole Government Accounts (WGA) are treated as related parties of an NHS Foundation Trust including the Department of Health and Social Care as the Trust's parent organisation. The main entities within the public sector that the Trust has dealings with are:-

Cambridge University Hospitals NHS Foundation Trust
Norfolk and Norwich University Hospitals NHS Foundation Trust
North West Anglia NHS Foundation Trust
Cambridgeshire Community Services NHS Trust
NHS Cambridgeshire and Peterborough CCG
NHS South Lincolnshire CCG
Health Education England
NHS Resolution
NHS Property Services
Department of Health and Social Care
HM Revenue and Customs
NHS Pension Agency
Cambridgeshire County Council
Hertfordshire County Council
Northamptonshire County Council
Peterborough City Council
HMP Whitemoor
Supply Chain Co-ordination Ltd
NHS England
NHS England - East of England Specialised Commissioning Hub
NHS England - East of England Regional Office
Head to Toe Charity

Note 34 Events after the reporting date

The outbreak of CoVID-19 is having a significant impact on NHS Resources, which has led to the current suspension of the long-term planning regime. As a result, the Trust has yet to agree a budget or capital programme for 2020/21. CoViD-19 was declared a pandemic on the 19th March 2020 and has had a minimal impact on the Trust's accounts for 2019/20. However, as the economic impact of CoVID-19, impacts in 2020/21 then the Trust is likely to be affected by requirements to pay Non-NHS Organisations faster and any failure of some of these organisations. The Trust is also likely to be affected by increased costs of both workforce and clinical supplies during the pandemic, although the Trust is expecting full reimbursement of such costs.

Independent auditor's report to the Council of Governors of Cambridgeshire and Peterborough NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of Cambridgeshire and Peterborough NHS Foundation Trust (the 'Trust') for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including 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 Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its expenditure and income for the year then ended;
- 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 2019 to 2020; 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.

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accounting Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the Trust's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the Trust's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

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 Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has 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.

In our evaluation of the Accounting Officer' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2019 to 2020 that the Trust's financial statements shall be prepared on a going concern basis, we considered the risks associated with the Trust's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the Trust's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Grant Thornton

Overview of our audit approach

Financial statements audit

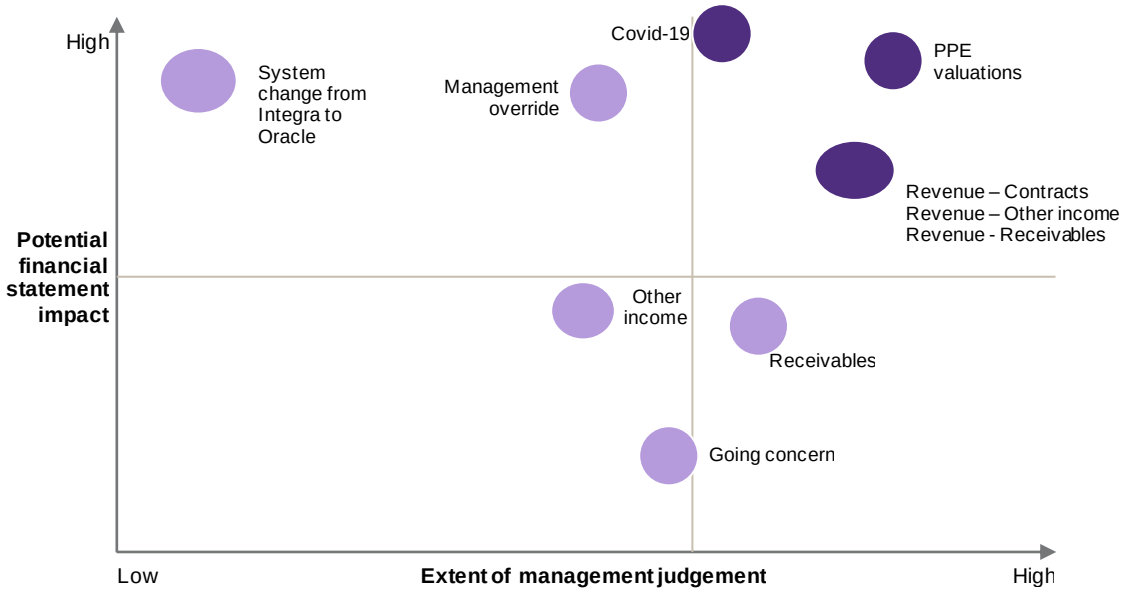
- Overall materiality: £4,300,000 which represents 1.9% of the Trust's gross operating costs (consisting of operating expenses and finance expenses).
- Key audit matters were identified as:
  - Valuation of Property Plant and Equipment
  - Occurrence and accuracy of Revenue- contracts, Revenue-Other Income and the existence of receivables.
  - Covid19
- We have tested the Trust's material income and expenditure streams and assets and liabilities covering 99% of the Trust's income, 99% of the Trust's expenditure, 99% of the Trust's assets and 96% of the Trust's liabilities.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

- We identified 1 significant risk in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (see Report on other legal and regulatory requirements section).

