



**Annual
Report**
2016/17



Introduction

Our vision:

“Provide high quality care through our excellent people.”

Our mission:

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

Our 2016/17 objectives

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

Our values

Honesty
Empathy
Ambition
Respect

Our Services

Our portfolio of services in 2016/17 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:** Bridge House at Bedford Hospital and Broadway House in Bedford (until 19 April 2017) Kings Brook in Bedford (from 24 April 2017) and a range of community based facilities.
- **Cambridgeshire:** Brookfields Hospital in Cambridge, Doddington Hospital in Doddington, Princess of Wales Hospital in Ely, North Cambs Hospital in Wisbech, Oaktree Centre and Hinchingsbrooke Hospital in Huntingdon.
- **Luton:** Clody House*, Legrave Clinic*, Respite House (until Dec 2016), Luton Treatment Centre, Redgrave Children and Young People’s Centre (*until 31 March 2017).
- **Norfolk:** James Paget Hospital (until 23 April 2016) and Breydon Clinic in Great Yarmouth, Oak Street Clinic in Norwich and Vancouver House in Kings Lynn.
- **Peterborough:** City Health Clinic*, the Healthy Living Centre*, Rivergate (from 10 June 2016), and Kings Chambers (*until 6 June 2016).
- **Suffolk:** Orwell Clinic in Ipswich, Regent Road in Lowestoft, Abbey View in Bury St Edmunds, and a range of community based facilities.

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk
Adult services						
District nursing			●			
Specialist nurses/long term conditions			●			
Community matrons			●			
Intermediate care			●			
Neuro-rehabilitation		●				
Outpatient clinics		●				
Dietetics					●	
Specialist services						
Community dental services and/or oral surgery		●			●	●
Musculoskeletal services		●			●	
Sexual health services	● <i>(from 1/11/16)</i>	●		●	●	●
Drug services			● <i>(until 31/3/17)</i>			
Children’s services						
Inpatient, outpatient, special care baby unit		●				
Health visiting		●	●	●		
School nursing		●	●	●		
Therapies		●				
Community nursing		●	●			
Audiology		●	●			
Community paediatricians		●	●			
Family Nursing Partnership		●	●	●		
National Child Measurement Programme				●		
Healthy schools team				●		
School immunisation programme		●		●	●	●



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Performance Report

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Chair and Chief Executive's Welcome

Welcome to the 2016/17 annual report for Cambridgeshire Community Services NHS Trust.

The last twelve months has seen an unprecedented level of successful service redesign across the Trust, improving accessibility and outcomes for the communities we serve.

Highlights have included:

- Introduction of new care models in partnership with health and social care partners in Luton. The At Home First service enables adults to be cared for in their own homes avoiding hospital admissions and we were appointed as a Primary Care Home rapid test site for the National Association for Primary Care.
- Successful implementation of Year 1 of our ambitious redesign plans for children and young people's services across Norfolk including the launch of Just One Number; a single point of access and referral for professionals and service users/families.
- Introduction of a single, consistent integrated Contraception and Sexual Health (iCaSH) service model across Cambridgeshire, Norfolk, Peterborough and Suffolk.
- Extending a low back pain pilot which saw the Trust's DynamicHealth musculoskeletal service collaborating with Peterborough and Stamford Hospitals NHS Foundation Trust.

We are incredibly proud that, for the fourth year running, our staff rated the Trust highly in the 2016 NHS Annual Staff Survey, reflecting the positive culture within our organisation. Our overall staff engagement score was the 16th best compared to all 316 NHS organisations across the country. This score alone reflects the fantastic

work that takes place to involve and engage colleagues in developments that affect their working lives. Staff rated the Trust above average in 27 of the 32 areas assessed when compared to other community trusts, with nine of these ratings achieving the highest scores in the country when compared to our peers.

Our vision is to provide high quality care through our excellent people. During the year we have been developing 'The CCS Quality Way', an ethos which embeds quality at the heart of everything we do. This will be fully rolled out in 2017 building on our existing continuous programme of quality improvement.

Feedback from service users suggests that we are well on the way to fulfilling our vision. Over 21,000 service users provided feedback and during the year we consistently exceeded our target of 90% of service users saying they were likely to recommend our services to friends and family, if they needed similar care or treatment (also exceeding the national average).

We were delighted to win the contracts to provide integrated Contraception and Sexual Health services and HIV care and treatment for Bedfordshire, and welcome staff from these services to the Trust.

The Trust has achieved the vast majority of its quality, financial and performance ambitions and targets in the last 12 months, including achieving a surplus of £2,098,000 despite on-going financial constraints and ever-growing demands for our services. The increase in surplus compared to the 2015-16 financial year surplus (£576,000) is due to the Trust receiving an additional non recurrent £1,586,000 from the national System Transformation Fund as a result of the Trust achieving its financial targets for the year.

As ever, these achievements are entirely the result of the outstanding commitment of staff and we acknowledge and thank them for their amazing dedication.

Our thanks go to colleagues within the Luton drug service, child health information services in Cambridgeshire and Luton and the weight management service in Peterborough; who transferred to new employers in March 2017 following commissioners' procurement processes. Other than the procurement for Luton drug services, the Trust did not participate in these procurements in line with our Five Year Strategic Plan. We gave notice in May 2015 to Cambridgeshire and Peterborough Clinical Commissioning Group, following a strategic review of our service portfolio, in relation to Cambridgeshire outpatient services based at Doddington and Princess of Wales hospitals. These services will transfer to Peterborough and Stamford Hospitals NHS Foundation Trust on 1 September 2017. Despite the challenges presented during periods of change, these groups of staff continued to put patients first and provided high quality care throughout.

The invaluable support from our dedicated volunteers including those at our community hospitals, as well as the Dreamdrops children's charity, continued to provide a vital role in helping us improve the quality of services we provide. Without their dedication and support, our task would be even harder.

Our focus for the coming twelve months is on achieving our ambitious plans for the future as outlined in our Five Year Plan and Operational Plan 2017-19 and aligned to the system-wide priorities identified by our commissioners. Central to this is working collaboratively with commissioners and partner organisations to develop seamless care irrespective of organisational boundaries, including through the Cambridgeshire and Peterborough, and the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnerships.

In line with our strategic plans, we will continue to submit bids to win and retain business and develop new models of care within the specialist, high quality services that make up our portfolio. This will enable other commissioners and populations to benefit from our expertise in providing these specialist services.

Please enjoy reading our annual review and we look forward to another successful year in 2017/18.



Nicola Scrivings
Chair

31 May 2017



Matthew Winn
Chief Executive

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 2016/17 was £117 million. As a result of winning procurements and services transferring out of the Trust (as outlined earlier) our annual budget will be £113 million for 2017/18.

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 tenders to retain and win business within the clearly defined parameters set out in our five year plan, including developing new models of care, working proactively with commissioners to secure available contract extensions where we remain best placed to deliver the service.

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

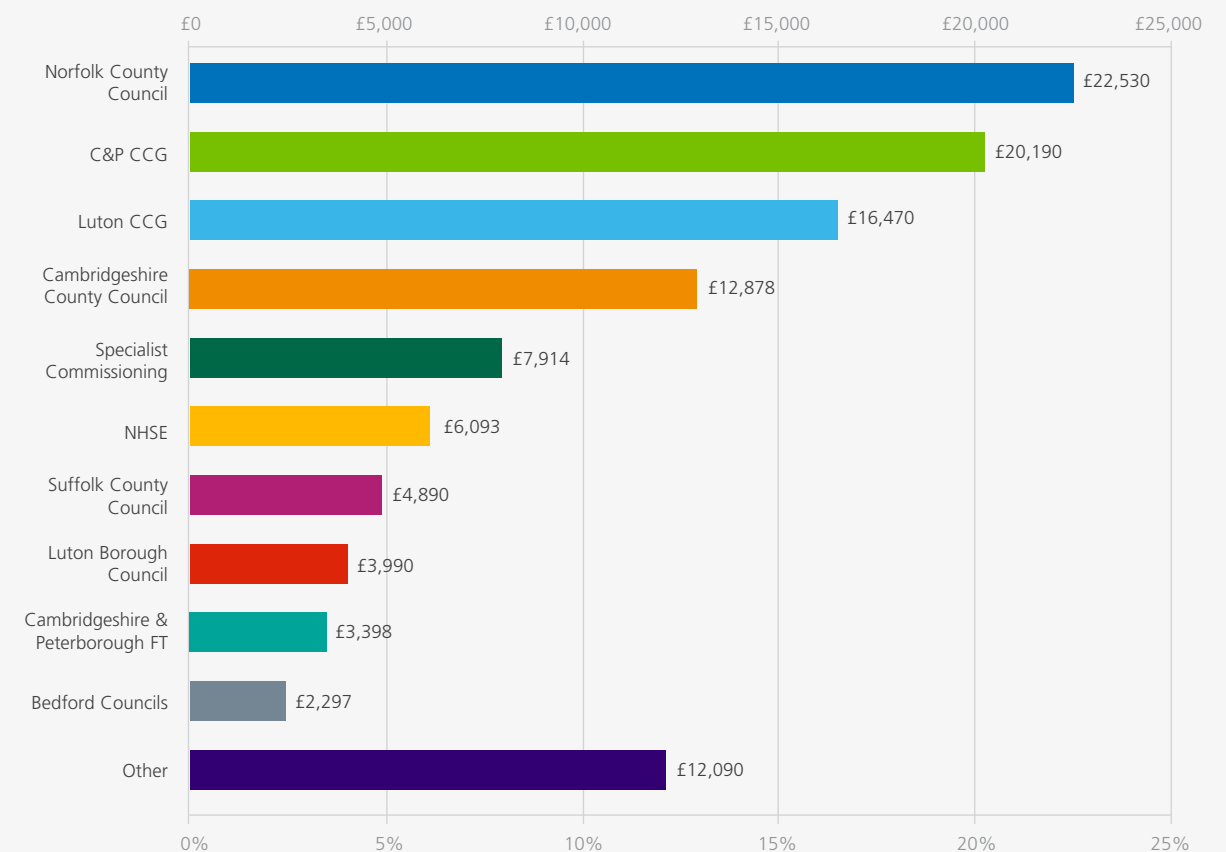
This report sets out our many achievements over the last 12 months, focusing on how we have successfully improved existing services and introduced innovative new ones, in line with our aim to deliver services that:

- 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'
- 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 2016/17, which we expect to continue in 2017/18 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 2.6% efficiency saving in 2017/18 - the equivalent of £2.9 million.

The following chart shows the Trust's £113 million income by percentage and type of commissioner for 2017/18.

2017/18 Revenue by Commissioner (£000's)



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

The Trust can be affected by a variety of financial, clinical, operational and regulatory risks and uncertainties. This is reflected in the organisation's risk management strategy, which 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 61).

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

Performance Analysis

STRATEGIC OBJECTIVE 1 – Provide outstanding care

Our services continue to be rated as ‘Good’ by the Care Quality Commission (CQC), reflecting the hard work and commitment of our workforce.

Our iCaSH (integrated Contraception and Sexual Health) service in Peterborough was engaged in a system-wide CQC inspection of Looked After Children services in this locality during 2016 and received positive feedback in relation to safeguarding, joint initiatives and partnership collaboration.

The Trust also participated during March 2017 in a joint CQC/Ofsted inspection of health and social care services provided for children with special educational needs and disabilities living in Cambridgeshire. At the time of writing this report, written feedback was awaited.

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.

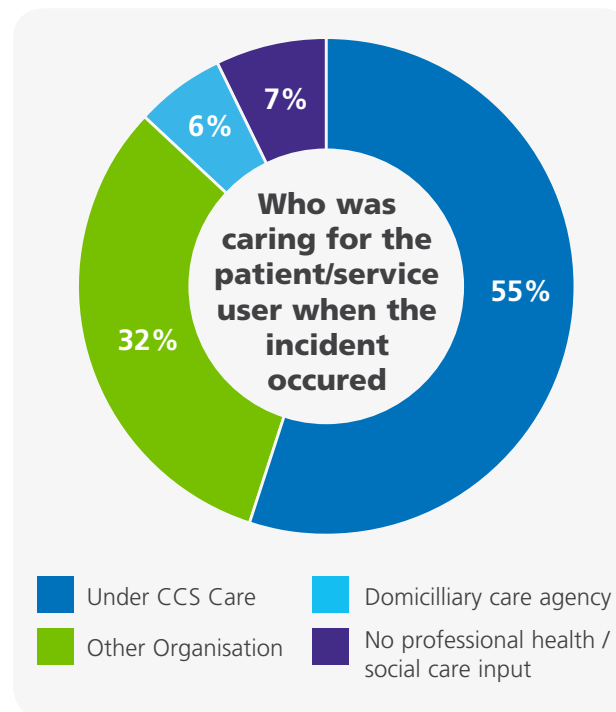
March 2017 Performance	%
2016/17 target for provision of harm free care	97%
Harm free care provided solely by CCS NHS Trust services (March 2017)	97.6%

Patient safety incidents

During the previous 12 months, approximately 2,000 patient safety incidents and near miss incidents were reported via our web-based incident reporting system (Datix). This level of incidents equates to approximately 0.2% of the almost 1 million contacts our staff have with service users each year.

In addition to reporting incidents as a direct result of our care, our staff are also encouraged to report ‘happened upon incidents,’ i.e. those which have originated in another organisation (e.g. hospital or domiciliary care agency) or where there has been no previous professional health/ social care input.

All incidents are discussed at team meetings and are shared with other organisations where possible and any feedback received is communicated to our local teams. This demonstrates an open reporting culture where staff are keen to learn from all incidents. All incidents, irrespective of origin, are reflected in the chart below.

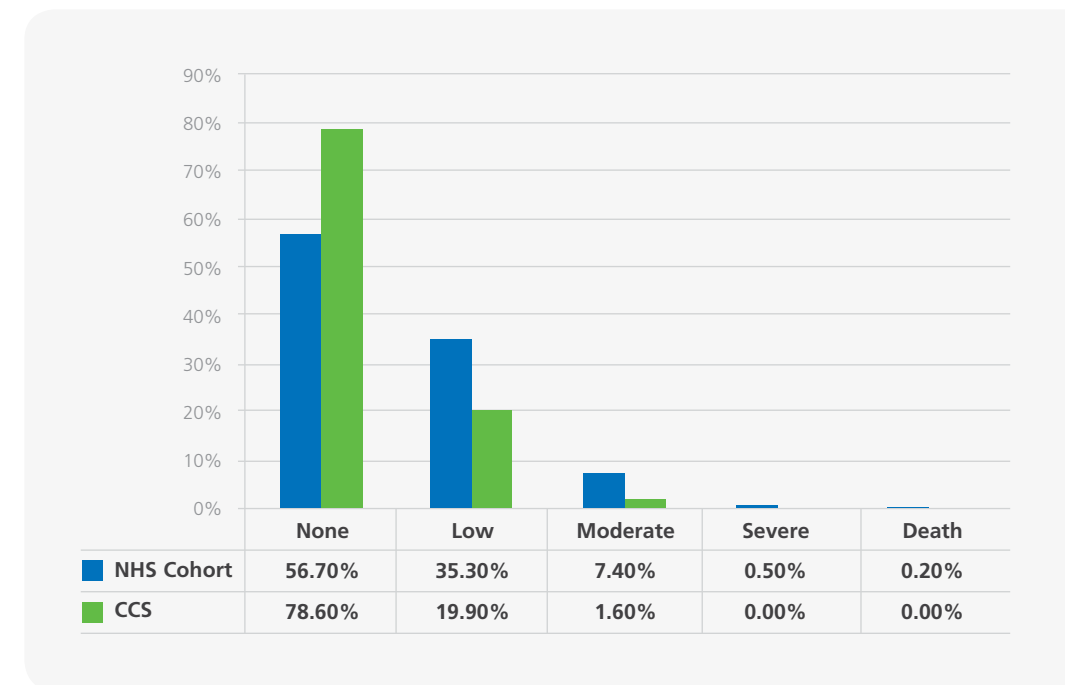


All patient safety incidents which occur as a direct result of care provided by our Trust are submitted to the National Reporting Learning System (NRLS) in line with the Care Quality Commission requirements.

The graph below summarises patient safety incidents reported by the Trust, compared to other NHS community providers (comparative

data covers the period 1 April 2016 – 30 September 2016 and is the latest comparative data available).

Of note is the high percentage of no harm incidents recorded, which is above the national average and demonstrates staff openness to report and learn from all types of patient safety incidents.



Serious Incidents (SIs)

The Trust undertakes full root cause analysis investigations on all serious incidents, sharing learning across relevant services (and other stakeholders where appropriate) to reduce the risk of similar incidents occurring.

There were a total of three serious incidents during 2016/17 as follows:

- 1 grade 3 pressure ulcer
- 1 information governance incident relating to breach of confidentiality
- 1 failure to follow up on appointments

In addition, a further two Incidents occurred in our dental services which met the criteria to be reported as a never event. Never events are preventable patient safety incidents that should never occur if appropriate systems and checks are in place.

One incident involved a retained dental swab following surgery for teeth extraction in an operating theatre environment.

The second incident, classified as 'wrong site surgery', involved the extraction of a wrong tooth.

Full apologies were made and all aspects of the incidents will be reviewed and appropriate improvements made.

Implementation of the Duty of Candour

The Trust has fully implemented the requirements of the Duty of Candour in line with the Care Quality Commission's framework.

The Trust has an open and honest incident reporting culture as detailed earlier, together with a Duty of Candour policy which includes staff apologising when things go wrong.

The Trust is developing a policy setting out how it responds to the death of patients who die under its care. This mortality review is in response to recommendations, for all NHS organisations, set out in the Care Quality Commission's 'Learning, candour and accountability' review published December 2016.

Infection Prevention and Control

The Trust continued to roll out an extensive infection prevention and control work programme. The table below summarises our 2016/17 targets and performance and we are proud to report zero incidences of MRSA or Clostridium difficile during the previous 12 months.

	MRSA bacteraemia		Clostridium difficile	
	Target	Performance	Target	Performance
Cambridgeshire & Peterborough	0	0	2	0
Luton	0	0	0	0
Total	0	0	2	0

Safeguarding achievements 2016/17

- New staffing and reporting arrangements for safeguarding have been introduced.
- We achieved 95% compliance for all safeguarding children supervision against a target of 90% (data excludes iCaSH Bedfordshire service given this service joined the Trust in late 2016).
- Staff from our 0-19 Healthy Child Programme service attended training on the graded care profile assessment tool which supports measurement of the quality of care being given to a child and helps identify anything that is putting that child at risk of harm. This issue remains a priority with further training sessions booked in 2017/18.
- Trust safeguarding teams contributed to a number of Local Safeguarding Children Board Joint Area Inspection exercises, which highlighted positive practice and useful learning.
- Staff from the Trust are now working within Multi-Agency Safeguarding Hubs (MASH) in Cambridge, Norfolk and Luton and our safeguarding teams were instrumental in delivering this multi-agency referral approach.
- Adult and children's safeguarding policies have been updated and we will develop new staff guidance in 2017/18.
- A safeguarding children training needs analysis was undertaken to inform future training provision. A competency matrix, based on

the national inter-collegiate document, was introduced providing staff guidance on levels of training and expected learning outcomes.

- A method of recording and reporting on serious case reviews, serious adult reviews, coroners' cases and unexpected child deaths has been developed.

Key activities for 2017/18

- Further develop the role of the Adult Named Nurse for Safeguarding and the supervision model with our ambulatory care division.
- Continue to work with Local Safeguarding Children and Adult Boards to deliver the priorities for each locality, developing new relationships with the Bedfordshire LSCB.
- Roll out the new SystmOne safeguarding adult reporting templates developed by the Trust and share this best practice with the wider health system.
- Deliver the Trust's safeguarding audit programme and contribute to external multi-agency audits.
- Develop training that focuses on outcomes of serious case reviews using 'table top' exercises and other more interactive ways of learning.
- Continue to review the structure and capacity of the safeguarding teams and service to ensure we continue to respond to practice developments and the increasing work taking place within the MASH.



CYP Cambs Children's community nursing team "beads of courage" win two national awards

Our innovative Beads of Courage programme which offers support for young people with life limiting illnesses and their families won two prestigious awards at the national Patient Experience Network National Awards in March 2017.

The programme is currently supporting 28 children and families across Cambridgeshire, with five siblings also receiving sibling beads as part of the programme. Each bead given to a child signifies a particular step in their journey, with beads available for everything from procedures and x-rays to overnight stays and birthdays.

Sian Hooban, service manager for our Community Children's Nursing Service said: "We are absolutely thrilled to have won the Personalisation of Care Award and to receive the overall Best Children and Young Person's Award was totally unexpected."

"The team love interacting with the young people supported by the programme and the beads mean so much to them, it really helps them share their journey with friends and family."

Safeguarding training (children and adults)

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

The table above demonstrates that safeguarding training for children's and for adults services has met the required compliance target of 90%.

Information Governance

The Trust achieved a score of 81% in the Information Governance (IG) Toolkit self-assessment for 2016/17 (compared to a score of 77% in 2015/16). For the 39 standards involved, there were four ratings possible (0, 1, 2, or 3, with 3 being the most positive outcome). The Trust achieved level 2 for 21 standards and level 3 for 17 standards. One standard was considered not relevant to the Trust's portfolio.

