



# Annual Report 2019/20



# Introduction

### Our vision:

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

### Our mission:

“Provide high quality care through our excellent people.”

### Our values



### Our objectives

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

### Our Services

Our portfolio of services in 2019/20 were provided from GP surgeries and health centres, community settings such as schools, children’s centres and people’s own homes, as well as from the following main sites:

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

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

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



Cambridgeshire Community Services NHS Trust

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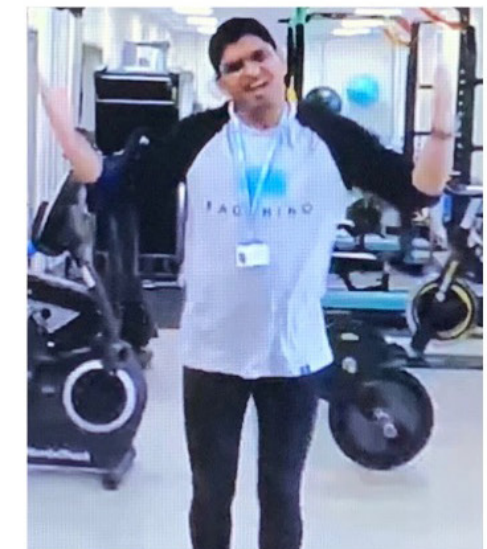
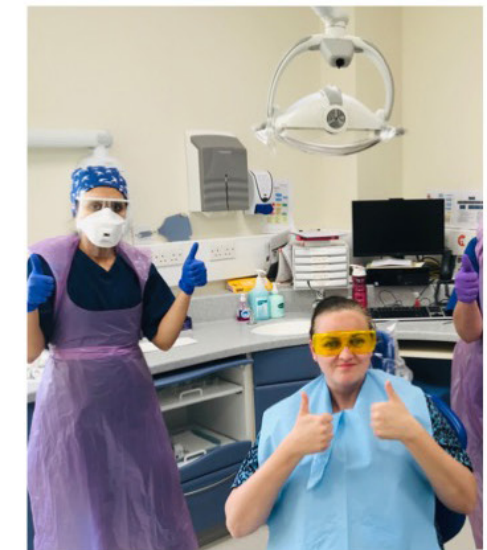
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# Performance Report

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# Chair and Chief Executive's Welcome

**96%**  
of 29,278 service  
users surveyed would  
**recommend our  
services** to friends  
and families.

As we look back over 2019/20, it is hard not to focus solely on the unparalleled challenges presented by COVID-19 in the last month of the year.

This pandemic highlighted the incredible resilience of the NHS, as staff across the country battled to reduce the impact of the virus. We are so proud of the compassion and commitment demonstrated by our staff and colleagues in all partner organisations. Sadly, many thousands of people in our communities across the country – patients, NHS and care staff, and key workers – lost their lives to this dreadful disease and our hearts go out to their families, friends and colleagues and we place on record here our heartfelt condolences.

Throughout the year, our unwavering focus was on delivering high quality care as close as possible to or in people's own homes, and the very best outcomes for those we serve. This included successfully contributing to multiple system-wide partnership initiatives such as:

- the Cambridgeshire and Peterborough Best Start in Life 5-year strategy;
- our multi-agency enhanced models of care programme in Luton for older people vulnerable to unplanned hospital admissions;
- delivering a wide range of innovative services to families across Bedfordshire in partnership with East London NHS Foundation Trust;
- improving outcomes for families across Norfolk; predominantly through our Healthy Child Programme services.

In the Summer of 2019, we were proud to be awarded an 'Outstanding' rating by the Care Quality Commission. This recognition reflected the passion and commitment of our staff to provide innovative services, improving accessibility and patient outcomes.

In response to the COVID-19 pandemic, there were many examples of staff working above and beyond their usual high levels of commitment; introducing new ways of delivering care to ensure people were able to access the services they needed, including:

- deploying ipads to support the delivery of advice and guidance to care homes;
- introducing video consultations across a wide range of our services;
- extending our children's community nursing services to deliver support at weekends to children with complex needs;
- establishing single points of telephone and digital contact to streamline access to services; and
- establishing urgent dental care services to maintain access to emergency dental services.

A trust-wide survey undertaken in May 2020, highlighted early learning from our response to the pandemic. Our staff identified many positive examples of how the Trust had: supported their health and well-being; rolled out technology to support home working and engagement with service users and partners; and empowered creative solutions and swifter decision-making. Moving forward, we will ensure these innovations are embedded across the Trust and utilise outcomes from the survey to further improve our ongoing response to COVID-19.

The provision of good patient outcomes is directly linked to an engaged and happy workforce. It was therefore fantastic to see the views of our staff reflected in the positive national survey results and particularly that our staff health and wellbeing and our team working scores were rated the best of all NHS trusts.

People who used our services echoed this positive message, with 96% of 29,278 service users surveyed saying they would recommend our services to friends and families. Of course, not all feedback is positive and we encouraged service users to share their experiences - you can read later how we used this rich source of information to further improve services.

Having successfully led the Trust as our Chair since January 2015 and prior to that as a Non-Executive Director for almost 3 years, Nicola Scrivings' term of office drew to a close in November 2019. Nicola was an exceptional Chair, guiding the Trust with tenacity, integrity and a real passion for putting patients first. We will continue to build on her legacy as we look forward to delivering our exciting plans for the future. We thank Oliver Judges, Non Executive Director for stepping in to the Chair role on an interim basis until March 2020.

We also thank the Dreamdrops children's charity and the Friends of Wisbech Hospitals. There is no doubt that their outstanding support helped us improve the quality of services we provide.

It has been another challenging year financially for the Trust but we successfully achieved an operating surplus of £243,000. Because the Trust managed its budget to the plan agreed at the beginning of the year, we were awarded a one-off financial sum (Provider Sustainability Fund) from NHS Improvement of £1,618,000. Adding together our real surplus and the national Provider Sustainability Fund created an annual surplus figure for our accounts of £1,861,000.

Our focus for the coming twelve months will be to stabilise and recover from managing the local impact of the COVID-19 pandemic and then to

start to achieve the ambitious plans outlined in our three year Strategy. This reflects the priorities set out in the NHS Long Term Plan and builds on the innovation and service redesign that has already taken place.

Enjoy reading our annual review, seeing the great work of our staff to improve outcomes for the patients we care for and the breadth of improvement that has happened over the past twelve months.

**We look forward to another successful year in 2020/21.**



*Mary Elford*

**Mary Elford**  
Chair

23 June 2020



*Matthew Winn*

**Matthew Winn**  
Chief Executive

23 June 2020

# Overview

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

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

The Trust’s portfolio predominantly consists of a range of high quality specialist services. Our annual budget for 2019/20 was £128 million. As a result of winning procurements and services transferring out of the Trust our annual budget will be £136 million for 2020/21.

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

In line with the NHS Long Term Plan, the work we undertake will become more important as the NHS seeks to prevent ill health in the context of an ever growing population, increasing level of obesity and the complexity of need being managed within the community setting.

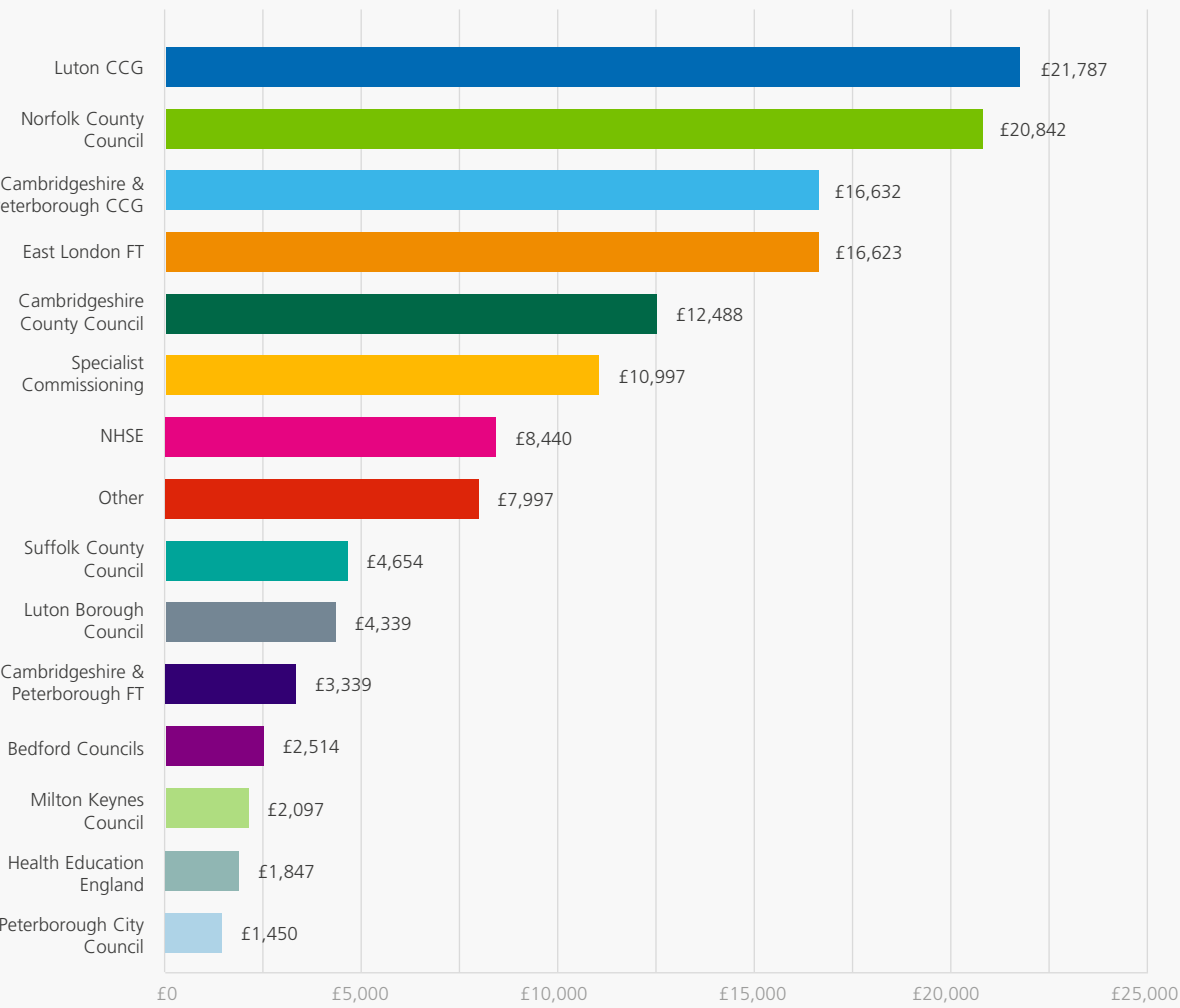
This report sets out our many achievements over the last 12 months, focusing on how we have successfully improved existing services and introduced innovative new ones, in line with our aim to deliver services that:

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

Like all public sector organisations in the current economic climate we continued to face significant challenges during 2019/20, which we expect to continue in 2020/21 and beyond, including known reductions in local authority public health budgets. These challenges are replicated nationally and for the Trust, this equates to us needing to make a 2.8 % efficiency saving in 2020/21 (£3.78 million).

The following chart shows the Trust’s £136 million income by percentage and type of commissioner for 2020/21.

2020/21 Revenue by Commissioner (£000’s)



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

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

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

Further information on risk management procedures is provided within the annual governance statement (page 54).

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



# Performance Analysis

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## STRATEGIC OBJECTIVE 1 – Provide outstanding care

We are incredibly proud that the CQC rated our services ‘Outstanding’ in August 2019 following their inspection in Spring 2019.

This would not have been possible without the passion and commitment of our wonderful staff who worked tirelessly to develop innovative and accessible services for local residents. We thank them for their dedication and passion, which reflects their commitment to delivering the very best outcomes for the communities we serve.

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

### Patient safety

#### Harm free care

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

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

#### 2019/20 Performance (Mean) for harm free care delivered by services provided solely by CCS NHS Trust

	%
Target	98.5
Actual (improved from 97% in 18/19)	98.1

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

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

- educational updates on pressure ulcer prevention and treatment linked to the Pressure ulcers;
- the ongoing multi-agency PUFFIN (Pressure Prevention, Food First, and Incontinence) education programme with residential home staff; run by the Tissue Viability Nurses, Dieticians, Podiatry, Diabetes and Continence services;
- a combination of staff training, patient assessment and interventions to support independence in people’s own homes and care homes via our Enhanced Models of Care programme and our falls team within the rapid response service;
- safe catheter care and support to patients and their carers in the community.

#### Patient safety incidents

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

## Oliver Zangwill Centre

### Oliver Zangwill Centre continues to influence the development of neuro-rehabilitation far and wide

- OZC Founder Professor Barbara Wilson MBE gave a talk at The Nelson Mandela Children’s Hospital in Johannesburg on the Assessment and Management of People with a Disorder of Consciousness. Organised by Dr Sahba Besharati, a neuropsychologist at the Children’s Hospital, the lecture was well attended by a variety of professionals involved in rehabilitation.

- Professor Wilson and Kate Psaila gave presentations at the World Federation of Neurological Rehabilitation international conference in Granada.
- Glenn Smith & Jill Winegardner presented at the International Neuropsychological Foundation’s virtual conference on Cognitive Remediation: A Dynamic Conversation.
- Professor Wilson presented a masterclass in London, ‘Neuropsychological Assessment and Treatment for People with Non Progressive Brain Injury’. The event was sold out well in advance and has been so popular that a follow-up event took place in February 2020.
- Fatigue expert Donna Malley created a podcast with Sudden Cardiac Arrest UK to share her expertise on what fatigue is, why it affects us and strategies to help alleviate its affects.

During the previous 12 months, 3,591 patient safety incidents and near miss incidents were reported via Datix, our web-based incident reporting system. This is an increase of 276 compared to the previous 12 month period which reflects the Trust’s open and transparent reporting culture. This level of reporting equates to approximately 0.4% of the 950,000 contacts our staff have with service users each year. 94% of these incidents resulted in no or low harm, with the remaining 6% resulting in ‘moderate’ or ‘severe’ harm.

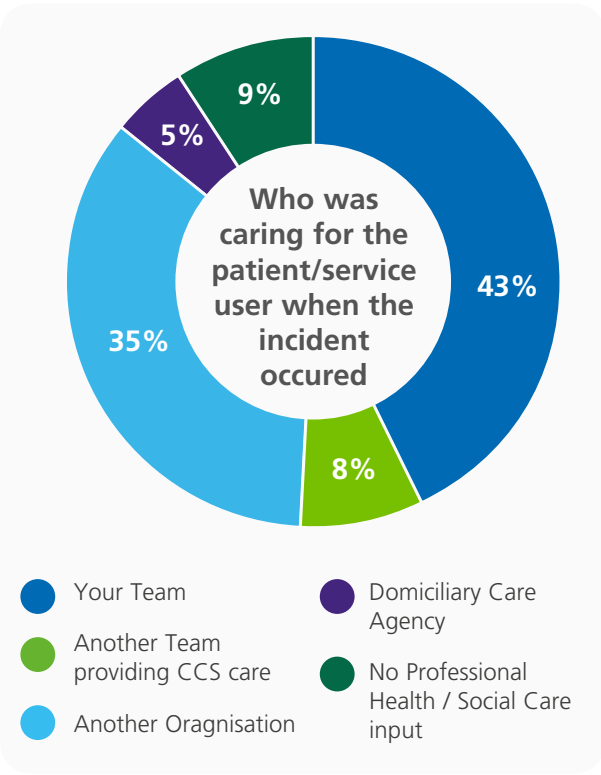
Staff are encouraged to record patient safety incidents:

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

The pie chart below reflects the percentage of incidents in each of the above categories.

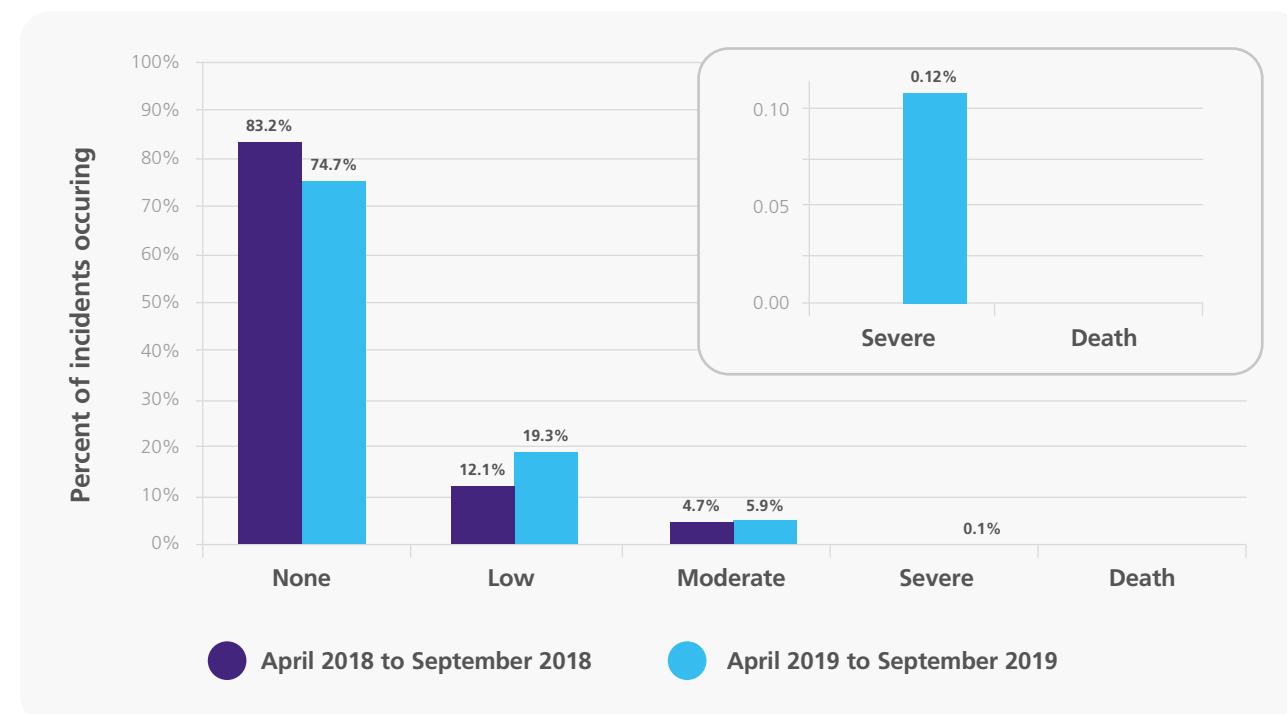
Incident reports are shared with relevant external organisations where possible and any feedback received is communicated to the reporter and

local team. All incidents, regardless of where they originate, are discussed at team meetings. This demonstrates an open reporting culture where staff are keen to learn from all incidents.



All patient safety incidents that occur as a direct result of care delivered by the Trust are submitted to the National Reporting Learning System (NRLS). The graph below provides a summary of patient safety incidents by level of harm reported by the Trust for April 2018 to September 2018 and April 2019 to September 2019 (latest data available at time report produced) and demonstrates that

over 90% of all patient safety incidents result in no or low harm to patients. The reduction in the reporting of patient safety incidents can be directly attributed to the transfer of the acute paediatric service in Huntingdon which was delivered by the Trust in the previous financial year.



## Serious Incidents (SIs)

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

There were a total of four serious incidents reported during 2019/20, which related to the following:

- sub optimal care of the deteriorating patient;
- missed opportunity to identify neglect in a young child;
- incorrect clinical assessment and treatment; and
- failure to follow bruising policy for an immobile baby.

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

## Implementation of the Duty of Candour

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

## Infection Prevention and Control

The Trust continued to roll out an extensive infection prevention and control work programme. We are proud to report that there were zero cases of Clostridium difficile, MRSA bacteraemia, MSSA bacteraemia or E.Coli bacteraemia across the Trust in 2019/20.

The biggest infection prevention and control challenge during 2019/20 (and which continues into 2020/21) was the coronavirus (COVID-19) pandemic. The commitment of our staff to work in new and innovative ways to support the fight against this outbreak was phenomenal. Whether delivering essential services on the frontline, or providing administrative or 'back office' support; our staff demonstrated compassion and empathy

for colleagues, patients, families and friends in these unprecedented times. We are proud of the role our staff played in the successful system-wide responses to the virus and place on record our heartfelt sympathy for the families and friends of those who have lost their lives as a result of COVID-19.

## Modern Slavery Act

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

Our annual Slavery and Human Trafficking Statement for 2019/20 is approved by our Board and can be found on our website.

## Safeguarding

Extensive internal and external quality control measures have enabled the Trust to achieve a 'Reasonable Level' of assurance of compliance with the NHS England Accountability and Assurance Framework.

## External Quality Controls

We participated in a number of multi-agency reviews and audits which focussed on local procedures, outcomes from Serious Case Reviews and preparation for Ofsted Joint Area Themed Inspections.

Multi-agency findings and recommendations included the need for training, leadership, and supervision. These have been shared at service forums and team meetings for relevant 0-19 children's services in Bedfordshire, Cambridgeshire, Luton and Norfolk and adult community nursing services in Luton and are highlighted at safeguarding training and safeguarding supervision.

## Section 11 Audit

The Trust participated in the Norfolk, Cambridgeshire and the combined Bedford Borough, Central Bedfordshire and Luton Local Safeguarding Children Boards (LSCB) Section 11 self –assessments.

Our self- assessment and supporting evidenced demonstrated full compliance with all elements of the audit, and these findings were reinforced via the Trust's peer challenge process.

## Learning from multi-agency Serious Case Reviews

The Trust participated in 17 multi-agency Serious Case Reviews for Children, two Adult Safeguarding Reviews and one Domestic Homicide Review. Multi-agency recommendations from these included the need:

- for effective supervision and case management oversight
- to take ownership to resolve professional differences of opinion, supported with agreed clear escalation process
- to include fathers and significant carers in assessments and interventions
- for planned multi-agency interventions to support reunification of children in care with their biological family
- for clarification of pathways for the management of bruising/injury in immobile baby/child
- for comprehensive assessments, which are inclusive and take account of the lived experience of the child
- to embed the lead professional role and development of professional understanding with respect to adverse childhood experiences and contextual safeguarding inclusive of criminal exploitation

## Section 42 Enquiries (investigation of allegations of adult abuse or neglect)

Section 42 enquiries ensure individual protection plans are developed to mitigate risk to the person who was the subject of the enquiry. Key learning themes included the need:

- to improve communication with health partners and families



- to increase practitioners awareness of the need to consider a mental capacity act assessment
- for practitioners to raise and act on safeguarding concerns arising from visiting patients in residential care/nursing homes

Implementation of improvements is monitored through single agency and multi-agency action plans which are periodically reviewed via the overview and scrutiny function of the local safeguarding children and adult boards. The partnership safeguarding arrangements focus on how we measure the effectiveness of actions taken to embed learning into practice and improve outcomes for children & adults at risk.

### Multi-Agency Safeguarding Arrangements (MASA)

We continued to participate in safeguarding children and adult partnerships, developing arrangements specific to each of the Trusts localities. In response to legislative changes, different ways of working have been introduced to provide assurance that effective safeguarding arrangements are in place.

### Internal Quality Controls

We have continued to review and enhance the safeguarding governance arrangements within the Trust, with the implementation of Locality Operational Safeguarding Groups reporting to a Trust wide Strategic Group. This approach will support a place based safeguarding focus and further enhance safeguarding as an integral element of clinical/management practice; whilst also allowing Trust-wide learning.

### Review of the Trust’s safeguarding services

Over the last 12 months, we reviewed the Trust’s specialist safeguarding professional provision, resulting in additional Heads of Safeguarding covering both children and adults, and a Deputy Named Nurse for Adult and Quality Assurance Lead for Safeguarding.

Best practice guidance for safeguarding children for health care staff training has been refreshed and equivalent guidance for safeguarding adults has been published for implementation, with additional resource identified to support the launch of this mandatory training.