Key audit matters

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter	How the matter was addressed in the audit
Risk 1 Valuation of Property Plant and Equipment The Trust revalues its land and buildings on a five-yearly basis to ensure the carrying value in the financial statements is not materially different from current value at the financial statements date. In the intervening years, such as in 2019/20, the Trust uses indexation to value its land and buildings at year end and as such management have not engaged the services of a valuer to estimate the current value as of land and building assets at 31 March 2020. The last full valuation was at 31 March 2019 and the Trust has applied an indexation figure of 1.2% based on the Building Cost Information Service (BCIS) index published by the Royal Institute of Chartered Surveyors (RICS) as recommended by its usual Valuer. The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions The effects of the COVID-19 virus will affect the work carried out by valuers in a variety of ways. Inspecting properties could prove difficult and access to evidential data, such as values of comparable assets may be less freely available. RICS Regulated Members have therefore been considering whether a material uncertainty declaration is now appropriate in their reports. Its purpose is to ensure that any client relying upon the valuation report understands that it has been prepared under extraordinary circumstances. Even though, the Trust's management have not engaged the services of a valuer this year, a material uncertainty still exists around the valuation of land and buildings at the year-end as there is uncertainty around	Our audit work included, but was not restricted to: • Challenging the Trust and the Valuer on the relevance of the index provided to the Trust • Obtaining a copy of the response from the Valuer to the Trust with regards to the appropriate index to use. • Evaluating management's processes and assumptions for the application of the index and accounting for the revalued assets. • Reviewing the wording of the estimation uncertainty note to ensure that it reflected the uncertainty surrounding the indices as well as valuations. • Assessing the design effectiveness of controls with regards to PPE revaluation. • Comparing the index used by the Trust with the Gerald Eve Interim Report March 2020 to check whether there was a material difference between value of building calculated using the GE index and the BCIS index provided by the Trust's valuer. • Testing revaluation adjustments made during the year to see if they had been input correctly into the Trust's asset register. • Evaluating the assumptions made by management for any assets not revalued during the year, including how the impact of market volatility had been considered, and how management had satisfied themselves that the existing valuations were not materially different to current value at 31 March 2020. The Trust's accounting policy on Property, Plant and Equipment Valuation is shown in note 1.7 to the

Key Audit Matter	How the matter was addressed in the audit
the building costs reflected in the BCIS index at year end. The Trust has acknowledged this in Note 1.2.1 in the financial statements. We therefore identified the valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.	financial statements and related disclosures are included in note 16. As disclosed in note 1.7 to the financial statements the outbreak of Covid-19 has caused uncertainties in markets. As a result RICS have issued guidance that states "*The outbreak of the Novel Coronavirus (COVID-19), declared by the World Health Organisation as a "Global Pandemic" on 11 March 2020, has impacted global financial markets. Travel restrictions have been implemented by many countries.* *Market activity is being impacted in many sectors. As at the valuation date, we consider that we can attach less weight to previous market evidence for comparison purposes, to inform opinions of value. Indeed, the current response to COVID-19 means that we are faced with an unprecedented set of circumstances on which to base a judgement."* The Trust has disclosed the estimation uncertainty related to the year-end valuations of land and buildings in note 1.7 to the financial statements and is planning to keep the valuation of property under frequent review. **Key observations** The indexation methodology which management has applied does not account for the different types of assets held within the portfolio. Management has applied the BCIS index for specialised assets to all assets including land and office rentals however this did not result in a material misstatement to the accounts. The BCIS index used by management was not materially different from the index recommended by the Gerald Eve report. The application of the BCIS index did not result in a material change in the value of land and buildings at the year end. Management incorrectly wrote out accumulated depreciation of £1,474k relating to indexed assets to the revaluation reserve. Accumulated depreciation is only written out on disposal or formal revaluation. This item has been adjusted for. Subject to the amendment highlighted above, and the material uncertainty in relation to the valuation of property, plant and equipment assets we obtained sufficient audit assurance to conclude that: • the basis of the valuation of land and buildings was appropriate. • the assumptions and processes used by management in determining the estimate were reasonable. • and the revised valuation of land and buildings disclosed in the audited financial statements is reasonable.
Risk 2 Occurrence and accuracy of Revenue - contracts, Revenue-Other income, and the existence of receivables Approximately 95% of the Trust's income is from patient care activities through contracts with NHS commissioners and other partners. Variations therefore are subject to agreement and verification by contract partners, and as such there is a risk that income is recognised in the accounts for these additional services that is not subsequently agreed to by the commissioners. We therefore identified occurrence and accuracy of healthcare income and the existence of receivables as	Our audit work included, but was not restricted to: • evaluating the Trust's accounting policy for recognition income from patient care activities for appropriateness • gaining an understanding of management's controls over recognition of income from patient care activities, gain an understanding of the system for accounting for the income and evaluate the design of the associated controls; and