This assessment provides assurance to the Board that the Trust is meeting its obligations in relation to information governance. Action plans for improvement were monitored by the Trust's internal Information Governance Steering Group, with progress reports presented to the Quality Improvement and Safety Committee quarterly.

Unfortunately, the national training online tool for information governance was not available from January 2017. At this point, the Trust had achieved our annual target of a 95% compliance rate for information governance training.

During 2016/17, there were four information governance incidents which required full root cause analysis. All four were reported to the appropriate commissioning organisation and closed. None of these incidents resulted in harm to any patient.

One of these four information governance incidents was reported to the Information Commissioner's Office (ICO). The actions taken by the Trust to prevent reoccurrence were acknowledged and no further action was required by the Trust. This incident related to a software issue within the iCaSH service that caused an error in saving clinical records. This was highlighted to the software provider and to the ICO, and the fix was managed by the Trust's Head of Information Communication and Technology.

Emergency Planning, Resilience and Response

The Trust continues to work closely with Bedfordshire and Luton and Cambridgeshire and Peterborough Local Health Resilience Partnerships (LHRPs) and has also made links with both Norfolk and Suffolk LHRPs. It has met its statutory duties and obligations for delivering an effective response to disruptions and emergencies.

On peer review, the Trust was assessed as substantially compliant across all the national NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR). The Trust is also compliant with the NHS Commissioning Board Emergency Preparedness Framework 2013 and associated guidance.

Clinical Effectiveness

Clinical Audit and Effectiveness

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes, through systematic review of care against explicit criteria and the implementation of change.

During 2016/17 the Trust undertook an extensive programme of clinical audits informed by national audits, the National Institute for Health and Care Excellence (NICE), CQC outcomes, service improvement, incidents and complaints. The outcomes from all audits are reported through the Trust's governance structures to offer assurance to the Board. The Trust participated in one national audit around the Unicef Breastfeeding Baby Friendly Initiative with 37 patients taking part. As well as a rolling programme of audit around clinical medicines and infection prevention and control, the Trust participated in 44 local audits and some of the outcomes from these are listed below:

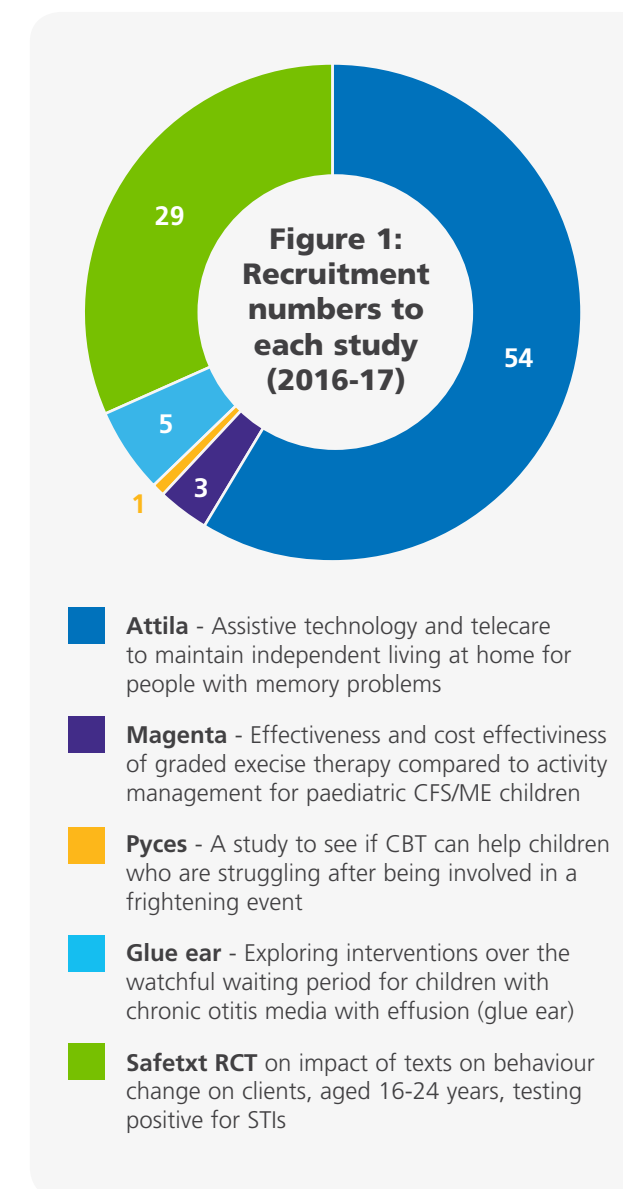
- A safeguarding audit highlighted the need to ensure that updated child protection medical referral pathways are circulated to key agencies once ratified and documented.
- The Trust no longer issues paper diaries to staff and electronic devices have been introduced to ensure safety and security of patient information.
- Following the implementation of electronic templates, physiotherapy services were able to demonstrate full compliance with the NICE Guideline for Urinary Incontinence CG171.
- Following an audit undertaken by the community paediatricians to look at the care of children with epilepsy within special schools, a working group was established and demonstrated improvement in care plans. It also put forward a proposal to see if funding could be secured to support an epilepsy specialist nurse.
- Physiotherapy services identified the need for locality-wide in-service training for analgesia use, following an audit to meet the recommendations of NICE Guidance CG88 early management of persistent non-specific low back pain.
- Clinical audits undertaken by the Trust's integrated Contraception and Sexual Health (iCaSH) services show that the service continued to perform above national standards.

- Dental services and the management of medicines and pharmacy services also continued to provide a high level of assurance via their audits.

Trust Clinical Research, Innovation and Fellowships

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

In 2016/17 a total of five research studies were running within the Trust and were actively recruiting participants. Of these, four studies were National Institute for Health Research (NIHR) portfolio studies and one was a non-portfolio study. A total of 92 participants were recruited into research studies in this period (see Figure 1).



In addition to the above, in the last twelve months:

- we continued to run the Attila study (where we are working with patients who have dementia) which was in the two year follow up period
- we participated in the next phase of the 'Positive Voices' HIV national database study
- we engaged in the set up phase of the Boost (Better Outcomes for Older People with Spinal Troubles) study which is being led by the University of Oxford.

Safetxt Randomised Controlled Trial Study looking at the impact of text messages on behaviour change.

Following a research road mapping event within our iCaSH (integrated Contraception and Sexual Health) service, our iCaSH Norfolk service launched their involvement in the multi-centred Safetxt study in early 2017.

This study is looking at the impact of text messages on behaviour change. All service users aged 16-24 testing positive for chlamydia, gonorrhoea or non-specific urethritis were invited to participate in the trial and recruitment targets have already been exceeded. The impact of this study is summarised in Figure 2, and includes a non-medical Principal Investigator (PI) and six staff who have completed Good Clinical Practice (GCP) research training. We are seeking to expand the Safetxt study to other iCaSH clinics within the Trust.

Some quotes from the road mapping staff event are shown in Figure 3.

iCaSH Research Roadmapping Event

"It is great to see what research and innovation ideas everyone has."

"The energy in the room is incredible."

"Please can we have a follow-up event in 12 months time?"

Figure 3



Figure 2



Figure 4

Neuro Text Randomised Control Study

The Neuro-text study explored the use of text messages in patients with Multiple Sclerosis (MS) who experienced memory problems. Those sent memory text messages had an increased attainment of personally identified target behaviours. This in turn impacted positively on their mood and quality of life. This was a randomised controlled trial that resulted in a PhD being awarded. The impacts of this study are shown in Figure 4 and include contributing to the further development of a commercially available product.

Health Education East of England Fellowships and NIHR MSC

The Trust actively encourages staff to apply for funded programmes that combine personal development opportunities with a clinically based project (see Figure 5).

During 2016/17, two clinical psychologists from different services were awarded Health Education East of England Quality Improvement Fellowships (QIF). One project is working with the HIV user group and the other is focussing on the wellbeing of clients who have experienced a traumatic brain injury.

Additionally, a clinician has successfully achieved a place on the National Institute of Health Research (NIHR) fully funded masters level study programme, hosted at the University of East Anglia. This award funds both the costs of the degree and, in addition, pays for two days per week of clinical time to undertake the modules and project.

Published work

In the last year 19 peer-reviewed publications have resulted from research carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications related principally to neuro-rehabilitation, outcome measures, assistive telehealth, osteoarthritis, Down's Syndrome and clinical engagement in research around the Attila Study.

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

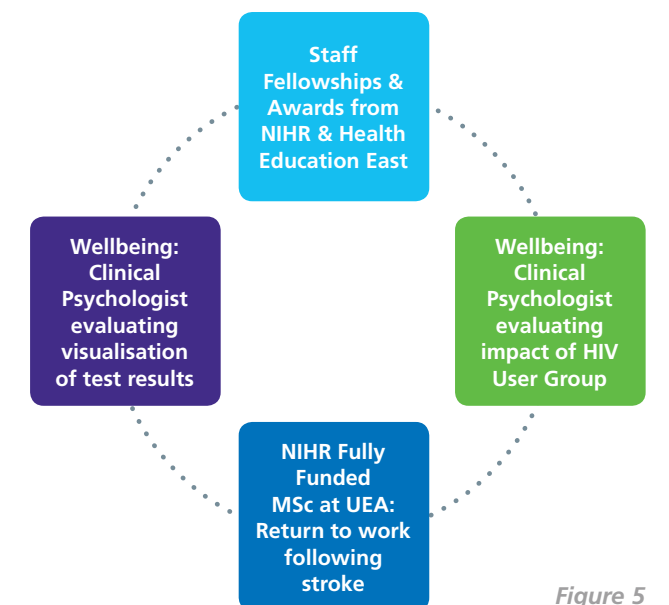


Figure 5

Patient Experience

Engaging the public and service users in developing and providing feedback on our services helps us to monitor the quality of and make improvements to these services. The following summarises some of the initiatives and actions undertaken during 2016/17.

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

The table below summarises the total number of complaints, concerns and PALS enquiries received in 2016/17.

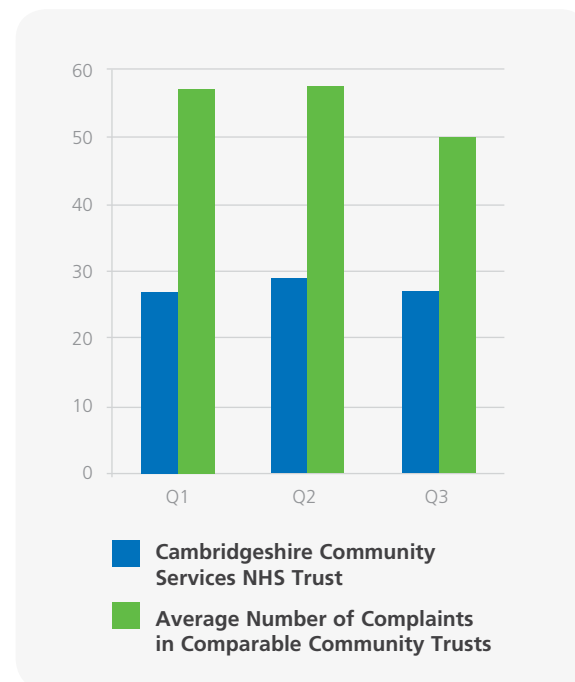
	2012/13	2013/14	2014/15	2015/16	2016/17
Formal Complaints	192	187	153	136	112
Concerns (for investigation)	107	52	155	135	131
PALS	629	818	631	459	573

Formal complaints

A further annual reduction in complaints was seen in 2016/17.

As reflected in the table below, our Trust receives fewer complaints than the average received by comparable NHS community Trusts (at the time of compiling this report, the Quarter 4 national comparative data was not available).

	Q1	Q2	Q3
Cambridgeshire Community Services NHS Trust	27	29	27
Average Number of Complaints in comparable community Trusts	57.2	57.6	49.8



Compliments

Over 15,000 positive comments and compliments were received by services during the year, which is a 50% increase on 2015/16.

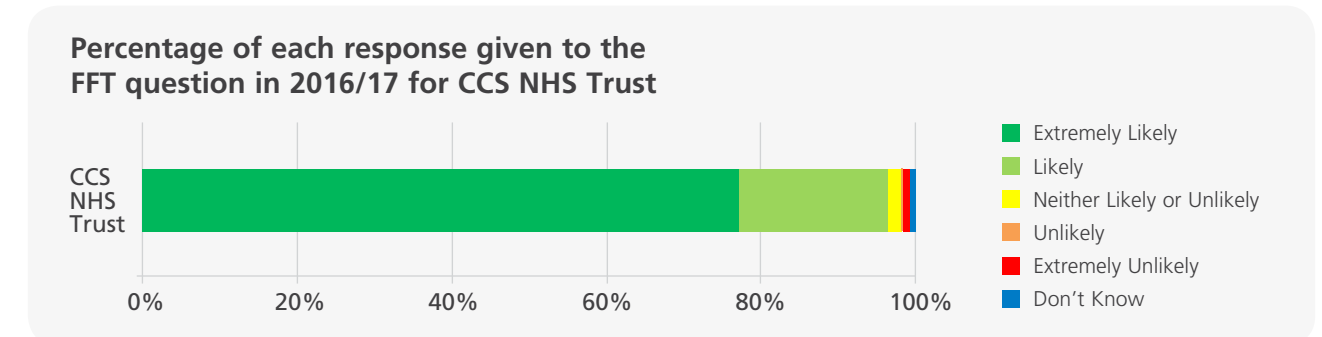
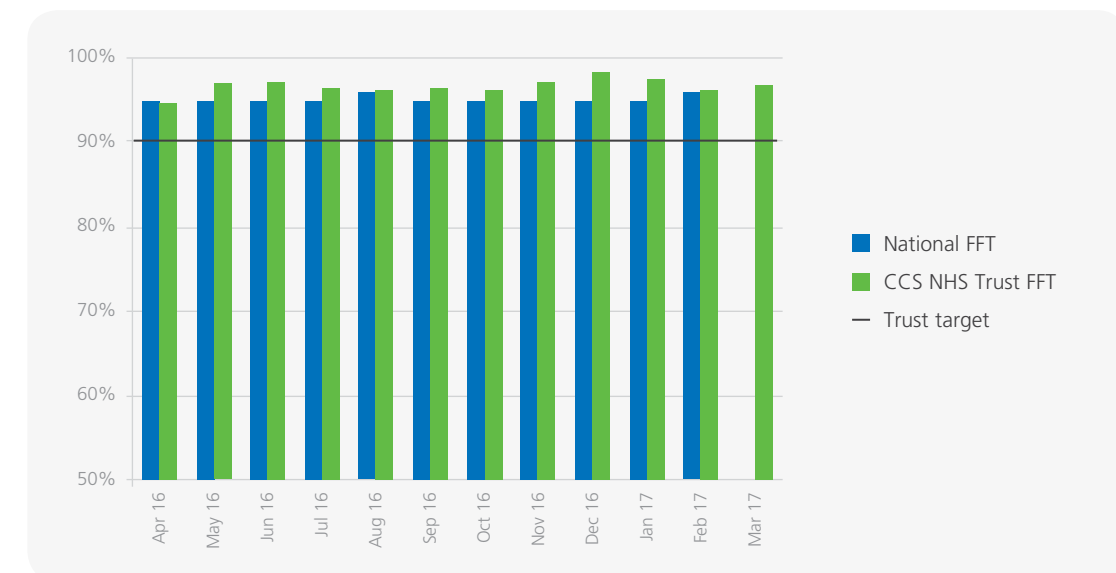
Parliamentary and Health Services Ombudsman (PHSO)

One complaint was referred to PHSO in 2016/17. This complaint was investigated by PHSO who found no failure on the part of the Trust so the complaint was not upheld, no recommendations were made and the complaint was closed. The Trust received feedback on another complaint where the investigation found no fault in the support and advice provided by the Trust. The complaint was not upheld and was closed.

Surveys

Over 21,000 service users have completed feedback questionnaires, which is a 65% increase on the number of responses received in 2015/16.

Our target is to achieve or exceed 90% of service users responding that they would recommend our services to friends and family. The following chart highlights performance against this target, demonstrating that we exceeded the target every month, and achieved higher percentage scores than those achieved by our peer community services providers in every month except April 2016.



Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) received and satisfactorily resolved 573 contacts during the year as summarised below:

Enquiry/signposting	566
Comments and suggestions	7

Improving services using patient feedback: You Said, We Did

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

Service Name	You said...	We did...
iCaSH Suffolk	More privacy at the reception desk at the Orwell Clinic.	Signs up asking patients to wait away from the reception desk.
	More information about clinic times on the website. Update website with the walk-in opening times. Update website more regularly.	Opening times and clinic times added to website. Agreed a person to lead on this and regularly check information is up to date.
iCaSH Norfolk	It's difficult to make an appointment for someone who works between 9am and 5pm.	From Monday 5 December 2016 we have held evening clinics on Tuesdays and Thursdays in Great Yarmouth.
	Outside of clinic looks unwelcoming.	Improved signage ordered and installed. Outside area cleaned and flower planters added.
Dental HealthCare Peterborough	Refreshments should be available.	Water cooler installed in reception area.
	Phone lines are always busy.	Implemented a call queuing system with information bulletins about what to expect when visiting our service.
DynamicHealth Peterborough	Rivergate clinic hard to find.	Improved information on letters for first appointment.
	Request for more signs from Asda car park to Rivergate clinic.	More signage added to navigate patients from car park to the clinic.
Special Care Baby Unit	"A parent toilet on the unit would be a huge improvement and buzzer to leave the unit."	A new parent toilet has been installed.
	Parental discussions with doctors to be confidential.	Introduced a new ward round system – parents present only for their own baby's examination.

Service Name	You said...	We did...
Paediatric Assessment Unit (on Holly ward)	Keeping updated when there is a delay in being seen by the Dr/Registrar on Paediatric Assessment Unit (PAU).	The standard for seeing the medical team within PAU is to see the junior doctor who initiates the management plan and any investigations needed, within one hour of arrival. There is then a standard of seeing the registrar or consultant who makes the final decision on whether a child needs admission to Holly ward or can be safely discharged home, within four hours of admission to the unit. If there is a delay in being able to meet this standard then the nursing staff will inform parents of this and explain the reasons why.
Holly ward	Dairy free/Soya free diet limited food choice	Meals on the ward are provided by the catering department on the hospital site. We have worked hard to improve our menus to allow for all dietary requirements and ages, e.g. introduction of finger foods and snack pots for lunch.
	Toys for older children in play room	We have a teenage room that is set up for older children along with a selection of board games, DVDs and computer games that can be used in the play room or by the bed side. A selection of toys for children aged 0-17 years old are also available in the play room but given the age range the play room caters for, there is only a small selection available for older children at any one time.
Luton children's community nurses	Service users reported that they did not like the new lanyards and preferred the child friendly ones we used to wear.	Our team now have child friendly badges, which have received positive feedback from service users.
Luton 0-19 universal team	Would like longer clinic times.	We have extended the time of the clinic held at The Mall Children's Centre in the Luton town centre by an hour.
Luton anti-coagulant clinic at Luton Treatment Centre	"Do the blood test at the same time as I am coming for finger prick test so I would not have to make a separate appointment."	This is an excellent idea. We have set up a drop in clinic for blood testing during anticoagulant clinic times (as staffing levels allow).

Patient Stories

Patient stories have been presented at Trust Board meetings during the year. These have included:

- the impact of innovative ideas in DynamicHealth musculoskeletal service
- communication with and access to services within the 0-19 Healthy Child Programme
- how the Luton Drug Service has impacted on a service user
- how the Family Nurse Partnership supported a young parent

Every story has given insight into how patients experience the services provided by the Trust, identifying excellence and areas where we can make improvements. This feedback is used to improve the overall patient experience.

Patient and Public Engagement

Many services have named leads for patient and public engagement who work with the Trust-wide lead to promote engagement initiatives. Progress is reported to the Trust's Clinical Operational Boards.

Examples of patient engagement activities are listed below:

Luton Children and Adults' Services:

- A service user focus group has been set up with Luton Family Nurse Partnership service users to capture their views and requirements. This is to be held every 4-6 weeks to ensure continuous learning and identification of outcomes.
- Engagement with young patients and their families about their experiences of using the virtual epilepsy clinic, providing invaluable insight in the development of this clinic.
- The palliative care team has embedded the patient feedback process in their service, after engaging with their service users to ensure the feedback was relative to their specific care.

Cambridgeshire Children and Young People's Services:

- Service user engagement took place in preparation for the planned children's services move from various sites in Cambridge to the Brookfields site (also in Cambridge) including:

- » patient surveys in clinic locations and via Pinpoint, Facebook and Twitter
 - » various one to one sessions in clinics to capture the parents views and concerns around the move
 - » service user opinion captured on the design of the building including the incorporation of sensory tiles and children's artwork wall.
- Our Cambridgeshire Family Nurse Partnership:
 - » established Teddy Bears Picnics for service users to attend with families to help create support networks for families and for the service to share learning from across the Trust.
 - Cambridgeshire children's community nursing team held their second Beads of Courage event, where families that are part of the programme attend to celebrate their achievements and share experiences.