### Safeguarding training (children and adults)

	% achieved 2015/16	% achieved 2016/17	% achieved 2017/18	% achieved 2018/19	% achieved 2019/20
<b>Children’s safeguarding training</b>					
Level 1 mandatory for all staff	92%	96%	98%	99%	97%
Level 2 mandatory for all clinical and non-clinical staff in regular contact with parents, children and young people	90%	96%	98%	98%	97%
Level 3 mandatory for all staff predominantly working with children, young people and parents	84%	90%	88%	92%	87%
<b>Adult safeguarding training</b>	94%	90%	96%	95%	95%

### Information Governance

Following the advisory General Data Protection Regulation (GDPR) compliance audit in January 2019, we introduced stringent compliance measures including:

- training for staff;
- publication of Privacy Notices;
- completing Privacy Impact Assessments;
- utilising Contracts/Information Sharing Agreements;
- creating an Information Asset Register;
- introducing a comprehensive Subject Access Rights system.

The Trust achieved 94% compliance (against a target of 95% compliance) with mandatory information governance training at February 2020.

The Data Protection and Security Toolkit is designed to test compliance with the National Data Guardian’s 10 data security standards. There are 44 Assertions to be met and 116 pieces of mandatory evidence to provide. Changes to the toolkit from the last edition included:

- requirements of the national data opt out;
- Cyber Essentials and the Minimum Cyber Security Standard (MCSS);
- key elements of the Network and Information Systems (NIS) Regulations 2018;
- Cyber Assessment Framework (CAF) for NHS organisations as advised by the National Cyber Security Centre.

We submitted to NHS Digital our baseline assessment on 31 October 2019 and the full assessment on 30 March 2020. All standards were met as assessed by the algorithm used by NHS Digital.

During 2019/20, no data breach incidents were reported to the Information Commissioner. There was one notification issued which resulted in confirmation from the Commissioner that appropriate actions had been taken.

### Emergency Planning, Resilience and Response

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

We have worked closely with Bedfordshire and Luton, and Cambridgeshire and Peterborough Local Health Resilience Partnerships (LHRPs) and have also engaged with the Norfolk LHRP. This was most notably in relation to the coronavirus (COVID-19) pandemic where the Trust contributed significantly to system-wide response plans whilst maintaining its essential services.

The annual NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) peer review assessed the Trust as substantially compliant in October 2019.

During 2019/2020, the Trust has successfully managed a number of incidents including: the coronavirus pandemic as outlined above; completed extensive preparatory work for the UK’s exit from the EU; continued its cycle of improvement and learning from business continuity incidents and events.

The EPRR focus for the coming year will be recovery planning, effective debriefings and lessons learnt from the COVID-19 pandemic, reinforcing and expanding the Trust’s portfolio of EPRR plans and working to accommodate climate change and sustainability.



Just  
One Year  
– a lot  
achieved

In November 2019, Norfolk Children and Young People’s Services celebrated its first full year with digital platform, Just One Norfolk.

The award-winning online resource had over 43,000 users in the initial 12 months, quadruple what was projected.

In addition, in December 2019 the University of Essex published a national study examining the creation and initial launch of Just One Norfolk. The report showed the great amount of work behind producing the website, highlighting many positives of the work and outlining what other services could learn from the Norfolk team.

The study even shared anecdotal survey feedback such as:

“ 84% of professionals in the online survey rated the Just One Norfolk website as a very good or good resource both for themselves as professionals and for parents/families. ”

And

“ Parents and health professionals described the website as friendly, straight forward and easy to use. They felt that it is simple to find things, has a good search bar, is well laid out and the information is helpful and well organised. ”

Just One Norfolk continues to be developed as a partnered local resource with families, other local NHS organisations and Norfolk County Council. It is widely used as a national case study by project funders Eastern Academic Health Science Network and will be featured content on their new website in 2020.

Clinical Effectiveness

Clinical Audit and Effectiveness

Clinical audit is a quality improvement process that seeks to improve patient care. All clinical audits are measured against a set of standards to ensure good practice and identify any areas for improvement. All completed audit reports are published on the Trust’s intranet to share learning.

Clinical audit standards are derived from local policies and procedures, national guidelines, NICE guidance, serious incidents and record-keeping.

To meet legal and statutory requirements relating to health records the Trust is required to audit its health records. In 2019/20 all service areas took part in the Trust’s annual record-keeping audit and the same ten mandatory standards were audited as the previous year. The results demonstrated an overall improvement compared to 2018/19.

Where full compliance was not met, staff were reminded to ensure they record consent, check a patient’s allergy status and only use the Trust or

service specific abbreviations contained within the Trust’s Record Management Policy.

All actions from the 2018/19 audit were completed.

In total, 56 audits were completed and nine service evaluations were undertaken (these do not qualify as clinical audits as they have no measurable standards).

Clinical Portfolio and Non-Portfolio Research and Fellowships

In 2019-20 a total of 15 research studies (eleven portfolio and four non-portfolio studies) were running within the Trust, and 393 participants were recruited into research studies during this 12 month period.

The breadth of our research portfolio has increased and includes studies across many more clinical services and geographical locations than previously (Tables 1 and 2). The number of staff who applied for Internships and Fellowships this year remains high with an excellent success and completion rate being achieved (Table 3).

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

Table 1: NIHR Portfolio Studies running in the Trust Study Name	Participants
CLIMB Project (a mental health data pathfinder grant)	3
HIV Pre-exposure Prophylaxis (PrEP) Impact Trial	113
People living with HIV Stigma Survey UK	152
Work outcomes in people with arthritis & musculoskeletal conditions (MSK PROMS)	26
The Auckland Optotypes compared with logMAR letters & Crowded Kay Picture (TAOCA)	32
RS Fibro	10
Fatigue in long term conditions	26
YourTube	4
Nursing Lead intervention & wellbeing in children	20
Playing Together’ Developmental language delay	4
‘Caries Dental Questionnaire (residual nos. from last year)	3
Totals	
11 studies	393



Non-Portfolio studies

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

Table 2: Non-Portfolio studies which have received HRA Approvals.

Non- Portfolio studies	Clinical Area	Status	Highlights	Impacts
Have received full HRA Ethical Approval	Divisions & clinical areas	See key below	Description	Number of non-portfolio active studies in Trust: 4
Mood, activity participation and leisure engagement satisfaction (MAPLES)	Ambulatory Care OZC	Open	External PhD candidate – University of Cambridge & the Medical Research Council	Acquired Brain Injury for Low Mood RCT
Exploring interventions over the ‘watchful waiting’ of glue ear	Children & Young People’s Service	Open	Paediatrician devised and managed study on glue ear.	Links to the adaptation of bone conductors to help children with glue ear.
‘Closing the gap’: neurological – rehabilitation study (part 2)	Ambulatory Care OZC	Open	External PhD candidate – University of Maastricht	Exploring the themes from clinical assessments in clients with acquired brain injury.
Listening to music and impact on stress	All Trust areas, inclusion for B7 and B8 grades	Open	External candidate professional doctorate for clinical psychology qualification	Exploring the impact of music on mood.

National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) and Applied Research Collaborations (ARC) Fellowships

Four of our staff successfully completed research programmes and presented their work at the CLAHRC showcase event. One of the Trust’s Community Dental Surgeons was awarded the prize for the most impactful project. His work explored how nationally non-specialist dentists can plan and carry out dental treatment under general anaesthesia (GA) and he is now involved in developing a national approach.

The CLAHRC Fellowships has been renamed the NIHR Applied Research Collaboration (ARC). Two Trust staff from our children and young people’s services successfully obtained two of the four places on the ARC implementation stream.

Integrated Clinical Academic (ICA) programme for non-medical clinicians.

A paediatric occupational therapist in Huntingdon was awarded a place on an Internship Programme. This project reviews the online information videos for parents of children with developmental coordination disorder (DCD) and how helpful parents find them prior to attending the one to one consultation session.

We have two staff on the prestigious Bridging Scheme (Masters to PhD award); both are from the Children’s and Young People’s Services, one is a paediatric physiotherapist and the other is a paediatric speech and language therapist.

Table 3: Summary Table for Awards and Fellowships

NIHR Fellowships	Clinical Area	Numbers	Trend	Highlights & Impacts
Funding stream	Divisions & clinical areas	Total from April 2019-March 2020	↑	
NIHR Masters to PhD Fellowship programmes Part of the Integrated Clinical Academic (ICA) Programme.	CYPS Physio CYPS Speech & Language Therapist	Two staff applied and two were awarded these very prestigious and competitive Fellowships	🏆🏆 ↑	These prestigious fellowships are awarded to fund clinicians time to develop a strong application for a NIHR PhD application One of these awards is hosted at UEA and the other is hosted at the University of London
NIHR CLAHRC 2019 Fellowships New name is ARC Fellowships) Four Awarded	Ambulatory Care (iCaSH, Community Dentistry & Neuro-rehab) CYPS Paediatrician	Four applications awarded Highest number accepted from CCS NHS Trust for East of England region	🏆🏆 🏆🏆	Highest number of applications and successful acceptance ever from our Trust.  All four successfully completed the CLAHRC Fellowship programme and presented at the CLAHRC showcase event. The dental surgeon was awarded the prize for most impactful project.
NIHR ARC Implementation Fellowship Two awarded	CYPS Luton CYPS Norfolk	2 applied and 2 were awarded	🏆🏆	Awarded to clinicians working in areas of high health need/ and or deprivation  Only 4 implementation fellowships were available in the East of ‘England
CRN Eastern partial Research Programmed Activity (PA)	CYPS Luton Consultant Paediatrician	Luton based Paediatrician. Funding continues until March 2021.	Continued for another year ↑	A Small amount of funding has been allocated to a paediatrician to promote the dissemination and increase the interest of staff to participate in NIHR research studies

Key to Icons:

- ↑ Increased    ➡➡ no change    🏆 completed
- ↔ in set up    🏆 allocated funding/prize

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

Table 4: Summary of submitted funding applications during 2019/20

This reporting cycle: outcomes of grants	Clinical Area	Staff involved in submission	Outcome	Impact
NIHR Research for Patient Benefit (RfPB) Baby Breathe Project	CYPS HV Norfolk	Co Applicant is HV	RfPB Stage 2 submitted & successful	Positive impact for parents. HV first time being Co-applicant on a NIHR grant.
NIHR Research for Patient Benefit (RfPB)  Impact of breast feeding whilst having HIV.	Ambulatory Care  i-CaSH	iCaSH consultant as named advisor	RfPB stage 2 bid submitted  Awaiting outcome	In conjunction with the University of Oxford
Frailty project links to Luton service.	Luton Adults	Frailty Team	RfPB stage 1 awaiting outcome	University of Cambridge (Cambridge Institute of Public Health & School of Clinical Medicine)

Publications

In the last year nine peer-reviewed publications have resulted from research carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications related principally to:

- sexual health issues;
- outcome measures (EQ5D) observations;
- Physio Direct and Back Pain;
- NIHR Stroke study;
- a co-production project on visualisations of wellbeing; and

- childhood hearing problems (glue ear) - the Paediatrician working on this study won the children’s UK App of the Year award for a free app developed in partnership with Cambridge Digital health.

Eight academic posters were presented in May 2019 at the Royal College of Paediatrics and Child Health (RCPCH) Annual Conference Birmingham. One of the posters received a prize for the best poster from a community NHS trust. This paediatrician was previously a CLAHRC Fellow in 2018.

Research Champion Projects

- A research champion pilot for all newly qualified health visitors and school nurses is underway in Norfolk during their preceptorship, supporting delivery of NIHR Portfolio staff surveys. Evaluation of the project, in collaboration with Anglia Ruskin University, will take place in Summer 2020.
- Our sexual health research champion provides regular updates of new studies which are disseminated by the national NIHR lead to consider for feasibility within Trust i-CaSH services.

CRN East of England Speciality Lead for Dentistry

One of our dental surgeons is the Clinical Research Network (CRN) speciality lead for dentistry which involves promoting potential NIHR studies to dentists throughout the region.

Patient Outcome Measures (POMs)

The Research Team continues to contribute to the Trust’s Patient Outcome Measures (POMS) project.

Summary

As a Trust we are actively engaged in different aspects of research, which includes NIHR portfolio studies, non-portfolio studies and student projects. Our success record continues with clinicians, who have been awarded prestigious fellowships, to enable them to develop their clinical research skills. For the first time, we have two clinicians on the competitive NIHR Masters to PhD programme. We have established collaborations with research networks and other institutions.

As a Trust, the research culture is becoming embedded within different teams across the geography and clinicians are increasingly becoming more engaged and interested in participating in research.

It’s been a phenomenal year for our Trust



Every single member of staff across our Trust has contributed to our open, innovative and compassionate culture which puts patients and service users at the heart of everything we do; so we were incredibly proud to receive the following recognition over the last 12 months:

- the Care Quality Commission rated our Trust ‘Outstanding’ – what a fantastic acknowledgement of the amazing difference our staff make on a daily basis;
- our staff survey results led to us being rated the joint best performing Trust (for all NHS organisations) across the country in two themes: health and wellbeing and team working;
- we won the ‘Inspiring Place to Work and Train’ category in the annual Healthcare Education and Training (HEAT) Awards, run by Health Education England;
- the National Guardian’s Index, which uses results from relevant questions in the national staff survey, rated us the best Trust in the country, for two years running, for our Speaking Up culture.

In the last year **nine peer-reviewed publications** have resulted from research carried out in the Trust, helping to **improve patient outcomes and experience** across the NHS.



Patient Experience and Engagement

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

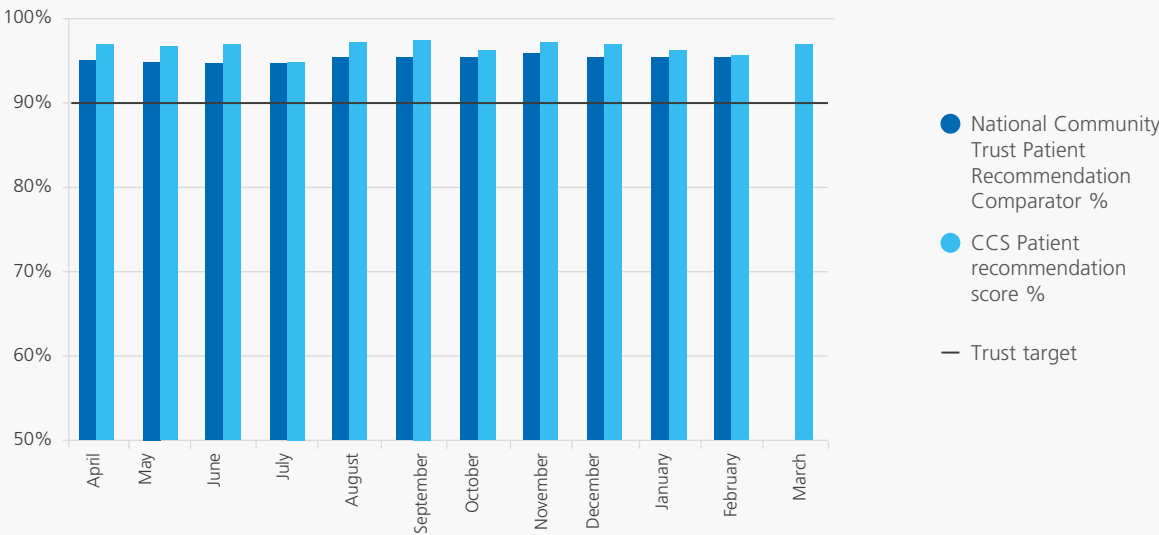
Patient Feedback

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

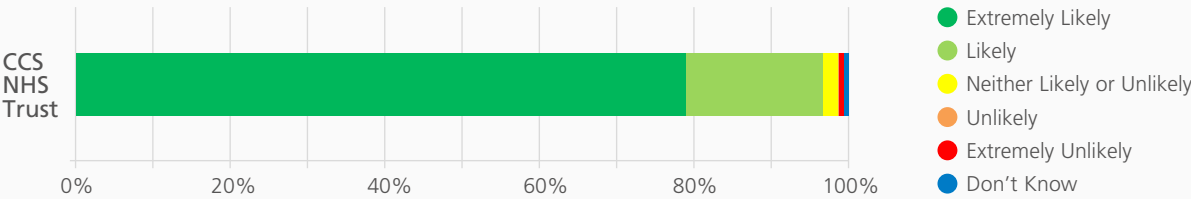
Feedback from our service users/carers this year has been incredibly positive with 96.59% of the 29,768 service users/carers who answered the FFT question saying they would recommend our services to friend and family.

We exceeded the average national community trust score in all of the eleven months that we have national data to compare to. National data for March 2020 is not available as collection and publication of data was suspended due to Covid-19.

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



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



Compliments

30,841 positive comments and compliments were received by services during the year.

Improving services using patient feedback: 'You Said, We Did'

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

You said...

DynamicHealth

We did...

Functional Rehabilitation Classes are all at the same time each day

>

We now offer our daily classes at a different time each day

The front desk needs to be manned.

>

We now have staff covering the front desk between 8 am & 5:30 pm

iCaSH

Unclear of what I'm been tested for (Bedfordshire iCaSH)

>

All patients are now given a slip after testing to show what they've been tested for and to advise on how long results take to arrive

Saff could benefit from specific training around trans issues (Cambridgeshire iCaSH)

>

We contacted the Kite Trust to arrange the provision of specific training for our staff

Dental HealthCare

It would have been nice to have been informed of the delay

>

Our reception has been asked to inform patients on arrival if their appointment is delayed

The waiting room is far too noisy and busy for people with autism.

>

We are expanding and refurbishing the clinic, and our new reception area will have both a quiet waiting room and sensory room for our patients with additional needs.

You said...



We did...

You said we would like to be called young parents rather than "teenage parents" as we don't identify as teenagers. This was also expressed as being more inclusive of parents who are in their early 20s with a baby.

As a result the pathway name was changed from "Enhanced Teenage Parenting Pathway" to "Young Parent Pathway"

The clinical language on the Occupational Therapy website needed to be easy to understand.

We created a frequently asked questions section that breaks down in clear, plain English some of the issues that were harder to understand. Within this section we created a dictionary of words with a clear explanation of what these mean.



At several recent promotional events parents and families with children and young people with SEND have feedback positively regards the Just One Norfolk Health passport APP. However it was also acknowledged the APP would benefit from families and children with SEND reviewing the content and accessibility.

It was arranged by the co-production lead that several families who are affiliated to the organisation Family Voice would be part of a people's participation group. These representatives gave lots of ideas and views on how the APP may be adapted to meet the needs of some young people with additional needs.

Feedback received from Families of Children with additional needs about their annual contact. The contact from the service via telephone was unexpected and they wanted to have some prior warning.

All relevant parents/service users now receive a letter prior to the call and also have the choice not to have a call if they so wish. This procedure has been added to the complex need pathway and flowchart.

You said...



We did...

### Integrated District Nursing

It would be nice if I saw the same people regularly as it gets annoying when it is all new people that arrive.

The integrated community nursing team have reviewed their work allocation in order to distribute work in a more equitable way with a focus on aligning groups of staff to specific Luton postcodes. This will support patients receiving care from the same staff. We are also continuing to develop our daily handovers so that shift changes do not disrupt or interfere with communication.

### Children's Rapid Response

Children's play area needed, more waiting area space would be helpful. My children were bored having to wait with nothing to do.

- We have identified and purchased some play equipment that is wall mounted in the waiting area.
- The Luton Treatment Centre User Group have been consulted about the agreement to manage and maintain the children's waiting area and toys.
- We are currently in the process of identifying some artwork that can brighten up the waiting room area.

### Health Visiting

More Health Visitors to help with the amount of parents.

As part of the Clinic Reviews a new way of working to better manage the flow of parents attending was piloted and then implemented. The aim is that this will help signpost parents to the relevant professional more efficiently and reduce wait times.



You said...



**Bedfordshire  
Community  
Health Services**

We did...

Breastfeeding in public is daunting and it should be more widely accepted in public

We launched our free to feed campaign across Bedfordshire and Luton. To date 100+ Businesses have signed up to the initiative to make breastfeeding mothers feel comfortable to feed in public. Promotional materials including a video have been put onto buses, GP screens and restaurants and cafes across Bedfordshire and Luton.

You wanted more education as a parent to support your child with speech and language therapy

We have started a pilot of speech and language therapy education workshops for parents

## Patient Stories

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

Patient Stories this year included:

- Children's Rapid Response and Children's Community Nursing in Luton providing care in the community to avoid admission to hospital;
- The journey of 'People Living with HIV (PLWH)' and their experience of attending the Integrated Contraception and Sexual Health service (iCaSH) Norfolk HIV support and information group;
- A service user's experience of the journey to motherhood and the support offered by Bedfordshire Universal Health Visiting service;
- District Nursing support offered to a family caring for a loved one at home at the end of their life;

- The positive impact of a South Asian Female (SAF) Functional Rehabilitation Classes piloted in DynamicHealth;
- A mum's story of caring for a young person with complex needs who describes caring for him can feel like it is "Always a fight" to gain the support and care required.

## Patient and Public Engagement / People Participation

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

### Cambridgeshire and Peterborough Children and Young People's Services

- Young people were involved in a one day recruitment event to shortlist for a team of trainee Education Mental Health Practitioners. Young people met and scored all the candidates through a speed interview activity and observed them in smaller groups as they planned and delivered a presentation.

26 young people attended from local schools and colleges and one individual who is home educated. 23 young people requested that they be involved in future initiatives. Clinical and non-clinical staff were also involved in scoring candidates. 8 candidates were recruited and accepted the posts.

### Bedfordshire Community Health Services

- Two focus groups with young people were held to identify if improvements could be made following the increased uptake of our ChatHealth service. These groups were held with the Central Bedfordshire Youth HealthWatch group and East London Foundation Trust (ELFT) Child and Adolescent Mental Health Service participation group. 36 participants took part from 9 different schools and home education, including SEND participants and a variety of ethnicities. The participants suggested that peer to peer promotion would be effective as 'young people are more likely to trust, listen to, and relate to their peers. As a result, a group of young people have volunteered to act as 'ChatHealth ambassadors' taking responsibility for promoting the service in a variety of ways within their own schools.

### Norfolk Children and Young People's Health Services

- The Just One Norfolk team has developed a new digital resource and pathway for oral health in Norfolk. Members of the Norfolk co-production team supported a working group to gain the voice of families, children and young people by consulting service users at community groups and via a short questionnaire through social media. Families and their young children took part in the filming of videos as part of the resources for the website, and named the area of the site to ensure relevance to the local community. Feedback from consultations and surveys was collated and used to link to SystmOne to enable intervention with family or child if required. The website section on oral health went live in November 2019.

### Ambulatory Care

- The team at our DynamicHealth physiotherapy Doddington site identified from patient feedback (verbally and through the Friends and Family Test) that service users were requesting more use of the physiotherapy gym after their treatment had ended.
- With the support of the co-production lead, a working group enabled service users who had given this feedback to talk about how changes could be made. People in the group said their main barriers were apprehension and feeling intimidated. The local authority sports development team discussed these issues with the group and in February 2020 launched 'dedicated' 90 minute weekly sessions in the local gym for people who were undergoing rehabilitation and physio work at a reduced cost.

### Luton Children's and Adult Services

- Service users and stakeholders have been involved in the development of a discharge form and an ADHD information pack following engagement and consultation through digital surveys and telephone interviews as well as a coffee morning. Families were invited to share their experience of receiving an ADHD diagnosis and what could be improved, while those who had recently been discharged from the service were asked to review the discharge summary and its usefulness. In response to feedback, a paper based and digital information pack were developed; alongside a pack for the child and siblings and bitesize videos on key themes.
- A focus group at an Extra Care sheltered housing scheme captured people's reactions to different health messages and identified how offering different care interventions could reduce District Nursing requirements and prevent secondary care admissions among the frailty cohort. The focus group had 12 participants and the findings revealed that there was a gap in on-site service provision; and a lack of social, recreational and keep-fit activities. Using this information, the Falls Team planned to deliver an education participation session around falls prevention at the sheltered housing scheme. The co-production lead aims to continue this focus group to help with the design of other health promotion materials and ongoing support for the scheme.

Formal and informal complaints and Patient Advice and Liaison Service (PALS) contacts

The table below summarises the total number of complaints, concerns and PALS enquiries received in 2019/20 compared to previous years.