Key Audit Matter	How the matter was addressed in the audit
a significant risk, which was one of the most significant assessed risks of material misstatement.	• testing material revenue streams, primarily by obtaining copies of signed contracts for a sample of the contract income and all those contracts above our tolerable error, confirming annual amounts and payment mechanisms, and testing any variations/supplementary income to those contracts to supporting documentation. The Trust's accounting policy on Revenue recognition is shown in note 1.4 to the financial statements and related disclosures are included in note 3, 4 and 5. **Key observations** We obtained sufficient audit evidence to conclude that: • the Trust's accounting policy for recognition of operating income, which covers contract variations, is shown in note 3 complies with the Department of Health and Social Care (DHSC) Group Accounting Manual 2019/20 and has been properly applied; • Operating income is not materially misstated; and • receivable balances relating to operating income are not materially misstated.
Risk 3 Covid-19 The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organizations, requiring urgent business continuity arrangements to be implemented. We expect current circumstances will have an impact on the production and audit of the financial statements for the year ended 31 March 2020, including, and not limited to. • Remote working arrangements and redeployment of staff to critical front-line duties may impact on the quality and timing of the production of the financial statements, and the evidence we can obtain through physical observation • Volatility of financial and property markets will increase the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates • Financial uncertainty will require management to reconsider financial forecasts supporting their going concern assessment and whether material uncertainties have arisen; and • Disclosures within the financial statements will require significant revision to reflect the unprecedented situation and its impact on the preparation of the financial statements as at 31 March 2020 in accordance with IAS1 We therefore identified Covid-19 as a significant risk.	Our audit work included, but was not restricted to: • working with management to understand the implications the response to the Covid-19 pandemic has on the organization's ability to prepare the financial statements and update financial forecasts and assess the implications for our materiality calculations. • liaising with other audit suppliers, regulators, and government departments to co-ordinate practical cross sector responses to issues as and when they arise. • evaluating the adequacy of the disclosures in the financial statements that arose in light of the Covid-19 pandemic. • evaluating whether sufficient audit evidence can be obtained in the absence of physical verification of assets through remote technology. • evaluating whether sufficient audit evidence can be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances. • evaluating management's assumptions that underpin the revised financial forecasts and the

Key Audit Matter	How the matter was addressed in the audit
	impact on management's going concern assessment. • discussing with management any potential implications for our audit report if we have been unable to obtain sufficient audit evidence. **Key observations** We found that the Trust has considered and responded to the issues which have been identified by HFMA to ensure that the Trust has an effective financial governance and working arrangements in place to respond to the Covid 19 crisis. The Trust has accelerated its agile working project and as a result all staff have been able to work remotely where required The Trust has reviewed their internal controls and made appropriate changes where required to ensure effective financial governance. The Trust have complied with all deadlines and timetables The above indicate that the Trust have sufficient arrangements in place in response to Covid-19.

Our application of materiality

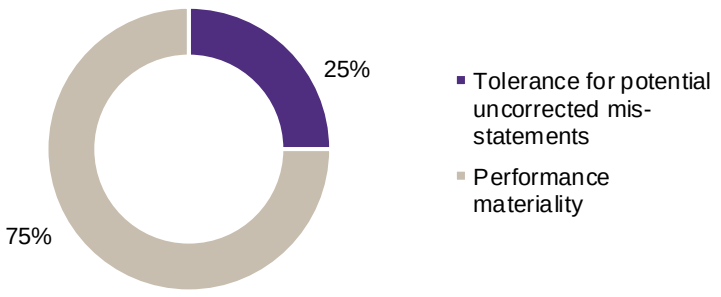
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£ 4,300,000 which is 1.9% of the Trust's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding. Materiality for the current year is at the same percentage level of gross operating costs as we determined for the year ended 31 March 2019 as we did not identify any significant changes in the Trust or the environment in which it operates.
Performance materiality used to drive the extent of our testing	**75%** of financial statement materiality
Communication of misstatements to the Audit Committee	£ **215,000** and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.