DynamicHealth (Cambridgeshire & Peterborough):

- A focus group was held regularly to discuss the move to the Brookfields site in Cambridge which took place in 2016.
- Each DynamicHealth locality holds a patient representative group to discuss local issues.
- A virtual patient group captured the views of patients regarding the design of the new DynamicHealth website.

iCaSH Peterborough:

- A lesbian, gay, bi-sexual and transgender (LGBT) youth group is held every week at King's Chambers. This is to discuss current issues and ways in which our service can continue to support this group.

iCaSH Norfolk

- The service was successfully awarded a Quality Improvement Fellowship from Health Education East incorporating a HIV patient support group project, which was trialled initially at Vancouver House. The project will be rolled out Countywide by March 2018
- The Positive Voices study commenced in Norfolk. Positive Voices is a large scale survey of adults living with HIV and attending one of 73 NHS HIV specialist clinics in England and Wales. Survey results will provide valuable insights about living with HIV that will be used to inform improvements to services.

Norfolk Children and Young People's services:

- The Family Nurse Partnership held a Christmas party for their service users to meet other families and increase support networks. The community dental team attended the party to provide dental advice as well as handing out free samples of toothpaste, and staff from our iCaSH Norfolk service also attended to provide contraceptive advice.
- Engagement with families took place at the Downham Market children's centre on the "being 2" two year assessment process.
- We are developing a new service for teenage parents to ensure more young parents receive the enhanced support they need after receiving positive feedback about the difference our Family Nurse Partnership makes from young parents.
- Following feedback from parents at the Thorpe Hamlet Children's Centre child health clinic that queue times were too long, health visitors arranged to use another room at the centre where parents can sit and wait to be called through to the clinic.

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
- 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.

CYP Norfolk Confidential text messaging service a hit with teenagers

Our Norfolk ChatHealth confidential text messaging service is successfully providing an alternative way for young people aged 11-19, to engage confidentially with school nurses.

Receiving over 3,100 texts in its first year, topics included relationship advice, healthy eating, smoking advice, bullying and exam stress.

Speaking about ChatHealth, Laura Flower, a year 10 pupil said: "My sister was involved in an accident and I just wanted someone to talk to that I felt comfortable with and they didn't know me. It was really helpful for me.

It helped me recover and say everything I wanted to say that maybe I felt I couldn't to someone who knew me or my sister.

This is just one example of how we're redesigning services and improving outcomes across Norfolk – for more watch our annual review at: www.youtube.com/watch?v=c6l6Pdgc4o



Trust Demographic Profile

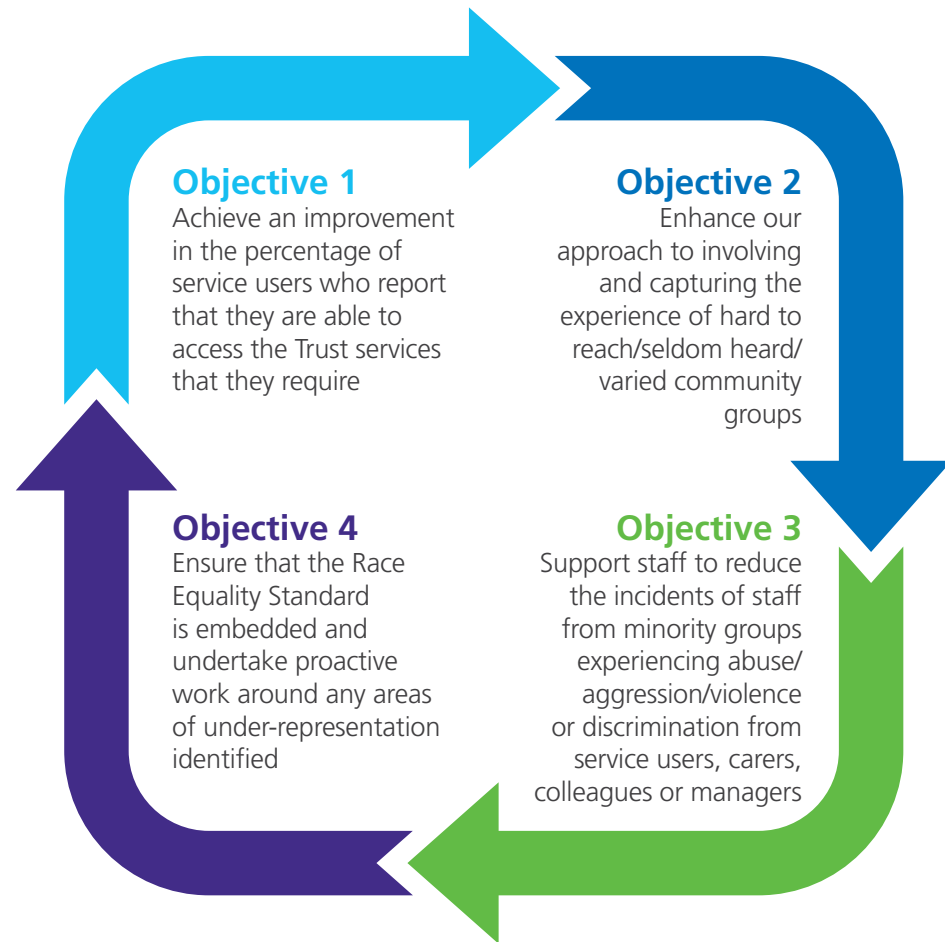
Our Communities

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 community.

Our Workforce

The charts showing the demographic profile of our workforce as at 31 March 2017 are included in the Staff Report (page 82).

The Trust Board has agreed four diversity and inclusion annual objectives for 2016/17 as detailed below.



Patients and service users

The Trust is deeply committed to improving the access, experiences, health outcomes and quality of care for all our patients and service users in the diverse communities we serve. This work is led by the Patient and Service Users Sub-Group.

During 2016/17 we implemented the Accessible Information Standard bringing together key internal stakeholders to conduct a gap analysis and develop an action plan. All due actions have been implemented and are now being monitored

by the Patient and Service User Sub-Group. Our commissioners have also provided independent oversight of the Trust's implementation of the Accessible Information Standard.

The Trust is also utilising NHS Protect tools on 'meeting needs and reducing distress.' This is an initiative with the aim of ensuring that staff working in NHS healthcare services can safely prevent and manage challenging behaviours, while delivering high quality care in a safe environment.

Workforce

To support the two workforce EDS objectives and to take action in line with the Workforce Race Equality Standards, the Trust introduced unconscious bias training and awareness raising during 2016/17. Face-to-face training is now being delivered as part of our Trust induction for all new staff and at our training for new line managers. It is also now part of our recruitment and selection training for anyone actively taking part in recruitment. The next step will be a roll out of an e-learning package to deliver unconscious bias training to all staff.

During 2016/17 the Trust supported the formation of a self-managed and staff led diversity and inclusion network, to help us create a fairer and more diverse workforce. The network provides a forum for our staff to come together, drawing from their own experiences to celebrate diversity, share ideas, raise awareness of challenges, provide support to each other and identify improvement actions.

In the last 12 months, the Trust began work with the Royal College of Nursing to introduce the role of cultural ambassadors. This initiative will go live in 2017 and will facilitate a cohort of volunteers from our senior black and minority ethnic (BME) workforce, trained to act as critical friends at internal people management procedures such as, disciplinary and grievances involving BME staff to challenge any bias in the process and decision making and advise the panels.

The Trust has also introduced a mentoring scheme for BME staff, which was launched during our equality, diversity and human rights week in May 2016, which saw daily communications sent to all staff on a range of equality and diversity matters. The week's communications activity culminated in the publication of a revised cultural awareness information pack for all our staff to access and use within their localities, to support their work with the specific communities they provide services to.

The Trust also supported a number of BME staff to undertake the national programmes of leadership development for BME staff, delivered by the NHS Leadership Academy and promoted our support for International Women's Day in March 2017.

The Trust implemented an awareness campaign on valuing diversity led by our Chief Executive. We also revised our Trust policies to enhance

our zero tolerance approach towards violence, aggression and abuse towards our staff from members of the public; including new posters now on display in all public facing areas of our sites. This action was a direct response to concerns raised by staff following discriminatory remarks made to our diverse staff from members of the public.

The Trust is currently holding engagement sessions with our staff and service users to assess our progress against the four EDS objectives. We will use this information as well as feedback received from patient and staff surveys and other sources, to develop an improvement plan for the next 12 months and agree our objectives for 2017/18.

Measuring Outcomes

Every year, we work with our staff, patients, families, carers and the public to assess our performance in equality and diversity and agree an improvement plan for the following year. All our progress reports and action plans can be accessed through our website. Additionally, our Board receives an annual report on equality and diversity; including the proposed improvement plan for the following year.

Providing outstanding care: Looking Forward to 2017/18

Our Quality and Clinical Strategy outlines the Trust's quality priorities for the next five years and includes the following areas for improvement in 2017/18:

- Provide support and preparation to ensure the Trust achieves an outstanding Care Quality Commission rating
- Embed the CCS 'Quality Way': an ethos that embeds quality at the heart of everything we do and highlights how each member of staff contributes to our vision to provide high quality care through our excellent people
- Implement a programme of audit of all clinical policies and subsequent improvement plans.
- Ensure each team has a safety plan linked to service objectives.
- Establish an effective clinical leadership network with professionals leads in all services.
- Improve our use of complaints to improve services and use clinical outcomes to improve care e.g. EQ5D and Patient Activation Measures.

STRATEGIC OBJECTIVE 2 – Collaborate with other organisations

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

Examples of partnership initiatives during 2016/17 include:

- Participation in the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) where we led or engaged in the following programmes:
 - » Women, Children’s and Maternity services.
 - » Elective care in relation to our DynamicHealth services involvement in the orthopaedic work programme.
 - » Workforce and Organisational Development (OD).
 - » Shared services (back office functions e.g. procurement, estates, and ensuring a productive, healthy workforce).
- Participating in the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (STP) where we led or are involved in the following programmes:
 - » Prevention e.g. giving children the best start in life, improving immunisations and screening coverage, lifestyle behaviours, healthy workforce and estates

- » Primary, community and social care: embracing new care models e.g. the Primary Care Home and At Home First models where CCS provides the Co-ordinating Care Provider role.
- » Workforce and Organisational Development (OD):
- Whilst the Trust has not actively participated in work to generate the Norfolk and Suffolk STPs, we have worked closely with commissioners to align with local plans and contribute to local health priorities, in line with our Public Health commissioned services
- Working in partnership with Norwich City Community Sports Foundation and Icen Health Ltd for the provision of the 0-19 Healthy Child Programme in Norfolk.
- Extending a low back pain pilot – an evidence based pathway, which sees the Trust’s DynamicHealth musculoskeletal service collaborating with Peterborough and Stamford Hospitals NHS Foundation Trust.
- Working with Health Services Laboratories (a venture between two NHS organisations and a private sector partner) to deliver at home testing iCaSH services, starting with a pilot in Norfolk from May 2017.
- Continuing to work with the Terence Higgins Trust to provide contraception and sexual health services in Bedfordshire, Cambridgeshire, Norfolk and Suffolk.
- Starting a new partnership with Brook to deliver contraception and sexual health services in Bedfordshire.



STRATEGIC OBJECTIVE 3 – Be an excellent employer

The Trust cannot achieve its objectives without its dedicated workforce and we thank all of our staff for their continued commitment.

We continued to recognise our staff’s strengths and to build on best practice to develop a workforce with a shared vision and values aligned to our strategic objectives. The following sections set out how we have achieved this during 2016/17.

Workforce review programme

A process of continuous review and improvement of staffing levels continued in 2016/17. All services undertook local workforce reviews, which were presented to the Trust Board twice a year (in line with the Government response to the Francis Report). Subsequent actions were implemented and monitored.

Staff survey

In 2016, the Trust sent an electronic survey to all substantive staff in post as at 1 September for the first time. Almost 1100 of our staff responded; an excellent response rate so we can be assured that the views expressed are representative of our workforce. For the fourth year running, staff rated working for the Trust incredibly positively, reflecting the fantastic culture and behaviours our staff helped to create.

The results, published in March 2017 found that in 27 out of the 32 key findings the Trust scored ‘better than average’ when compared to other community trusts nationally; an increase from 2015 when we achieved ‘better than average’ scores in 22 of the 32 areas).

In 9 of the key findings our staff rated the Trust as the best in the country when compared to our peers (compared to 4 in 2015). These were:

- KF20 - % of staff experiencing discrimination at work in the last 12 months (Trust score 5%, average score 8%)
- KF21 - % of staff believing that the organisation provides equal opportunities for career progression or promotion (Trust score 92%, average 90%)

- KF28 - % of staff witnessing potentially harmful errors, near misses or incidents in last month (Trust score 14%, average 20%)
- KF18 - % of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves (Trust score 49%, average 56%)
- KF15 - % of staff satisfied with the opportunities for flexible working (Trust score 67%, average 57%)
- KF7 - % of staff able to contribute towards improvements at work (Trust score 76%, average 70%)
- KF8 – Staff satisfaction with level of responsibility and involvement (Trust score 3.96, average 3.86)
- KF9 – Effective team working (Trust score 4.0, average 3.85)
- KF22 - % of staff experiencing physical violence from patients, relatives or the public in last 12 months (this indicator was in the ‘worse than average’ category in 2015) (Trust score 3%, average 7%)

There were three key findings where the Trust scored ‘worse than average’ (one more than in 2015) and where we will focus our ongoing improvement plans for 2017/18. These were:

- KF11 - % appraised in last 12 months (Trust score 85%. Average score 89%)
- KF24 - % reporting most recent experience of violence (Trust score 63%. Average score 72%)
- KF27 - % of staff/colleagues reporting most recent experience of harassment, bullying or abuse (Trust score 49%. Average score 52%).

Our overall staff engagement score was the second highest compared to our 16 peer community trusts across the country, and 16th best compared to all 316 NHS organisations across the country. This score alone reflects the fantastic work that takes place to involve and engage colleagues in developments that affect their working lives.

In response to the 2015 results the Trust developed an improvement plan which focused on the following key findings. A summary of progress on these findings is detailed below and we will continue to focus on the two areas where we are performing 'worse than' average in our 2017/18 improvement plans:

Key Finding	Change – from 2015 to 2016	Ranking in 2016
KF25 - % experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	↓ Decrease	Below (better than) average
KF18 - % of staff feeling pressure in last 3 months to attend work when feeling unwell	↓ Decrease	Below (better than) average
KF11 - % appraised in last 12 months	↔ No change	Below (worse than) average
KF24 - % reporting most recent experience of violence	↔ No change	Below (worse than) average
KF20 - % experiencing discrimination at work in last 12 months	↓ Decrease	Below (better than) average

Supporting staff and staff engagement

During 2016/17, the Trust:

- Continued to introduce innovative recruitment initiatives in hard to recruit areas.
- Successfully transferred staff into the Trust as a result of procurements won and introduced inductions specifically designed for the needs of new staff.
- Supported strategic service redesign programmes enabling staff and services to review and implement plans to meet patient needs.
- Provided a bespoke leadership development programme for our Luton based services.
- Provided bespoke team development, support and skills training for those undertaking service developments.
- Provided coaching and mentoring to team leaders to support the implementation of change and transition.
- Developed a mentor register especially encouraging Black and Minority Ethnic (BME)

staff to mentor and receive mentoring, and designed and delivered a series of workshops for new mentors and those wanting to refresh their skills.

- Concluded our series of cultural enquiry sessions attended by over 900 staff and held in locations across the Trust and supported implementation of subsequent action plans.
- Carried out a training needs assessment to review Trust-wide training and education needs to plan, procure and implement programmes of development.
- Continued to support the Trust-wide objective setting process, enabling individuals to see how their personal objectives link to those of their service and the Trust.
- Continued development of a succession planning tool to support focused development of individuals to ensure continuity of critical services.
- Promoted benefits of effective appraisals achieving 91.05% compliance for 2016/17, compared to 88.7% in 2015/16.



- Sought staff views on the usefulness of our appraisal policy and paperwork, incorporating their recommendations into a revised policy and paperwork. Feedback from staff was shared with managers to promote the positive impact quality appraisals have on staff and patient care.
- Continued to embed our leadership behaviours (created by the Trust's senior leadership forum and expanded to relate to all staff) through the Trust's appraisal processes and through its leadership development programmes.
- Offered flexible working and family friendly arrangements, a carers and special leave policy and a zero tolerance approach to violence in the workplace.
- Encouraged staff to raise concerns through an 'open' approach and a formal raising concerns 'whistle blowing' policy, building on an internal audit undertaken in this area during 2015/16 which evidenced "Substantial Assurance." This policy was reviewed in light of the new national template and following the 'freedom to speak up' independent review into creating an open and honest reporting culture in the NHS, chaired by Sir Robert Francis QC during 2015/16.
- Continued to include mindfulness in our personal resilience programme to enhance the already successful training for personal welfare, which supports our Live Life Well programme.
- Continued to chair the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to exchange information, harmonise HR policies and processes following the transfers in of staff and to consult and negotiate on employment matters.

Mandatory training

During 2016/17 we:

- Built on the significant progress made in 2015/16 to increase the quality and provision of mandatory training, including via the two day Trust induction programme.

- Continued with developments for employee and manager/supervisor self service working with IBM, ESR central team, and regional special interest groups to support achievement of compliance targets, ensure provision of accurate, timely and reliable records by services and contribute to the identification of future training needs.
- Continued to offer a proactive 'help desk' service to all staff to support them with all employee staff record (ESR) and mandatory training queries.
- Built on the successful launch of the Oracle Learning Management system by streamlining training outcomes in line with the Core Skills Training Framework supporting regional and national targets, allowing the transfer of records from one trust to another without the duplication of training (if still within compliance) by initiating an inter agency transfer.
- Successful mapping of Wrap/Preventing radicalism to all staff, uploading an e-learning package for levels 1 and 2 and co-ordinating face to face for levels 3 and above.

Supporting a skilled workforce

In the last 12 months:

- Our monthly induction continued to welcome new staff into the Trust within the first three months of employment, rotating events across Trust localities to ensure it is accessible to all staff.
- The Trust's Widening Participation Officer (WPO) continued to support our 'Grow Your Own' programme, including achievement of our annual apprenticeship target. We are currently supporting 17 staff on apprenticeships, 12 on foundation degrees and three on the flexible nursing programme; these are working towards qualifying as a nurse.
- We continued to support the Care Certificate programme with 12 staff completing and a further 29 being supported through the programme. We have also trained 30 assessors and 13 quality assurers to ensure this remains a sustainable programme.

- We took the lead with partner trusts on hosting the first local Health Care Support Worker (HCSW) conference, which was well attended by 100 clinical and non-clinical staff working at bands 1-4. The event celebrated the role of the HCSW, offered information on career opportunities and supported skills development.
- Two staff successfully completed the two year foundation degree from the University of Bedfordshire in March 2017.
- We worked closely with our Cambridgeshire and Peterborough health partners and were successfully awarded a pilot for the new national Nursing Associate role. Thirty six staff from across the partnership started the programme with Anglia Ruskin University in January 2017.
- Our bands 1-4 Simply the Best Practice and Manager's Skills programmes continued to be offered, including support for staff during periods when personal resilience and the ability to lead teams through change was a priority. Pre-retirement and mid-career planning seminars were introduced, supporting staff personal welfare.

- We continued to support health ambassadors who represent the Trust and the NHS in career events across the local health economy, including an event at HM Prison Peterborough.
- We continued to support our newly qualified staff and those who are new to a service or to the Trust with a preceptorship programme, ensure all known programmes are in line with the new national preceptorship guidelines launched by Health Education England.
- We continued to work with our six partner universities to provide successful student placements on 18 different clinical pathways (AHP and Nursing).
- We have begun to implement the Enhanced Performance Support Framework model in partnership with Anglia Ruskin University within Cambridgeshire. The clinical coaching model supports the pre-registration nursing workforce on placement with the Trust, and aids student nurses to access a larger pool of qualified nurses who support mentors to enhance the placement experience outcomes.
- The Trusts annual Quality Improvement Performance Framework (QIPF) review from Health Education England (HEE) was completed in January 2017, quality assuring the education and training that the Trust provides to our student workforce while on placement, and the clinical workforce that support them. The visiting team rated the Trust 'green' against all eight indicators and commended the Trust on a number of developments, including the unique models of collaboration in place to ensure learners, mentors, managers and stakeholders access and enable a high quality learning environment.
- A range of health coaching training approaches were incorporated into service training programmes, to support clinical staff to empower service users to improve the quality of their lives.
- Our highly successful Chrysalis Leadership Development programme ran for the seventh year, with staff gaining the skills to create an environment where change and innovation can flourish. Approximately 255 staff have successfully graduated from Chrysalis since it was introduced.

- We have run our 'Stepping Up' programme for the second year to support newly appointed supervisors/managers, after a successful evaluation of the first programme.
- We continued to promote access to the Springboard Women's Development Programme run by HEE for two groups: Bands 1-4 and Bands 5-7.