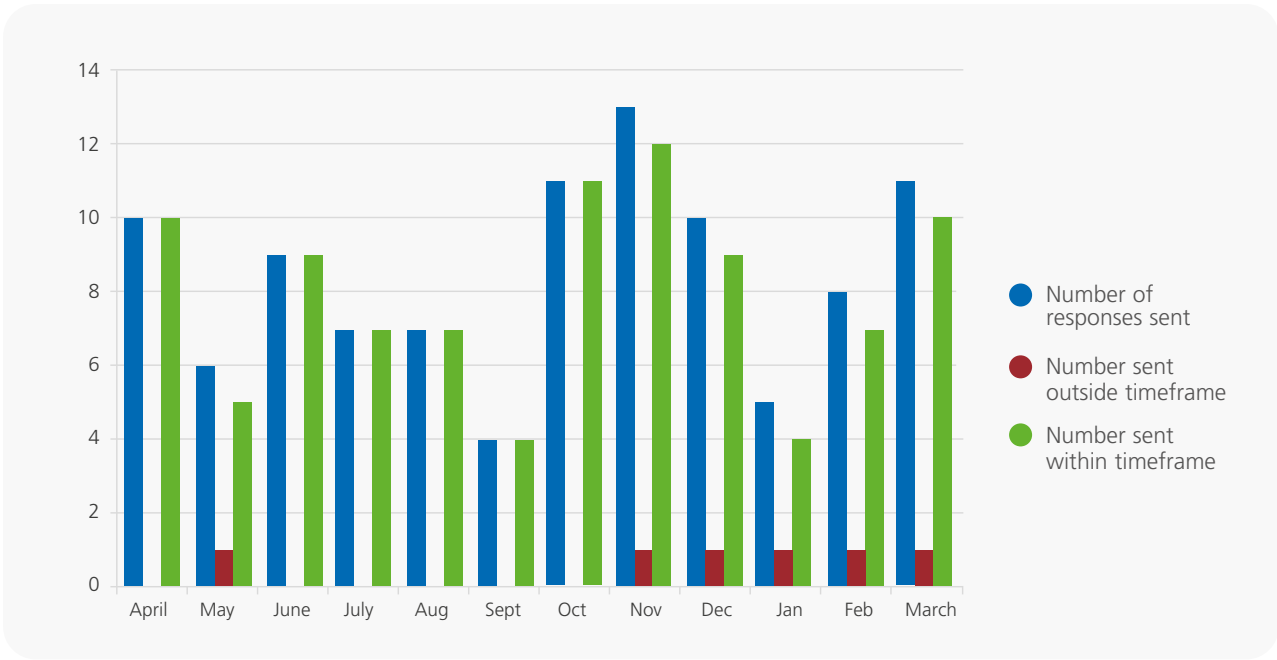
	2015/16	2016/17	2017/18	2018/19	2019/20
Formal complaints	136	112	82	100	96
Informal complaints	135	131	190	397	319
PALS (inc comment, enquiries and signposting)	459	573	660	602	645

Formal complaints

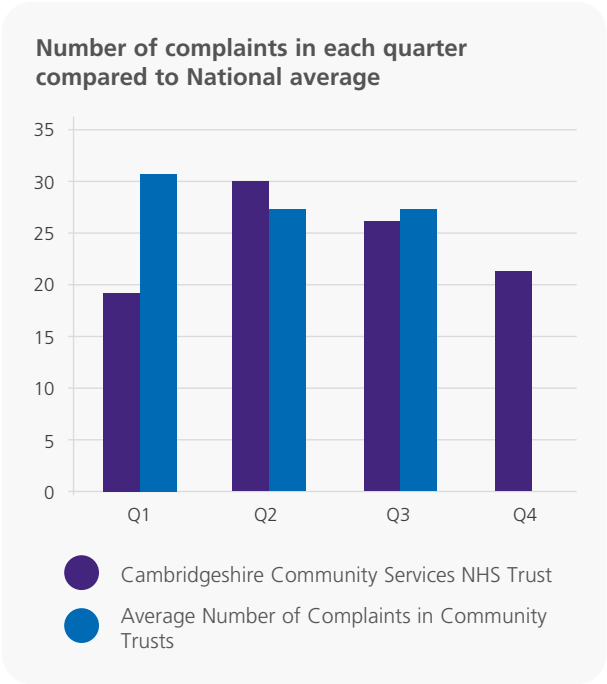
The Trust has two targets for responding to complaints:

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

The graph below shows that in 2019-20 the response timeframe were met on all but six occasions.



The Trust received fewer formal complaints in quarter 1 and quarter 3 than the average received by comparable NHS community trusts (see graph below), quarter 4 national data is not available as collection and publication of data was suspended due to Covid-19.



Learning from complaints

Feedback provided through complaints enabled us to make improvements to our services including the examples below.

District Nursing in Luton

Improvements included:

- reinforcement that changes in plans of care or feedback from discussions about care need to be clearly communicated with our patients and their carers and documented in the clinical records;
- ensuring the rationale for treatment is explained to patients and their carers; and
- ensuring that complex patients are discussed and outcomes documented at handover.

Bedfordshire Community Paediatrics

Improvements included:

- increased medical staffing enabling Saturday clinics to address service demands;

- a review of booking systems to ensure alternative appointments are available in a more timely manner when staff are on leave/unexpectedly unavailable;
- a new booking process to improve communication with parents/carers;
- ensuring parents/carers have an alternative contact when their named; paediatrician is on annual leave or is unavailable to support their needs.

Musculoskeletal Services

Improvements included ensuring:

- clear patient communication that waiting times fluctuate and the reasons for this;
- patients understand that they can contact the service directly within 6 months of discharge and the process for doing this;
- vigilance in making sure letters are sent in a timely manner;
- urgent referrals are actioned within the specified timeframes;
- that clinicians are notified of all urgent cases to enable them to prioritise their diaries.

Informal Complaints

Informal complaints are concerns resolved quickly through local resolution processes, either within the clinical setting or by our Patient Advice and Liaison Service (PALS); often by a telephone call or a meeting with a clinician or service manager.

Our services resolved 319 informal complaints this year through successful local resolution.

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) received and satisfactorily resolved 645 contacts and enquiries during the year.

Parliamentary and Health Services Ombudsman (PHSO)

One complaint was considered by the PHSO, which decided not to proceed to an investigation as they could not find any indications of failings in respect of the complaint process followed by the Trust.



## Diversity and Inclusion

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

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

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



## Trust Demographic Profile

### Our Communities

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

### Our Diversity and Inclusion Objectives

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

Charts showing the demographic profile of our workforce as at 31 March 2019 are included in the Staff Report on page 80.

## People Participation

In 2018 the Trust introduced a new approach to people participation in order to strengthen the engagement of patients, service users, carers, families, the public and our staff in shaping how we provide high quality and safe care to the diverse communities we serve. In line with this new approach, during 2019/20, we continued to broaden the scope of involvement of all key stakeholders in influencing the design and redesign of our services to meet the needs of local communities.

### Patients and Service Users

A few examples of how we are successfully engaging with service users in community groups who are seldom heard to meet the two service user objectives above include:

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

## Workforce

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

- introduced an adjustments passport for all staff to have the opportunity to agree reasonable adjustments;
- continued with our Cultural Ambassadors programme of senior Black, Asian and Minority Ethnic (BAME) staff, acting as critical friends including in disciplinary and grievances involving BAME staff;
- continued to roll out having BAME representation on selection panels where a BAME applicant is shortlisted, to address disparity between BAME applicants being shortlisted and appointed;
- published our second gender pay gap report and identified action to address a higher number of male staff in senior roles compared to the Trust wide gender split of 93% female and 7 % male.
- introduced diversity mentoring training ready for launching in 2020, including reverse mentoring in our "Big 9 " programme

### Measuring Outcomes

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

Our progress reports and action plans on diversity and inclusion initiatives can be accessed through our website.

## Providing outstanding care: Looking forward to 2019/20

Our 2020 - 2023 Quality and Clinical Strategy builds on the successes achieved through our previous strategy and encompasses a number of integrated elements which underpin high quality care.

This integrated approach recognises the breadth and diversity of services we provide and the needs of population and place based care. Co-production by staff, volunteers and the public and the communities in which we work is core to all elements of this strategy.

The overarching intent for this strategy is to ensure that safe and effective care is delivered through all of our interactions with patients, service users, carers and families.

The strategy is based on three aspirational strategic improvement priorities which underpin our continued commitment to deliver outstanding care:



### Priority 1: Safety

Goal: a mature patient safety culture is evidenced throughout our services with an improvement focus involving our patients, service users and communities within which we work.



### Priority 2: People Participation

Goal: we will continue to embed our culture of People Participation where our service users, their carers, stakeholders, local communities and our staff are involved in the heart of everything we do.



### Priority 3: Continuous Improvement

Goal: a culture of improvement is normal practice with our clinicians who continually seek feedback in order to improve and learn from the experiences of patients, service users and staff.



## We were the first dental service in the UK to introduce the Little Journey App

This national app was developed for children who are having a procedure under general anaesthetic and we are the first dental service in the UK to use it. It shows the process from preparing to arrive at the hospital/day surgery unit, through to recovery and discharge, with child-friendly cartoons and animation.

Each of our five clinics countywide now has a Wi-Fi connected tablet that runs this app enabling parents/ children to watch. We can also send a direct text message and link to parents so they can download the app and watch it with their child at home.

## New contracts for special care dentistry

We were incredibly proud over the last year that, following submission of vibrant bids, we were chosen to continue to provide special care dentistry in Cambridgeshire and Peterborough, and to deliver special care dental services in Suffolk from Autumn 2020.

2

## STRATEGIC OBJECTIVE 2 – Be an excellent employer

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

### National staff survey

Results were published in March 2020 and for the 7th year running our staff rated working for the Trust incredibly positively, reflecting the excellent culture and behaviours our staff helped to create. The Trust surveyed electronically all substantive staff in post at 1 September 2019 and 1,360 staff completed the survey (the same 60% response rate as in 2018 and compared to a 58% average response rate achieved by our community trust peers).

Staff survey results nationally were grouped into 11 themes. We were rated the joint best performing Trust (for all NHS organisations) across the country in 2 themes: health and wellbeing and team working and second in safe environment – bullying and harassment. We were also rated 3rd best across the country for equality diversity and inclusion and safe environment-violence and were in the top 10 performing Trusts across the country in the 2 of the remaining 6 themes.

There are 29 key finding areas, grouped into 11 themes:

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

We know that an engaged and happy workforce is directly linked to the provision of good patient care so we were particularly pleased that the Trust's overall staff engagement score remained 4 out of 5, the same as in 2018.

In the 11 key findings, there were no statistically significant changes in staff feedback compared to 2018.

It is pleasing to note that the four areas we focussed on in our 2018 action plan, in response to the 2018 staff survey results, led to us being rated:

- third highest for Diversity and Inclusion;
- above average for Quality of Care;
- above average for Quality of Appraisals; and
- second and third highest respectively for Safe Environment/Bullying and Harassment and Safe environment/Violence

The Trust-wide actions undertaken in response to the 2018 staff survey results included:

- local staff survey action plans to address areas of concerns which were locality specific;
- introduction of a staff adjustments passport and guidance to support disabled staff;
- a full review of and changes to the appraisal documentation and guidance, including introducing separate documents for clinical and non clinical staff with signposting to relevant training and development opportunities to assist with career and personal development planning;
- reinforcement of the Trust's zero tolerance policy towards violence and aggression;
- support for teams experiencing challenging behaviour from the public.



## Freedom to Speak Up

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

The Trust's Whistleblowing/Speaking Up Policy was updated in December 2019 to include a Raising Concerns Standard Operating Procedure which staff are encouraged to follow for any concerns raised that involve members of staff. The Freedom to Speak Up Guardian, who is also a member of the Executive Team, actively engages with local, regional and national forums to share best practice and learning. The Deputy Chief Executive is the nominated Executive Lead for Speaking Up. The Chair of the Audit Committee is the nominated Non-Executive Lead for Speaking Up.

In addition, the Trust currently has 18 Freedom to Speak Up Champions; all were appointed through an open invitation for expressions of interest from staff. All staff who expressed an interest in becoming champions were appointed and all received standard training delivered by the Assistant Director of Corporate Governance and Assistant Director of Workforce.

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

Awareness regarding the various Freedom to Speak Up functions and the importance of raising concerns is raised through the Trust induction for new staff, on the intranet, and in other communications cascaded across the Trust.

Staff can raise concerns through:

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

All concerns raised are logged by the Freedom to Speak up Guardian who monitors the

investigation, ensures agreed actions are implemented and feedback is provided to the person who raised the concern.

The Trust reports data quarterly to the National Guardian's Office. The Freedom to Speak Up Guardian reports to the Board on a six monthly basis. The annual report presented to the Board includes an improvement plan to further strengthen speaking up arrangements in the Trust.

Henrietta Hughes, National Guardian for the NHS, launched the Freedom To Speak Up (FTSU) Index Report in October 2019. The index compares outcomes from a number of staff survey questions from the 2018 survey (the latest data available at that time) to measure the FTSU culture across all trusts. Our trust achieved the highest index result and we were delighted to be presented with a certificate from Simon Stevens, NHS CEO and Henrietta Hughes at a national FTSU event in November 2019.

## Workforce Race Equality Standard

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

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

Our BAME staff rated their experiences better than the national average for all four indicators when compared to our peer community trusts; and better than in 2018 for 2 of the 4 indicators. Further analysis of these results at service and team level has identified actions to inform our on-going staff experience improvement plans.

# Chat Health

## NHS text message service supports thousands of young people

ChatHealth – a text-based messaging service for young people aged 11-19, was launched in Bedfordshire and Peterborough during the year, joining the successful services already operating across Cambridgeshire, Luton and Norfolk.

Much-needed advice and support from our school nurses on a wide range of health and wellbeing issues including relationships, healthy eating, sleep and much more can be accessed through this direct, confidential text messaging service.

ChatHealth is available Monday to Friday between 9.30am and 4pm. Anyone who texts outside of those hours will receive a bounce back message explaining where to get help if their question is urgent, and when they can expect a response.

Take up of ChatHealth across the Trust has been extremely positive with thousands of text based conversations taking place, delivering advice and support to young people across our localities.



## Workforce Disability Equality Standard

We analysed feedback from the staff survey from disabled members of staff against 7 indicators, which will be used to inform our action plan to meet the Workforce Disability Equality Standard introduced in 2019. Our Diversity and Inclusion working group will monitor progress against actions plans at a Trust-wide and Service level. The 7 indicators are:

- **Indicator 4a:** harassment, bullying and abuse;
- **Indicator 4b:** reporting harassment, bullying and abuse;
- **Indicator 5:** equal opportunities for career progression/promotion;
- **Indicator 6:** experiencing pressure from your manager to attend work when unwell;
- **Indicator 7:** staff satisfaction with extent work is valued by organisation;
- **Indicator 8:** adequate adjustments made for disabled staff; and
- **Indicator 9a:** staff engagement.

Overall for all staff (both disabled and non-disabled), there was an increase in staff reporting abuse from the public, but disabled staff reported a decrease in bullying and harassment from their managers, an increase in bullying from colleagues and a small ( less than 1% ) decrease in their belief of equal opportunities for career progression. Positively, disabled staff reported over 8% higher satisfaction in how the trust values their work compared to in 2018 and 86% of disabled staff reported having reasonable adjustments in place to help them at work.

## Gender Pay Gap

In March 2020, the Trust published its third annual gender pay gap report. The report shows the percentage of male and female workers in each pay band and those in receipt of bonus payments (which in the Trust is consultants in receipt of a Clinical Excellence Award).

The overall mean gender pay gap is 27.07% (compared to 32.32% in 2017-18) and is mainly attributed to executive level (Band 9 roles) and medical consultants who are the highest paid staff in the Trust. In these roles, there are disproportionately more men than women compared to our overall male to female ratio. This disproportionality explains the gender pay gap.

The Trust's Diversity and Inclusion Steering group oversees the agreed Trust-wide actions to seek to have a representative gender mix in all pay bands

within the Trust including through:

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

## Supporting staff and staff engagement

In 2019/20 the Trust:

- provided a wide range of support for staff during the coronavirus (COVID-19) pandemic including access and signposting to physical and emotional well-being advice, information and resources;
- supported a network of Freedom to Speak up champions;
- continued to introduce innovative recruitment initiatives in hard to recruit areas;
- successfully transferred staff into the Trust as a result of procurements won and continued to use tailored inductions to meet the needs of new staff;
- supported services and staff transferring out of the Trust, with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward;
- supported strategic service redesign programmes enabling staff and services to review and implement plans to meet patient needs;
- provided bespoke team development, support and skills training for teams leading service redesign programmes;
- provided coaching and mentoring support to team leaders, supporting services and staff implementing change and transition, and implemented a Mentoring Programme for our diverse workforce;

- continued to implement action plans based on staff feedback;
- reviewed Trust-wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver high quality services;
- promoted the benefits of effective appraisals;
- continued to provide an appraisal career and personal development planning process;
- offered flexible working and family friendly arrangements, a carer's and special leave policy and a zero tolerance approach to violence in the workplace;
- continued to offer mindfulness and personal resilience training programme to enhance the already successful training for personal welfare, which supports our Live Life Well programme;
- continued to support the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to exchange information, harmonise human resources policies and processes following the transfer in of staff, and to consult and negotiate on employment matters;
- continued to offer a confidential line for informal support to staff experiencing bullying or harassment;
- invited staff from a variety of services to share their experience of working for the Trust at our Trust Board and Clinical Operational Board meetings to celebrate good practice and identify improvements that could be made to our working lives.

## Mandatory training

The Trust continued to:

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

Improvements made to the electronic staff training record (OLM) included:

- the employee self-service function is now fully embedded across the Trust and staff are accessing e-learning for many mandatory and role specific training packages;

- the roll out of the supervisor's self-service functionality completed and being used by managers to track their teams training compliance;
- starting the roll out of OLM to record all training including 'essential to role' training.
- linking our unconscious bias training programme to ESR so updating of staff training records has to be undertaken manually.

## Our award winning staff and national recognition

- The Bedfordshire 0-19 Service was accredited with the UNICEF Baby Friendly Gold Award which is awarded to organisations who have achieved high level evidence in leadership and organisation culture. The service was the first in the East of England to be awarded this prestigious Gold award.
- Our Luton health visitors and school nursing training team won the NSPCC Elephant Award for the second time for their training programme, which aims to tackle neglect among families in Luton and South Beds.
- Our Luton Enhanced Collaborative Models of Care was highly commended in the Leading Healthcare Award in the Best Use of Data category
- Our Luton Children's Rapid Response Team and our Children's Specialist Epilepsy Team won the 'Team innovation Award' and the 'Advancing Healthcare with Technology awards respectively in the Zenith Global Health Awards.
- Jo Robertson, Luton Respiratory Lead and GP Haydn Williams were selected as the regional finalists for their collaborative work for older people in the Sir Peter Carr Leadership Awards.
- Dr Tamsin Brown, Cambridgeshire paediatrician won the overall winner across all categories in the Forward Healthcare Awards for the affordable hearing headset she developed to help children with glue ear avoid developmental delay. The project's app, created with the Cambridge Hearing Trust and Cambridge Digital Health also won the UK App Awards
- JustOneNorfolk.nhs.uk was highly commended in the Forward Healthcare Awards in the 'Excellence in Communication & Engagement'



category and, separately, in the Health Tech News Awards.

- Jayne Davies, DynamicHealth clinical lead was recognised with an Outstanding Contribution Award for her leadership of the Musculoskeletal Association of Chartered Physiotherapists professional development agenda.
- The Cambridgeshire Occupational Therapy 'team within a team' initiative was a finalist in the Forward Healthcare Awards 'Specialist Services' category.
- Our iCaSH Express Test was a finalist in the Royal Society of Public Health Health and Wellbeing awards (Healthier lifestyles category)
- Our annual excellence awards celebrated the outstanding achievements of our staff, day in day out, which make a real difference to people's lives.
- We continued to recognise teams and individuals through our monthly Shine a Light awards.

### Sharing best practice

- Our Luton collaborative models of care adult services featured in an NHS England and NHS Improvement 'sharing award-winning improvement initiatives' webinar
- As a result of our excellent staff survey results, we were invited to share our approach to 'putting people first' at NHS Employer events and workshops; as well as with several other trusts.
- The Bedfordshire Universal Pathway Programme offer was written up as an example of excellence within Health Visiting for publication by the Institute of Health Visiting in their 'Vision for the future' document. The 0-19 service leads have collaborated with Dr Crispin Day and team from Kings College and the Maudsley to embed evidence based tools and models of interaction for the HV's to use within their service offer.
- Clare Doran, Highly Specialist Speech and Language Therapist in Bedfordshire had a paper published - 'Assessing Time Knowledge in children aged 10 - 11 years' in the International Journal of Assessment Tools in Education.
- Komal Bhuchhada, DynamicHealth physiotherapist gave a poster presentation at the Musculoskeletal Association of Chartered Physiotherapists Physiotherapy UK conference on upper limb neurodynamic tests.
- Our Bedfordshire children's continence team were cited as an example of good practice in the Paediatric Continence Forum's Commissioning Guide 2019
- The work of our Children's Rapid Response Team in offering direct referrals for the under fives was promoted at the Public Health England Conference in Coventry through a poster on improving management of common childhood infectious diseases in the community.
- Professor Barbara Wilson and Dr Kate Psaila, both gave presentations at the International Conference on Neurorehabilitation in Grenada.
- Matthew Winn, CEO attended the annual NHS Confederation Conference speaking on "2019 – the year of community health services" and at a session on population health management with primary care.
- Trina Kaye and Michelle Pilkington from the Luton Adult Rapid Response gave a presentation on 'Ensuring safe care for older people living with frailty' at a Health Service Journal conference.
- Vittoria Romano from our Bedfordshire Food First team gave a presentation at the Primary Care Show for BDA Dietitians - promoting the importance of food when managing undernutrition and the Food First approach
- Dr Gina Gomez, Clinical Psychologist in our Cambridgeshire Children & Young People's Service had two academic papers published:
  - » The relationship between maladaptive appraisals and posttraumatic stress disorder: a meta-analysis in the European Journal of Psychotraumatology
  - » Investigating Social Competence and Isolation in children with Autism taking part in LEGO-based therapy clubs In School Environments (I-SOCIALISE): study protocol in the British Medical Journal

## Bedfordshire Neuro-rehabilitation services

- **Our Acquired Brain Injury Team piloted an 8 session Guided Self Help neuropsychological therapy programme** focused on promoting self-management through assessment, treatment and review. The initial outcomes of the pilot were positive and suggest that access to assessment and short term neuropsychological intervention may support movement of patients through the rehabilitation pathway.
- **The pilot provided insight into the neuropsychological needs of stroke patients** across the rehabilitation pathway and recommendations have been presented to the Bedfordshire Clinical Commissioning Group.

- **The Service is participating in the Bridges Project on self-management post stroke**, having attended training provided through Health Education England. The project aims to 'Deliver a Sustainable Model of Integrating Self-Management Support 'across stroke and neurological services in Bedfordshire, Luton and Milton Keynes. The teams have benefitted from 2 training sessions jointly with colleagues from the acute hospitals to facilitate a common understanding of the project and joint action plans to ensure that Bedfordshire patients are supported with a cohesive self-management plan
- **Our Bedfordshire adult neuro rehabilitation team were finalists in the Advancing Healthcare Chroma Award** for Realising Potential through Creativity for bridging the gap between intensive support and the community through its Brushstrokes art sessions and Neurotones choir.



### Attracting and retaining a quality workforce: Looking forward to 2020/21

We will:

- develop the skills of our clinical staff in quality, service improvement and redesign tools and techniques, providing bespoke programmes of leadership development, for services undergoing significant service redesign;
- continue to work with partners across local Sustainability and Transformation Partnerships/ Integrated Care Systems to implement the nursing associate role;
- continue to expand the opportunities for apprenticeships across our workforce, following implementation of the Apprenticeship Levy and further higher apprenticeships becoming available for our clinical and non-clinical workforce; linking with the Health Education East of England (HEE) Grow Your Own initiative;
- roll out the preceptorship training to all our preceptors;
- continue to offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes, which support team development in services;
- continue to offer places on the local Mary Seacole Leadership Development Programme;
- continue to embed a coaching and mentoring culture across the Trust, investing in further health coaching training for our clinical workforce and mentor development; and
- continue to implement our 2020-23 People Strategy, focussing on the following five programmes of work:
  - » a highly engaged workforce;
  - » an appropriately trained workforce;
  - » a healthy and well workforce;
  - » diversity and inclusion for all;
  - » an organisational culture of continuous improvement.