Overall materiality – Trust



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the Trust's business, its environment and risk profile and in particular included:

- Gaining an understanding of and evaluating the Trust's internal control environment including its IT systems and controls over key financial systems.
- Assessing whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed.
- Assessing the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer.
- Testing, on a sample basis, all of the Trust's material income streams covering income such that the untested balance is less than performance materiality.
- Testing, on a sample basis such that the untested balance of expenditure is less than performance materiality.
- Testing, on a sample basis, the valuation of property plant and equipment such that the untested balance is less than performance materiality

Other information

The Accounting Officer is 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.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable **[page 24]** in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance - the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy, is materially consistent with our knowledge of the Trust obtained in the audit.

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 Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2019/20 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.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the 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 NHS foundation trust annual reporting manual 2019/20 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 Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, 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.

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

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer set out on page 96 to 97, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2019/20, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines 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 Accounting Officer is 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 the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of the Trust's 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 2020**.**

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

Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risks we have identified. These significant risks were addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Significant risks	How the matter was addressed in the audit
Risk 1 Financial Sustainability We noted that as at month 11, the Trust was not meeting its CIP plans. Additionally, the uncertainty due to Covid 19 and Brexit increases the macroeconomic pressures faced by the Trust. As a result of the Covid 19 outbreak, the NHS financial regime for the first 4 months of 2020/21 has been changed. Routine business planning for 2020/21 has been suspended and as such the Trust has not been able to finalise a budget for 2020/21. The Trust will receive an allocation for the first 4 months based on the amounts billed at month 9 of 2019/20 with a reckoning up to happen at the end of the four-month period. Given the restricted nature of potential funding and statutory duty to provide a baseline level of services we consider financial sustainability to be a key challenge of the Trust going forward.	Our audit work included, but was not restricted to: • reviewing the Trust's performance against the agreed control total for 2019/20. • understanding the Trust's delivery of its 2019/20 Cost Improvement Plan target for the year. • assessing the Trust's plans to set and deliver its 2020/21 budget. • consideration of the Trust's cash position in 2019/20 and planned cash position in 2020/21. • considering some specific risks from the risk register/BAF which affect value for money. • analysing the Trusts reporting of its financial performance to the Board **Key findings** • The Trust delivered its control Total for the year and reported a surplus of £2.878m, against a planned surplus of £2.143m at the end of month 12. The position includes full recovery of Provider Sustainability Fund (PSF) income and the £703k which the Trust received as its a share of the £50m additional funding made available nationally to all Mental Health Trusts in month 12. • This financial performance generates a performance of 1 against the Use of Resources Metric.

Significant risks	How the matter was addressed in the audit
	• The Trust's final Cost Improvement Plan (CIP) position for the year is a shortfall of £2.309m against plan. The Trust achieved £6.95m of their CIP plan against the gross CIP target for FY20 of £8.9m. Of the total savings delivered, 75% of this has been delivered from non-recurrent savings. This means that a significant proportion (circa £5m) of unmet recurrent CIP in 2019/20 will be carried forward to 2020/21. • Due the current situation of Covid 19, the Trust has currently put on pause its CIP planning process for 2020/21. Any financial planning or contract negotiations with commissioners and NHSI, have been put on hold for at least the first 4 months of this financial year, and as a consequence of this, the Trust has not been able to plan what its total 2020/21 CIP challenge will be. • The cashflow forecast indicates cash levels will be retained between £56m and £47m from April 2020 through to June 2021. There is no identified requirement for borrowing or other financial support The Trusts' cash position is strong and remains as such going forward. The Trust also has £20m of cash loaned to the Department of Health and Social Care, which can be called upon should the need arise. • At the end of the year is overspent by £0.8m. This includes additional spend on IT equipment in response to Covid-19 of £0.73m. It is anticipated that additional funding will be made available from NHSE/I to cover this. Without this the capital spend is in line with the plan for the year. • Agency spend in month12 was £257k, which takes the annual spend to £6.742m, against the NHSI ceiling of £7.254m. This position has continued to deliver a 'Use of Resources' metric of a 1 for this element.

Responsibilities of the Accounting Officer

The Accounting 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 paragraph 1 of Schedule 10 of the National Health Service Act 2006 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 April 2020, 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 2020, 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 and Peterborough NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors 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 Council of Governors, 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

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25 June 2020