Our award winning staff

During 2016/17:

- Our Oliver Zangwill Centre for Neuropsychological Research, which celebrated its 20th anniversary this year and hosted a national conference to mark the occasion, won a plethora of awards:
 - » Professor Barbara Wilson, OBE, and founder of the Centre, received the Outstanding Achievement Award for Excellence in Encephalitis Healthcare within the Lifetime Achievement category.
 - » A team comprising Sue Brentnall (OT), James Pamment (Assistant Psychologist) and Dr Jessica Fish (Clinical Psychologist) received the Outstanding Achievement Award for Excellence in Encephalitis Healthcare within the Rehabilitation Team.
 - » Andrew Bateman, leader of the Centre and his team were shortlisted finalists in the Software/ICT/Assistive Technology category of the Health Enterprise East Innovation Awards
- The Beads of Courage initiative provided by children's community nursing service in Cambridgeshire won the personalisation of care category, as well as the overall Children and Young People's award and were also runners up in the continuity of care category at the Patient Experience Network national awards in March 2017.
- Nancy Bostock, paediatric trainee, was a finalist in the Health Education England regional Trainee/Student Leader of the Year awards category.
- Gerry Matlock, School Nurse based at Brookfields Health Centre, Cambridge received a High Quality Mentorship Award from Anglia Ruskin University.



Outpatients Oliver Zangwill Centre

For the last 20 years experts in neuropsychological rehabilitation at our Oliver Zangwill Centre have changed the lives of

those living with acquired brain injury.

Clients at the Centre are supported to understand how brain injury has disrupted their life, sense of identity and participation in personally meaningful activities. With this understanding, clients begin to achieve new life goals and feel comfortable 'in their own skin'.

The team gathered leaders in the field at a conference in 2016 to mark their 20th anniversary.

Donna Malley is an occupational therapist at the Centre and delivered a talk on managing fatigue after acquired brain injury. She said:

"Fatigue is a significant consequence of brain injury that needs attention. Even in clinical services that support people with brain injury, there's a lack of understanding. I was able to share information about fatigue, a complex, frequently misunderstood and 'hidden' consequence of brain injury."

There are ways of managing it, which we can support someone to develop; ideally it needs to be an individualised approach.

For more information visit: www.ozc.nhs.uk

- The Trust won silver at the national 'Green Apple Award' for its recycling project with Cambridgeshire & Peterborough NHS Foundation Trust and Serco.
- Dr Tamsin Brown, community paediatrician, was awarded the British Association of Paediatricians in Audiology award.
- Siobhan Weaver, Lead Nurse in our children's continuing care team was awarded the annual 'Richard Tompkins Nurse Development Scholarship' from the Foundation of Nursing Studies.
- Our annual excellence and innovation awards celebrated the outstanding achievements of our staff who made a real difference to people's lives. We also continued to recognise teams and individuals through our monthly Shine a Light awards.

Attracting and retaining a quality workforce: Looking forward to 2017/18

We will:

- Expand opportunities for apprenticeships and focus on the development of our Bands 1-4 workforce, linking with the Health Education East of England (HEE) Grow Your Own initiative.
- 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 our Bedfordshire Sustainability and Transformation Partnership (STP) partners to implement the nursing associate role with University of Bedfordshire.
- Continue to expand the opportunities for apprenticeships across all our workforce as the Apprenticeship Levy is put in place from April 2017 and further higher apprenticeships become available for our clinical and non-clinical workforce.

- Role out the Preceptorship training programme currently being developed and finalised by HEE to all our preceptors.
- Continue to offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes that support team development in services.
- Continue to embed a coaching and mentoring culture across the Trust, investing in further health coaching training for our clinical workforce and mentor development aimed at encouraging staff and leadership development, talent development, and opportunities for staff to achieve career ambitions, including for BME staff.
- Continue to implement manager/supervisor self service within the Electronic Staff Record (ESR) and developments that support services to record and report staff compliance.
- Continue to implement our 2017-2019 workforce, organisational development and service redesign strategy to support the delivery of our 2017/18 plan, 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 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
- workforce issues including diversity and inclusion.

Our achievements to date and aspirations for the future are set out in our Annual Sustainability Report 2016/17 (not subject to audit) which is available on our public website at www.cambscommunityservices.nhs.uk

Business Development

As a result of submitting strong and compelling cases, reflecting our specialist knowledge, expertise and history, we were delighted to win contracts during 2016/17 to provide:

- integrated contraception and sexual health services in Bedfordshire from 1 November 2016
- HIV care and treatment in Bedfordshire from 1 April 2017.

In addition to the above new contracts, the Trust has won nine contracts since mid 2014. These multi-million pound contracts were each for periods of between three and five years (with opportunities to extend), bringing additional resources and longer term security into the Trust. This is welcome news for staff and patients and creates additional opportunities for longer term planning and sustainability.

The Trust was not successful in being awarded the contract to continue to provide the Luton Drug Service, which transferred to a new employer on 1 April 2017. The Peterborough weight management and Luton and Cambridgeshire child health information services transferred to new employers on the same date following procurement processes which, (in line

with our five year strategic plan) the Trust did not participate in.

Following the Trust Board's strategic review of our service portfolio, the Trust gave notice to commissioners in May 2015 that it would no longer provide the following services:

- Outpatient services based at North Cambs Hospital, which transferred to a new employer on 1 April 2016.
- Outpatient services based at Princess of Wales and Doddington Hospitals and dermatology services in Peterborough, which will transferring to a new employer on 1 September 2017.

Key developments to support the Trust's sustainability during 2016/17 are set out throughout this report. In addition, the Trust has created development plans for each community hospital site in Cambridgeshire supported by relevant stakeholders and commissioners.

As a result of new services won and services transferring out of the Trust, we will commence 2017/18 with an annual budget of £113 million.

The future will be characterised by tenders to retain and win business within the clearly defined parameters set out in our five year plan. This approach will include developing new models of care, working proactively with commissioners to secure available contract extensions where we remain best placed to deliver the service.

Financial assessment

2016/17 has been another challenging year financially for the Trust but we successfully achieved a surplus of £2,098,000. The increase in surplus compared to the 2015/16 financial year surplus (£576,000) is due to the Trust receiving an additional non recurrent £1,586,000 from the national System Transformation Fund as a result of the Trust achieving its financial targets for the year.

Key messages for the year are set out below:

- The Trust has maintained its high level of financial governance, recognised by the Internal Auditors giving an opinion of "reasonable assurance" over the Trust's financial systems, budget control and financial improvement.
- The Trust has 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 improvement its performance against target.

Better Payment Practice Code (30 day target)	2016-17	
	Number	£'000
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	19,667	52,564
Total Non-NHS Trade Invoices Paid Within Target	17,153	48,014
Percentage of Non-NHS Trade Invoices Paid Within Target	87.2%	91.3%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	1,446	8,559
Total NHS Trade Invoices Paid Within Target	1,098	6,829
Percentage of NHS Trade Invoices Paid Within Target	75.9%	79.8%

- The Trust’s 2016/17 accounts have been externally audited by BDO LLP. External audit fees for 2016/17 were agreed as £66,462 excluding VAT (2015/16 £66,462 excluding VAT), which is in line with the framework agreement set out by the Audit Commission.
- 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. Details of the Trust’s accounting policy are also given in note 1.5.2 and 1.7 of the annual accounts. The Remuneration and Staff Report on page 82 shows the salary and pension entitlements of the senior managers of the Trust.
- There have been no accounting policy changes during 2016/17. Critical accounting judgements and key sources of estimation of uncertainty are shown in note 1.5.2 of the accounts.

- The Trust has spent £5.74 million in 2016/17 (2015/16 £5.34 million) on items that come within the NHS management costs definition. This represents 4.9% (2015/16 4.9%) of total turnover for the financial year.
 - All Trusts were set caps relating to agency nursing expenditure during 2016/17. The Trust had a cap of £3.332 million and remained within this with year end spend on agency nursing of £3.325 million. The Trust will continue our robust programme of work to reduce expenditure in this area in 2017/18.
 - 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 2017/18 will be financially challenging with a savings target in excess of £2.6 million, cash flow forecasts support the conclusion that the Trust is a ‘going concern’. For this reason, directors continue to adopt the ‘going concern’ basis in preparing the accounts. To obtain further detail of our financial performance, please write to:

Director of Finance and Resources
Cambridgeshire Community Services NHS Trust
Unit 3, Meadow Lane, St Ives, PE27 4LG
- Our full audited accounts will be available on our website at www.cambscommunityservices.nhs.uk

Performance against contractual targets in 2016/17

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

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

During 2016/17 the Trust was monitored against a range of key performance indicators (KPIs) and targets. A number of these targets are nationally measured; other targets are locally contracted by each commissioner. A series of tables on the following pages summarise our performance against these key performance targets by commissioner.

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

Some targets are marked as ‘on-track’. This is for performance indicators being measured over a reporting period that does not align with the April-March financial year. In these cases at March 2017 performance is currently on-track to achieve the end-of-year target.

The Trust has provided iCaSH services commissioned by Bedford Borough and Central Bedfordshire councils since November 2016. At the time of writing this report, performance was being baselined and targets being set.

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



Commissioner – Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

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

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Children's Specialist Services				
Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	99%	98%	93%
Zero tolerance MRSA	0	0	0	0
Minimise rates of Clostridium Difficile	0	3	0	0
Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	0
No urgent operation should be cancelled for a second time	0	0	0	0
RTT (Median Wait in weeks) - non admitted completed pathways	Decreasing trend	Compliant	Compliant	Compliant
RTT (Median Wait in weeks) - non admitted incomplete pathways	Decreasing trend	Compliant	Compliant	Compliant
Paediatric Occupational Therapy - 18 week waiting times - percentage of patients receiving first definitive intervention within 18 weeks	95%	98%	99%	100%
Paediatric Speech and Language Team - 18 week waiting times - percentage of patients receiving first definitive intervention within 18 weeks	95%	100%	95%	100%
Paediatric Physiotherapy - 18 week waiting times - percentage of patients receiving first definitive intervention within 18 weeks	95%	97%	100%	100%
Paediatric Dietetics - 18 week waiting times - percentage of patients receiving first definitive intervention within 18 weeks	95%	N/A	N/A	99%
Children Looked After - Initial health assessments completed within 20 working days	100% with exceptions	N/A	100%	100%
Children Looked After - Initial Health assessments undertaken by medical practitioner	100% with exceptions	N/A	100%	100%
Children Looked After - Review assessments completed in 15 working days	100% with exceptions	N/A	100%	100%
Children Looked After - Patients discharged with a health care summary (aged 17 and over)	100% with exceptions	N/A	100%	100%

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Ambulatory Services				
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	92%	93%	93%	92%
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	0	0	0	0
Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	0
No urgent operation should be cancelled for a second time	0	0	0	0
All consultant-led services delivered by the Provider shall have the names of the consultants or healthcare provider within that service published against them	100%	100%	100%	100%
All 2 Week Wait services delivered by the Provider shall be available via NHS E-Referrals as a Directly Bookable Service (subject to any exclusions approved and to matters outside the providers control)	100%	100%	100%	100%
All services delivered by the Provider (excluding relevant Outpatient diagnostic testing services) shall be available and directly bookable via NHS E-Referrals	100%	100%	100%	100%
Provider to ensure that sufficient appointment slots are made available on the NHS E-Referrals system	<3%	N/A	N/A	10%
RTT (Median Wait in weeks) - non admitted completed pathways [decreasing trend]	Decreasing trend	Compliant	Compliant	Compliant
RTT (Median Wait in weeks) - non admitted incomplete pathways [decreasing trend]	Decreasing trend	Compliant	Compliant	Compliant
Musculoskeletal (Core) - 18 week waiting times - percentage of patients receiving first definitive intervention within 18 weeks	95%	99%	99%	97%
Peterborough Dermatology - 18 week waiting times - percentage of patients receiving first definitive intervention within 18 weeks	95%	N/A	N/A	100%

The Trust met 96% of all contracted targets for services commissioned by Cambridgeshire and Peterborough CCG in 2016/17.

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

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Child Health Service				
All eligible babies have a record of a NBBS at 17 days	98%	100%	100%	100%
Coverage - Children moving into area are put onto CHIS within 10 days	100%	100%	100%	100%
Coverage - Children moving into area have a record of Screening and Immunisations	100%	100%	100%	100%
Coverage - To ensure regular identification of all babies ≥17 days and ≤364 with incomplete records	100%	100%	100%	100%
Results sent to parents within 6 weeks of birth	100%	100%	100%	100%
Children moving out of area are transferred to new CHIS within 10 working days	100%	100%	100%	100%
Children invited for MMR (aged 12 months to 5 years as per immunisation schedule)	100%	100%	100%	100%
DNA follow up of MMR within 2 weeks	100%	100%	100%	100%
COVER and Child Immunisation statistics uploaded	Compliant	Compliant	Compliant	Compliant
School Aged Immunisations Service				
HPV vaccination by end of school year nine dose 1	90% (5% tolerance)	N/A	84%	On-track
HPV vaccination by end of school year nine dose 2	90% (5% tolerance)	N/A	86%	On-track
School leaver booster (Td/IPV) by end of school year 9 dose 1	80% (5% tolerance)	N/A	100%	On-track
School leaver booster (Td/IPV) by end of school year 9 dose 2	80% (5% tolerance)	N/A	71%	On-track
Men ACWY by end of school year 9	80% (5% tolerance)	N/A	81%	On-track
Men ACWY by end of school year 10	80% (5% tolerance)	N/A	76%	On-track
Childhood Flu vaccination school years 1 and 2	60% (5% tolerance)	N/A	59%	On-track

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
School Aged Immunisations Service (continued)				
Schools participating in the programme	100% (5% tolerance)	N/A	99%	On-track
Vaccine administration training	100%	N/A	100%	On-track
Patient/ service user satisfaction	85%	N/A	88%	On-track
Dental Services				
Percentage non admitted patients starting treatment within a maximum 18 weeks from referral	95%	100%	100%	99%
Percentage of patients on incomplete, non emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	100%	100%	100%
Zero tolerance RTT waits over 52 weeks	0	0	0	0
RTT (Median Wait in weeks) - non admitted completed pathways	Decreasing trend	Compliant	Compliant	Compliant
RTT (Median Wait in weeks) - non admitted incomplete pathways	Decreasing trend	Compliant	Compliant	Compliant

The Trust met 100% of all contracted targets for services commissioned by NHS England in 2016/2017.

Commissioner - Luton Clinical Commissioning Group (CCG)

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

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Percentage of patients on incomplete, non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	100%	100%	100%
Diagnostic Tests - Percentage waiting no longer than six weeks from referral	99%	100%	100%	100%
Number of failures to notify the relevant person of an incident that resulted in severe harm or death - Duty of Candour	0	0	0	0
Zero tolerance of RTT waits over 52 weeks	0	0	0	0
Td/IPV (teenage booster) vaccination uptake	90%	82%	82%	83%
Men ACWY Vaccination uptake	90%	81%	82%	82%
NHSE Report for Schools' Status of Men C sent according to timescale	100%	100%	100%	100%
NHSE Report for Schools' Status of HPV sent according to timescale	100%	100%	100%	100%
NHSE Report for Schools' Status of Td/IPV sent according to timescale	100%	100%	100%	100%
Percentage of new children from high prevalence areas who have not been vaccinated for TB who have been seen by the TB service within 28 working days	100%	100%	100%	100%
Percentage of Looked After Children and Young People who have an up to date immunisation status – rolling year	95%	N/A	85%	95%
Percentage of children who were being breastfed at point of transferring to CCS at 10 to 12 days who continue to be breastfed at 6-8 weeks	60%	76%	72%	79%
Percentage of children with a breastfeeding status recorded at six – eight weeks	95%	99%	99%	99%
Percentage of new birth visits within 14 days of birth	100%	100%	100%	100%
At new baby review information is provided to parents regarding UNICEF safe sleeping guidance (inc smoke free homes as appropriate).	98%	N/A	N/A	98%
All children between the ages of 0-4 seen by CCS staff have their eligibility for Healthy Start Vitamins determined and a voucher form provided if they are not on the programme	50%	N/A	N/A	90%
Year 8 of girls 12-13 years completing HPV dose 1 & 2	90%	86%	86%	On track
CHRD to review all children's records (quarter prior to fifth birthday) and, where a child record does not include two doses of MMR, to make contact with the relevant GP to verify immunisation status	100%	100%	100%	100%
Percentage eligible patients who complete TB treatment subject to exclusion criteria	95%	100%	100%	100%
Referral to the Live Well Luton Weight Management Programme that result in uptake	75 in year	N/A	66	5

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Number of adults with a BMI ≥30 referred to the Live Well Luton service	120 in year	N/A	38	53
Deliver the National Child Measurement Programme to eligible school children in Reception and Year Six	90%	90%	99%	99%
Percentage of non-admitted patients starting treatment within 18 weeks from referral - non consultant led	95%	100%	99%	100%
Percentage of patients on incomplete non-emergency pathway waiting no longer than 18 weeks - non consultant led	92%	99%	100%	100%
All complaints to be reviewed and acted upon in line with Department of Health requirements	100%	100%	100%	100%
Increase in hospital admission avoidance activity (Adult Services)	3600	3091	3880	4008
Number of patient surveys collected	600	N/A	1209	3271
All Looked After Children coming into care and placed in Luton or the agreed health area, will have an Initial Health Assessment completed by a paediatrician within 15 working days of the LAC Health Team receiving a fully completed referral and signed consent	100% with exceptions	N/A	92%	100%
All Looked After Children coming into care and placed outside of Luton or the agreed health care area, will have an Initial Health Assessment completed by a paediatrician or medical practitioner	100% with exceptions	N/A	80%	100%
All Looked After Children placed in Luton or the agreed health area, will receive their Review Health Assessment by the due date (6 monthly for 0-4 years and annually for 5-17 years)	100% with exceptions	N/A	34%	100%
All Looked After Children placed out of Luton or the agreed health area, will receive their Review Health Assessment by the due date (6 monthly for 0-4 years and annually for 5-17 years)	100% with exceptions	N/A	10%	100%
All Care Leavers are given a copy of their health history	100%	N/A	N/A	100%
All Care Leavers are offered a health care leaving service	100%	N/A	N/A	100%
Number of avoidable pressure ulcers grade 3	0 avoidable	2	6	0
Number of avoidable pressure ulcers grade 4	0 avoidable	0	0	0
Number of MRSA bacteraemia	0	0	0	0
Number of Community Acquired Clostridium Difficile infections	100% followed up	100%	100%	100%
All missed appointments in children's services are followed up and action taken	100% followed up	100%	100%	100%
Drug service users exiting treatment will have either completed interventions or be referred on	40%	59%	49%	48%
Number of confirmed drug related deaths	0	0	0	0

The Trust met 90% of all contracted targets for services commissioned by Luton Clinical Commissioning Group in 2016/17.

Commissioner – Suffolk County Council

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

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
iCaSH Service				
Number of all contacts of index cases of gonorrhoea attending STI service within 4 weeks of the date of first PN discussion	0.6 contacts	0.73	0.7	0.7
Number of all contacts of index cases of chlamydia attending STI service within 4 weeks of the date of first PN discussion	0.6 contacts	0.67	0.8	0.8
Percentage of first time service users (of clinical based service users offered a HIV test (excluding those already diagnosed HIV positive)	100%	N/A	100%	100%
Percentage of first time service users (of clinical based service users accepting a HIV test (excluding those already diagnosed HIV positive)	80%	73%	87%	85%
Percentage of positive chlamydia screens by iCaSH Suffolk	5%	5%	8%	8%
Percentage of all chlamydia screens for all attendances at iCaSH Suffolk under 25 years	Trajectory 51-75%	51%	75%	75%
Percentage of those with positive chlamydia result treated within six weeks of test date	95%	99%	96%	97%
Percentage of new and rebook people accessing services with needs relating to STI's who have a relevant sexual history and STI/HIV risk assessment undertaken	97%	98%	91%	93%
Percentage of people with needs relating to STI contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service	98%	98%	99%	100%
Percentage of people with needs relating to STI's contacting a service who are seen or assessed by a healthcare professional within two working days of first contacting the service	80%	95%	89%	93%
Percentage of users experiencing waiting times in clinics of over 2 hours	0%	N/A	0%	0%

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Percentage of people having STI tests (chlamydia, HIV, syphilis, gonorrhoea) who can access their results via text (both positive and negative) within ten working days of the date of the sample (excluding those requiring supplementary tests)	95%	N/A	84%	100%
Percentage LARCs (injections, IUDs, IUSs, implants separately) prescribed by iCaSH Suffolk as a percentage of all prescribed contraceptives	baseline of 47%-55%	47%	51%	53%
Percentage of people receiving EHC on same day as request (where clinically appropriate)	100%	100%	100%	100%
Percentage of women who have access and availability of full range of contraceptive methods	100%	N/A	N/A	100%
Percentage LARCS offered as percentage of all first contacts attended services for contraception purpose	90%	N/A	N/A	95%
% of patients accessing psychosexual counselling within 18 weeks	100%	100%	100%	100%

The Trust met 94% of all contracted targets for services commissioned by Suffolk Integrated Healthcare in 2016/17.