## STRATEGIC OBJECTIVE 3 – Collaborate with other organisations

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

Examples of successful system-wide partnerships include the following.

### Cambridgeshire and Peterborough (C&P) Sustainability and Transformation Partnership

- We are key partners in the Best Start in Life 5-year strategy to improve life chances of children (pre-birth to 5 years). Our contractual Joint Venture with Cambridgeshire and Peterborough NHS Foundation Trust is a key enabler in this programme.
- Our musculo-skeletal services were among the first in the country to successfully pilot the First Contact Practitioner role in a primary care setting as part of a national programme.
- Neuro-rehabilitation services across the system are engaged in a re-design process.

### Bedfordshire, Luton and Milton Keynes Integrated Care System

- In Luton, our enhanced models of care programme - a targeted multi-agency population health management approach – is improving outcomes for people with frailty who are vulnerable to unplanned hospital admissions.
- In partnership with East London NHS Foundation Trust we are delivering a wide range of children and adults community health services to families across Bedfordshire.

### Norfolk Children and Young People's Strategic Partnership Board and Alliance Board

- As members of both the Strategic Partnership Board and the Norfolk Alliance Board, we are playing a central role in improving outcomes for families across Norfolk; predominantly through our Healthy Child Programme services.
- Our award-winning Just One Norfolk digital platform is improving access to advice and evidence-based services for families, so much so that we are working with Norfolk County Council to integrate the Council's Early Childhood and Family Service into this platform.

In addition to the above system-wide collaborations, we have also:

- continued our premises improvement plans including an £8 million redevelopment underway at the North Cambridgeshire Hospital site including new premises for our MSK physiotherapy services and dental services; and for the Queen Elizabeth Hospital NHS Foundation Trust's community midwifery services;
- continued to work with Health Service Laboratories (a venture between two NHS organisations and a private sector partner) to deliver an online postal 'Express Test' STI kit providing a speedy and accessible service for asymptomatic people;
- in partnership with the Terence Higgins Trust, provided contraception and sexual health services in Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Suffolk (and from 1 April 2020, Milton Keynes);
- together with Cambridgeshire and Peterborough NHS Foundation Trust, delivered an Emotional Health and Wellbeing service across Cambridgeshire and Peterborough, which is supporting professionals to access services and help schools improve the emotional health and wellbeing of pupils.



## Unicef UK Gold Award

### Bedfordshire Community Health Services first in East of England to win Unicef UK Gold Award

Health visitors from our Bedfordshire services were the first in the East of England to receive a Unicef UK gold award for their work.

The service was one of only thirteen in England to receive the prestigious Unicef Achieving Sustainability (Gold) Award. It celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships. The service held a celebration event attended by staff, volunteers, partners and local MP Mohammed Yasin.

Sarah Pickford, Baby Friendly Lead, said:

**“Staff and volunteers work so hard to support mums and babies and promote breastfeeding, and it's wonderful to see their commitment recognised with a Gold Award. We're incredibly proud of the support we're able to offer mums in Bedfordshire, and determined to build on our success too.”**



## STRATEGIC OBJECTIVE 4 – Be a sustainable organisation

### Sustainable Development

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

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

Our achievements to date and aspirations for the future will be set out in our Annual Sustainability Report (not subject to audit) which will be published on our public website in Summer 2020.

### Business Development

The Trust was integral to forming the Bedfordshire Care Alliance and three Local Care Collaboratives (embracing Luton, Central Bedfordshire and Bedford Borough). The Alliance has a clear vision to act as an integrated care provider to improve outcomes for its population and reduce inequalities and four key work-streams to develop its strategy and capacity.

As a result of  
new services won and  
services transferring out  
of the Trust, we will  
commence 2020/21 with  
a planned turnover of  
**£136 million**

Meanwhile, under the umbrella of its community health services contract in Luton and with the support of the Luton Provider Alliance, the Trust continued to draw on Bedfordshire, Luton and Milton Keynes transformation funds to undertake a proof of concept regarding an Enhanced Model of Care for defined cohorts of patients intended to reduce the need for hospital admissions.

In Norfolk the Trust is a quorate member of the Children and Young People's (CYP) Strategic Partnership Board and the Norfolk Alliance which are mixed commissioner and provider fora. The Alliance Board's core purpose is to act as the leadership vehicle for CYP mental and physical health in Norfolk and Waveney; its short-term focus is on implementation of an integrated delivery model that combines tier 2 and tier 3 mental health services.

In April 2019 the Trust entered into a Contractual Joint Venture with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for the provision of children's mental and physical health services in Cambridgeshire and Peterborough. From 1 October 2019 the Services have been commissioned by Cambridgeshire County Council, as lead commissioner, under a Section 75 agreement held jointly with CPFT.

The Trust has secured the following contract extensions from commissioners:

1. Norfolk County Council has extended the contract for integrated sexual health services until February 2022.
2. Cambridgeshire County Council & Peterborough City Council have extended their contracts for integrated sexual health until September 2020. This requirement will be tendered as a single contract with the procurement process running from 2019/20 Q4 to 2020/21 Q1; the Trust anticipates bidding to retain this work.
3. Norfolk County Council has extended the contract for integrated sexual health services to 29 February 2024.

At the time of signing this report, the Trust was negotiating an extension with Norfolk County Council for the Norfolk Healthy Child Programme to September 2022.

The Trust's future will be shaped largely by the NHS Long Term Plan and the local 5-year implementation plans submitted by systems in late 2019. The Trust's commitments to these

plans are set out in our Strategy 2020-23. In addition, the Trust will participate in tenders to retain and win business within the clearly defined parameters set out in our Strategy 2020-23 whilst cognisant of the Government's intent to 'remove the presumption' of tendering in respect of commissioned health services and the reduction in opportunities this presages.

As a result of new services won and services transferring out of the Trust, we will commence 2020/21 with a planned turnover of £136 million.

### Tenders won during 2019/20

- The Trust was successful in retaining its Special Care Dentistry services in Cambridgeshire and Peterborough. This 7 year contract, which has the option to extend for a further 3 years, began on the 1 October 2019 and is worth £2.275 million per year.

- The Trust won a new contract for Special care Dentistry services in Suffolk, worth £1.866 million per year. This is also a 7 year contract with an option to extend for a further 3 years and is due to start on 1 October 2020. The Suffolk Service will have our Dental HealthCare branding and will fit well with our existing special care dentistry services in Cambridgeshire and Peterborough.
- The Trust won a new contract for an Integrated Contraception and Sexual Health Service in Milton Keynes, worth £2.01 million per year. This is a 5 year contract with the potential to extend for a further 4 years and starts on 1 April 2020. This contract, which we will be delivering in partnership with the Terrence Higgins Trust, will fit well with our existing iCaSH services in Bedfordshire. Our iCaSH brand will be used for this Service.



## Double success for Luton nurses

**Our Luton nurses won prestigious international awards at the Zenith Global Health Awards fighting off teams from around the world.**

Specialist paediatric epilepsy nurses picked up the award for 'Advancing Health with Technology' for their virtual clinics which allow teenage patients to attend appointments at a time and place which suit them.

The children's rapid response team won the 'Team Recognition' award and is believed to be the first team in the country to introduce direct referrals from NHS 111 for infants and young children under five, in a bid to reduce hospital emergency attendance. Alongside existing referrals from GPs, this initiative has led to the avoidance of more than 800 hospital admissions over the last year.



Financial assessment

2019/20 was another challenging year financially for the Trust but we successfully achieved an operating surplus of £243,000. Because the Trust managed its budget to the plan agreed at the beginning of the year, we were awarded a one-off financial sum (Provider Sustainability Fund) from NHS Improvement of £1,618,000. Therefore adding together our real surplus and the national Provider Sustainability Fund created an annual surplus figure for our accounts of £1,861,000.

Key messages for the year are set out below.

- The Trust received a CQC rating of outstanding in August 2019.
- The Trust has maintained its high level of financial governance, recognised by the Internal Auditors giving an opinion of “reasonable assurance” over the Trust’s financial systems, budget control and financial improvement.

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

Better Payment Practice Code (30 day target)	2019/20	
	Number	£'000
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	15,810	54,280
Total Non-NHS Trade Invoices Paid Within Target	13,862	50,725
Percentage of Non-NHS Trade Invoices Paid Within Target	87.7%	93.5%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	896	9,980
Total NHS Trade Invoices Paid Within Target	692	8,133
Percentage of NHS Trade Invoices Paid Within Target	77.2%	81.5%

- The Trust’s 2019/20 accounts have been externally audited by Grant Thornton UK LLP. External audit fees for 2019/20 were agreed as £50,800 excluding VAT (2018/19 fees with Grant Thornton UK LLP £42,300 excluding VAT), where the fee was agreed in a tender process.
- The Trust is a member of the NHS Pension Scheme. The scheme is unfunded with defined benefits. Full details of the treatment of the Trust’s Pension Policy can be found in note 8 of the annual accounts. The Remuneration and Staff Report on page (insert page number when designed) shows the salary and pension entitlements of the directors of the Trust.
- There have been no accounting policy changes during 2019/20. Critical accounting judgements and key sources of estimation of uncertainty are shown in note 1.18 and 1.19 of the accounts.
- The Trust has spent £7.08 million in 2019/20 (2018/19 £6.86 million) on items that come within the NHS management costs definition. This represents 5.19% (2018/19 5.17%) of total turnover for the financial year.
- All Trusts were set caps relating to agency expenditure during 2019/20. The Trust had a cap of £2.240 million and remained within this; with year end spend on agency of £2.050 million. The Trust will continue our robust

programme of work to reduce expenditure in this area in 2019/20.

- The Freedom of Information Act (FOIA) gives individuals the right to ask any public sector organisation for the recorded information they have on any subject. Most requests are free but in some cases individuals may be asked to pay a small amount for photocopies or postage. The Trust has complied with Treasury’s guidance on setting charges for information.
- So far as the directors are aware, there is no relevant audit information of which the auditors are unaware. Directors have taken all of the steps that they ought to have taken in order to make themselves aware of any relevant audit information, and to establish that the auditors are aware of that information.

- The directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. Although 2020/21 will be financially challenging with a savings target in excess of £3.7 million, cash flow forecasts support the conclusion that the Trust is a ‘going concern’. For this reason, directors continue to adopt the ‘going concern’ basis in preparing the accounts. To obtain further detail of our financial performance, please write to:  
Director of Finance and Resources  
Cambridgeshire Community Services NHS Trust  
Unit 7 & 8, Meadow Lane, St Ives, PE27 4LG

Our full audited accounts will be available on our website at [www.cambscommunityservices.nhs.uk](http://www.cambscommunityservices.nhs.uk)



Collaborative working reaps rewards for older people

Our Luton collaborative models of care successfully brought together partners across the health and care system to deliver enhanced care for patients aged over 65, identified as either moderately or severely frail, with experience of two or more unplanned hospital admissions over the previous 12 months.

In the 12 months since April 2019 the scheme:

- supported over 3,200 people at daily huddles.
- reviewed over 2,000 of the cohort at primary care and consultant-led MDTs.
- Was forecast to have saved circa £750,000 of emergency admissions against plan.

The benefits of this collaborative approach have been wide-ranging and were recognised:

- in an NHS England and NHS Improvement ‘sharing award-winning improvement initiatives’ webinar which celebrates the brilliant improvement initiatives that made it to the finals of the Sir Peter Carr Partnership award
- as an exemplar case study in the national Neighbourhood Integration Project report commissioned by NHS England and published by NHS Providers.



# Looking to the future

## Our objectives for 2020/21 are to:

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

Our objectives have formed the basis of our three year strategy and our annual operational plan and are aligned to the system-wide priorities identified by our commissioners. Central to this is working collaboratively with commissioners and partner organisations to develop seamless care irrespective of organisational boundaries.

Key deliverables linked with system plans in 2020-21 are set out below.

### Bedford, Luton and Milton Keynes

- Develop the Bedfordshire Care Alliance supporting its four key work-streams:
  - » creation of a health and care strategy;
  - » design and develop the necessary organisation arrangements;
  - » establish clear links with the future strategic commissioner;
  - » leadership and organisational development establishing the right behaviours and ways of working.
- Harmonise the delivery of adults' services across Luton and Bedfordshire in partnership with the East London NHS Foundation Trust.
- Deliver the agreed Service Development Improvement Programmes for adults and children and young people's services which include:
  - » continue the innovative development of the Luton adults' services At Home/First Enhanced Models of Care programme;

- » continue to embed the Luton adults' single service model and ethos, integrate with Primary Care Networks and deliver the specifics of the NHS Standard Contract 2020-21 and the 'ageing well' programme

### Cambridgeshire and Peterborough

- Lead implementation of the Children and Young People Best Start in Life strategy.
- Support system work to deliver the system strategy for children and young people with Special Educational Need and Disabilities.
- Support system work to deliver improvements to the emotional health and wellbeing and mental health for children and young people; mobilising two new Mental Health Support Teams in 2020 and bidding for funding for additional teams.
- Lead a system redesign of musculo-skeletal services.
- Implement the MSK First Contact Practitioner Scheme in conjunction with Primary Care.
- Support a system redesign of neuro-rehabilitation services.
- Continue to develop the contractual Joint Venture with Cambridgeshire and Peterborough NHS Foundation Trust for children and young people's services.

### Norfolk and Waveney

- Support the establishment of the Norfolk Alliance for children and young people's services and the creation of an alliance agreement.
- Ongoing development and enhanced functionality of our award-winning Just One Norfolk digital platform increasing opportunities for parents and carers to increase confidence and skills in caring for their families

- Testing and implementing flexibilities in delivery of Healthy Child Programme mandated contacts, in particular the antenatal, 1 year and 2½ year checks.
- Maximising and increasing the capacity and efficiency of Just One Number (the service's single point of access).
- Increasing skill mix delivery within the emotional health pathway.

### Underpinning strategies

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

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

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

### Contracts for services

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

### Financial outlook

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

The financial plan for 2020/21 assumes the following:

- The Trust has a planned turnover of £136 million for 2020/21 and plans to deliver a 0.74% surplus equating to £1.002 million.
- A net increase of £4 million in revenue due to successful tenders which commence during 2020/21. This comprises of £2.3 million increase for Milton Keynes iCaSH transferring to the Trust on 1st April 2020 and £1.6 million during 2020/21 and £1.9 million recurrently for Special Care Dental services in Suffolk due to transfer on 1st June 2020.
- The Trust has applied cost and income uplifts in line with national planning assumptions to produce a robust 2020/21 financial plan.
- To deliver the planned surplus, the Trust has a cost improvement target of £3.78 million, equating to 2.8% of turnover, and has identified schemes to achieve this target. These are a combination of pay and non-pay related schemes and have associated quality impact assessments where appropriate.

The Trust has a capital plan of £6.3 million for 2020/21, which includes major investment in its estate and the provision for information technology infrastructure.

Signed:



**Matthew Winn**  
Chief Executive

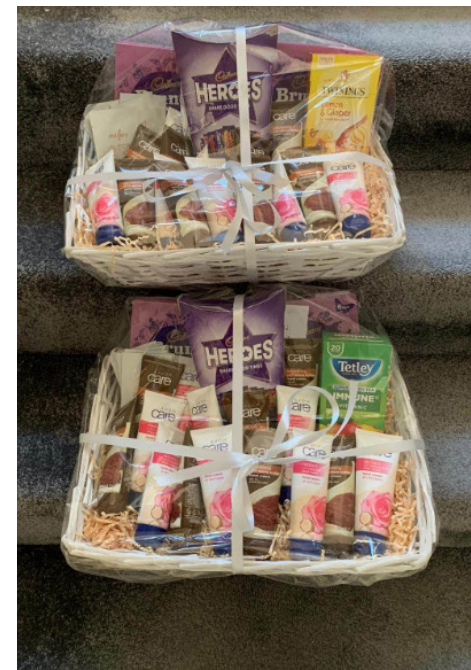
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# Accountability Report

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# Corporate Governance Report

## Directors' Report 2019/20

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

Details of the Trust's Chair, Chief Executive, Executive Directors and Non-Executive Directors are set out later in the Governance Statement (page 54), together with information on membership of the Trust's Board and its sub-committees.

Information on personal data related incidents where these have been formally reported to the information commissioner's office are incorporated in the Performance Report (page 17).

### Compliance statement

A register of directors' interests for the Trust is maintained and is available on our website or on request by contacting our Company Secretary on 01480 822019. The register of interests is managed in line with NHS England guidance and best practice.

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

## Statement of Accountable Officer's Responsibilities

The Chief Executive is the designated Accountable Officer for the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets, and assist in the implementation of corporate governance as exemplified in the Codes of Conduct and Accountability.
- Ensure that all items of expenditure, including payments to staff, fall within the legal powers of the Trust, exercised responsibly and with due regard to probity and value for money.
- The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them.
- Effective and sound financial management systems are in place.
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury, to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.
- Appropriate advice is tendered to the Board on all matters of financial probity and regularity.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

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

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

Signed:



**Matthew Winn**  
Chief Executive

23 June 2020

## Statement of Directors' Responsibilities In Respect of The Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- Apply on a consistent basis, accounting policies laid down by the Secretary of State with the approval of the Treasury.
- Make judgements and estimates that are reasonable and prudent.

- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time, the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps, for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the accounts.

By order of the Board

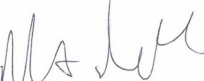
Signed:



**Matthew Winn**  
Chief Executive

23 June 2020

Signed:



**Mark Robbins**  
Director of Finance and Resources

23 June 2020

# Governance Statement

## Scope of responsibility

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

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

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

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

## The purpose 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 governance framework of the organisation

I am incredibly proud that the Care Quality Commission (CQC) rated the Trust 'Outstanding' after their 2019 inspection. The Trust was also rated the best NHS Provider in England for supporting staff to 'speak up' to raise any concerns. These accolades reflect the fantastic staff in our organisation and the positive culture across the Trust.

Staff across the Trust have worked hard to develop innovative and accessible services for our patients and service users and this rating reflects their dedication and passion for delivering the very best outcomes for the communities we serve. The CQC review identified examples of outstanding practice in the following services:

- Children and young people's services
- End of life care
- Community health services

The Trust was rated Outstanding in the following domains:

### Well-Led:

- The Board had the skills, knowledge, experience and integrity to lead the Trust; board members had a wide range of experience, knowledge and skills who displayed transparent accountability at decision making.
- The Executive Team was a stable cohesive team, focused on patient safety and quality of care. They were dedicated leaders with clear strategic vision and commitment to staff engagement
- Governance arrangements were proactively reviewed and reflected best practice.
- Managers at all levels in the Trust had the right skills and ability to run a service providing high quality sustainable care.

# Bedfordshire Health Visiting service

**Investing in the earliest years ensures that every child is supported to achieve the best start in life with foundations for good health throughout life.**

We were incredibly proud that the Bedfordshire Universal Pathway Programme was used as an example of excellence by the Institute of Health Visiting in their 'Health Visiting in England: a vision for the future' publication published in 2019 - <https://ihv.org.uk/wp-content/uploads/2020/01/HV-Vision-Case-Studies-First-Edition-FINAL-VERSION-21.1.20.pdf> (pages 38 - 42)

### Caring:

- The Trust had a visible person-centred culture. Staff were highly motivated and inspired to provide care that was kind and promoted the dignity of patients.
- Staff provided emotional support for patients
- Feedback from patients and their families was positive about the way in which staff provided care and treatment.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

In 2019/20, the Trust undertook an annual review of the Board and sub-committee terms of reference to improve governance processes within the Trust. The updated terms of reference were approved by the Board in March 2020.

The Trust approved the Trust Strategy for the next three years. The strategy reflects the key challenges and pressures health and care organisations are facing, whilst describing a set of clear priorities to support the NHS to continue to deliver high quality care at a cost the nation can afford. The Trust Strategy centres on five supporting strategies:

The service also collaborated with Dr Crispin Day, Senior Lecturer and team from Kings College Hospital (part of the South London and Maudsley NHS Foundation Trust) to embed evidence based tools and models of interaction for health visitors to use when engaging with families.

Following training for the 0-19 teams and extensive communications with our local partners including children's centres, early help and social care, the programme now offers a more intensive visiting schedule for families who are vulnerable and need more support. The emphasis is placed on the role of the health visitor when working with families and focuses on the key areas of health promotion, child development and parent infant attachment.

Evidence shows us that more families are benefitting from being supported by the programme and we are now working with Dr Day to develop a format for data collection to show the level of change achieved by families as they work with our health visiting service.

- Communications
- Quality and Clinical
- Estates
- Digital
- People

Alongside the production of the Trust Strategy and key supporting strategies, the Trust also developed the following Service Plans for 2020-23:

- Adults' services
- Children and young people's services
- Dental services
- iCaSH services

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



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

- clinical audit and effectiveness;
- incidents and complaints;
- professional practice;
- patient experience;
- quality performance; and
- safeguarding.

The effectiveness of our clinical governance is assessed using internal systems, including peer reviews, clinical audit, early warning trigger tool and oversight by Non Executive Directors through the Board and its sub-committees. The Trust also relies on local, regional and divisional team and clinical governance meetings to provide assurance and share learning and best practice on clinical governance practice. Furthermore, the Trust also utilises independent reviews to provide assurance including internal audit.

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

## UK Corporate Governance Code

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

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

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

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

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

## Trust Board

The Board comprises of the Chair, a Senior Independent Director and five other independent members (Non-Executive Director), the Chief Executive and four Executive Directors. One new non-executive director joined the Board on 1 June 2019. The Chair left the Trust on 31st November 2019. The Trust had an interim Chair from 1st January 2020 to 31st March 2020. Mary Elford joined the Trust on 1st April 2020 as our new Chair, and as a result is the co-signatory of this Annual Report. Mary is also currently the Vice Chair and Non Executive Director of East London NHS Foundation Trust and hence a potential conflict of interest has been included within our Board Members Register of Interests which is available on the Trust's public website ([www.cambscommunityservices.nhs.uk](http://www.cambscommunityservices.nhs.uk))

The Trust Board meeting in public and other key committee meetings scheduled for March 2020 were postponed due to global outbreak of the COVID-19 virus pandemic which has led to unprecedented uncertainty for all organisations requiring urgent business continuity arrangements to be implemented.

During 2019/20 the Trust Board met five times in public. All Board meetings in 2019/20 were appropriately constituted and were quorate. Agendas and minutes of the meetings are available to the public via the Trust's website. The table shown in Annex 1 (page 70) of this Governance Statement sets out attendance levels by each director, for all Trust Board sub-committee meetings.