Commissioner – Cambridgeshire County Council

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

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
iCaSH Service				
Percentage of people offered an appointment or walk-in, within 48 hours of contacting a provider	98%	86%	98%	98%
Percentage of clients accessing service to be seen within 48 hours of contacting the service	80%	84%	89%	93%
Care pathways with other organisations to include partner notification and/or linked services (e.g. alcohol, mental health etc.) are clearly defined	Established pathways	100%	100%	100%
Percentage of women having access to and availability of the full range of contraceptive methods	100%	100%	100%	100%
Percentage of first time service use (of clinical based services) offered a HIV test	100%	100%	100%	100%
Percentage of first time service use (of clinical based services) offered and accepting a HIV test	85%	87%	86%	86%
The proportion of people newly diagnosed in primary care who are seen in a HIV specialist department within two weeks of diagnosis	100%	100%	100%	100%
Documented evidence within clinical records that partner notification has been discussed with people living with HIV within four weeks of receiving a positive HIV diagnosis and within one week of identifying subsequent partners at risk	90%	100%	100%	100%
Ratio of contacts per gonorrhoea and chlamydia index case, such that the attendances of these contacts at Level 1, 2 or 3 service was documented as reported by index case, or by a HCW, within four weeks of the date of the first PN discussion	At least 0.6 contacts per index case	0.63	0.6	0.6
Percentage of patients receiving positive/negative results within 10 working days of sample date	95%	96%	100%	100%
Percentage of all under 25 year olds screened for chlamydia	75%	91%	91%	86%
Percentage of positive patients who received treatment within six weeks of test dates	95%	100%	100%	100%
Number of outreach sessions & attendance conducted in areas of high deprivation or aimed at vulnerable groups, including prison	70%	43%	70%	81%
Percentage of users experiencing waiting times in clinics of under 2 hours	30 minute threshold	100%	100%	100%

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Increase in the number of men accessing services	increase	N/A	N/A	Compliant
Percentage of specialist reproductive health referrals from GP seen within 18 weeks of referral	100%	100%	100%	100%
Condom distribution schemes (C Card) provision to all sexual health clinics	100%	100%	100%	100%
Percentage of women who have access to urgent contraceptive advice and services (including emergency contraception) within 24 hours of contacting the service	90%	95%	100%	100%
Percentage of women who have access to LARC method of choice within five working days of contacting service	90%	100%	90%	54%
Percentage of individuals accessing services who have sexual history and STI/HIV risk assessment undertaken	100%	100%	100%	100%
People who have a new diagnosis of HIV and have symptoms and/or signs potentially attributable to HIV infection (including those of primary infection) must be referred for urgent (within 24 hours) specialist assessment	100%	100%	100%	100%
Percentage of routine STI laboratory reports of results (or preliminary reports) which are received by clinicians within seven working days of a specimen being taken	100%	98%	100%	100%
Ratio of all reported contacts of index gonorrhoea who attend the service	0.6	0.63	0.6	0.6
Ratio of all reported contacts of index chlamydia who attend the service	0.6	0.65	0.6	0.7
Monitor percentage of LARCs prescribed as a proportion of all contraceptives by age	Benchmark	N/A	44%	51%
The proportion of people newly diagnosed with HIV who have a CD4 count result in their clinical record within one month of their HIV diagnosis	95%	100%	100%	100%
The proportion of people with known HIV infection who have accessed HIV clinical services within the past 12 months	95%	100%	100%	99%
For 95% of MSM living with a diagnosed HIV infection to have a suppressed viral load	95%	64%	80%	95%

The Trust met 96% of all contracted targets for services commissioned by Cambridgeshire County Council in 2016/17.

The Trust provides the Cambridgeshire Healthy Child Programme. Performance monitoring for this service was suspended mid-year pending development of a new performance specification for 2017/18.

Commissioner – Peterborough City Council

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

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
iCaSH Service				
Percentage of people with STI needs offered appointment or walk in within two working days of first contact	98%	95%	86%	94%
Percentage people with STI needs seen or assessed by healthcare professional within two working days of first contact	80%	96%	84%	93%
Percentage of people who have a relevant sexual history taken (as per BASHH guidance)	97%	100%	100%	100%
Percentage of people with STI needs offered HIV test at first attendance (excl. those already diagnosed with HIV)	97%	88%	99%	100%
Percentage of people with STI needs with record of HIV test at first attendance (excl. as above)	80%	83%	87%	90%
Percentage of people accessing STI test results within 10 working days of sample taken (excl. supplementary tests)	95%	99%	95%	99%
Percentage of all contacts of index cases of gonorrhoea attending STI service within four weeks of first PN discussion	0.6 contacts per index	N/A	78%	100%
Percentage of all contacts of index cases of chlamydia attending STI service within four weeks of first PN discussion	0.6 contacts per index	N/A	83%	90%
Percentage of women with emergency/urgent contraceptive needs offered access on the same working day	95%	100%	100%	100%
Percentage of people with contraceptive needs offered appointment to be seen within two working days of first contact	95%	73%	96%	87%
Percentage of people experiencing waiting times of less than two hours in walk in services	>75%	100%	100%	100%
Percentage of women offered access to LARC method of choice within 10 working days/ two calendar weeks of first contact (where medically appropriate)	90%	42%	100%	96%

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Percentage of women having access to and availability of full range of contraceptive methods (and choice within products)	100%	100%	100%	100%
Percentage chlamydia positive patients receiving treatment within six weeks of test date	95%	98%	100%	98%
Percentage of staff who have completed nationally accredited training relevant to their scope of practice and fulfil update requirements	100%	100%	100%	100%
Percentage of people screened for safeguarding issues	100%	100%	100%	100%
Percentage of people screened for alcohol / drug interventions	100%	100%	100%	100%
Percentage of people screened for domestic abuse	100%	100%	100%	100%
Percentage of children and young people screened for child sexual exploitation	100%	100%	100%	100%

The Trust met 89% of all contracted targets for services commissioned by Peterborough City Council in 2016/17.

Commissioner – Norfolk County Council

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

Several targets have been increased in 2016/17 – they may show as compliant in previous years when the target was lower.

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Norfolk Healthy Child Programme				
Percentage women that received their first face to face antenatal health promotion visit from 28 weeks pregnancy with a HV SCPHN	90%	N/A	80%	58%
Percentage of women receiving a face to face New Baby Review by a HV SCPHN within 14 days	90%	N/A	93%	90%
Percentage of infants aged six - eight weeks that received a six - eight week assessment from the HV SCPHN	90%	N/A	94%	90%
Percentage of all infants at six - eight week check that are totally or partially breastfed	46.5%	N/A	46%	49%
Percentage of infants receiving the Bookstart Baby Pack at the six - eight week check	90%	N/A	98%	100%
Percentage of new births registered with children's centre	85%	N/A	73%	68%
Percentage of mothers who received a Maternal Mood review when the child is aged 9-12 months	90%	N/A	N/A	88%
Percentage of children who received a one year assessment/12 month review by the time they turned 12 months	80%	N/A	N/A	68%
Percentage of children who received a one year assessment/12 month review by the time they turned 15 months	90%	N/A	88%	81%
Percentage of children that received a developmental review by the age of 2.5 years (which must include the ASQ™3 assessment)	90%	N/A	85%	76%
Population vaccination coverage - MMR for two doses (5 years old)	90%	N/A	N/A	92%
Percentage coverage of hearing screening in children in the Reception class cohort	95%	N/A	N/A	On-track
Percentage coverage of vision screening in children in the Reception class cohort	95%	N/A	N/A	On-track
Percentage of eligible children in Reception Class that were weighed and measured as part of the NCMP	95%	N/A	N/A	On-track

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Percentage of eligible children in Year 6 that were weighed and measured as part of the NCMP	95%	N/A	N/A	On-track
Percentage of Looked After Children (LAC) Review Health Assessments (RHA) requested that have been completed within timescales	100%	N/A	100%	100%
Percentage of Looked After Children (LAC) aged 0-4yrs with an up to date RHA	100%	N/A	N/A	100%
Percentage Looked After Children (LAC) aged 0-5yrs with up-to-date immunisations	100%	N/A	100%	100%
Percentage of urgent referrals, including all safeguarding referrals, who a) received a same day or next working day response to the referrer and b) received a HV contact with the family within two working days	100%	N/A	100%	100%
Percentage of referrals from whatever source (including families transferring in) where a) a response was made to the referrer within 5 working days and b) contact was made with the family within 10 working days	100%	N/A	N/A	100%
Percentage of staff who have completed mandatory training at levels commensurate with roles and responsibilities (levels 1, 2, 3) in child protection within the last three years	90%	N/A	76%	95%
Percentage of transfers to another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team	100%	N/A	100%	100%
Percentage of transfers from another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team	100%	N/A	100%	100%
Percentage of transfers from another Healthy Child Programme (i.e. another county) where records are requested within two weeks of being notified of the new child	100%	N/A	N/A	100%
Percentage of transfers to another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team.	100%	N/A	N/A	100%
Percentage of data completeness of all Minimum Data Set fields	90%	N/A	N/A	98%
Percentage FNP nurse caseload maintained per quarter	80%	N/A	91%	96%
Percentage of new FNP Service Users enrolled before 16 weeks pregnant	60%	N/A	N/A	21%

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Percentage of FNP breastfeeding prevalence at 6-8 weeks	22%	N/A	N/A	22%
Percentage of FNP Service Users who smoke less at 36 weeks pregnant, than when they joined the programme	60%	N/A	N/A	60%
Percentage of FNP Infants with up-to-date immunisations at 24 months infancy	100%	N/A	N/A	95%
Percentage of SEN Co-ordinators (or other relevant member of staff) who requested training from the HCP Service that have received it (to support the development of care plans for children and young people who have a significant health needs).	100%	N/A	N/A	100%
Average Net Promoter Score on Friends and Family Test for the evaluation of the whole Norfolk 0-19 HCP Service (or equivalent as agreed by authority)	60%	N/A	97%	100%
iCaSH Service				
Percentage of individuals accessing STI services who have a sexual history and STI/HIV risk/contraception assessment undertaken	100%	N/A	100%	100%
Percentage of first time service user (of clinical based services) offered a HIV Test	100%	N/A	100%	100%
Percentage of first time service user (of clinical based services) accepted a HIV Test	80%	N/A	81%	85%
Percentage of first time MSM service user (of clinical based services) offered a HIV test	Baseline to be monitored after 1 year	N/A	100%	100%
Percentage of first time MSM service user (of clinical based services) accepting a HIV test	90%	N/A	80%	90%
Percentage of contacts for all gonorrhoea index cases documented within 4 weeks of the date of the first PN discussion	0.6	N/A	N/A	0.6
Percentage of service users who receive results within two weeks from consultation date	95%	N/A	100%	100%
Percentage of results given to the client within 10 working days of test taken - screening programme only	95%	N/A	99%	100%
Percentage of all contacts that were notified through the PN scheme and attended the service, at either Level 1, 2 or 3, as reported by index case or HCW within four weeks of first PN Discussion	0.6	N/A	N/A	99%

Indicator	2016/17 target	2014/15 actual	2015/16 actual	2016/17 actual
Percentage of women having access to the and availability of the full range of contraceptive method (including choice within products)	100%	N/A	100%	100%
Percentage LARCs offered as a percentage of all eligible contacts attending services for contraception purposes	90%	N/A	100%	100%
Percentage LARCs (Injections, IUDs, IUSs, implants separately) prescribed by contraceptive services as a percentage of all contraceptives by age (5 year age bands)	Total > 40%	N/A	47%	54%
Percentage of people receiving EHC who received it within 24 hours of requesting it (exceptional reporting required)	100%	N/A	100%	100%
Percentage of people accessing EHC and leaving with a plan of on-going contraception	Baseline to be assessed after 1 year	N/A	100%	100%
Percentage of STI screens directly conducted through outreach services (outreach services target high risk and vulnerable groups) as a percentage of all screens	Baseline to be assessed after 1 year	N/A	12%	35%
Percentage of people offered an appointment, or walk-in, within 48 hours of contacting service	100%	N/A	100%	100%
Percentage of clients accessing service to be seen within 48 hours of contacting service	80%	N/A	96%	96%
Percentage of people experiencing waiting times of less than two hours in walk in services	90%	N/A	99%	99%
Percentage of specialist SRH referrals from general practice seen within 18 weeks of referral	Baseline to be assessed after 1 year	N/A	100%	100%
Percentage of psychosexual clients seen within 18 weeks of referral	Baseline to be assessed after 1 year	N/A	100%	100%

The Trust met 85% of all contracted targets for services commissioned by Norfolk County Council in 2016/17.

Looking to the future

Our objectives for 2017/18 are as follows:

- Provide outstanding care
- Collaborate with other organisations
- Be an excellent employer
- Be a sustainable organisation

Our objectives have formed the basis of our Five Year Plan and our Operational Plan 2017-19 submitted to NHS Improvement in March 2016 and December 2016 respectively; both of which are aligned to the system-wide priorities identified by our commissioners. Central to this is working collaboratively with commissioners and partner organisations to develop seamless care irrespective of organisational boundaries, including through the Cambridgeshire and Peterborough, and the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnerships.

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

Work stream 1: Service Development Plans

- integrated Contraception and Sexual Health (iCaSH) services redesign, including the Bedfordshire iCaSH service recently welcomed to the Trust.
- Cambridgeshire Healthy Child Programme 0-19 service redesign programme 2017-19.
- Norfolk Healthy Child Programme service redesign.
- Luton 0-19 Healthy Child Programme service redesign.
- Luton At Home First Phase 2 programme and Primary Care Home Model.
- Cambridgeshire and Peterborough DynamicHealth service development programme.

Work stream 2: Improving Organisational Capability

- Electronic Staff Record Self-Serve (Phase 2) enhancing e-learning functionality and introducing managers and employee self-service functionality to improve efficiency and effectiveness.
- Highly Engaged Workforce continuing to create and support a positive culture within the Trust.
- Infrastructure Programme, focussing on estates and information communication and technology support provided and managed services to improve responsiveness to changes in clinical services.
- CCS Improvement Way, embedding the 'CCS Improvement Way' throughout the Trust ensuring it becomes part of every day business.
- CCS Quality Way, improving our staffs' understanding of roles and responsibilities around quality governance and embedding this within the Trust.

Work stream 3: Business Development

We will submit vibrant bids for commissioner-led procurements where:

- these are for services similar to those we already provide, and
- they are geographically close to our existing service localities.

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

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

The Trust will work with stakeholders to develop new care models consistent with the aspirations set out in our Five Year Plan and in line with system-wide Sustainability and Transformation Partnerships.

Work stream 4: Structure and freedoms

This work stream will focus on adopting the autonomies that the Secretary of State has heralded for high-performing trusts and will be activated when policy is published.

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
- estates

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

Contract services for 2017/18

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 operated to create a financial surplus for re-investment in our services.



The financial plan for 2017/18 assumes the following:

- the Trust has a planned turnover of £113 million for 2017/18 and plans to deliver a 1.8% surplus equating to £1.999 million
- a £4 million decrease in revenue from 2016/17 reflects the transfer of the Luton Drug service and Cambridgeshire outpatients, which is partially negated by the full year effect of the Trust providing sexual health services in Bedfordshire
- the Trust has applied cost and income uplifts in line with national planning assumptions to produce a robust 2017/18 financial plan
- to deliver the planned surplus, the Trust has a cost improvement target of £2.6 million, equating to 2.3% 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 £3.0 million for 2017/18 which includes provision for information technology infrastructure, estates maintenance and estates upgrade and refurbishment.

Signed:

Matthew Winn
Chief Executive

31 May 2017



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Corporate Governance Report

Directors' Report 2016/17

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 61), 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 7).



Dental HealthCare Dental surgeons achieve prestigious accreditation

Community dental surgeons Maria Ross-Russell and Julia Hallam-Seagrave were approved in year to provide training in conscious inhalation sedation in dentistry.

Tracey Cooper, service director explained: "I am delighted that Dr Ross-Russell and Dr Hallam-Seagrave have been accredited to provide conscious inhalation sedation training by the prestigious Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD).

"This is great news for our community-based Dental HealthCare service which provides care

to some of the most vulnerable people in our community."

Dr Ross-Russell, added: "Patients have a right to expect a high quality service to meet their dental needs and we are proud of the services we provide locally. Conscious inhalation sedation is an important technique for the delivery of dental care to patients who have significant anxiety."

“Being able to provide this training ourselves will have significant advantages, enabling more of our dentists to develop this skill whilst avoiding the cost of external training, and enabling many more patients to be treated using this technique.”

Compliance statement

A register of directors' interests for the Trust is maintained and is available on our website or on request by contacting our Corporate Secretary on 01480 308219. No Trust Board members hold a company directorship with companies who are likely to do business or are seeking (or may seek) to do business with the NHS.

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 and
- 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

31 May 2017



Governance Statement

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 which 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

31 May 2017

Signed:

Mark Robbins
Director of Finance

31 May 2017

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 that 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 Memorandum

As the Accountable Officer, I ensure the organisation works effectively, in collaboration with NHS Improvement, local authorities, local primary care, NHS 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 Memorandum and my responsibilities contained therein for the propriety and regularity of public finances in the Trust, for the keeping of proper accounts, for prudent and economical administration, for the avoidance of waste and extravagance, and for the efficient and effective use of all the resources in my charge.

The governance framework of the organisation

The Trust undertook a review of the Board and sub-committee terms of reference to improve governance processes within the Trust in 2015/16. The updated terms of reference were implemented in 2016/17. In addition, the Trust undertook a self-assessment of its systems of

control to understand how assurance is gained and received and identify any gaps. Some actions stemming out of this review were implemented in 2015/16. The remaining actions were implemented in 2016/17.

The Trust conducts periodic self assessments against the well led domain from the CQC key lines of enquiry and implements action plans to address any gaps identified. An update on progress against the improvement plan was presented to the Board in twice in 2016/2017.

The last external review of the Trust's governance arrangements against the well led domain was completed in 2014. Following a Board discussion, the Trust will now undertake a peer assessment by another NHS organisation and then consider a full independent inspection in 2017/18.

Implementation of the quality strategy and other Trust-wide clinical governance arrangements are overseen through the Quality Improvement and Safety committee. The Trust's clinical governance framework is underpinned by 7 pillars as follows:

- Clinical Audit and Effectiveness
- Information Governance
- Professional Practice
- Patient Experience
- Quality Performance
- Safeguarding
- Resilience

The effectiveness of the clinical systems of control is assessed using internal systems including Clinical Audit, Early Warning Trigger Tool, Information Governance Toolkit and oversight by Non-Executive Directors through the Board and its sub committees. The Trust also utilises independent reviews to provide assurance. Internal auditors undertook an assessment of the Trust's clinical audit processes in 2016/17 and found that the Trust had an adequate and effective system of clinical audit.

As part of the Trust's commitment to continuous improvement, the Trust will be launching 'The CCS Quality Way' in 2017/18; a framework for the Trust's approach to quality governance.

Compliance with the UK Corporate Governance Code

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

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

- Collective role of the board - the Board operates as a unitary Board, with clear division of responsibilities between the Chair of the Board and Chief Executive of the Trust, Non-Executive Directors and the Executive, including appropriate challenge on strategic development.
- Effectiveness - activities and approaches that are most likely to improve Board effectiveness, including re-election and replacement of directors to provide a balance of continuity and fresh challenge, induction, development and Board effectiveness reviews.
- Accountability - openly assessing Trust performance and risk in public meetings.
- Remuneration - with a formal and transparent procedure for developing Trust policy on executive remuneration in compliance with HM Treasury guidance.
- Relations with stakeholders - maintaining a positive dialogue.

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 and four other independent members (Non Executive Directors) and the Chief Executive and four Executive Directors. There was a vacancy for a Non-Executive Director which could not be filled throughout the year. The Trust has now completed the recruitment process and appointed a new Non-Executive Director from 1 May 2017.

The Trust Board met 12 times in public this financial year. All Trust Board meetings in 2016/17 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 at Annex 1 (page 72) of this Governance Statement sets out attendance levels by each Director at Trust Board meetings and at all subcommittees of the Board.

The Board is supported by the Assistant Director of Corporate Governance (the Corporate Secretary), who acts as principal adviser on all aspects of corporate governance within the Trust.

The Board continued to be focussed on delivering the Trust's 4 strategic objectives throughout the year.

Board Development Programme

The Board Development Programme for 2016/17 covered the following areas:

Theme	Areas of focus
Patient Experience and Engagement	<ul style="list-style-type: none"> • Safeguarding – covering issues including the Bradbury Inquiry and the Goddard Inquiry • Using patient feedback effectively
Staff Experience and Engagement	<ul style="list-style-type: none"> • Using staff feedback effectively
Development of the Board collectively and individually	<ul style="list-style-type: none"> • Risk Management – including the Board's statutory responsibility on risk management and the Trust's approach to managing risk.
Strategic Issues	<ul style="list-style-type: none"> • Strategic Estates Developments • The Road to Outstanding – how the Trust achieves its goal of becoming an outstanding rated Trust by 2021.

The Board has established nine standing subcommittees, chaired by Non-Executive Directors, that 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 subcommittee meeting; covering key issues and where appropriate escalation points. Additionally, all Board members have access to papers of all Board Committees.



Audit Committee

The Audit Committee has responsibility for providing assurance to the Board that risk is being managed appropriately, maintaining direct oversight of all high level risks, including clinical, generic and specific risks arising from the integrated business plan and risks to financial processes and control. It is also responsible for reviewing the effectiveness of risk management arrangements through the internal audit programme and the review of resulting reports. In January 2017, the committee completed an annual review of all risks rated moderate and above across the Trust.

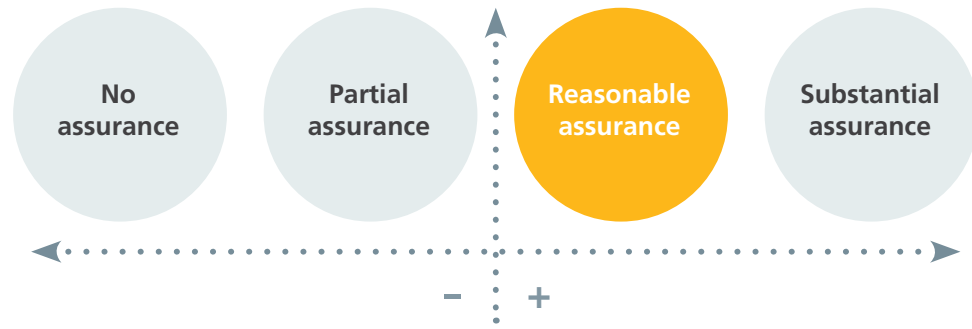
The Committee is constituted in accordance with the provisions of the NHS Audit Committee Handbook and has overseen the audit of 2016/17 accounts, the development of internal and external audit plans and the risk

management and internal control processes, including control processes around counter fraud.

A partial assessment of the Trusts' anti-fraud provision was undertaken by NHS Protect in November 2016 covering a period of two years prior to the date of the assessment. The assessment focused on the 'Inform and Involve' and 'Hold to Account' standards. The Trust has developed an action plan to fully implement the agreed recommendations 2017/18.

During 2016/17, the Committee met five times and in addition to the above, the Committee reviewed all reports from completed internal audit assignments for the 2016/17 work plan, which had been agreed by the Committee at the start of the year.

The following table summarises the outcomes from those assignments against the four possible opinions:



Review Title	IA Assurance Opinion
Risk Management and Assurance	Reasonable assurance
Financial Planning and Delivery (including Cost Improvement Plans)	Reasonable assurance
Key financial controls and Payroll	Reasonable assurance
Divisional Quality Governance	Reasonable assurance
Data Quality - Governance and KPI Deep Dive	Reasonable assurance
Medical Revalidation	Partial assurance
Clinical Audit	Reasonable assurance
Learning from patient safety incidents	Reasonable assurance
Management of Agency Usage	Partial Assurance
Corporate Records Audit	Partial Assurance

In line with the Asset Register and Inventory audit conducted in 2015/16, the Trust implemented the recommended actions during the financial year; including a process for monthly reconciliation of non-current assets and a capital plan review and reporting process which are now in place.

The Trust's management team has agreed actions to address the findings reported by internal audit during 2016/2017. These actions will be implemented in 2017/18 in line with the timeline agreed with the internal auditors.

The Information Commissioner's Office conducted an independent review of the Trust's data sharing agreements. The review evaluated the design and operation of controls to ensure the sharing of personal data complies with the principles of the Data Protection Act 1998 and the good practice recommendations set out in the Information Commissioner's Data Sharing Code of Practice. The Trust has now agreed an improvement plan which will be overseen by the

Trust's Information Governance Steering Group. **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 2016/17, the Committee met four times.

The issues considered by the committee during the year included the following:

- Implementation of the estates strategy.

- Assurance on Estates Management Services Compliance
- Capital Projects
- Estates related cost improvement plans
- Sustainability
- Estates Risks
- Implementation of recommendations from Internal Audit of asset registers
- Key Issues and escalations from the sub groups

Clinical Operational Boards

The three Clinical Operational Boards met 11 times this year (except in January) 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 & budget setting including Cost Improvement Plans
- workforce issues
- investment proposals and activity information to support the income of the Trust 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.

The Committees highlight, as required, 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 2016/17 the Trust had the following Clinical Operational Boards overseeing each area of service or geography:

- Ambulatory Care Services
- Children and Young People's Health Services
- Luton Children and Adults Community Health Services

In 2016/17, the Trust's internal auditors completed a review of the divisional governance arrangements and had reasonable assurance that the controls in place to govern divisional quality are suitably designed and consistently applied.

Quality Improvement and Safety Committee

The Quality Improvement and Safety Committee supports the Board to foster a culture of continuous improvement with regard to the following:

- to ensure patient safety is at the heart of the delivery of services within the Trust and to provide assurance, that the Trust meets all its duties and responsibilities to its patients, users and staff
- to 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
- to advise the Board on Trust compliance with quality standards, regulatory requirements and accreditation and
- to review and approve an annual clinical audit programme and advise the Board on learning from the outcomes.

The Committee met six times during 2016/17 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 on behalf of the Trust Board and undertake succession planning for the Executive tier. The Committee met twice during the year to determine clinical excellence awards and executive level remuneration.

Strategic Change Board

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

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



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 four times during 2016/17.

The recommendations to strengthen the governance arrangements the committee made to the Board in January 2016, have now been fully implemented. In January 2017, the committee considered whether to convert some or all of the Trust's charitable funds to a charity, independent of the Department of Health and unaffected by the National Health Service Act 2006. The committee decided not to convert any of the Trust's charitable funds at this time. This decision will be reviewed again in 2018.

Executive Directors and their managers are responsible for maintaining effective systems of control on a day-to-day basis. A full governance rationale has been developed providing terms of reference and escalation policies for all sub-committees and the Board, together with standing items, which are in turn encapsulated into programmes of business for each Committee and for the Board.

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 2017 and up to the date of approval of the annual report and accounts.

The Trust has risk registers that track and monitor clinical risks that are escalated to the Board, via sub committees, in line with the Trust's escalation framework. Key strategic risks as at 31 March 2017 include:

Risk ID	Description	Risk Score
2038**	Potential of estate assets to support Trust service development and cost improvement drive is not realised. The potential for savings is to be determined as further premises consolidation and utilisation plans are developed.	9
2257**	There is a risk that the Trust becomes financially unsustainable through a combination of events such as: <ul style="list-style-type: none"> • Failure to secure contract extensions • Failure to secure new business opportunities • Loss of business through procurement • Decommissioning of services • Unable to mitigate amber and red rated risk schemes • The impact of the Public Health grant cuts without a corresponding change in contracted activity levels. 	6
2324**	There is a risk that the development of the Trust's strategy (in working regionally) is negatively impacted if it is constrained by the two sustainability & transformation partnership planning areas it is a member of.	9
2325**	Our staff not recommending the Trust as a place to work and/or the Trust not being able to attract a high quality workforce, will impact on our ability to provide, high quality services.	12
2404	The financial pressure the NHS is under nationally is resulting in increasingly challenging financial control targets being set by NHS Improvement. These could have an adverse impact on providers of NHS community services (block contract arrangements) as the commissioners look to reduce costs.	9
1320**	Services fail to remain compliant with the CQC Outcomes Framework, leading to patient safety incidents, regulatory enforcement action and reduction in confidence from the public and commissioners in specific services.	8

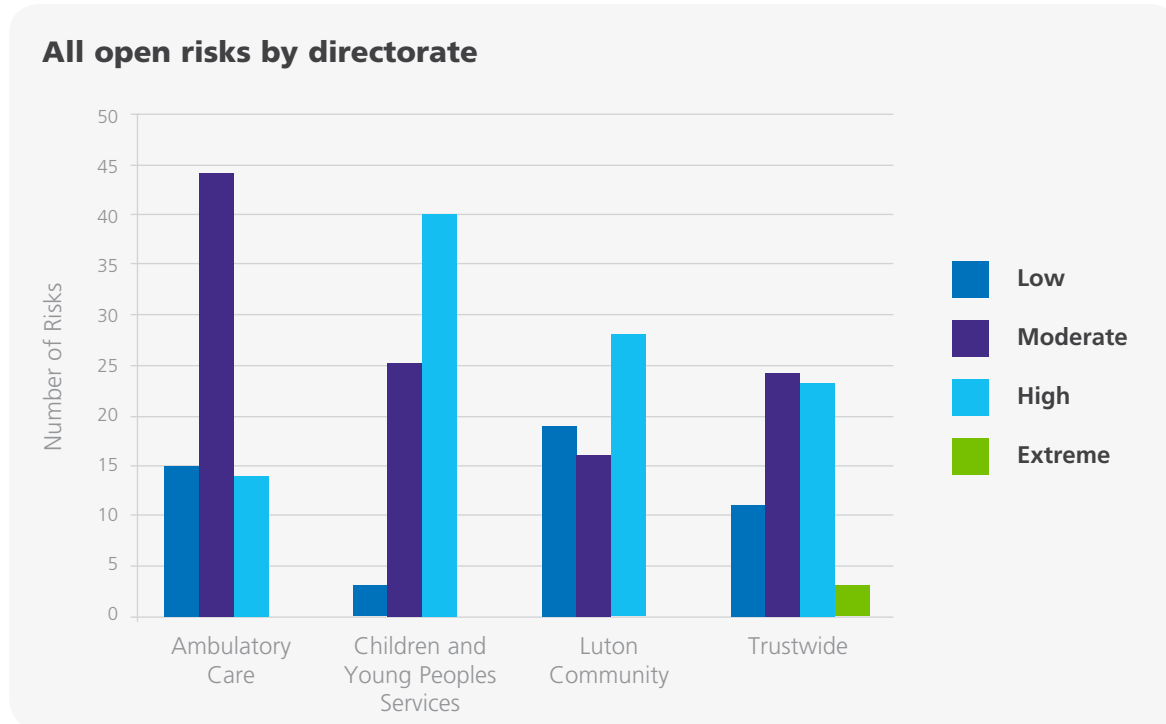
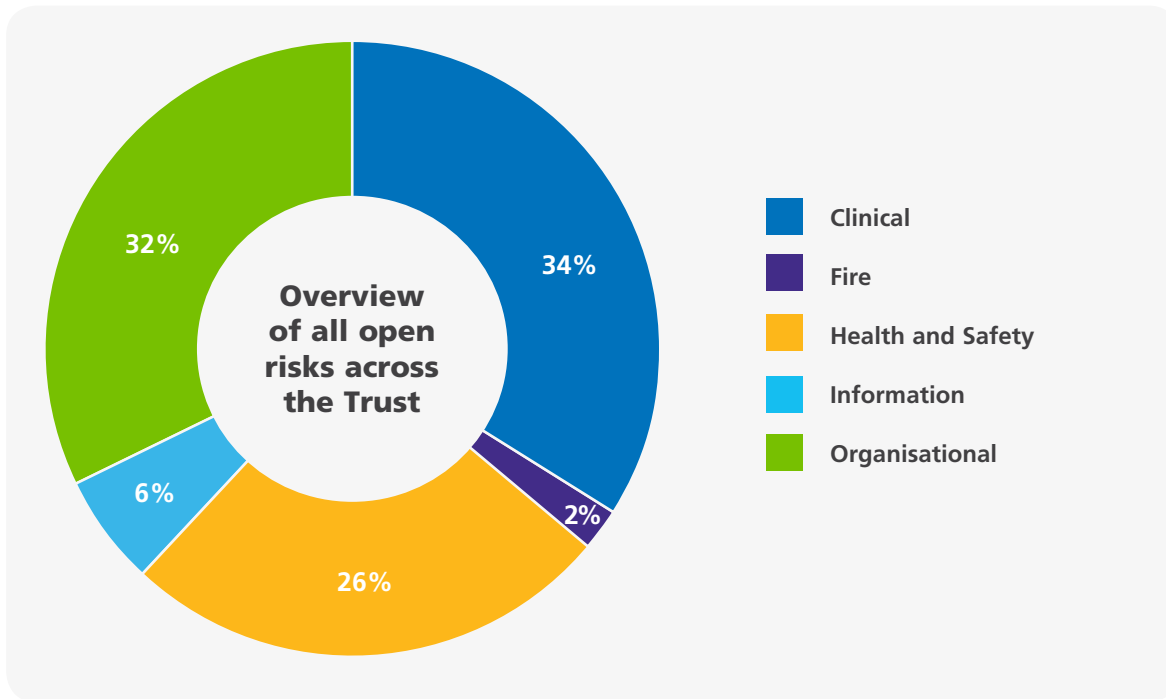
** Highlights risks carried over from prior periods.

Risk 2404 was newly identified in financial year 2016/17. All other risks were carried over from prior periods.

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 March 2017, the Trust has 270 open risks. The chart below presents an overview of all open risks.



Note: action plans related to the 3 risks recorded as 'extreme' are underway and Board assurance/oversight is being undertaken by the Trust's Estates Committee.

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

- Service related schemes – via Clinical Operational Boards.
- Corporate support functions schemes – via the Trust Board
- Transformation and Service Redesign schemes – via Strategic Change Board
- Estates schemes – via Estates Committee

The Trust achieved a score of 81% in the Information Governance (IG) Toolkit self-assessment for 2016/17. For the 39 standards involved, there were four ratings possible (0, 1, 2, or 3, with 3 being the most positive outcome). The Trust achieved level 2 for 21 standards and level 3 for 17 standards. One standard was considered not relevant to the Trust's portfolio.

This assessment provides assurance to the Board that the Trust is meeting its obligations in relation to information governance. Continuous action plans for improvement are monitored by the Trust's Information Governance Steering Group, which reports to the Quality Improvement and Safety Committee.

During 2016/17, there were four information governance incidents which required full root cause analysis. All four were reported to the appropriate commissioning organisation and closed. None of these incidents resulted in harm to any patient.

One of these four incidents was reported to the Information Commissioner's Office (ICO) which acknowledged the actions taken by the Trust to prevent reoccurrence and requested no further action by the Trust. This incident related to a software issue within the iCaSH service which caused an error in saving records. This was highlighted to the software provider and to the ICO, and resolution of this incident was managed by the Trust's Head of ICT and Clinical Systems.

The strategic risk register is shared with key stakeholders (including Healthwatch through their attendance at Public Board meetings) and risks relating to the contracts with the commissioners are identified and discussed during the contract negotiation stage.

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

As an employer with staff entitled to membership of the NHS pension scheme, the Trust is compliant with NHS Pension Scheme Regulations. Control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations. A Contributions Assurance Statement has been submitted to the NHS Business Services Authority, confirming that the contributions remitted properly represent amounts due to the Scheme.

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

The risk and control framework

The Trust has a risk management policy, which makes it clear that managing risk is a key responsibility for the Trust and all staff employed by it. The Board receives 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. In July 2016, the Trust held a development session focussing on the Trust's approach to risk management and the Board's role in effective risk management.

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

The 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 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 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 subcommittees.

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 the and on the controls reviewed as part of the internal audit work.

The Head of Internal Audit's opinion is of 'reasonable assurance' reflecting that the organisation has an adequate and effective framework for risk management, governance and internal control and identified further enhancements to the framework of risk management, governance and internal control to ensure that the Trust remains adequate and effective. The Trust will implement the identified actions in 2017/18.

Executive managers within the organisation, who have responsibility for the development and maintenance of the system of internal control, provide me with assurance. The assurance framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal

objectives have been reviewed. My review is also informed by clinical audits, the Trust's External Auditors and any assessments conducted by the CQC, Ofsted, the Information Commissioner's Office and NHS Protect.

The Estates Committee has been unable to receive full assurance of its statutory responsibilities in relation to estates management during 2016/17. The Committee and the Trust's Executive Team will be focussing on ensuring full assurance as a key priority in the first quarter of 2017/18.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the clinical operational boards and the audit, estates, and quality improvement and safety committees. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board's role is to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed. Trust objectives for 2016/17 were agreed as part of the Trust's 5 year business plan (2016-2021) 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 & Innovation (CQUIN) framework have been incorporated where appropriate, along with other measures agreed with Executive Directors.

Significant Issues

The global cyber-attack on 12 May 2017 resulted in major disruptions across NHS organisations. This was a subsequent event that occurred after the financial year end. No Trust computers

were infected with the ransomware and patient services were maintained through the successful introduction of business continuity plans. The Trust immediately implemented a security update of all our computers. All guidance issued via NHS Digital was reviewed and followed and we maintained regular communication with both the regional NHS incident centres and our ICT suppliers to pro-actively manage our position throughout the incident and in the days following. There was minimal disruption to patient services as the Trust took precaution to prevent an infection in the immediate aftermath of the incident. The Trust is now undertaking an evaluation of the incident and the Trust's response. Areas of learning identified through this review will be shared with our Board and across the Trust.

There were no other significant issues.

Conclusion

There has been no evidence presented to myself or the Board to suggest that at any time during 2016/17, 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, 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

31 May 2017

Annex 1 - Attendance at Board meetings and Board subcommittees

The table below sets out the number of meetings attended by each Board member during 2016/17.

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	Audit Committee	Quality Improvement & Safety Committee	Remuneration Committee	Charitable Funds Committee	Estates Committee	Strategic Change Board	Ambulatory Clinical Operational Board	Children's Clinical Operational Board	Luton Clinical Operational Board
Nicola Scrivings (Chair)	12 (12)	1(1)	2 (2)	2 (2)	4 (4)	3 (4)	6 (6)	9 (11)	1 (1)	9 (11)
Trish Davies (NED)	10 (12)	4(5)	3 (6)					8 (11)	10 (11)	
Dr Anne McConville (NED)	10 (12)	1(1)	5 (6)		3 (4)			1 (1)		
Gill Thomas (NED)	11 (12)			2 (2)		4 (4)	6 (6)		10 (11)	
Geoff Lambert (NED)	11 (12)	5 (5)		2 (2)	3 (4)	4 (4)			1 (1)	11 (11)
Mark Robbins (Director of Finance and Resources)	12 (12)	5 (5)			4 (4)	3 (4)	5 (6)		8 (11)	
Anita Pisani (Deputy Chief Executive and Director of Workforce and Service Re-Design)	12 (12)		4 (6)	2 (2)	3 (3)		6 (6)	7 (7)		11 (11)
Mandy Renton (Chief Nurse)	10 (12)	1 (1)	5 (6)			2 (2)	3 (6)	1 (1)	8 (11)	2 (2)
Dr David Vickers (Medical Director)	11 (12)		5 (6)					8 (11)	1 (1)	7 (11)
Matthew Winn (Chief Executive)	12 (12)	1(1)		2 (2)			5 (6)	8 (11)	2 (2)	

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

Names	Title	Sub Committee Members (* Indicates Chairs of that committee)
Nicola Scrivings (Chair)	Chair	Charitable Funds, Estates, Luton Clinical Operational Board, Remuneration, Strategic Change Board*, Ambulatory Clinical Operational Board*
Trish Davies	Non-Executive Director	Audit, Children & Young People's Clinical Operational Board*, Quality Improvement and Safety
Dr Anne McConville	Non-Executive Director	Charitable Funds, Ambulatory Clinical Operational Board, Quality Improvement and Safety*
Gill Thomas	Non-Executive Director	Children & Young People's Clinical Operational Board, Remuneration*, Strategic Change Board, Estates*
Geoff Lambert	Non-Executive Director	Audit*, Charitable Funds*, Estates, Luton Clinical Operational Board*, Remuneration
Mark Robbins	Director of Finance and Resources	Charitable Funds, Estates, Children & Young People's Clinical Operational Board, Strategic Change Board
Anita Pisani	Deputy Chief Executive and Director of Workforce and Service Re-Design	Charitable Funds, Luton Clinical Operational Boards, Quality Improvement and Safety, Strategic Change Board
Mandy Renton	Chief Nurse	Estates, Children & Young People's Clinical Operational Board, Quality Improvement and Safety, Strategic Change Board
Dr David Vickers	Medical Director	Luton Clinical Operational Board, Ambulatory Clinical Operational Board, Quality Improvement and Safety, Strategic Change Board
Matthew Winn	Chief Executive	Strategic Change Board, Ambulatory Clinical Operational Board



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

Name	Position
Gill Thomas	Non Executive Director (Chair of the Committee)
Geoffrey Lambert	Non Executive Director
Nicola Scrivings	Chairman of the Board
Matthew Winn	Chief Executive (in attendance for relevant discussions only).
Anita Pisani	Deputy Chief Executive (in attendance for relevant discussions only).

Policy on the remuneration of senior managers

For the purposes of the remuneration report the Chief Executive considers the Executive and Non-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 2017. 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 (HR) professional.

Policy on performance conditions

The Trust's annual objectives are set through the annual business planning cycle. The Trust's chairman 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 Chairman also holds bi-monthly performance meetings with each of the executive directors.

Policy on duration of contracts, notice periods and termination payments

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

Service Contracts (not subject to audit)

Details of remuneration payable to the senior managers of Cambridgeshire Community

Services NHS Trust in respect of their services for the year ended 31 March 2017 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
Mandy Renton	Chief Nurse	23/01/2012	N/A	N/A	3 months

DynamicHealth PhysioDirect is helping half of our physiotherapy patients successfully self-manage their condition

An audit of our PhysioDirect telephone assessment service examined more than 1,000 randomly selected call logs, and found that 55% of callers were able to self-manage their condition, while the other 45% were referred for a face-to-face examination.

Stephanie Dear, musculo-skeletal physiotherapist explained: "We give patients advice and exercises over the phone and they are then given an SOS period depending on what we believe the condition to be – for example we might say if your symptoms aren't better in the next two months give us a call and we can review your management. And we screen for those who need to be urgently seen face to face.

“Generally we can complete two, or possibly three, telephone assessments in the same time that we'd be able to complete one face-to-face assessment. So it's also an effective way to get through waiting lists.”