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

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

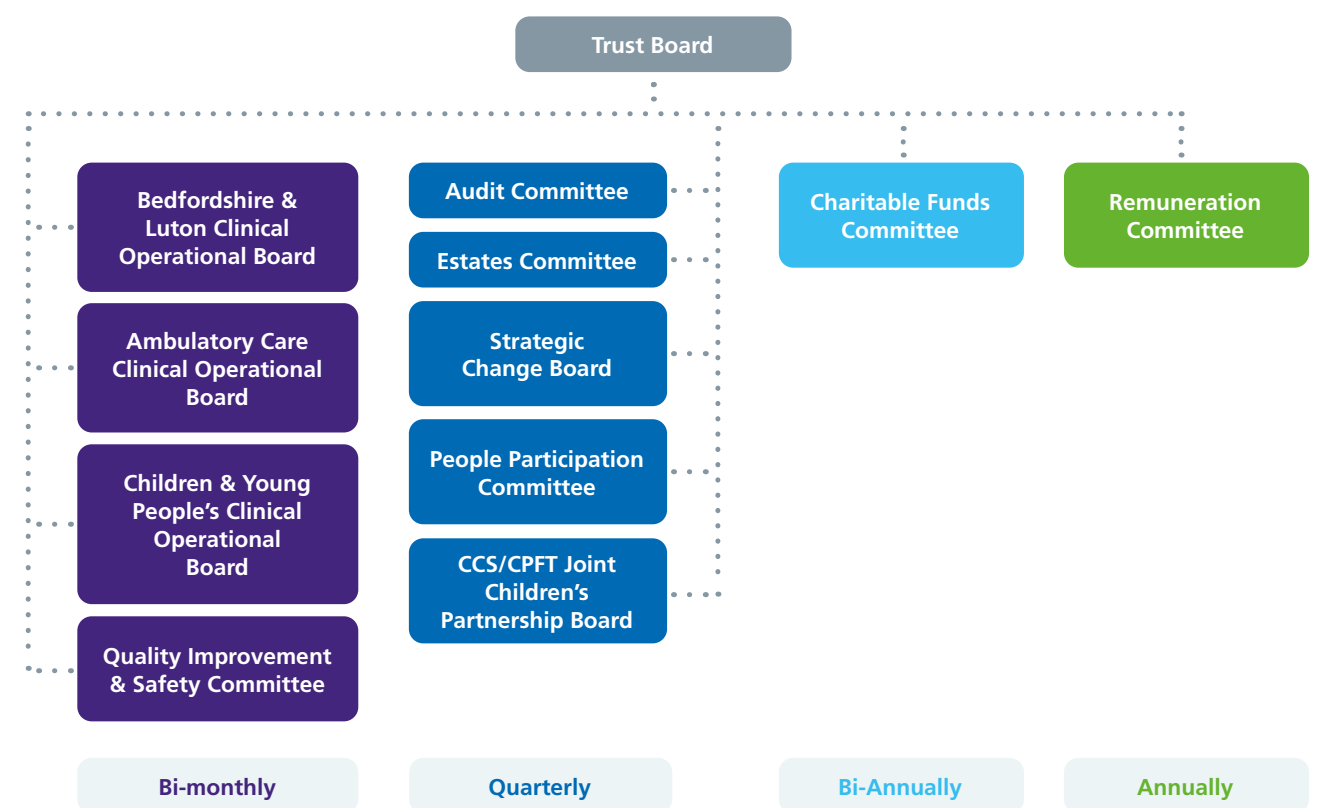
## Board Development Programme

The Board Development Programme for 2019/20 covered the following areas:

Theme	Areas of focus
Patient experience and engagement	<ul style="list-style-type: none"> <li>• Best Start in Life strategy</li> <li>• NHS Long Term Plan</li> </ul>
Staff experience and engagement	<ul style="list-style-type: none"> <li>• Big 9 Diversity Mentorship</li> </ul>
Strategic issues	<ul style="list-style-type: none"> <li>• Team Development session</li> <li>• Integrated Reporting</li> <li>• Refresh of the Trust Strategy</li> <li>• Trust indicators</li> <li>• Trust Service Plans</li> <li>• Research and Innovation</li> <li>• Well Led Improvement Priorities</li> <li>• Review of Strategic Risks</li> </ul>

The Board has established ten standing sub-committees, all chaired by non-executive directors, which have key roles in relation to the system of governance and an integrated review and analysis of quality, workforce, finance,

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



During the year the Board revised Trust governance structures and agreed to stand down the Strategic Change Board and discharge Strategic Change Board responsibilities to the Executive Programme Board and the Trust Board. Clinical Operational Boards were reduced from three to two. The terms of reference for Estates Committee were updated and the Committee was changed to Infrastructure Committee. The revised governance arrangements were approved by the Board in March 2020 for implementation in April 2020.

Audit Committee

The audit committee has responsibility for providing assurance to the Board that risk is being managed appropriately, maintaining direct oversight of all high level risks, including clinical, generic and specific risks arising from the integrated business plan and risks to financial processes and control. It is also responsible for the Board Assurance Framework and

reviewing the effectiveness of risk management arrangements through the internal audit programme and monitoring the implementation of recommendations from those audits. In July 2019, the committee approved a revised Board Assurance Framework and the new approach to risk management and assurance processes.

The committee is constituted in accordance with the provisions of the NHS Audit Committee Handbook and has overseen the audit of 2019/20 accounts, the annual governance statement, the development of internal and external audit plans and the risk management and internal control processes, including control processes around counter fraud.

During 2019/20, the committee met five times. In addition to the above, the committee reviewed all reports from completed internal audit assignments for the 2019/20 work plan, which had been agreed by the committee at the start of the year.

Head of internal audit opinion 2019/20

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

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

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

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

Assignment and Executive Lead	Status / Opinion issued	Actions agreed		
		L	M	H
Business Continuity (1.19/20)	<div><div>No assurance</div><div>Partial assurance</div><div>Reasonable assurance</div><div>Substantial assurance</div></div>	2	3	0
Sickness Absence Management (2.19/20)	<div><div>No assurance</div><div>Partial assurance</div><div>Reasonable assurance</div><div>Substantial assurance</div></div>	1	2	0
Freedom to Speak Up (3.19/20)	<div><div>No assurance</div><div>Partial assurance</div><div>Reasonable assurance</div><div>Substantial assurance</div></div>	6	1	0
Management of Sub-contracted Providers (4.19/20)	<div><div>No assurance</div><div>Partial assurance</div><div>Reasonable assurance</div><div>Substantial assurance</div></div>	4	5	0
DSP Toolkit (5.19/20)	Advisory	7	3	0
Risk Management (6.19/20)	<div><div>No assurance</div><div>Partial assurance</div><div>Reasonable assurance</div><div>Substantial assurance</div></div>	5	1	0
Key Financial Controls	Fieldwork underway	0	0	0
Sharing of Learning	Fieldwork underway	0	0	0

The Trust’s management team has accepted recommendations to implement improvements identified by internal audit during 2019/20. These actions will be implemented in line with the timeline agreed with the internal auditors.



Cambridgeshire and Peterborough new mental health support teams programme

Half of all mental health conditions are established before the age of fourteen and early intervention can prevent problems escalating.

So we were delighted that Cambridgeshire and Peterborough were selected as a trailblazer site for the ‘Transforming Children and Young People’s mental health support teams programme’.

The programme puts schools and colleges at the heart of our efforts to promote positive mental health and identify children needing support at an early stage.

We worked with partners to launch two mental health support teams in a selection of schools in January 2020, and a further successful bid, will see two additional teams launch in Fenland and Peterborough in January 2021.





## iCaSH service spreads further afield

**We were delighted to be awarded a new contract to deliver integrated contraception and sexual health services across Milton Keynes.**

Following an intense mobilisation period, we welcomed staff from Brook and Milton Keynes hospital services on 1 April. They joined our existing iCaSH portfolio delivering high quality care across the East of England.

Staff have now moved in to newly refurbished premises, which will provide a more accessible and improved environment for staff and service users alike.

### Counter fraud, anti-bribery and corruption

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

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

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

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

### Estates Committee

The role of the estates committee is to ensure that there are effective structures and systems in place, to support the continuous improvement of the Trust's estate, that our estate is statutorily compliant and that it supports quality services and safeguards high standards of patient care.

The committee is also responsible for advising the Board on Trust compliance with health and safety and sustainability requirements and for providing an effective reporting, escalation and engagement route for key groups with estates services to the Trust and commissioners and the corresponding return of information. The committee is also responsible for reviewing the estates risk register including risks identified on the strategic risk register. During 2019/20, the committee met four times.

The issues considered by the committee during the year included:

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

### Clinical Operational Boards

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

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

The committees highlight for the Board's attention, as required, areas of outstanding practice, emerging areas of concern on quality and workforce as well as financial and operational risk, gaps in control, gaps in assurance and actions being undertaken to address these issues. Service level risks are identified by the leads in each area and are reviewed and discussed by the clinical operational boards, and escalated to the Board in line with the Trust's procedures. In 2019/20 the Trust had the following clinical operational boards in place:

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

### Quality Improvement and Safety Committee

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

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

The committee met three times during 2019/20 and considered a range of themes as illustrated below:





## Remuneration Committee

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

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

## Strategic Change Board

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

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



## People Participation Committee

The Committee's purpose is to provide the Board with assurance on the Trust's overall approach to people participation and ensure that there is a culture of continuous, positive improvement driven by engagement with people in the communities we serve; both service users and staff. During 2019/20, the committee met four times.

## CCS/CPFT Joint Children's Partnership Board

The Joint Children's Partnership Board's role is to have oversight of the partnership work and provide assurance to the Boards of Cambridgeshire Community Services NHS Trust (CCS) and Cambridge and Peterborough NHS Foundation Trust (CPFT) regarding the integrated service for Children, Young People and Families in Cambridgeshire and Peterborough jointly provided by both organisations. The committee met four times during 2019/20.

## Charitable Funds Committee

Cambridgeshire Community Services NHS Trust is the corporate trustee for charitable funds. The Board, on behalf of the Trust, is responsible for the effective overall management of charitable funds. The role of the committee is to oversee the management, investment and disbursement of charitable funds, as delegated, within the regulations provided by the Charities Commission and to ensure compliance with the laws governing NHS charitable funds and the wishes of the donors. The committee met once during 2019/20.

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



# #Free To Feed

**In July 2019, Luton and Bedfordshire's baby friendly teams launched a new awareness campaign, in partnership with local authorities, to help mums become more confident when breastfeeding in public.**

Businesses, members of the public and other mums were encouraged to raise awareness of the importance of breastfeeding and to help new mums feel comfortable feeding their children when out and about.

The campaign has brought over 100 businesses and venues across Luton and Bedfordshire on board, with exciting new partnerships to follow. Thanks to videos starring local mums, social media promotion, and even bus adverts, conversations around breastfeeding confidence are growing louder and more prominent, which should support public health in the long run.

The campaign's first birthday was celebrated in August with a virtual tea party and a video of the mums, who had supported the project, talking about their breastfeeding journeys.



Risk assessment

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Cambridgeshire Community Services NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in the Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

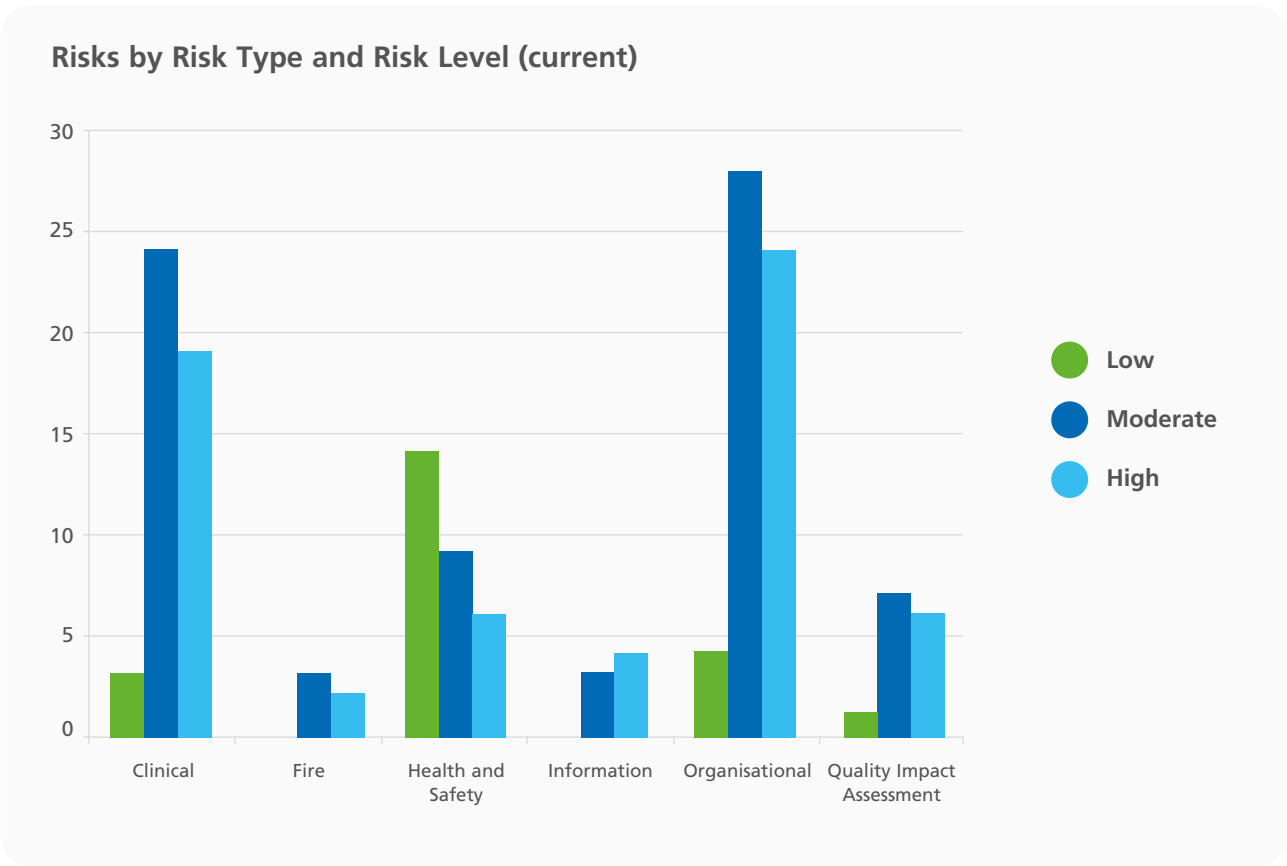
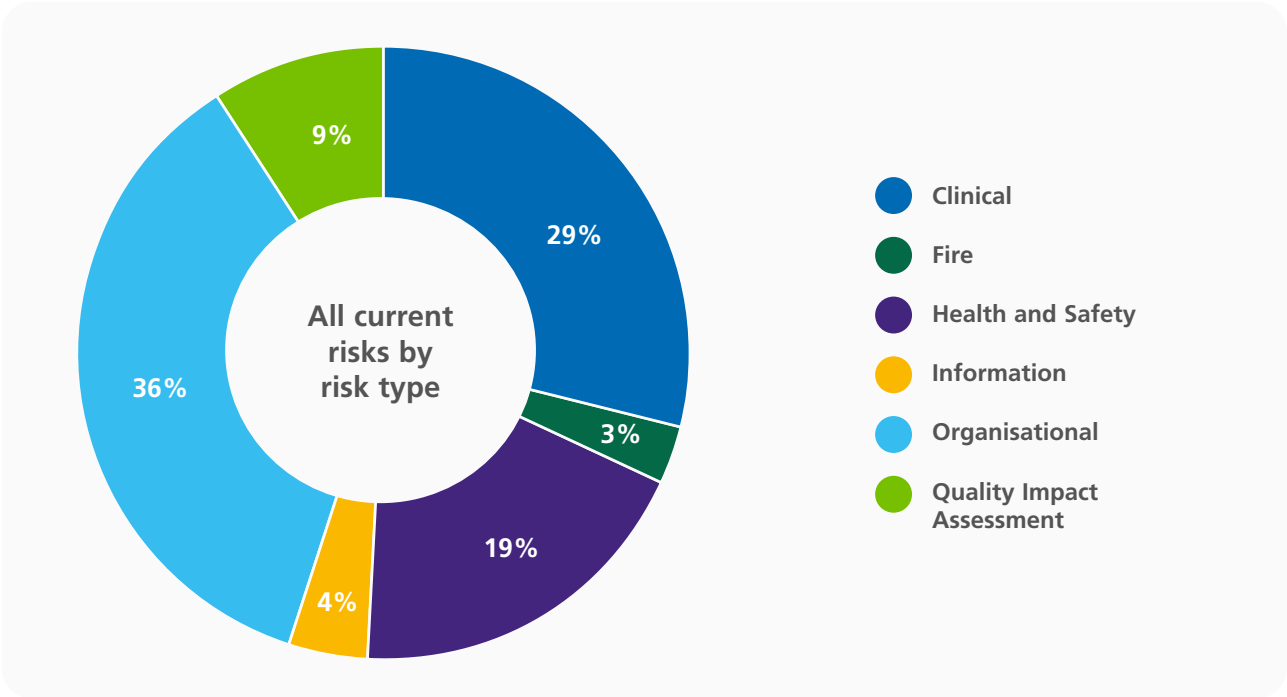
The Trust has risk registers that track and monitor clinical risks that are escalated to the Board, via sub-committees, in line with the Trust’s escalation framework. Key strategic risks for 2019/20 are shown in the table below.

Risk ID	Strategic Risk Description	Risk Score
2963	There is a risk that the Trust does not fully plan and/or deliver the £3.6m (2.6%) efficiency savings required for 2019/20 to support the Trust in delivering its Control Total. As a result, this could contribute to the Trust being financially unsustainable in the future.	8
2971	There is a risk that due to the complexity of system working, the Trust will not be able to deliver the agreed models of care.	8
2968	There is a risk that the Trust will be left out of important decision making about future service /organisational configuration in areas it operates because the Trust is either a small partner in the system or not a member of the STP/ICS Board	8
2966	There is a risk that the continued reductions to the Public Health grant will eventually have an adverse impact to the quality of the service the Trust provide and therefore its reputation could be affected.	8
2776**	There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS Provider sector to drive greater provider efficiency.	8
2965	The is a potential risk the planned increase in the employers NHS pension contributions for 2020/21 will not be fully funded due to the split of commissioning responsibility across the NHS and Public Health.	12
2967	There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of care standards.	4
2969	There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.	8
2970	There is a risk that the Trust is unable to maintain high quality care across the organisation due to the increase number of services facing workforce challenges.	12

\*\* Highlights risks was closed during the year.

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

As of 31 March 2020, the Trust had 157 open risks. The chart below presents an overview of all open risks.



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

- service related schemes via clinical operational boards;
- corporate support functions schemes via the Trust Board;
- transformation and service redesign schemes and
- estates schemes via the Estates Committee.

The Trust achieved 94% compliance (against a target of 95% compliance) with mandatory information governance training at February 2020.

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

The Data Protection & Security Toolkit is designed to test compliance with the National Data Guardian's 10 data security standards. There are 44 Assertions to be met and 116 pieces of mandatory evidence to provide. Changes to the toolkit from the last edition

included: requirements of the National data opt out, Cyber Essentials and the Minimum Cyber Security Standard (MCSS) and key elements of the Network and Information Systems (NIS) Regulations 2018 Cyber Assessment Framework (CAF) for NHS organisations as advised by the National Cyber Security Centre. We submitted our baseline assessment on 31 October 2019 and the full assessment on 30 March 2020 to NHS Digital. All standards were met as assessed by the algorithm used by NHS Digital.

Following the advisory General Data Protection Regulation (GDPR) compliance audit in January 2019, we introduced stringent compliance measures including:

- Training for staff
- Publication of Privacy Notices
- Completing Privacy Impact Assessments
- Utilising Contracts/Information Sharing Agreements
- Creating an Information Asset Register
- Introducing a comprehensive Subject Access Rights system

During 2019/20, no data breach incidents were reported to the Information Commissioner. There was one notification issued which resulted in confirmation from the Commissioner that appropriate actions had been taken.

## The risk and control framework

The Trust has a risk management policy, which makes it clear that managing risk is a key responsibility for the Trust and all staff employed by it. The policy was revised in January 2020 to reflect changes made to the Board Assurance Framework and also to include reference to the NHS Counter Authority Standard 1.4. The policy includes a Risk Appetite Statement for the Trust as agreed by the Board. The Board and its committees receive regular reports that detail risk, financial, quality and performance issues and, where required, the action being taken to reduce identified high-level risks.

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

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

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

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

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

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

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

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

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

## New online resource for children's speech and language therapy in Bedfordshire and Luton

Our speech and language team were proud to launch a new website, which offers support for families with speech, language and communication needs across Bedfordshire and Luton.



Support, information and a suite of resources that families can use at home are available at the touch of a button. Professionals can also benefit from training and expert advice.

To find out more, please visit <https://childspeechbedfordshire.nhs.uk/>



## Review of the effectiveness of risk management and internal control

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

The Board's role is to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed. Trust objectives for 2019/20 are as follows:

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

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

## Significant Issues

There were no significant issues identified during 2019/20

## Conclusion

There has been no evidence presented to myself or the Board to suggest that at any time during 2019/20, the Trust has operated outside of its statutory authorities and duties. In relation to our reporting of the Trust's corporate governance arrangements, we have drawn from the best practice including those elements of The Healthy NHS Board and the UK Corporate Governance Code, which are applicable to the Trust.

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

Signed:



**Matthew Winn**  
Chief Executive

23 June 2020



## New children's occupational therapy website receives national recognition

**Our Cambridgeshire Children's Occupational Therapy Service, which helps children who are struggling with everyday tasks to reach their full potential, was proud to launch a new website which offers support for parents across Cambridgeshire and Peterborough.**

The brand-new website is a perfect starting point for parents who are looking to learn new strategies when it comes to improving their child's development, independence and confidence, and is accessible 24-hours a day.

Designed to focus on children and young adult's progression stages rather than their age group, the website was recognised by the Royal College of Occupational Therapists and is now showcased on the College's own website. The website is also helping families further afield, with OT colleagues in Stockport signposting their local families to this great new resource.

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

The table below sets out the number of meetings attended by each Board member during 2019/20. Where membership of Board sub-committees changed in year, these are reflected in the attendance levels shown below indicating that individuals may not have been members of sub-committees for the full year, or where directors attended meetings on an ad hoc basis as ‘ex officio’ members.

Name and Position	Board Meetings	CCS/CPFT Joint Children's Partnership Board	Audit Committee	Quality Improvement & Safety Committee	Remuneration Committee	Charitable Funds Committee	Estates Committee	Strategic Change Board	Ambulatory Clinical Operational Board	Children's Clinical Operational Board	Luton Clinical Operational Board	People Participation Committee
Nicola Scrivings (Chair) (resigned 30 November 2019)	4(4)			1(1)	1(1)	1(1)		2(2)	2(3)	1(1)		2(3)
Dr Anne McConville (NED)	5(5)			3(3)	1(1)			2(2)	5(5)			
Geoff Lambert (NED)	5(5)		4(4)		1(1)						5(5)	
Oliver Judges (NED)	5(5)		3(4)				3(4)			4(5)		
Judith Glashen (Associate NED)	3(5)			1(1)								
Anna Gill NED	4(5)	4(4)		2(3)						5(5)		3(4)
Gary Tubb (NED)	5(5)			2(3)		1(1)	4(4)		4(5)			
Fazilet Hadi (NED) (Effective 1 June 2019)	4(4)		2(2)							1(1)	3(4)	3(3)
Matthew Winn (Chief Executive)	5(5)				1(1)			1(2)	4(5)			
Anita Pisani (Deputy Chief Executive and Director of Workforce and Service Re-Design)	4(5)	4(4)		1(3)	1(1)	0(1)		2(2)			3(5)	2(4)
Dr David Vickers (Medical Director)	5(5)	3(4)		3(3)					4(5)	2(2)	5(5)	
Mark Robbins (Director of Finance and Resources)	5(5)		3(4)			1(1)	4(4)	2(2)		5(5)		
Julia Curtis (Chief Nurse)	5(5)	2(4)		3(3))			2(4)			5(5)	1(1)	4(4)
Gill Thomas (Director of Governance) (resigned 31 October 2019)	2(3)		2(3)					0(2)				
Rachel Hawkins (Director of Governance) (effective from 1 November 2019)	2(2)		1(1)			1(2)			2(3)	3(3)		1(1)

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

Names	Title	Sub Committee Members (* Indicates Chairs of that committee)
Nicola Scrivings (Chair) (resigned on 30th November 2019)	Chair	Charitable Funds Committee; Estates Committee; Ambulatory Care Clinical Operational Board*; Remuneration Committee; People Participation*; Strategic Change Board*.
Dr Anne McConville	Non-Executive Director	Ambulatory Care Clinical Operational Board; Quality Improvement & Safety Committee*; Remuneration Committee; Strategic Change Board
Geoff Lambert	Non-Executive Director	Audit Committee*; Charitable Funds Committee*; Luton Children & Adults Clinical Operational Board *; Remuneration Committee;
Oliver Judges	Non-Executive Director	Estates Committee*; Children & Young People’s Clinical Operational Board; Audit Committee.
Gary Tubb	Non-Executive Director	Charitable Funds Committee*; Estates Committee; Bedfordshire & Luton Children & Adults Clinical Operational Board; Quality Improvement & Safety Committee
Fazilet Hadi (effective from 1 June 2019)	Non-Executive Director	Ambulatory Care Clinical Operational Board*; Strategic Change Board; Audit Committee.
Anna Gill	Non-Executive Director	Children & Young People’s Clinical Operational Board*; Quality Improvement & Safety Committee; People Participation Committee; CCS/CPFT Joint Children’s Partnership Board*.
Judith Glashen	Associate Non-Executive Director	No committee assignments.
Matthew Winn	Chief Executive	Ambulatory Care Clinical Operational Board; Strategic Change Board.
Anita Pisani	Deputy Chief Executive and Director of Workforce and Service Re-Design	Charitable Funds Committee; Luton Children & Adults Clinical Operational Board; Quality Improvement & Safety Committee; Strategic Change Board; CCS/CPFT Joint Children’s Partnership Board.
Dr David Vickers	Medical Director	Ambulatory Care Clinical Operational Board; Luton Children & Adults Clinical Operational Board; Quality Improvement & Safety Committee; CCS/CPFT Joint Children’s Partnership Board.
Mark Robbins	Director of Finance and Resources	Charitable Funds Committee; Estates Committee; Children & Young People’s Clinical Operational Board;
Julia Curtis	Chief Nurse	Estates Committee; Children & Young People’s Clinical Operational Board; Quality Improvement & Safety Committee; CCS/CPFT Joint Children’s Partnership Board.
Rachel Hawkins (effective from 1st November 2019)	Director of Governance	Strategic Change Board
Gill Thomas (resigned on 31st October 2019)	Director of Governance	Strategic Change Board

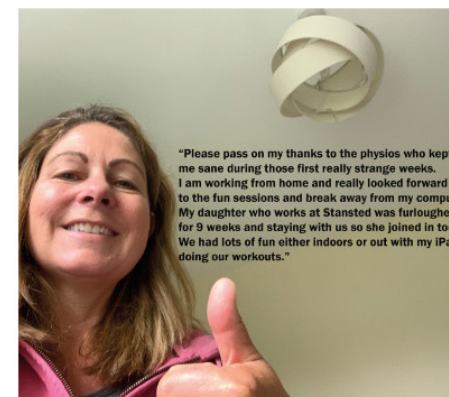
NB. This shows the sub-committee membership for the 2019/20 financial year. The committee membership changed during 2019/20



# Remuneration and Staff Report 2019/20

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Staff Report  
(subject to audit) 80





# Remuneration and Staff Report 2019/20

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

Name	Position
Geoffrey Lambert	Non-Executive Director Chair of Committee
Anne McConville	Non-Executive Director
Nicola Scrivings	Chair of the Board (to 30th November 2019)
Oliver Judges	Interim Chair of the Board (from 1st December 2019)
Matthew Winn	Chief Executive (in attendance for relevant discussions only).
Anita Pisani	Deputy Chief Executive (in attendance for relevant discussions only).