For more information visit:
www.eoemskservice.nhs.uk/physio-direct

Remuneration 2016/17 (subject to audit)

Name	Position	2016/17				
		Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Bonus Payments (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Nicola Scrivings	Chair	20-25	24	0	0	20-25
Trish Davies	Non Executive Director	5-10	0	0	0	5-10
Gillian Thomas	Non Executive Director	5-10	0	0	0	5-10
Anne McConville	Non Executive Director	5-10	0	0	0	5-10
Geoffrey Lambert	Non Executive Director	5-10	0	0	0	5-10
Matthew Winn	Chief Executive	135-140	0	0	7.5-10	145-150
David Vickers	Medical Director *	125-130	0	15-20	95-97.5	240-245
Mark Robbins	Director of Finance and Resources (From 1st May 2015)	90-95	0	0	17.5-20.0	110-115
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	100-105	0	0	0	100-105
Mandy Renton	Chief Nurse	95-100	0	0	22.5-25	115-120
		2015/16				
Nicola Scrivings	Chair	20-25	2	0	0	20-25
Julie Goldsmith	Non Executive Director	5-10	0	0	0	5-10
Mike Hindmarsh	Non Executive Director (to 30th April 2015)	0-5	0	0	0	0-5
Trish Davies	Non Executive Director	5-10	0	0	0	5-10
Gillian Thomas	Non Executive Director	5-10	1	0	0	5-10
Anne McConville	Non Executive Director	5-10	0	0	0	5-10
Geoffrey Lambert	Non Executive Director	5-10	0	0	0	5-10
Matthew Winn	Chief Executive	130-135	0	0	0	130-135
David Vickers	Medical Director *	125-130	0	0	0	125-130
Mark Robbins	Director of Finance and Resources (From 1st May 2015)	75-80	0	0	0	75-80
Kevin Orford	Interim Director of Finance and Resources (to 30th April 2015)	20-25	0	0	0	20-25
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	95-100	0	0	7.5-10	105-110
Mandy Renton	Chief Nurse	90-95	0	0	5-7.5	100-105

* David Vickers is employed as both a paediatric consultant and medical director at the Trust. His "salary" includes his role as a paediatric consultant (£125,000 - £130,000).

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 2016/17 was £144,914 (2015/16 comparator £131,300). This was 5.09 times the median remuneration of the workforce (subject to audit), which was £28,462 (2015/16 comparator was 4.66 times the median remuneration of the workforce which was £28,180). Remuneration ranged from £7,280 to £144,914. 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 2017, sorted by full time equivalent salary value and then taking the middle employee from this list.

In 2016/17, 0 employees (2015/16 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 2017, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2017	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 between 1 April 2016 and 31 March 2017, for more than £220 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 2016 and 31 March 2017	3
Number of new engagements which include contractual clauses giving Cambridgeshire Community Services NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	0
<i>Of which:</i>	
Assurance has been received	0
Assurance has not been received	3
Engagements terminated as a result of assurance not being received	0

Three engagements were entered into without contractual clauses allowing us to seek assurance as to their tax obligations. One of the engagements are through a third party recruitment agency and two through their own private limited company. Therefore, assurance has not been requested and received in this regard.

The Trust has had seven exit packages in 2016/17 (subject to audit) all of which 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	10,583			2	10,583		
£10,000 - £25,000	4	47,728			4	47,728		
£25,001 - £50,000	1	29,881			1	29,881		
£50,001 - £100,000					0			
£100,001 - £150,000					0			
£150,001 - £200,000					0			
> £200,000					0			
Total	7	88,192	0	0	7	88,192	0	0

Signed:



Matthew Winn
Chief Executive

31 May 2017

Outpatients Cambridgeshire Outpatient Services are highly valued

Our outpatient services based at Princess of Wales and Doddington community hospitals continued to provide high quality services to local people in centres closer to their homes.

These services are highly valued by local residents and this is reflected in their feedback to our teams, with 96% of over 3000 patients saying they would recommend our outpatient services to friends and family.

As the owner of these community hospital sites, we are working hard with partners to develop vibrant plans for the future of these sites.

We were delighted to welcome Lucy Frazer, MP for South East Cambridgeshire to the Princess of Wales hospital site earlier this year, to share these plans with her.



Pension Benefits - 2016/17 (subject to audit)

Name	Position	2016/17							
		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 2017 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2017 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2017 £'000	Cash Equivalent Transfer Value at 1 April 2016 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	0-2.5	2.5-5	25-30	75-80	401	372	29	N/A
David Vickers *	Medical Director	2.5-5	12.5-15	45-50	140-145	1,066	912	154	N/A
Anita Pisani	Director of Workforce and Transformation	0-2.5	0-2.5	25-30	80-85	451	434	17	N/A
Mandy Renton	Chief Nurse	0-2.5	2.5-5	35-40	105-110	711	660	51	N/A
Mark Robbins	Director of Finance	0-2.5	2.5-5	20-25	70-75	408	374	34	N/A

*Increase in real increase in cash equivalent transfer value is due to Clinical Excellence award

Prior Year - Pension Benefits - 2015/16

Name	Position	2015/16							
		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 2016 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2016 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2016 £'000	Cash Equivalent Transfer Value at 1 April 2015 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	0-2.5	0-2.5	20-25	70-75	372	366	1	N/A
David Vickers *	Medical Director	0-2.5	0-2.5	40-45	125-130	912	1,163	-266	N/A
Anita Pisani	Director of Workforce and Transformation	0-2.5	2.5-5	25-30	80-85	434	411	18	N/A
Mandy Renton	Chief Nurse	0-2.5	2.5-5	30-35	100-105	660	631	21	N/A
Mark Robbins **	Director of Finance (From 1st May 2015)	22.5-25	67.5-70	20-25	65-70	374	0	374	N/A

*reduction in real increase in cash equivalent transfer value is due to Clinical Excellence award ending

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

Consultancy expenditure

Consultancy Service expenditure for 2016/17 was £142,533.

Off payroll arrangements

The Trust had 3 off payroll engagements during 2016/17.

Exit packages

The Trust made 7 exit packages in 2016/17 (subject to audit).

Signed: 

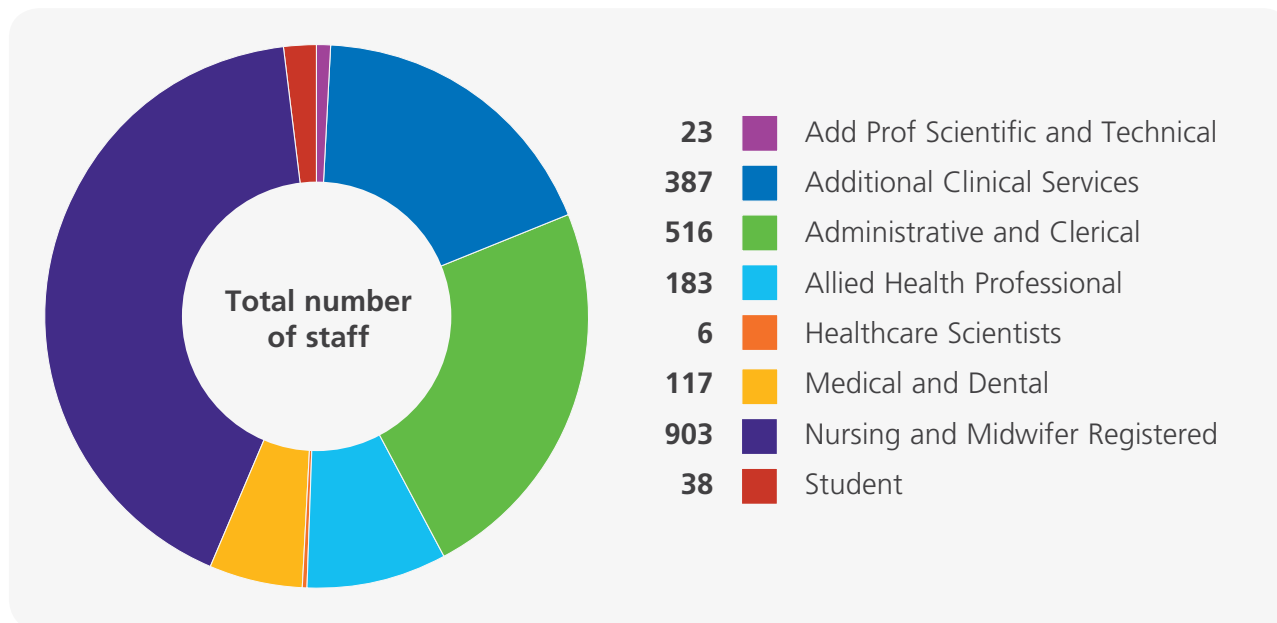
Matthew Winn, Chief Executive

31 May 2017

Staff Report

(subject to audit)

As at 31 March 2017, the Trust employed 2173 staff. The following chart shows an analysis of the total number of staff by occupational code.



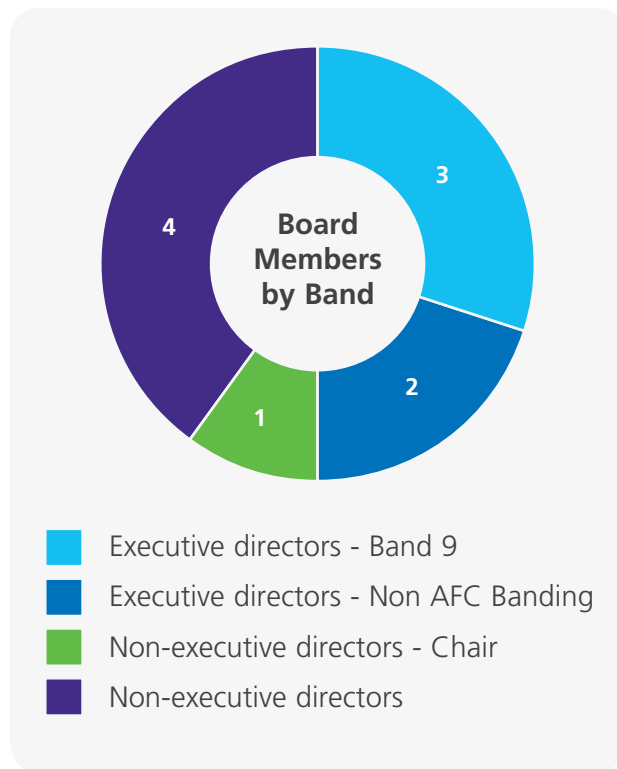
The following table shows an analysis of the average whole time equivalent staff split between staff groups and permanently employed and other for 2016/17 and 2015/16 for the prior year comparator.

Average Staff Numbers	Total Current Year	Permanently Employed	Other	Total Prior Year	Permanently Employed	Other
Medical and dental	87	66	21	95	69	26
Ambulance staff	0	0	0	0	0	0
Administration and estates	422	389	33	405	382	23
Healthcare assistants and other support staff	305	298	7	289	282	7
Nursing, midwifery and health visiting staff	732	709	23	639	596	43
Nursing, midwifery and health visiting learners	38	3	35	28	2	26
Scientific, therapeutic and technical staff	173	166	7	181	168	13
Social Care Staff	0	0	0	0	0	0
Healthcare Science Staff	0	0	0	0	0	0
Other	0	0	0	0	0	0
TOTAL	1757	1631	126	1637	1499	138
Staff engaged on capital projects (included above)	0	0	0	0	0	0

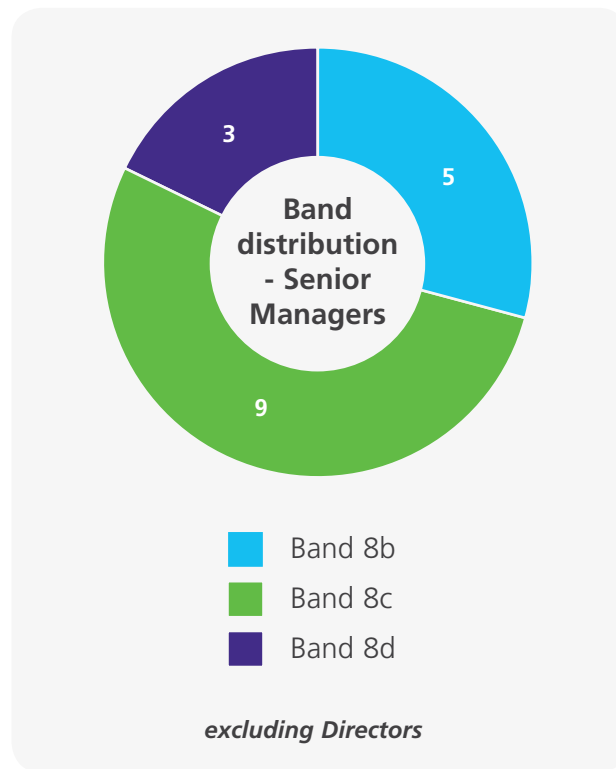
The following table shows an analysis of pay costs split between permanently employed and other.

Employee Benefits Current Year - Gross Expenditure	2016/17		
	Total £000s	Permanently Employed £000s	Other £000s
Salaries and wages	60,451	56,766	3,685
Social security costs	5,394	5,394	0
Employer Contributions to NHS BSA - Pensions Division	7,373	7,373	0
Other pension costs	0	0	0
Termination benefits	88	88	0
Total employee benefits	73,306	69,621	3,685

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

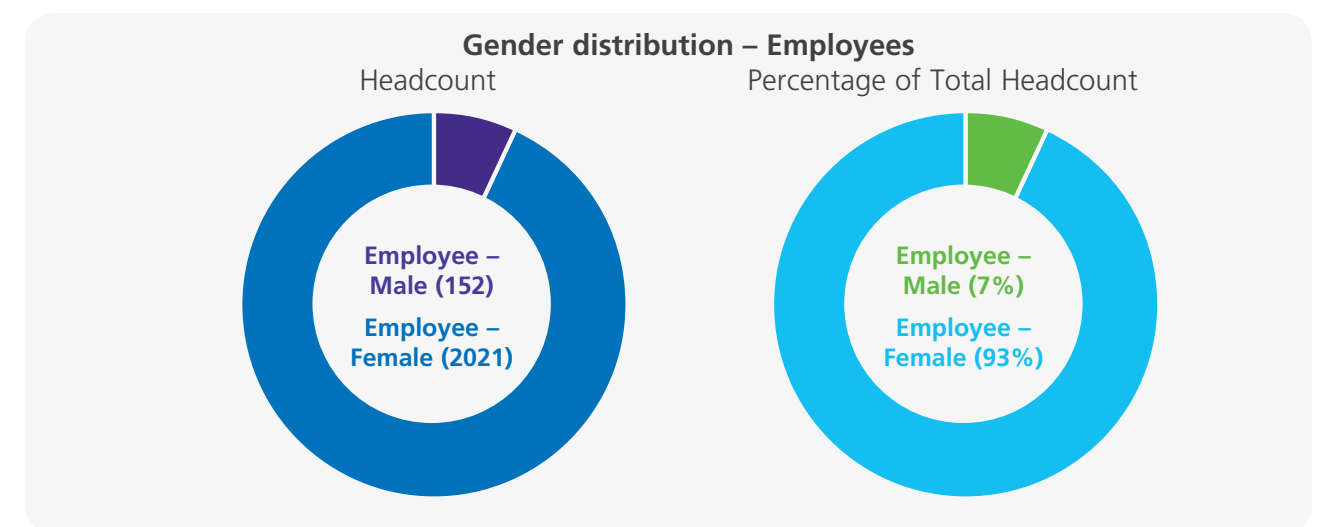
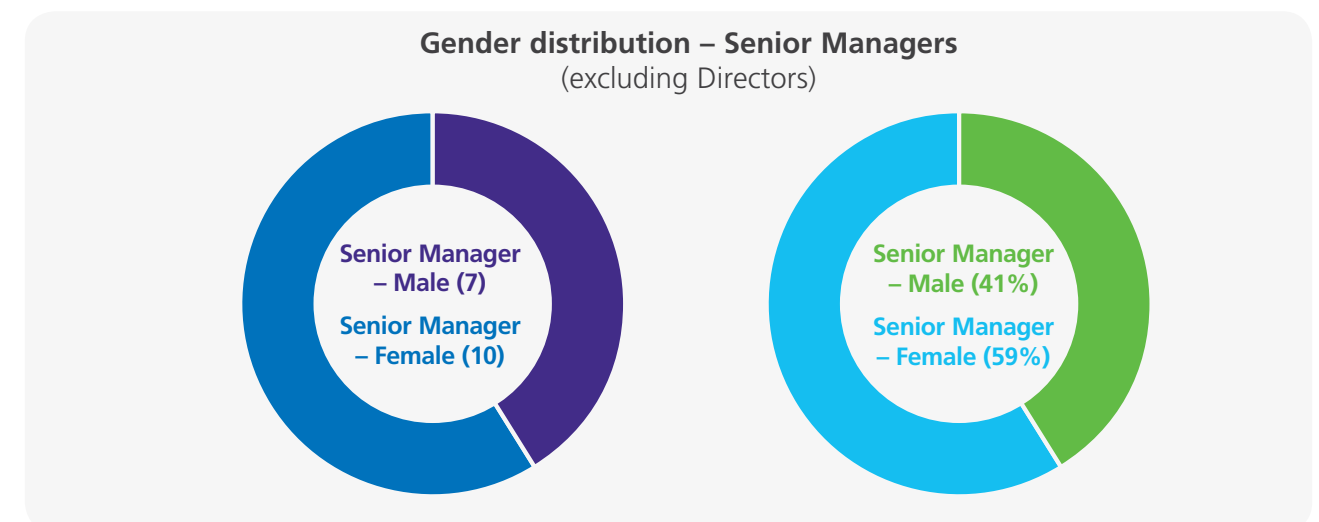
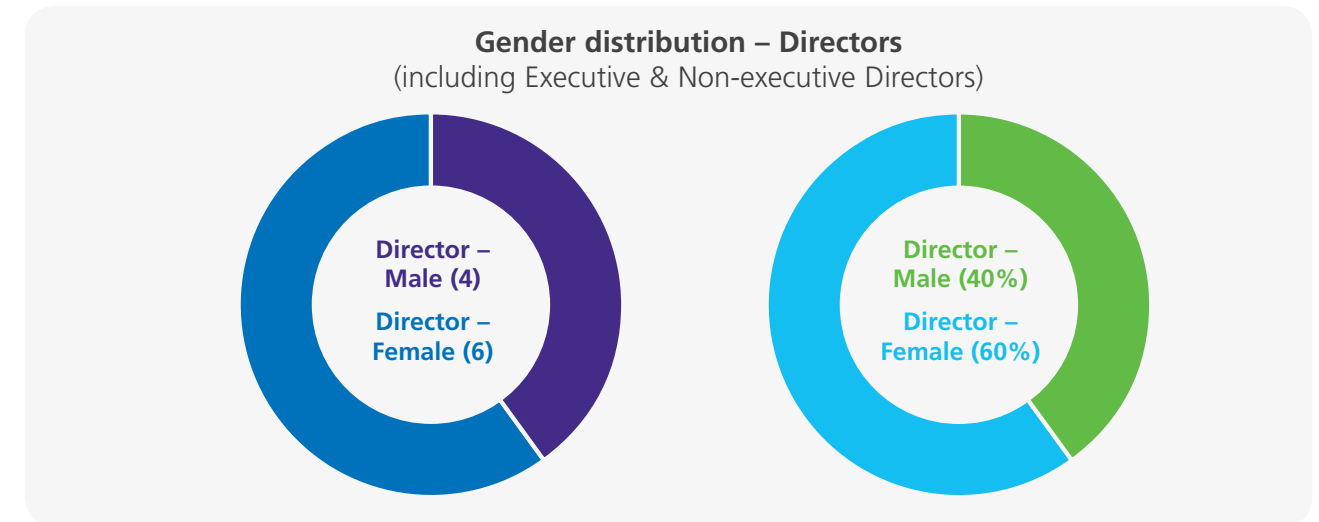


The following chart provides an analysis of the number of Senior Managers within the Trust, by band.



Analysis of gender distribution within our workforce

The following charts set out the gender distribution across the Trust as of 31 March 2017



iCaSH: Service expands across Bedfordshire

As a result of submitting strong and compelling cases, reflecting our specialist knowledge, expertise and history, we were delighted to win contracts during 2016/17 to provide iCaSH and HIV care and treatment services to Bedfordshire residents.

The excellent staff from these services joined us in November 2016 and worked hard with us to ensure a smooth transfer from their previous employer and moved in to newly refurbished accommodation at Kings Brook, Bedford in April 2017.

New website improves access to information and services

In 2016 we launched a new regional iCaSH website which provides a wide range of information on the services we provide and how these can be accessed.

Readers can access extensive information on:

- Contraception: to learn about and choose contraception
- STI Testing: support, information, treatment and care for all sexually transmitted infections
- HIV: from testing to ongoing support, information and care for people with HIV
- Community based sexual health services providing free condoms, chlamydia screening and sexual health service.