## Policy on the remuneration of senior managers

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

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

No remuneration was waived by members and no compensation was paid for loss of office during the financial year ended 31 March 2020. No payments were made to co-opted members and no payments were made for golden hellos. The Trust does not have any staff members on performance related pay systems.

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

The remuneration committee takes the financial circumstances of the organisation into consideration in making pay awards, as well as advance letters of advice from the Department of Health. All uplifts were discussed with and decided by the remuneration committee, which is supported by a human resources professional.

## Policy on performance conditions

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

## Policy on duration of contracts, notice periods and termination payments

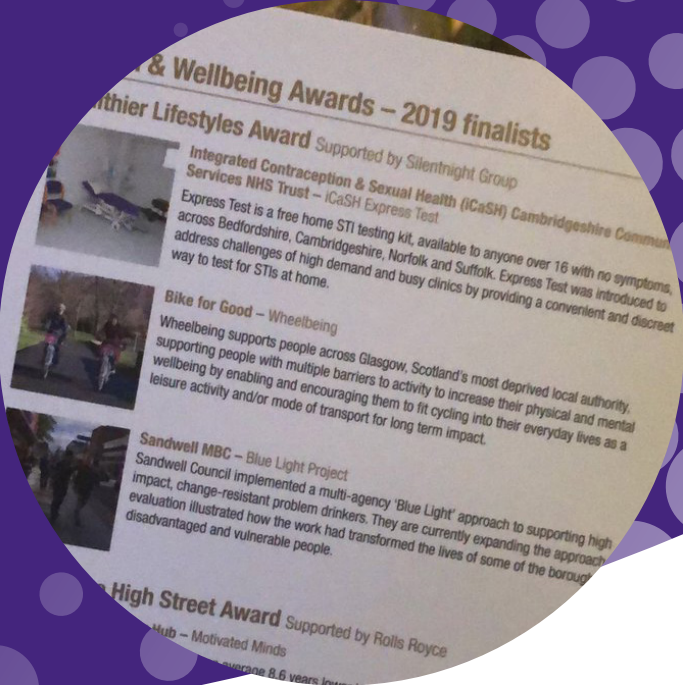
Executive directors’ contracts are subject to three months’ contractual notice. Termination payments are made in accordance with NHS policy.

# National recognition for iCaSH Express Test

Our innovative iCaSH Express Test fought off the competition, earning a place in the top three for a Royal Society of Public Health healthy lifestyles award.

The awards recognise and celebrate a wide range of activities, policies and strategies that empower communities and individuals, to improve the population’s health and address the wider social determinants of health.

iCaSH Express Test is a free NHS service offering comprehensive screening for sexually transmitted infections (STIs) to those who are 16 and over, have no symptoms of an STI.



## Service Contracts (not subject to audit)

Details of remuneration payable to the senior managers of Cambridgeshire Community Services NHS Trust in respect of their services for the year ended 31 March 2020 are given in the tables on the following four pages.

Name	Position	Date of contract	Unexpired term (if applicable)	Early termination terms	Notice Period
Matthew Winn	Chief Executive	01/04/2010	N/A	N/A	3 months
David Vickers	Medical Director	01/04/2010	N/A	N/A	3 months
Mark Robbins	Director of Finance & Resources	01/05/2015	N/A	N/A	3 months
Anita Pisani	Director of Workforce and Transformation & Deputy CEO	01/06/2012	N/A	N/A	3 months
Gillian Thomas	Director of Governance	05/11/2018	N/A	N/A	3 months
Julia Curtis	Chief Nurse	01/04/2018	N/A	N/A	3 months
Rachel Hawkins	Director of Governance	01/11/2019	N/A	N/A	3 months



Remuneration 2019/20 (subject to audit)

Name	Position	2019/20				
		Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Bonus Payments (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Nicola Scrivings	Chair (to 30th November 2019)	10-15	0	0	0	10-15
Oliver Judges	Interim Chair (from 1st December 2019)	5-10	0	0	0	5-10
Anne McConville	Non Executive Director	5-10	0	0	0	5-10
Geoffrey Lambert	Non Executive Director	10-15	0	0	0	10-15
Oliver Judges	Non Executive Director (to 30th November 2019)	5-10	0	0	0	5-10
Gary Tubb	Non Executive Director	5-10	0	0	0	5-10
Anna Gill	Non Executive Director	5-10	0	0	0	5-10
Fazilet Hadi	Non Executive Director (from 1st June 2019)	5-10	0	0	0	5-10
Judith Glashen	Associate Non Executive Director ***	0	0	0	0	0
Matthew Winn	Chief Executive *	85-90	0	0	25-30	115-120
David Vickers	Medical Director **	115-120	0	5-10	0	125-130
Mark Robbins	Director of Finance and Resources	105-110	0	0	95-100	200-205
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	115-120	0	0	30-35	150-155
Julia Curtis	Chief Nurse	100-105	0	0	115-120	220-225
Gillian Thomas	Director of Governance (to 31st October 2019)	30-35	0	0	0	30-35
Rachel Hawkins	Director of Governance (from 1st November 2019)	30-35	0	0	30-35	65-70
		2018/19				
Nicola Scrivings	Chair	20-25	0	0	0	20-25
Gillian Thomas	Non Executive Director (to 31st October 2018)	0-5	0	0	0	0-5
Anne McConville	Non Executive Director	5-10	0	0	0	5-10
Geoffrey Lambert	Non Executive Director	5-10	0	0	0	5-10
Richard Cooper	Non Executive Director (to 28th February 2019)	5-10	0	0	0	5-10
Oliver Judges	Non Executive Director	5-10	0	0	0	5-10
Gary Tubb	Non Executive Director (from 1st January 2019)	0-5	0	0	0	0-5
Anna Gill	Non Executive Director (from 1st January 2019)	0-5	0	0	0	0-5
Judith Glashen	Associate Non Executive Director **	0	0	0	0	0
Matthew Winn	Chief Executive	140-145	0	0	20-25	165-170
David Vickers	Medical Director *	125-130	0	10-15	0	140-145
Mark Robbins	Director of Finance and Resources	90-95	0	0	15-20	105-110
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	115-120	0	0	15-20	130-135
Julia Curtis	Chief Nurse	85-90	0	0	30-35	115-120
Gillian Thomas	Director of Governance (from 5th November 2018)	30-35	0	0	5-10	40-45

\* Matthew Winn is seconded 2 days per week to NHSE from 1st April 2019. His salary represents 0.6 WTE role with the Trust.  
\*\* David Vickers is employed as both a paediatric consultant and medical director at the Trust. His “salary” includes his role as a paediatric consultant (£115,000 - £120,000).  
\*\*\* Judith Glashen receives £0 remuneration for her Associate Non Executive Director role.

Non Executive Director remuneration in 2019/20 reflects nationally agreed increases which addresses longstanding disparities between the remuneration of chairs and non-executive directors of NHS trusts and NHS foundation trusts. For further information visit: <https://improvement.nhs.uk/resources/remuneration-structure-nhs-provider-chairs-and-non-executive-directors/>

An increase in salary for the Trust’s Chief Nurse was agreed in 2019/20 by the Trust’s Remuneration Committee to bring the salary in line with national averages when compared to peer organisations.

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

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

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

The mid-point of the banded remuneration of the highest paid director in 2019/20 was £148,405 (2018/19 comparator £142,697). This was 4.88 times the median remuneration of the workforce (subject to audit), which was £30,401 (2018/19 comparator was 4.82 times the median remuneration of the workforce which was £29,608). Remuneration ranged from £7,263 to £148,405. See the salaries and allowances table on the previous page for details of the highest paid director.

The calculation was based on staff employed in substantive and bank contracts as at 31 March 2020, sorted by full time equivalent salary value and then taking the middle employee from this list.

In 2019/20, 2 employees (2018/19 comparator 0 employees) received remuneration in excess of the highest paid director.

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

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

No compensation payments were made to a third party for the services of an executive director or non-executive director.

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

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

	Number
Number of existing engagements as of 31 March 2019	1
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

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

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

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	1
<i>Of which:</i>	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	1
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	1
Number of engagements that saw a change to IR35 status following the consistency review	0

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

The Trust has had three exit packages in 2019/20 (subject to audit) all 3 were compulsory redundancies.

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	2	14,898			2	14,898		
£10,000 - £25,000	1	18,760			1	18,760		
£25,001 - £50,000					0	0		
£50,001 - £100,000					0	0		
£100,001 - £150,000					0	0		
£150,001 - £200,000					0	0		
> £200,000					0	0		
Total	3	33,658	0	0	3	33,658	0	0

Signed:



**Matthew Winn**  
Chief Executive  
23 June 2020



## Head of iCaSH Services appointed as Chairman of Clinical Standards Committee

Mike Passfield, our Head of Clinical Service - integrated Contraception and Sexual Health (iCaSH) was appointed Chairman of Clinical Standards Committee for the Faculty of Sexual and Reproductive Healthcare (FSRH). Mike is the first nurse in the FSRH’s history to be appointed to the role.

Commenting on his appointment, Mr Passfield said:

“ I am passionate about ensuring the delivery of exceptional care for patients. Having the opportunity to influence and develop professional guidance and standards for our members working across the sexual and reproductive health speciality, help form the foundations of that exceptional care. ”

### Pension Benefits - 2019/20 (subject to audit)

Name	Position	2019/20							
		Real Increase in pension at age 60 (bands of £2,500) £'000	Real Increase in lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2020 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 20 £'000	Cash Equivalent Transfer Value at 1 April 2019 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	2.5-5.0	0-2.5	40-45	80-85	703	629	37	N/A
David Vickers*	Medical Director*	0	0	0	0	0	0	0	N/A
Anita Pisani	Director of Workforce and Transformation	0-2.5	0-2.5	40-45	95-100	790	724	32	N/A
Julia Curtis	Chief Nurse	5-7.5	12.5-15	25-30	70-75	597	452	119	N/A
Mark Robbins	Director of Finance	5-7.5	7.5-10	35-40	85-90	706	591	86	N/A
Gillian Thomas	Director of Governance (to 31st October 2019)	0	0	0	0	0	0	0	N/A
Rachel Hawkins	Director of Governance (from 1st November 2019)	0-2.5	0	30-35	80-85	670	618	33	N/A

\*David Vickers retired and returned to work in the Trust in August 2019  
Note: The pensions benefit and related CETV's disclosed in the table above do not allow for a potential future adjustment arising from the McCloud judgement.

### Prior Year - Pension Benefits - 2018/19

Name	Position	2018/19							
		Real Increase in pension at age 60 (bands of £2,500) £'000	Real Increase in lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2019 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2019 £'000	Cash Equivalent Transfer Value at 1 April 2018 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	0-2.5	0	35-40	75-80	629	518	75	N/A
David Vickers	Medical Director	0-2.5	0-2.5	50-55	150-155	0	1,140	0	N/A
Anita Pisani	Director of Workforce and Transformation	0-2.5	0	35-40	90-95	724	606	83	N/A
Julia Curtis	Chief Nurse	0-2.5	5-7.5	20-25	60-65	452	360	70	N/A
Mark Robbins	Director of Finance	0-2.5	0	30-35	75-80	591	495	68	N/A
Gill Thomas	Director of Governance (from 5th November 2018)	0-2.5	0	0-5	0-5	8	0	6	N/A



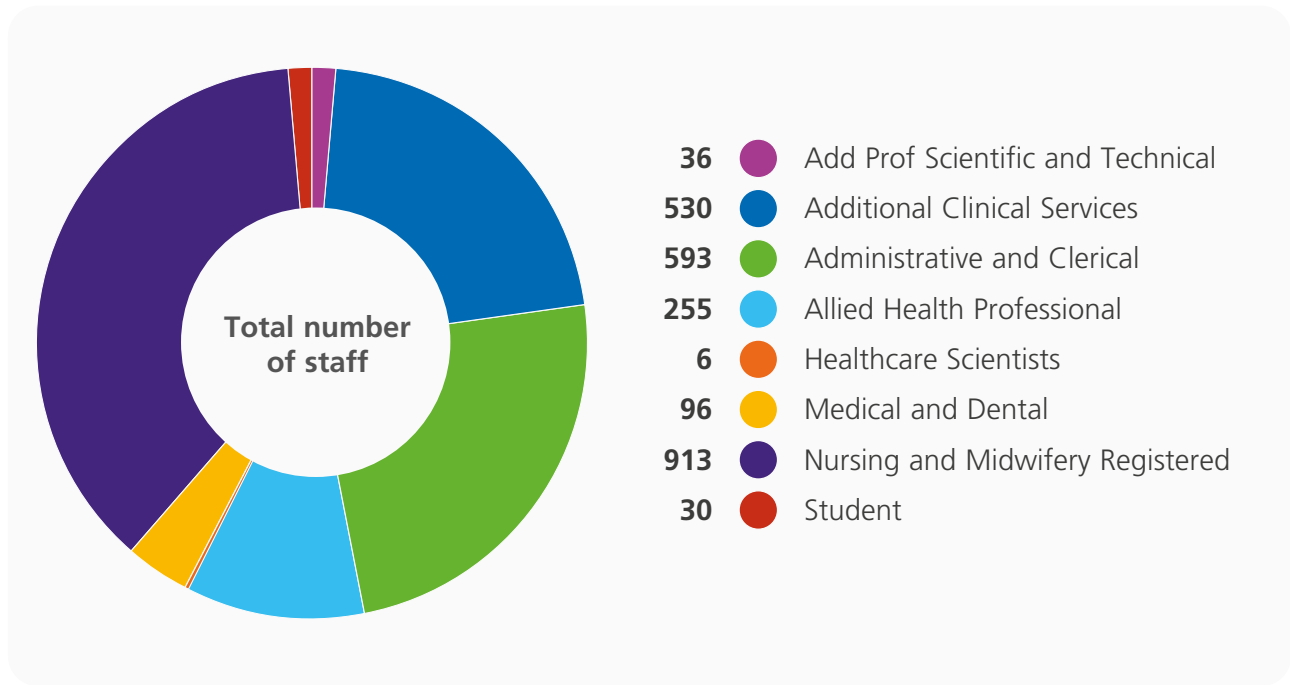
# Staff Report

(subject to audit)

The Trust  
employs  
**2459 staff**  
(February 2020)

This Staff Report is based on staff in post at February 2020, at which point the Trust employed 2459 staff.

The following chart shows an analysis of the total number of staff by occupational code.



The following table shows an analysis of the average whole time equivalent staff split between staff groups and permanently employed and other for 2019/20 and 2018/19 for the prior year.

Average Staff Numbers	Total Current Year	Permanently Employed	Other	Total Prior Year	Permanently Employed	Other
Medical and dental	72	61	11	91	69	22
Ambulance staff	0	0	0	0	0	0
Administration and estates	481	459	22	472	450	22
Healthcare assistants and other support staff	413	403	10	404	391	13
Nursing, midwifery and health visiting staff	746	737	9	814	805	9
Nursing, midwifery and health visiting learners	34	3	31	33	2	31
Scientific, therapeutic and technical staff	231	225	6	237	231	6
Healthcare Science staff	6	5	1	4	4	0
Bank staff	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>Total average numbers</b>	<b>1,983</b>	<b>1,893</b>	<b>90</b>	<b>2,055</b>	<b>1,952</b>	<b>103</b>
Staff engaged on capital projects (included above)	0	0	0	0	0	0

The following table shows an analysis of pay costs for 2019/20 split between permanently employed and other.

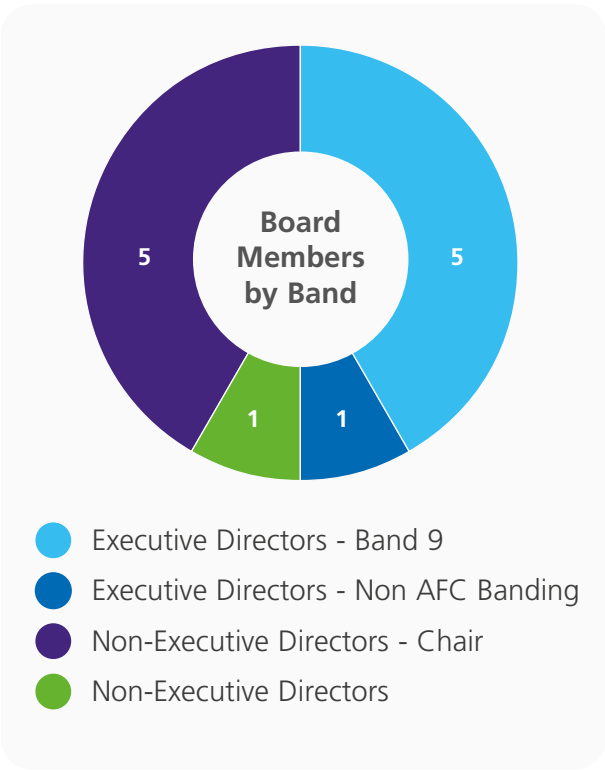
Employee Benefits Current Year - Gross Expenditure	2019/20		
	Total £000s	Permanently Employed £000s	Other £000s
Salaries and wages	69,526	66,143	3,383
Social security costs	6,428	6,428	0
Apprenticeship levy	326	326	0
Employer Contributions to NHS BSA - Pensions Division	12,467	12,467	0
Other pension costs	0	0	0
Termination benefits	34	34	0
<b>Total employee benefits</b>	<b>88,781</b>	<b>85,398</b>	<b>3,383</b>

## Carer Friendly Service

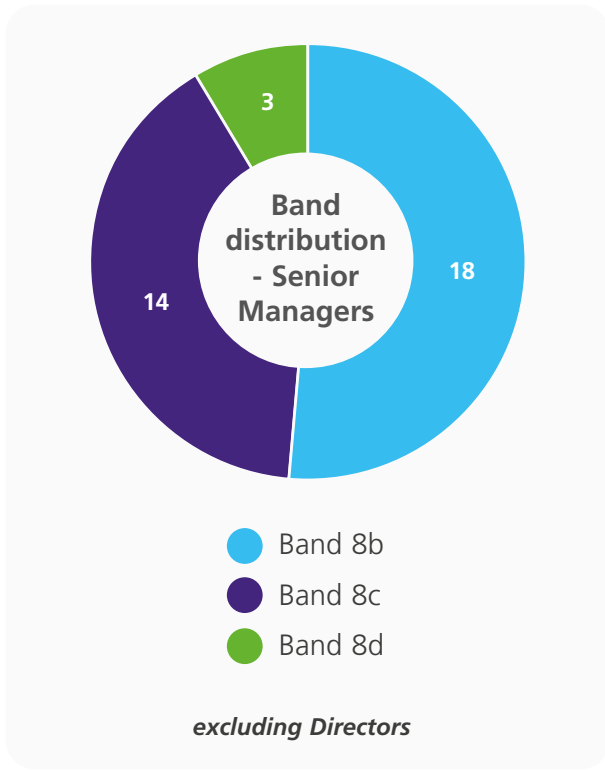
Our Norfolk Healthy Child Programme services were the first community health service to be awarded the Carer Friendly Tick Award.

The award – assessed by a panel of carers including young people - recognises services which focus on standards which young carers, young adult carers and adult carers feel are necessary to ensure they are easily identified and properly supported when they are involved with a health setting.

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

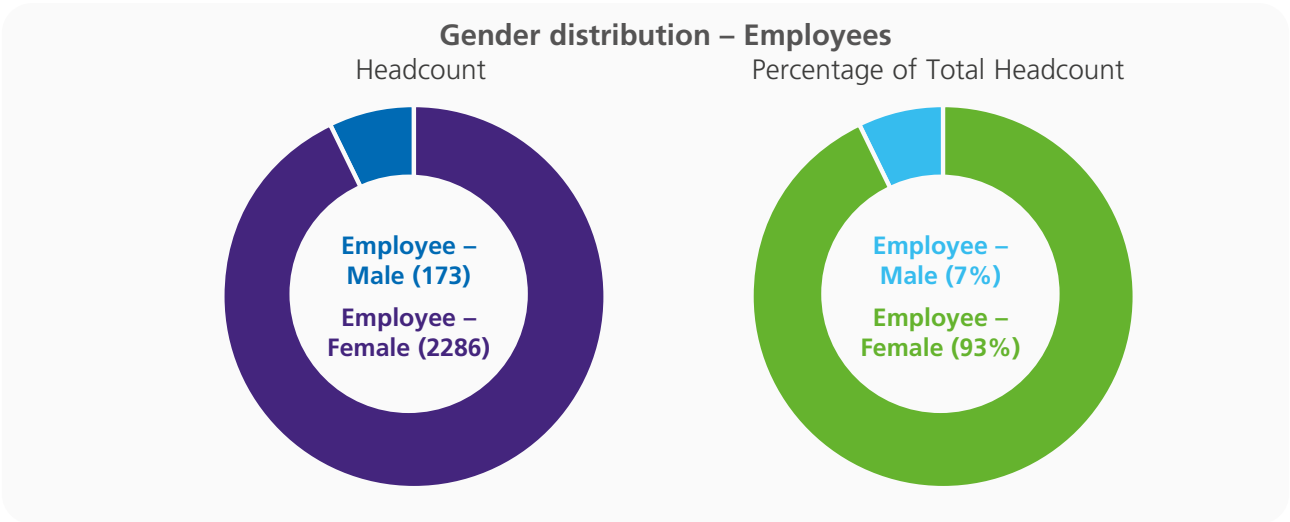
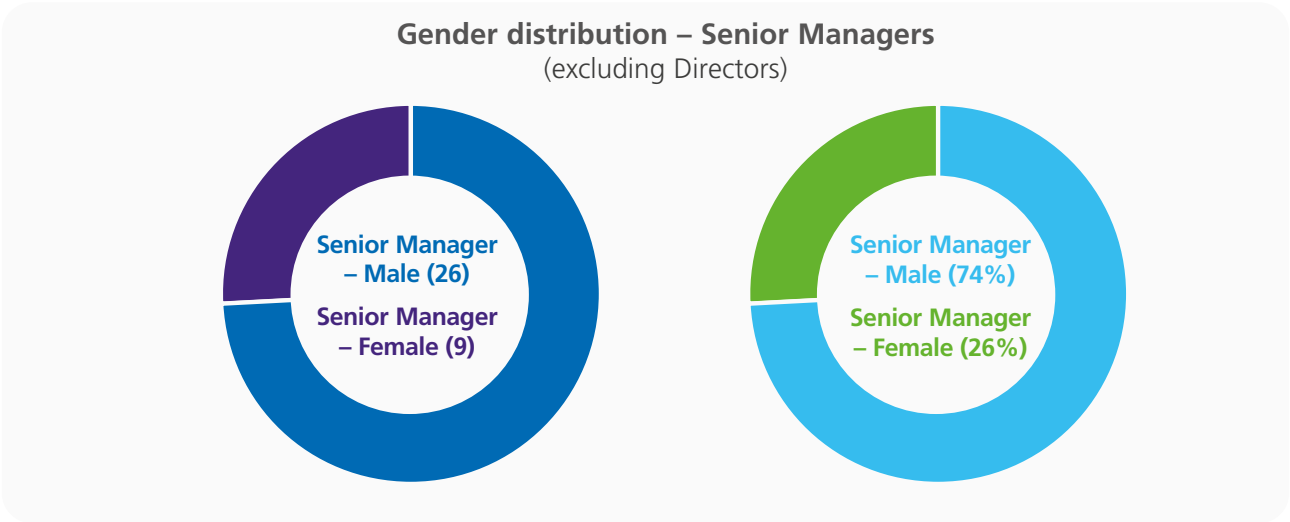
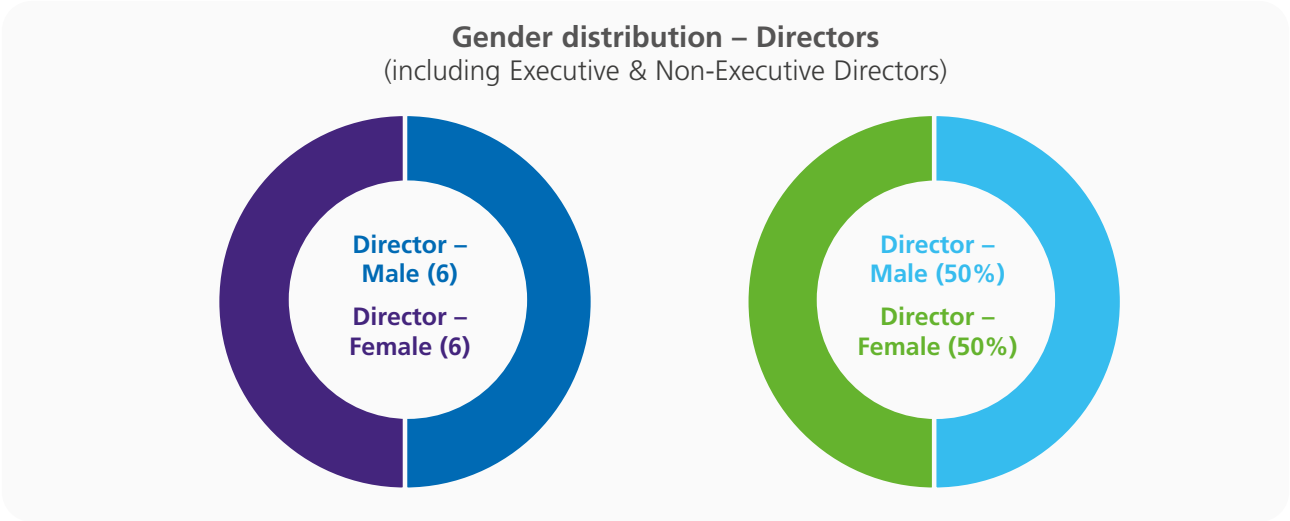


The following chart provides an analysis of the number of senior managers within the Trust, by band.



Analysis of gender distribution within our workforce

The following charts set out the gender distribution across the Trust as of 31 March 2020.



Think Pelvic Health: promotion in full swing

Our pelvic health physiotherapists worked hard throughout the year to promote that this specialist physiotherapy is an evidence-based, effective treatment for many pelvic health symptoms.

In recent months, they appeared on local radio, presented at training events, developed patient information leaflets, posters and animations



to explain the types of personal problems our team can help with, demystify pelvic health physiotherapy and encourage self-referrals.

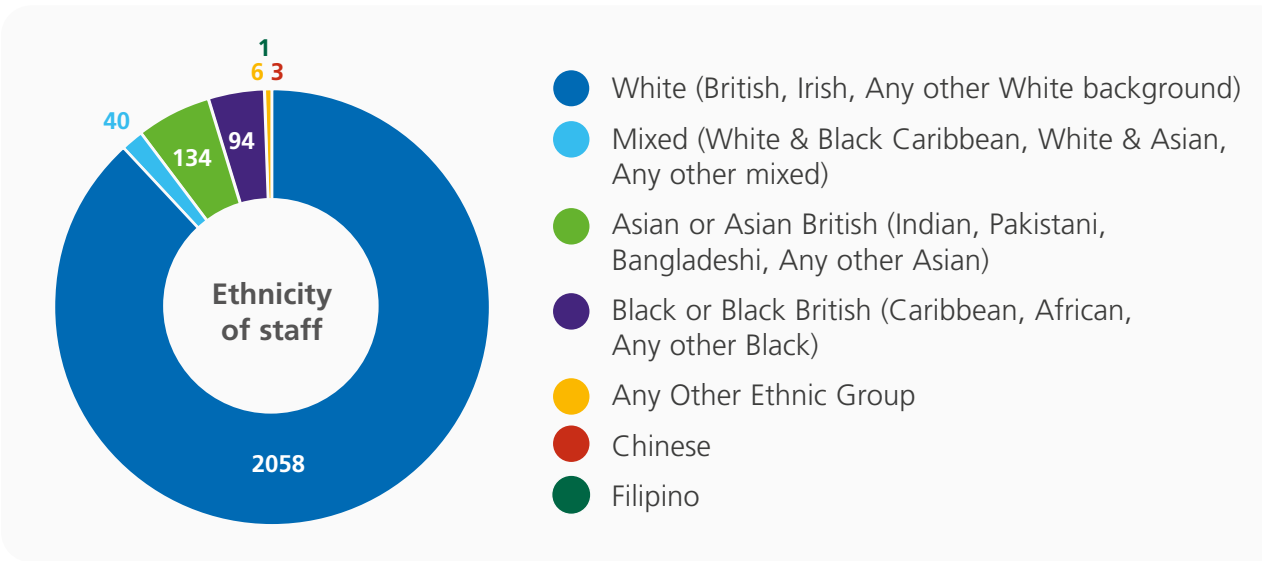
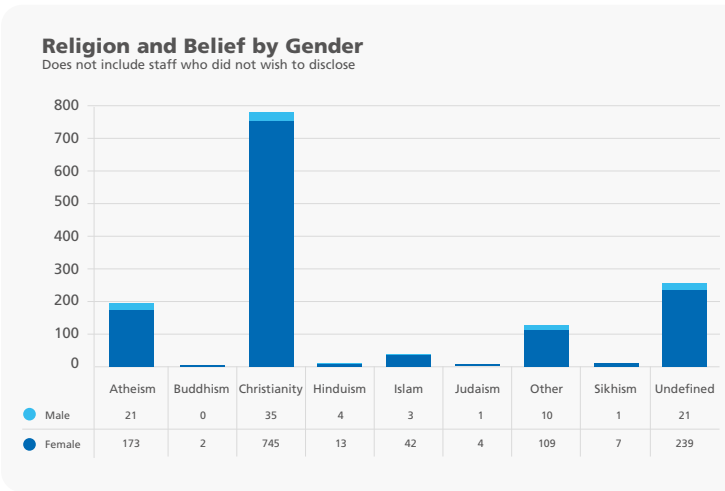
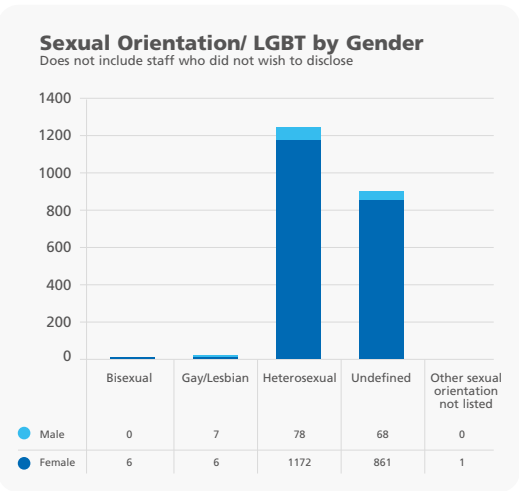
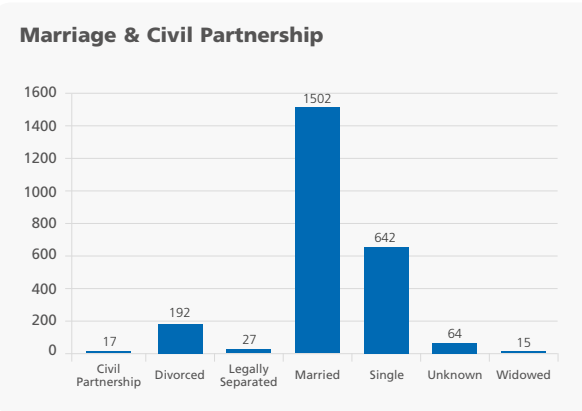
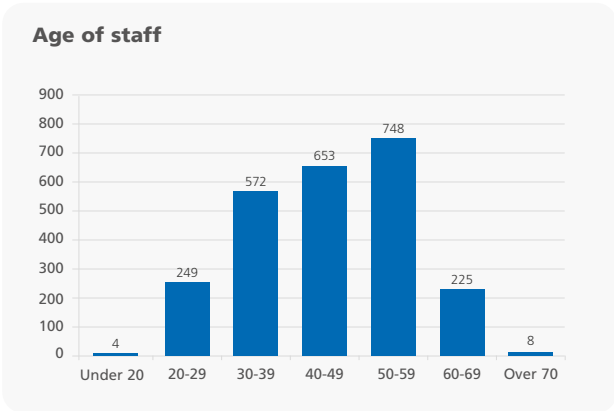
As a result of these efforts, more health care professionals and the general public are aware of pelvic health physio and more patients have sought help.



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

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

Currently we do not collect data relating to gender reassignment and will be reviewing this issue during 2020/21.



# Innovative new group meets the needs of South Asian women

Physiotherapists Tanisha Saboo and Priya Jesrani developed and delivered a new programme in Urdu to empower South Asian women to manage their condition and avoid re-referral to physiotherapy.

The programme is divided into five sessions and covers functional exercise, health promotion and education to improve their motivation towards fitness and wellbeing. A partnership with Healthy Peterborough (now Everyone Health) supports these women to continue their rehabilitation in the community.

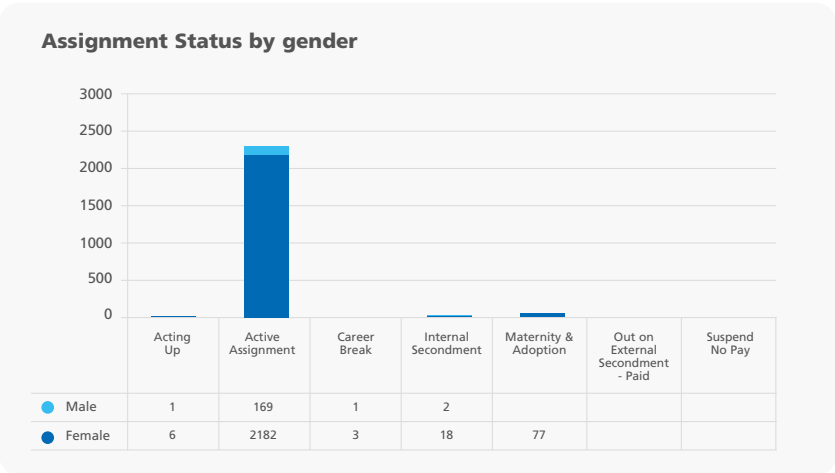
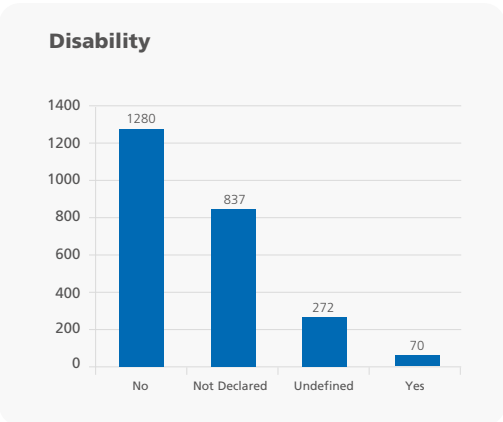
Priya said:

**“This has been a fantastic learning experience for us. Seeing how these classes have made a difference to these women’s lives has been inspirational for us!”**

And the feedback from patients was fantastic:

**“I found the relaxation session very useful. The exercises have been very helpful - I feel much better than before. I am able to go back to work because of this. This is better than medicine”**

**“I used to feel like sitting in my room most of the time, used to feel like I was useless. However, after coming to these classes I have been able to do more, after a long time, was able to stitch a dress gifted by daughter; feel confident to walk without any walking aid. Today I have walked all the way, all alone to the centre. It feels great.”**



Health and wellbeing and sickness absence reduction

Live Life Well

- The Trust’s comprehensive Live Life Well Programme has continued to support staff to achieve a healthy work life balance, including through:
- personalised approaches to managing all staff matters , creating a ‘People first ’ culture;
  - continued promotion of support available to staff including during the coronavirus (COVID-19) pandemic; as well as the rapid access to MSK service, union representatives, occupational health and our confidential counselling services;
  - supporting staff with their financial wellbeing through a partnership with Neyber, a financial service provider; and to trade union members via their unions;
  - promotion of the wellbeing values of good team working and two way communication and taking a break;
  - incorporate input from experts into our mental wellbeing, reliance and mindfulness support and undertaking research into the wider use of mental wellbeing interventions;

- supporting the mental wellbeing of staff including a ‘Healthy Mind and Healthy Body’ week held in May 2019;
- promotion of the wellbeing effects of volunteering;
- promotion of NHS staff discounts;
- encouragement to participate in the ‘flu vaccination programme with an uptake of 73.5% from our frontline staff (an increase of 7.8% on the previous year’s uptake);
- promotion of key national wellbeing related days/weeks throughout the year;
- working with public health wellbeing providers to offer staff a range of health checks and advice and information within their local area, building on the success of this in Luton;
- resilience training;
- newsletters, intranet pages and communication cascade weekly updates;
- review of our domestic violence policy / support using the expertise in our safeguarding team experts; and
- reminder to staff about access to free eye tests if they use a computer as part of their role.

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

Data category	2015/16	2016/17	2017/18	2018/19	2019/20
Average WTE*	1952.79	1762.79	1713.34	1970.27	2016.86
Average monthly sickness rate	4.38%	4.67%	4.45%	5.21%	4.96%
WTE days lost	31427.01	30110.73	20794.69	37430	36538.96
WTE days available	700,107.26	645,165.81	466,911.36	719,565.55	736,041.20
Cumulative sickness rate - based on yearly totals	4.49%	4.67%	4.59%	5.20%	4.51%

Notes:  
\*WTE refers to Whole Time Equivalent (e.g. a full time post equivalent to 37.5 hours per week)  
Figures in the table above have been rounded up/down to the nearest decimal point  
Note: the above table reflects data from our internal monitoring process based on a full calendar year e.g. 365 days. As such, the sickness rates included within the Trust’s annual accounts, which are based on Department of Health estimated figures over 225 days per year (i.e. excluding weekends and bank holidays) will not correlate with the above.

Staff policies

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

The Trust’s Workforce Diversity and Inclusion work s alongside our Workforce Diversity and Inclusion, Recruitment and Selection, Dignity at Work Policy and Training, Education and Development Policies are central in achieving this aim.

During 2019-20, the Trust continued to receive accreditation to use the Disability Confident Symbol for employers who meet a range of commitments towards disabled people and as a Mindful Employer, which increases awareness of mental health in the workplace.

Consultancy expenditure

Consultancy Service expenditure for 2019/20 was £588,226

Off payroll arrangements

The Trust had two off payroll engagements during 2019/20.

Exit packages

The Trust made three exit packages in 2019/20 (subject to audit).

Brand new bespoke premises open in Wisbech

As part of our £8 million redevelopment of the North Cambs Hospital site in Wisbech, our dental practice moved from Church Mews to new, bespoke premises in Rowan Lodge on the hospital site in September 2019.

Over the years the number of patients accessing dental services has increased significantly and

staff had found it increasingly difficult to meet patient expectations at Church Mews. The team was extremely excited to move into the new premises which provide much improved accessibility for patients with state-of-the-art facilities.





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

## Report on the Audit of the Financial Statements

### Opinion

We have audited the financial statements of Cambridgeshire Community Services NHS Trust (the 'Trust') for the year ended 31 March 2020, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in 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 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; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 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 Directors 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 Directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

In our evaluation of the Directors 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.

### Emphasis of Matter – effects of Covid-19 on the valuation of land and buildings

We draw attention to Note 1.19 of the financial statements, which describes the effects of the Covid-19 pandemic on the valuation of land and buildings as at 31 March 2020. As, disclosed in Note 1.19 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 1.19 to the financial statements and is planning to keep the valuation of property under frequent review. Our opinion is not modified in respect of this matter.

### Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor’s report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

### Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2015 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 comply with the guidance issued by NHS Improvement or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

### Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

### Responsibilities of the Directors and Those Charged with Governance for the financial statements

The Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Trust’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

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

### Auditor’s responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council’s website at: [www.frc.org.uk/auditorsresponsibilities](http://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.

### **Responsibilities of the Accountable Officer**

The Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust’s resources.

### **Auditor’s responsibilities for the review of the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources**

We are required under Section 21(1)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in 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 Community Services NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

### **Use of our report**

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust’s Directors those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust’s Directors, as a body, for our audit work, for this report, or for the opinions we have formed.

### **Ciaran McLaughlin**

#### **Ciaran McLaughlin, Key Audit Partner**

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

23 June 2020

“  
The 5 week programme & follow up support work has had such an enormous positive impact on all aspects of my husband’s & our family’s quality of life. It far exceeds my expectation. Thank you!  
”

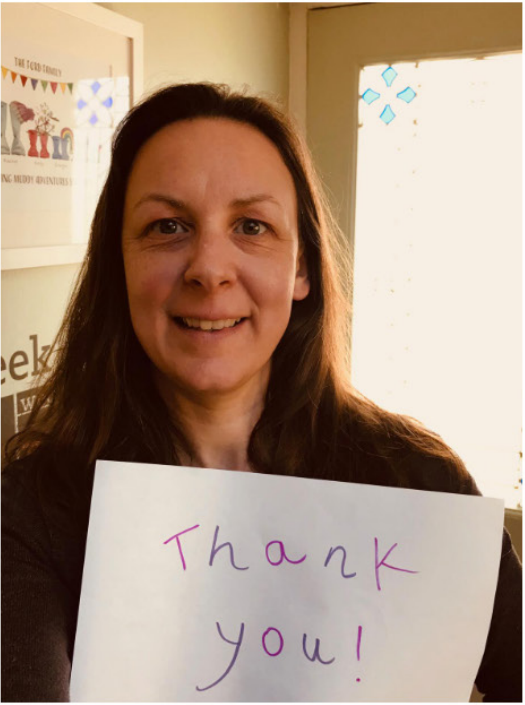
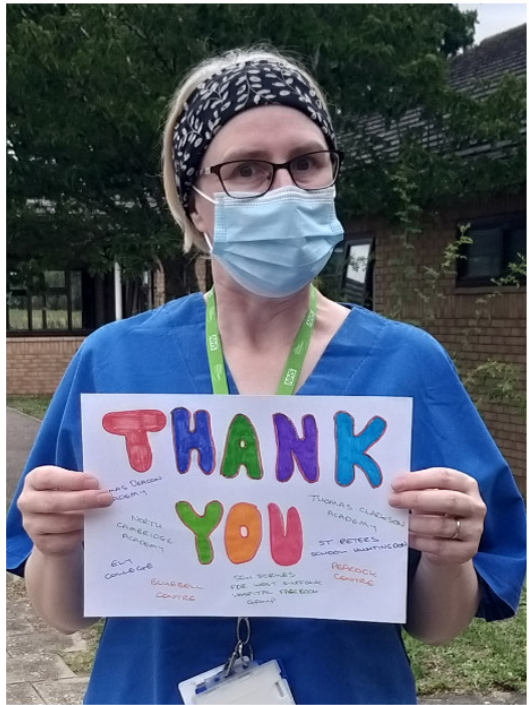
Oliver Zangwill Centre

#CCSFeedback



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## Statement of Comprehensive Income

		2019/20	2018/19
	Note	£000	£000
Operating income from patient care activities	3	129,039	128,191
Other operating income	4	7,236	8,454
Operating expenses	6	(133,589)	(131,116)
<b>Operating surplus/(deficit) from continuing operations</b>		<b>2,686</b>	<b>5,530</b>
PDC dividends payable		(1,759)	(1,675)
<b>Surplus / (deficit) for the year</b>		<b>927</b>	<b>3,855</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	(8,697)	-
Revaluations	12	10,158	-
Other reserve movements		-	73
<b>Total comprehensive income / (expense) for the period</b>		<b>2,388</b>	<b>3,928</b>
<b>Adjusted financial performance (control total basis):</b>			
Surplus / (deficit) for the period		927	3,855
Remove net impairments not scoring to the Departmental expenditure limit	7	934	-
<b>Adjusted financial performance surplus / (deficit)</b>		<b>1,861</b>	<b>3,855</b>

## Statement of Financial Position

		31 March 2020	31 March 2019
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets		304	117
Property, plant and equipment	11	54,284	52,982
<b>Total non-current assets</b>		<b>54,588</b>	<b>53,099</b>
<b>Current assets</b>			
Inventories		41	41
Receivables	13	13,981	14,781
Cash and cash equivalents	14	12,505	11,546
<b>Total current assets</b>		<b>26,527</b>	<b>26,368</b>
<b>Current liabilities</b>			
Trade and other payables	15	(14,087)	(14,949)
Provisions	16	(622)	(418)
Other liabilities		(251)	(258)
<b>Total current liabilities</b>		<b>(14,960)</b>	<b>(15,625)</b>
<b>Total assets less current liabilities</b>		<b>66,155</b>	<b>63,843</b>
<b>Non-current liabilities</b>			
Trade and other payables	15	(1,045)	(1,045)
Provisions	16	(1,264)	(1,340)
<b>Total non-current liabilities</b>		<b>(2,309)</b>	<b>(2,385)</b>
<b>Total assets employed</b>		<b>63,846</b>	<b>61,458</b>
<b>Financed by</b>			
Public dividend capital		2,245	2,245
Revaluation reserve		19,299	18,772
Other reserves		(1,653)	(16)
Income and expenditure reserve		43,955	40,457
<b>Total taxpayers' equity</b>		<b>63,846</b>	<b>61,458</b>

The notes on pages 7 to 40 form part of these accounts.

Name Matthew Winn  
Position Chief Executive  
Date 23-Jun-20



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

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2019 - brought forward</b>	<b>2,245</b>	<b>18,772</b>	<b>(16)</b>	<b>40,457</b>	<b>61,458</b>
Surplus/(deficit) for the year	-	-	-	927	927
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(934)	-	934	-
Impairments	-	(8,697)	-	-	<b>(8,697)</b>
Revaluations	-	10,158	-	-	<b>10,158</b>
Other reserve movements	-	-	(1,637)	1,637	-
<b>Taxpayers' and others' equity at 31 March 2020</b>	<b>2,245</b>	<b>19,299</b>	<b>(1,653)</b>	<b>43,955</b>	<b>63,846</b>

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

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

## Information on reserves

### Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

### Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

### Other reserves

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

### Income and expenditure reserve

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



## Statement of Cash Flows

		2019/20	2018/19
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating surplus / (deficit)		2,686	5,530
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	11	2,906	2,803
Net impairments	7	934	-
(Increase) / decrease in receivables and other assets	13 & 14	817	(1,916)
Increase / (decrease) in payables and other liabilities	15	(868)	2,897
Increase / (decrease) in provisions	16	128	(494)
<b>Net cash flows from / (used in) operating activities</b>		<b>6,603</b>	<b>8,819</b>
<b>Cash flows from investing activities</b>			
Purchase of intangible assets		(250)	(33)
Purchase of PPE and investment property		(3,618)	(4,280)
<b>Net cash flows from / (used in) investing activities</b>		<b>(3,868)</b>	<b>(4,313)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		-	138
PDC dividend (paid) / refunded		(1,776)	(1,734)
<b>Net cash flows from / (used in) financing activities</b>		<b>(1,776)</b>	<b>(1,596)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b>959</b>	<b>2,910</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>11,546</b>	<b>8,698</b>
<b>Cash and cash equivalents at 1 April - restated</b>		<b>11,546</b>	<b>8,698</b>
Cash and cash equivalents transferred under absorption accounting		-	(62)
<b>Cash and cash equivalents at 31 March</b>	14	<b>12,505</b>	<b>11,546</b>

## Notes to the Accounts

### Note 1 Accounting policies and other information

#### Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 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.

#### Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### Note 1.2 Going concern

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

The Trust has operated to within the NHSI control total and thus achieved it's Provider Sustainability Fund (PSF) funding for the year resulting in a surplus overall of £1,861,000. Since its establishment on the 1st April 2010 the Trust has consistently delivered its control total and a surplus position.

The Trust has agreed contracts for provision of services for 2020/21, which cover circa 95% of its income and are block contracts which give certainty over income levels. In addition circa £50m of income relates to contracts which have a contract term greater than 1 year, which gives certainty of income post 2020/21.

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

The Trust has recieved an outstanding rating from the CQC in August 2019 and maintained good scores in performance metrics such as the acting within the agency cap and the NHS single oversight framework. Both internal and external audit opinions provide further assurance of the Trusts position as a going concern.

The Trust has assessed the impact of Covid-19 and does not believe this will have a material impact or uncertainty on income during 20/21. Block contract Income has been guaranteed for the first 4 months of the year and the Trust is commissioned on a block contract basis in its normal course of business, which it expects to revert to after this time.

The assessed impact of Covid-19, as detailed above, means that the Trust does not believe there will be a going concern impact linked to its requirement to meet its PDC obligation.

### Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

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

### Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

### Note 1.4 Other forms of income

#### Grants and donations

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. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

#### Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

### 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 two NHS Pension Schemes. Both schemes are 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.

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

### 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

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

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

### *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.

### 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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use.

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

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

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

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

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

Depreciation

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

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

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

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

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.

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	17	33
Plant & machinery	10	10
Transport equipment	5	5
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 Intangible assets

Recognition

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

Internally generated intangible assets

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

Expenditure on research is not capitalised.

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

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

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value 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.

Amortisation

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



Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Development expenditure	5	5
Websites	5	5
Software licences	3	5

Note 1.9 Inventories

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

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Note 1.11 Financial assets and financial liabilities

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.

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 are classified as subsequently measured at amortised cost.

Financial liabilities 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).

The approach to the impairment for contract and other receivables has been made on a grouped income category basis. Each group is individually assessed and a loss allowance amount is measured by the expected credit risk for the group.

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.

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 1.12 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.

**The trust as a lessee**

*Operating leases*

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially 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.

**The trust as a 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 1.13 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.



Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 17.1 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 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.

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

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend 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 Early adoption of standards, amendments and interpretations

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

Note 1.17 Standards, amendments and interpretations in issue but not yet effective or adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2019-20. These standards are still subject to HM Treasury FReM interpretation.

- IFRS 16 Leases – Standard is effective at 01 April 2021 per the FReM
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023 but not yet adopted by the FReM: early adoption is not therefore permitted.

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. 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 IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 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 lease 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 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 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 Trust had completed an exercise to quantify the impact on 1st April 20, but the Trust is expecting potential changes to its portfolio of estate and value during 20/21. The impact of these changes are currently unknown meaning it is unable to assess the impact on the amended implementation date of 1st April 21, so is not disclosing a quantification of the expected future impact of IFRS16 in its 2019/20 accounts.

Note 1.18 Critical judgements in applying accounting policies

The need for the application of management judgement within the Trust's accounts is limited by the nature of its transactions. 65% of the Trust's expenditure is in relation to staff costs that are paid in the month the costs are incurred.

The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions and the effects of Covid-19 has affected the work carried out by the Trusts valuer in a number of ways, which means that there is material uncertainty in these valuations.

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

Note 1.19 Sources of estimation uncertainty

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

The Trust's provision for the impairment of receivables

The Trust adopts the simplified approach to impairment, in accordance with IFRS9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses.

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

Accruals and provisions

In line with the framework set out by International Financial Reporting Standards, the Trust has made expenditure accruals and provisions for transactions (and other events) that relate to 2019/20 irrespective of whether cash or its equivalent has been paid.

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

Asset valuation, Asset lives, impairment and depreciation methodology

The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions and the effects of Covid-19 has affected the work carried out by the Trusts valuer in a number of ways, which means that there is material uncertainty in these valuations.

In line with IAS 16, Property, Plant and Equipment (PPE), the Trust depreciates its Non Current PPE in line with the assets' useful economic lives. The Trust's management team believe that the economic benefits associated with such assets are broadly consumed on a straight line basis in line with the useful economic lives contained within note 1.7

Note 2 Operating Segments

IFRS 8 requires income and expenditure to be broken down into the operating segments reported to the Chief Operating Decision Maker. The Trust considers the Board to be the Chief Operating Decision Maker because it is responsible for approving its budget and hence responsible for allocating resources to operating segments and assessing their performance. For 2019-20 the Trust has five Divisions which are Ambulatory Care Services, providing a diverse range of primary care services including sexual health, musculoskeletal services, Dental and outpatients, Bedfordshire Community Unit providing Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Bedfordshire), Luton Community Unit, providing a range of community nursing, therapy and hospital based services for both Adults and Children throughout Luton, Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Cambridgeshire) and Other Services which includes Corporate Costs, Contracted income and other indirect costs. The Trust's operating segments reflect the services that it provides across Bedfordshire, Cambridgeshire, Luton, Suffolk and Norfolk. Expenditure is reported to the Board on a regular basis by Division.

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

2019/20

	Income	Pay	Non-Pay	Net Total
Division Level	£'000	£'000	£'000	£'000
Ambulatory Care Services	1,984	(17,947)	(10,296)	(26,259)
Bedfordshire Community Unit	1,035	(11,998)	(2,417)	(13,380)
Childrens & Younger Peoples Services	2,651	(28,278)	(3,618)	(29,245)
Luton Community Unit	1,661	(18,347)	(3,689)	(20,375)
Other Services	125,154	(8,420)	(26,547)	90,187
*6.3% additional pension contributions paid by NHSE on provider's behalf	3,790		(3,790)	-
CCS Total 2019/20	136,275	(84,990)	(50,358)	927

2018/19

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

	2019-20	2018-19
	£000	£000
Revenue from patient care activities	129,039	128,191
Other operating revenue	7,236	8,454
Operating expenses	(133,589)	(131,116)
Operating surplus	2,686	5,529
Public dividend capital dividends payable	(1,759)	(1,675)
Retained Surplus for the financial year	927	3,855
Remove net impairments not scoring to the Departmental expenditure limit	934	0
Adjusted financial performance surplus / (deficit)	1861	3855



**Note 3 Operating income from patient care activities**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2019/20</b>	<b>2018/19</b>
	<b>£000</b>	<b>£000</b>
High cost drugs income from commissioners (excluding pass-through costs)	7,896	4,974
<b>Community services</b>		
Community services income from CCGs and NHS England	41,975	46,727
Income from other sources (e.g. local authorities)	70,530	69,626
<b>All services</b>		
Private patient income	159	128
Agenda for Change pay award central funding*		1,073
Additional pension contribution central funding**	3,790	
Other clinical income	4,689	5,663
<b>Total income from activities</b>	<b>129,039</b>	<b>128,191</b>

\*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)**

	<b>2019/20</b>	<b>2018/19</b>
<b>Income from patient care activities received from:</b>	<b>£000</b>	<b>£000</b>
NHS England	14,961	9,966
Clinical commissioning groups	38,700	41,735
Department of Health and Social Care	1,622	1,115
Other NHS providers	18,488	17,719
NHS other	1,989	2,133
Local authorities	48,431	49,732
Non-NHS: private patients	159	128
Injury cost recovery scheme	6	-
Non NHS: other	4,683	5,663
<b>Total income from activities</b>	<b>129,039</b>	<b>128,191</b>
<b>Of which:</b>		
Related to continuing operations	129,039	128,191

**Note 4 Other operating income**

	<b>2019/20</b>			<b>2018/19</b>		
	<b>Contract income</b>	<b>Non-contract income</b>	<b>Total</b>	<b>Contract income</b>	<b>Non-contract income</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Education and training	244	-	244	233	-	233
Non-patient care services to other bodies	-		-	2		2
Provider sustainability fund (PSF)	1,618		1,618	3,236		3,236
Income in respect of employee benefits accounted on a gross basis	50		50	100		100
Charitable and other contributions to expenditure		22	22		54	54
Rental revenue from operating leases		4,408	4,408		4,049	4,049
Other income	894	-	894	780	-	780
<b>Total other operating income</b>	<b>2,806</b>	<b>4,430</b>	<b>7,236</b>	<b>4,351</b>	<b>4,103</b>	<b>8,454</b>
<b>Of which:</b>						
Related to continuing operations			7,236			8,454

**Note 5.1 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	258	428

**Note 6.1 Operating expenses**

	2019/20	2018/19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,103	5,136
Purchase of healthcare from non-NHS and non-DHSC bodies	5,599	5,899
Staff and executive directors costs	88,781	85,995
Remuneration of non-executive directors	74	52
Supplies and services - clinical (excluding drugs costs)	1,898	2,451
Supplies and services - general	2,335	5,016
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	8,626	5,758
Consultancy costs	588	407
Establishment	1,820	1,669
Premises	9,419	8,204
Transport (including patient travel)	2,313	2,252
Depreciation on property, plant and equipment	2,843	2,702
Amortisation on intangible assets	63	101
Net impairments	934	-
Movement in credit loss allowance: contract receivables / contract assets	12	(63)
Increase/(decrease) in other provisions	-	(296)
Change in provisions discount rate(s)	-	(198)
Audit fees payable to the external auditor		
audit services- statutory audit	51	42
Internal audit costs	65	67
Clinical negligence	384	417
Education and training	509	983
Rentals under operating leases	3,694	3,239
Other	478	1,282
<b>Total</b>	<b>133,589</b>	<b>131,116</b>
<b>Of which:</b>		
Related to continuing operations	133,589	131,116



**Note 6.2 Limitation of auditor's liability**

The limitation on auditor's liability for external audit work is £5m (2018/19: £5m).

**Note 7 Impairment of assets**

	2019/20	2018/19
	£000	£000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Other	934	-
<b>Total net impairments charged to operating surplus / deficit</b>	<b>934</b>	<b>-</b>
Impairments charged to the revaluation reserve	8,697	-
<b>Total net impairments</b>	<b>9,631</b>	<b>-</b>

**Note 8 Employee benefits**

	2019/20	2018/19
	Total	Total
	£000	£000
Salaries and wages	66,143	66,743
Social security costs	6,428	6,445
Apprenticeship levy	326	327
Employer's contributions to NHS pensions	12,467	8,862
Termination benefits	34	18
Temporary staff (including agency)	3,383	3,600
<b>Total gross staff costs</b>	<b>88,781</b>	<b>85,995</b>
Recoveries in respect of seconded staff	-	-
<b>Total staff costs</b>	<b>88,781</b>	<b>85,995</b>

**Note 8.1 Retirements due to ill-health**

During 2019/20 there were no early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is 0k (£56k 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 two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 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. The employer contribution rate for 2019/20 is 20.6%.

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 Community Services NHS Trust as a lessor

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

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

	2019/20 £000	2018/19 £000
<b>Operating lease revenue</b>		
Minimum lease receipts	4,408	4,049
<b>Total</b>	<b>4,408</b>	<b>4,049</b>
	<b>31 March 2020 £000</b>	<b>31 March 2019 £000</b>
<b>Future minimum lease receipts due:</b>		
- not later than one year;	4,779	4,431
- later than one year and not later than five years;	284	227
- later than five years.	136	75
<b>Total</b>	<b>5,199</b>	<b>4,733</b>

### Note 10.2 Cambridgeshire Community Services NHS Trust as a lessee

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

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

	2019/20 £000	2018/19 £000
<b>Operating lease expense</b>		
Minimum lease payments	3,694	3,239
<b>Total</b>	<b>3,694</b>	<b>3,239</b>
	<b>31 March 2020 £000</b>	<b>31 March 2019 £000</b>
<b>Future minimum lease payments due:</b>		
- not later than one year;	3,587	2,906
- later than one year and not later than five years;	6,543	7,033
- later than five years.	5,078	5,131
<b>Total</b>	<b>15,208</b>	<b>15,070</b>
Future minimum sublease payments to be received	-	-



Note 11.1 Property, plant and equipment - 2019/20

	Land £000	Buildings excluding dwellings £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2019 - brought forward</b>	<b>11,709</b>	<b>48,959</b>	<b>1,697</b>	<b>1</b>	<b>2,425</b>	<b>827</b>	<b>65,618</b>
Additions	-	2,923	195	-	340	160	3,618
Impairments	-	(8,697)	-	-	-	-	(8,697)
Revaluations	52	35	-	-	-	-	87
<b>Valuation/gross cost at 31 March 2020</b>	<b>11,761</b>	<b>43,220</b>	<b>1,892</b>	<b>1</b>	<b>2,765</b>	<b>987</b>	<b>60,626</b>
<b>Accumulated depreciation at 1 April 2019 - brought forward</b>	<b>-</b>	<b>10,125</b>	<b>985</b>	<b>-</b>	<b>1,245</b>	<b>281</b>	<b>12,636</b>
Provided during the year	-	2,260	118	-	382	83	2,843
Impairments	-	934	-	-	-	-	934
Revaluations	-	(10,071)	-	-	-	-	(10,071)
<b>Accumulated depreciation at 31 March 2020</b>	<b>-</b>	<b>3,248</b>	<b>1,103</b>	<b>-</b>	<b>1,627</b>	<b>364</b>	<b>6,342</b>
<b>Net book value at 31 March 2020</b>	<b>11,761</b>	<b>39,972</b>	<b>789</b>	<b>1</b>	<b>1,138</b>	<b>623</b>	<b>54,284</b>
<b>Net book value at 1 April 2019</b>	<b>11,709</b>	<b>38,834</b>	<b>712</b>	<b>1</b>	<b>1,180</b>	<b>546</b>	<b>52,982</b>

Note 11.2 Property, plant and equipment - 2018/19

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

Note 11.3 Property, plant and equipment financing - 2019/20

	Land £000	Buildings excluding dwellings £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2020</b>							
Owned - purchased	11,761	39,972	789	1	1,138	623	54,284
<b>NBV total at 31 March 2020</b>	<b>11,761</b>	<b>39,972</b>	<b>789</b>	<b>1</b>	<b>1,138</b>	<b>623</b>	<b>54,284</b>

Note 11.4 Property, plant and equipment financing - 2018/19

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

**Note 12 Revaluations of property, plant and equipment**

In accordance with the requirements of the Group Accounting Manual 2019/20, the Trust's freehold land and buildings were valued in 2019/20 by external valuers Boshier & company, Chartered Surveyors, in accordance with the requirements of the RICS Valuation Standards and International Accounting Standards and appropriate accounting adjustments to the valuation of the assets made. In addition, asset lives of the Trusts freehold operational assets were reviewed and determined revised asset lives up to a maximum of 33 years which have been applied and the appropriate adjustments to the valuation of the assets to ensure that the book values reflect fair values.

The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions and the effects of Covid-19 has affected the work carried out by the Trusts valuer in a number of ways, which means that there is material uncertainty in these valuations.

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

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

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

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

**Note 13.1 Receivables**

	31 March 2020 £000	31 March 2019 £000
<b>Current</b>		
Contract receivables	12,473	13,607
Allowance for impaired contract receivables / assets	(555)	(543)
Prepayments (non-PFI)	1,666	1,335
PDC dividend receivable	53	36
VAT receivable	344	346
<b>Total current receivables</b>	<b>13,981</b>	<b>14,781</b>
 <b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	4,195	7,066



**Note 13.2 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
<b>Allowances as at 1 April - brought forward</b>	<b>543</b>	<b>-</b>	<b>-</b>	<b>606</b>
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018			606	(606)
New allowances arising	71	-	95	-
Reversals of allowances	(59)	-	(158)	-
<b>Allowances as at 31 Mar 2020</b>	<b>555</b>	<b>-</b>	<b>543</b>	<b>-</b>

**Note 14.1 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2019/20	2018/19
	£000	£000
<b>At 1 April</b>	<b>11,546</b>	<b>8,698</b>
Transfers by absorption	-	(62)
Net change in year	959	2,910
<b>At 31 March</b>	<b>12,505</b>	<b>11,546</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	3	3
Cash with the Government Banking Service	12,502	11,543
<b>Total cash and cash equivalents as in SoCF</b>	<b>12,505</b>	<b>11,546</b>

# **Note 15.1 Trade and other payables**

	31 March 2020 £000	31 March 2019 £000
<b>Current</b>		
Trade payables	7,508	4,302
Accruals	5,883	9,588
Other taxes payable	696	1,059
<b>Total current trade and other payables</b>	<b>14,087</b>	<b>14,949</b>
<b>Non-current</b>		
Other payables	1,045	1,045
<b>Total non-current trade and other payables</b>	<b>1,045</b>	<b>1,045</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	4,927	3,081
Non-current	-	-

# **Note 16.1 Provisions for liabilities and charges analysis**

	Other £000	Total £000
<b>At 1 April 2019</b>	<b>1,758</b>	<b>1,758</b>
Arising during the year	278	278
Utilised during the year	(92)	(92)
Reversed unused	(58)	(58)
<b>At 31 March 2020</b>	<b>1,886</b>	<b>1,886</b>
<b>Expected timing of cash flows:</b>		
- not later than one year;	622	622
- later than one year and not later than five years;	779	779
- later than five years.	485	485
<b>Total</b>	<b>1,886</b>	<b>1,886</b>

## **Other: Dilapidations**

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



## Note 17.1 Clinical negligence liabilities

At 31 March 2020, £1,712k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Cambridgeshire Community Services NHS Trust (31 March 2019: £702k).

## Note 18 Financial instruments

### Note 18.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors.

#### ***Currency risk***

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

#### ***Interest rate risk***

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

#### ***Credit risk***

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2020 are in receivables from customers, as disclosed in the trade and other receivables note.

#### ***Liquidity risk***

The Trust's operating costs are incurred under contracts with CCG's and Local Authorities, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

The Trust has assessed that there is limited liquidity risk due to Covid-19 because it is funded through contracted income received from NHS and Local Authorities which have been guaranteed.

**Note 18.2 Carrying values of financial assets**

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2020</b>			
Trade and other receivables excluding non financial assets	11,918	-	11,918
Cash and cash equivalents	12,505	-	12,505
<b>Total at 31 March 2020</b>	<b>24,423</b>	<b>-</b>	<b>24,423</b>

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2019</b>			
Trade and other receivables excluding non financial assets	13,064	-	13,064
Cash and cash equivalents	11,546	-	11,546
<b>Total at 31 March 2019</b>	<b>24,610</b>	<b>-</b>	<b>24,610</b>

**Note 18.3 Carrying values of financial liabilities**

	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2020</b>		
Trade and other payables excluding non financial liabilities	12,436	12,436
<b>Total at 31 March 2020</b>	<b>12,436</b>	<b>12,436</b>

	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2019</b>		
Trade and other payables excluding non financial liabilities	13,890	13,890
<b>Total at 31 March 2019</b>	<b>13,890</b>	<b>13,890</b>

**Note 18.4 Maturity of financial liabilities**

	31 March 2020 £000	31 March 2019 £000
In one year or less	12,436	13,890
<b>Total</b>	<b>12,436</b>	<b>13,890</b>



Note 19 Losses and special payments

	2019/20		2018/19	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Special payments				
Ex-gratia payments	2	1	-	-
Total losses and special payments	2	1	-	-
Compensation payments received		-		-

Note 20 Related parties

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

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
NHS Bedfordshire CCG				
NHS Cambridgeshire and Peterborough CCG				
NHS Luton CCG				
NHS Milton Keynes CCG				
NHS England - Core				
NHS England - East of England Specialised Commissioning Hub				
East of England Regional Office				
Health Education England				
Department of Health and Social Care				
Cambridge University Hospitals NHS Foundation Trust				
Cambridgeshire and Peterborough NHS Foundation Trust				
East London NHS Foundation Trust				
East Suffolk and North Essex NHS Foundation Trust				
Essex Partnership University NHS Foundtion Trust				
Luton and Dunstable University Hospital NHS Foundation Trust				
Moorfields Eye Hospital NHS Foundation Trust				
Norfolk and Norwich University Hospitals NHS Foundation Trust				
North West Anglia NHS Foundation Trust				
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust				
West Suffolk NHS Foundation Trust				
Bedford Hospital NHS Trust				
Cambridgeshire County Council	334	12,831	0	1,959
Central Bedfordshire Unitary Authority	5	2,544	0	263
Huntingdonshire District Council	1,368	0	0	0
Luton Borough Council	58	4,363	0	1,803
Norfolk County Council	4	21,935	0	2,017
Peterborough City Council	86	1,589	0	2
Suffolk County Council	68	4,661	0	12
NHS Resolution				
Care Quality Commission				
NHS Property Services				
HM Revenue and Customs	6,753	0	696	0
NHS Pension Scheme				

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

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

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

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

The Trust is corporate Trustee for the children's charity Dreamdrops and the Community Services. These have not been consolidated within the Trust's accounts on the grounds of materiality, with the unaudited results for 2019/20 being £44k and £27k respectively of income generation and resources expended of £19k and £218k respectively and a closing fund balance of £564k and £1,110k respectively.

**Note 21 Better Payment Practice code**

	2019/20	2019/20	2018/19	2018/19
	Number	£000	Number	£000
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	15,810	54,280	17,384	53,679
Total non-NHS trade invoices paid within target	13,862	50,725	15,856	50,111
Percentage of non-NHS trade invoices paid within target	87.7%	93.5%	91.2%	93.4%
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	896	9,980	995	12,213
Total NHS trade invoices paid within target	692	8,133	744	9,502
Percentage of NHS trade invoices paid within target	77.2%	81.5%	74.8%	77.8%

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

**Note 22 External financing limit**

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

	2019/20	2018/19
	£000	£000
Cash flow financing	(959)	(2,772)
Finance leases taken out in year		
Other capital receipts		
<b>External financing requirement</b>	<b>(959)</b>	<b>(2,772)</b>
External financing limit (EFL)	(4)	245
<b>Under / (over) spend against EFL</b>	<b>955</b>	<b>3,017</b>

**Note 23 Capital Resource Limit**

	2019/20	2018/19
	£000	£000
Gross capital expenditure	3,868	4,211
<b>Charge against Capital Resource Limit</b>	<b>3,868</b>	<b>4,211</b>
Capital Resource Limit	4,000	4,211
<b>Under / (over) spend against CRL</b>	<b>132</b>	<b>-</b>

**Note 24 Breakeven duty financial performance**

	2019/20
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	1,861
<b>Breakeven duty financial performance surplus / (deficit)</b>	<b>1,861</b>

**Note 25 Breakeven duty rolling assessment**

	1997/98 to					
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		-	513	681	1,632	777
Breakeven duty cumulative position	-	-	513	1,194	2,826	3,603
Operating income		-	102,793	158,331	161,921	157,589
<b>Cumulative breakeven position as a percentage of operating income</b>		0.0%	0.5%	0.8%	1.7%	2.3%

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	766	576	2,098	3,189	3,855	1,861
Breakeven duty cumulative position	4,369	4,945	7,043	10,232	14,087	15,948
Operating income	160,501	110,365	116,570	116,540	136,645	136,275
<b>Cumulative breakeven position as a percentage of operating income</b>	<b>2.7%</b>	<b>4.5%</b>	<b>6.0%</b>	<b>8.8%</b>	<b>10.3%</b>	<b>11.7%</b>

The Trust was established as an independent NHS Trust on 1st April 2010 and therefore 10 years of historic performance is available.

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



# Glossary for Key Performance Indicators

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

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



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