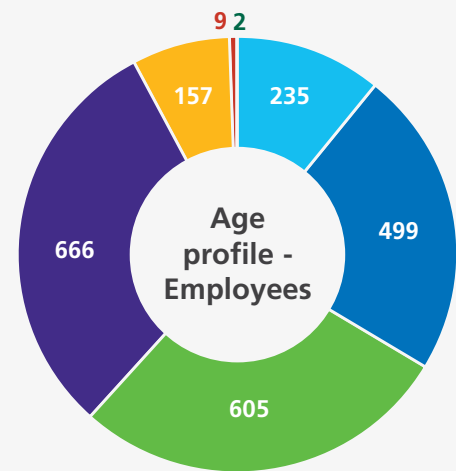
Visit our website at: www.icash.nhs.uk



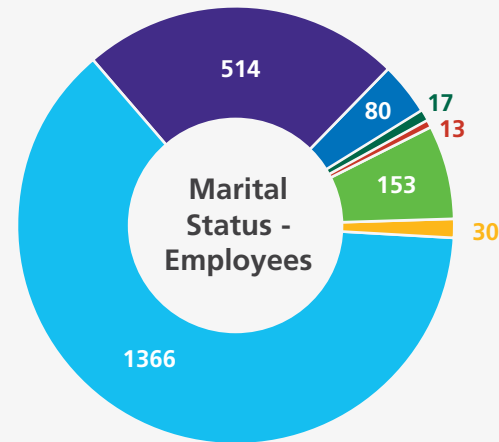
As part of the Trust's commitment to promoting and ensuring inclusion and diversity across our workforce, we analyse workforce data against eight of the nine protected characteristics set out in the Equality Act 2010. The gender distribution charts/table set out above and below relating to age, marriage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

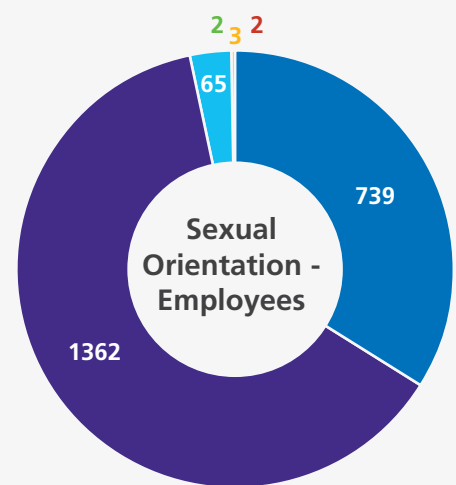
Currently we do not collect data relating to gender reassignment and will be reviewing this issue during 2017/18.



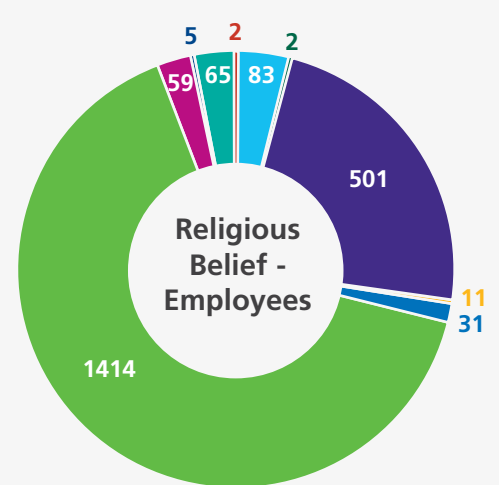
- Under 20
- 20-29 yrs
- 30-39 yrs
- 40-49 yrs
- 50-59 yrs
- 60-69 yrs
- 70-80 yrs



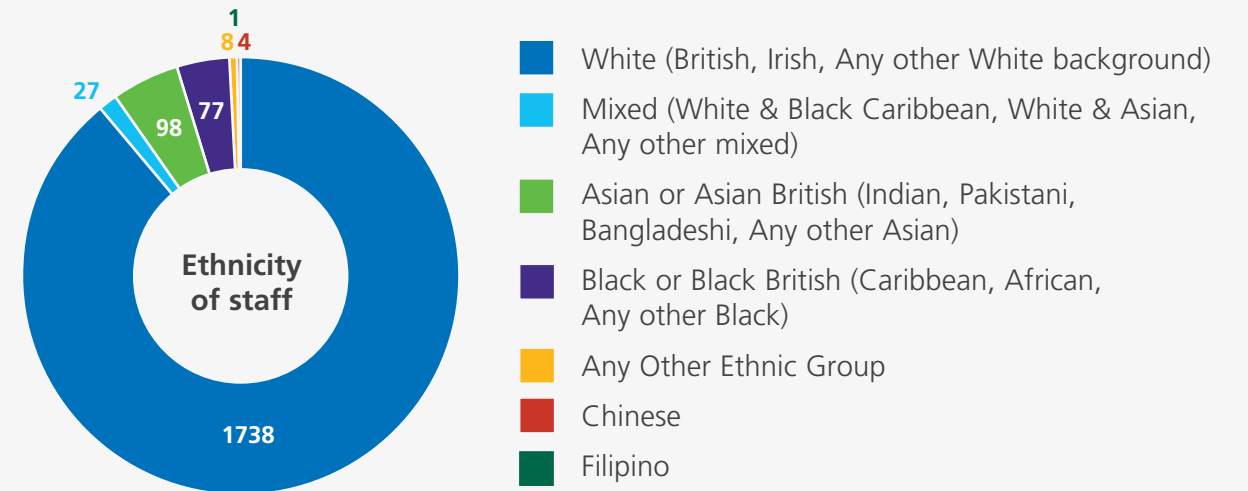
- Civil Partnership
- Divorced
- Legally Separated
- Married
- Single
- Unknown
- Widowed



- Undefined
- Bisexual
- Gay
- Lesbian
- Heterosexual
- I do not wish to disclose my sexual orientation



- Atheism
- Buddhism
- Christianity
- Hinduism
- Islam
- Sikhism
- Judaism
- I do not wish to disclose my religion / belief
- Other
- Undefined



Total staff headcount - as at 31st March 2017		2173
Disability -	number of staff recorded in ESR (Electronic Staff Record) system as disabled	35
Maternity & Adoption leave -	number of staff identified as on Maternity or Adoption leave	57

Luton Patients with complex needs benefit from new 'At Home First' service

Introduction of the new care model - At Home First - in partnership with health and social care partners is improving the care provided to some of our most complex patients.

The model incorporates two elements which can be accessed through a single telephone number (0333 405 3000):

- an Integrated Rapid Response service for adults, which stabilises patients in crisis for up to 72 hours
- Intensive Case Management, typically for 30-90 days, where Community Matrons assess and identify patient needs, with team discussions at monthly multi-disciplinary team meetings held in GP practices.

Already we are seeing benefits from this new approach including better integration of care across the health and care system to deliver shared care plans, more responsive care delivered in people's own home, with multi-disciplinary services targeted to patients with complex needs and their families.

As the model embeds, we aim to reduce A&E attendances and hospital admissions for this group of patients enabling more people to retain their independence with the support they need provided in the community.



Health and wellbeing and sickness absence reduction

The Trust continued to implement our 'Live Life Well' staff health and wellbeing programme during 2016/17 including:

- Working with MvBii Ventures Ltd to introduce the zTrack Activity Tracker pilot where 30 staff will pilot use of a device that tracks patterns of rest and activity to help users be more active
- availability of personal resilience and mindfulness and coaching conversations training
- continuation of our rapid access to musculoskeletal service for staff who are off

sick (or at risk of going off sick) as a result of a condition for which they are awaiting investigation, treatment or surgery

- inducting all new staff in the Trust's culture and explaining their rights and responsibilities as part of induction
- promoting Live Life Well activities through a range of communication channels, workplace challenges and wellbeing interventions
- promoting access to funds to support local staff teams live life well and wellbeing activities.

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

Data category	2013/14	2014/15	2015/16	2016/17
Average WTE*	2924	2854	1952.79	1762.79
Average monthly sickness rate	4.90%	4.73%	4.38%	4.67%
WTE days lost	52,321	49,993	31427.01	30110.73
WTE days available	1,068,674	1,042,141	700,107.26	645,165.81
Cumulative sickness rate - based on yearly totals	4.90%	4.80%	4.49%	4.67%

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

Note: the above table reflects data from our internal monitoring process for 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 in employment or job applicant receives less favourable treatment because of their race, colour, nationality, ethnic or national origin or on the grounds of gender, marital status, disability, age, sexual orientation or religion; or is disadvantaged by conditions or requirements which are not justified by the job.

The Trust's Equality and Diversity work stream, alongside our Equal Opportunities Policy, Recruitment and Selection Policy, Dignity at Work Policy, and Training, Education and Development Policy are central in achieving this aim.

During 2016/17, the Trust continued to receive accreditation to use the Two Ticks Disability

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 2016/17 was £142,533.

Off payroll arrangements

The Trust had 3 off payroll engagements during 2016/17.

Exit packages

The Trust made 7 exit packages in 2016/17.



Independent Auditor's Report to the Directors of Cambridgeshire Community Services NHS Trust

We have audited the financial statements of Cambridgeshire Community Services NHS Trust (the Trust) for the year ended 31 March 2017 under the Local Audit and Accountability Act 2014. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. 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 2016-17 Government Financial Reporting Manual (the 2016-17 FReM) as contained in the Department of Health Group Accounting Manual 2016-17 (the 2016-17 GAM) and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England (the Accounts Direction).

We have also audited the information in the Remuneration and Staff Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes;
- the table of pension benefits of senior managers and related narrative notes;
- the tables of exit packages;
- the analysis of staff numbers and related notes; and
- the analysis of pay multiples and related narrative notes.

This report is made solely to the Board of Directors of Cambridgeshire Community Services NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014 and as set out in paragraph 43 of the Statement of Responsibilities of Auditors and Audited Bodies published by Public Sector Audit Appointments Limited. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an audit/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 Board of Directors of the Trust, as a body, for our audit work, this report, or for the opinions we have formed.

Respective responsibilities of Directors, the Accountable Officer and auditor

As explained more fully in the Statement of Directors' Responsibilities in respect of the Accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

As explained in the Statement of the Chief Executive's responsibilities, as the Accountable

Officer of the Trust, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources. We are required under section 21(3)(c), as amended by 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. Section 21(sxb) of the Local Audit and Accountability Act 2014 requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

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.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the Trust's circumstances and have
- been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the Directors; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report and accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2016, as to whether 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 2017.

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 form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of Cambridgeshire Community Services NHS Trust as at 31 March 2017 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the National Health Service Act 2006 and the Accounts Direction issued thereunder.

Opinion on other matters

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and

- the other information published together with the audited financial statements in the annual report and accounts is consistent with the financial statements.

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Trust Improvement’s guidance; 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 issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014; or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

We have nothing to report in these respects.

Certificate

We certify that we have completed the audit of the accounts 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.

DSEP

David Eagles

For and on behalf of BDO LLP,
Appointed Auditor
Ipswich, UK

1 June 2017

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).





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Statement of Comprehensive Income for year ended 31 March 2017

	NOTE	2016-17 £000s	2015-16 £000s
Gross employee benefits	7	(73,306)	(70,811)
Other operating costs	5	(39,602)	(37,639)
Revenue from patient care activities	3	110,650	103,993
Other operating revenue	4	5,920	6,372
Operating surplus/(deficit)		3,662	1,915
Finance costs		0	(46)
Surplus/(deficit) for the financial year		3,662	1,869
Public dividend capital dividends payable		(1,564)	(1,293)
Retained surplus/(deficit) for the year		2,098	576
Other Comprehensive Income			
		2016-17 £000s	2015-16 £000s
Net actuarial gain/(loss) on pension schemes	8	0	348
Other pension remeasurements	8	0	1,351
Total comprehensive income for the year		2,098	2,275
Financial performance for the year			
Retained surplus/(deficit) for the year		2,098	576
Adjusted retained surplus/(deficit)		2,098	576

The notes on pages 100 to 123 form part of this account.

Statement of Financial Position as at 31 March 2017

	NOTE	31 March 2017 £000s	31 March 2016 £000s
Non-current assets:			
Property, plant and equipment	11	50,532	48,976
Intangible assets		280	158
Total non-current assets		50,812	49,134
Current assets:			
Inventories		41	41
Trade and other receivables	13	12,158	14,321
Cash and cash equivalents	14	7,775	5,683
Total current assets		19,974	20,045
Total assets		70,786	69,179
Current liabilities			
Trade and other payables	15	(15,026)	(15,766)
Provisions	16	(443)	(133)
Total current liabilities		(15,469)	(15,899)
Net current assets/(liabilities)		4,505	4,146
Total assets less current liabilities		55,317	53,280
Non-current liabilities			
Trade and other payables	15	(1,045)	(1,286)
Provisions	16	(1,558)	(1,378)
Total non-current liabilities		(2,603)	(2,664)
Total assets employed:		52,714	50,616
FINANCED BY:			
Public Dividend Capital		2,107	2,107
Retained earnings		33,278	31,180
Revaluation reserve		17,283	17,283
Other reserves		46	46
Total Taxpayers' Equity:		52,714	50,616

The notes on pages 100 to 123 form part of this account.

The financial statements on pages 96 to 123 were approved by the Board on 30th May 2017 and signed on its behalf by

Chief Executive:



Date: 31 May 2017

Statement of Changes in Taxpayers' Equity for the year ending 31 March 2017

	Public Dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	Other reserves £000s	Total reserves £000s
Balance at 1 April 2016	2,107	31,180	17,283	46	50,616
Changes in taxpayers' equity for 2016-17					
Retained surplus/(deficit) for the year	0	2,098	0	0	2,098
Net recognised revenue/(expense) for the year	0	2,098	0	0	2,098
Balance at 31 March 2017	2,107	33,278	17,283	46	52,714
Balance at 1 April 2015	2,107	30,604	17,283	(1,653)	48,341
Changes in taxpayers' equity for the year ended 31 March 2016					
Retained surplus/(deficit) for the year	0	576	0	0	576
Net actuarial gain/(loss) on pension	0	0	0	348	348
Other pension remeasurement	0	0	0	1,351	1,351
Net recognised revenue/(expense) for the year	0	576	0	1,699	2,275
Balance at 31 March 2016	2,107	31,180	17,283	46	50,616

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. Additional PDC may also be issued to NHS trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS trust, is payable to the Department of Health as the public dividend capital dividend.

Retained Earnings

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

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 - Merger Reserve

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 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 NHS Trust's 2010/11 accounts.

Statement of Cash Flows for the Year ended 31 March 2017

	NOTE	2016-17 £000s	2015-16 £000s
Cash Flows from Operating Activities			
Operating surplus/(deficit)		3,662	1,915
Depreciation and amortisation	11	2,194	2,032
(Increase)/Decrease in Trade and Other Receivables	13	2,163	(1,497)
Increase/(Decrease) in Trade and Other Payables	15	(1,339)	(7,016)
Provisions utilised	16	(9)	(47)
Increase/(Decrease) in movement in non cash provisions	16	499	(155)
Net Cash Inflow/(Outflow) from Operating Activities		7,170	(4,768)
Cash Flows from Investing Activities			
(Payments) for Property, Plant and Equipment		(3,528)	(4,322)
(Payments) for Intangible Assets		(182)	0
Proceeds of disposal of assets held for sale (PPE)		0	170
Net Cash Inflow/(Outflow) from Investing Activities		(3,710)	(4,152)
Net Cash Inflow / (outflow) before Financing		3,460	(8,920)
Cash Flows from Financing Activities			
PDC Dividend (paid)/refunded		(1,368)	(1,141)
Net Cash Inflow/(Outflow) from Financing Activities		(1,368)	(1,141)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		2,092	(10,061)
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	14	5,683	15,744
Cash and Cash Equivalents (and Bank Overdraft) at year end		7,775	5,683

Notes to the Accounts

1. Accounting Policies

The Secretary of State for Health has directed that the financial statements of NHS trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH Group Accounting Manual 2016-17 issued by the Department of Health. The accounting policies contained in that manual 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 Group Accounting Manual permits a choice of accounting policy, the accounting policy which 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 by the trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

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

Going Concern

These accounts have been prepared on a going concern basis and the Trust has no material uncertainties that would affect this assessment.

1.2 Charitable Funds

Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact.

As the Trust does not have any material Charitable Funds, no consolidation has taken place.

1.3 Critical accounting judgements and key sources of estimation uncertainty

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

1.3.1 Critical judgements in applying accounting policies

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

1.3.2 Key sources of estimation uncertainty

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

The Trust's provision for the impairment of receivables

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

Accruals and provisions

In line with the framework set out by International Financial Reporting Standards, the Trust has made expenditure accruals and provisions for transactions (and other events) that relate to 2016/17 irrespective of whether cash or its equivalent has been paid.

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

Asset lives, impairment and depreciation methodology

In line with IAS 16, Property, Plant and Equipment (PPE), the Trust depreciates its Non Current PPE in line with the assets' useful economic lives. The Trust's management team believe that the economic benefits associated with such assets are broadly consumed on a straight line basis in line with the useful economic lives contained within note 11.3.

1.4 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of revenue for the trust is from commissioners for healthcare services.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

The NHS trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The NHS trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

1.5 Employee Benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees, except for bonuses earned but not yet taken which, like leave earned but not yet taken is not accrued for at the year end, on the grounds of immateriality.

Retirement benefit 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. 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.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

1.6 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- 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 will be supplied to the NHS trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably and either
- the item cost at least £5,000 or
- collectively, a number of items have a total cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control
- items form part of the initial equipping and setting-up cost of a new building (freehold and leasehold), 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, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost 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 that are held for their service potential and are in use are measured subsequently at their current value in existing use. All assets are measured subsequently at valuation.

Land and buildings used for the Trust's services or for 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 amounts 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, 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 as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance

on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

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

1.8 Depreciation, amortisation and impairments

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.

At each financial year-end, the NHS trust checks whether there is any indication that its property, plant and equipment or intangible non-current assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

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 are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.9 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 lessee

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

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

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

The NHS trust as lessor

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 on a straight-line basis over the lease term.

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.

1.11 Provisions

Provisions are recognised when the NHS trust has a present legal or constructive obligation as a result of a past event, it is probable that the NHS trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

1.12 Non-clinical risk pooling

The NHS trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the NHS trust pays an annual contribution to the NHS Litigation Authority 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 as and when they become due.

1.13 Financial assets

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

Financial assets are initially recognised at fair value.

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

Loans and receivables

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

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

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

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

1.14 Financial liabilities

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

Other financial liabilities

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

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.

1.16 Public Dividend Capital (PDC) and PDC dividend

Public dividend capital represents taxpayers' equity in the NHS trust. At any time the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

An annual charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average carrying amount of all assets less liabilities (except for donated assets and cash balances with the Government Banking Service). The average carrying amount of assets is calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the

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

1.17 Accounting Standards that have been issued but have not yet been adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2016-17. These standards are still subject to HM Treasury FReM interpretation, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 15 Revenue from Contracts with Customers – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

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. The Trust has four Divisions, Ambulatory Care Services, providing a diverse range of primary care services including sexual health, musculoskeletal services, Dental and outpatients, 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 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.

2016/17	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000
Division Level				
Ambulatory Care Services	1,799	(19,162)	(11,566)	(28,928)
Childrens & Younger Peoples Services	2,802	(30,774)	(5,034)	(33,007)
Luton Community Unit	519	(17,499)	(2,558)	(19,539)
Other Services	111,450	(5,920)	(21,958)	83,572
CCS Total 2016/17	116,570	(73,355)	(41,116)	2,098

2015/16	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000
Division Level				
Ambulatory Care Services	1,802	(22,006)	(11,233)	(31,437)
Childrens & Younger Peoples Services	2,927	(24,299)	(3,850)	(25,222)
Luton Community Unit	1,421	(17,834)	(2,769)	(19,182)
Other Services	104,215	(6,672)	(21,126)	76,417
CCS Total 2015/16	110,365	(70,811)	(38,978)	576

	2016-17 £000	2015-16 £000
Revenue from patient care activities	110,650	103,993
Other operating revenue	5,920	6,372
Operating expenses	(112,908)	(108,450)
Operating surplus	3,662	1,915
Net finance (cost)/income	-	(46)
Surplus for the financial year	3,662	1,869
Public dividend capital dividends payable	(1,564)	(1,293)
Retained Surplus for the financial year	2,098	576

3. Revenue from patient care activities

	2016-17 £000s	2015-16 £000s
NHS Trusts	920	819
NHS England	7,797	12,135
Clinical Commissioning Groups	39,822	40,847
Foundation Trusts	2,253	2,733
Department of Health	8	46
NHS Other (including Public Health England and Prop Co)	1,770	1,898
Non-NHS:		
Local Authorities	52,599	38,053
Private patients	177	135
Injury costs recovery	13	72
Other Non-NHS patient care income	5,291	7,255
Total Revenue from patient care activities	110,650	103,993

4. Other operating revenue

	2016-17 £000s	2015-16 £000s
Recoveries in respect of employee benefits	121	174
Education, training and research	137	225
Charitable and other contributions to revenue expenditure – non-NHS	51	333
Sustainability & Transformation Fund Income	1,586	
Rental revenue from operating leases	3,547	5,147
Other revenue	478	493
Total Other Operating Revenue	5,920	6,372
Total operating revenue	116,570	110,365

5. Operating expenses

	2016-17 £000s	2015-16 £000s
Services from other NHS Trusts	2,847	2,997
Services from CCGs/NHS England	72	304
Services from NHS Foundation Trusts	4,889	2,047
Total Services from NHS bodies	7,808	5,348
Purchase of healthcare from non-NHS bodies	2,466	1,979
Trust Chair and Non-executive Directors	50	59
Supplies and services - clinical	6,594	7,862
Supplies and services - general	3,990	4,510
Consultancy services	143	278
Establishment	2,019	2,182
Transport	1,813	1,901
Business rates paid to local authorities	780	626
Premises	8,821	8,678
Hospitality	0	34
Insurance	0	20
Legal Fees	0	71
Impairments and Reversals of Receivables	101	(97)
Depreciation	2,134	1,983
Amortisation	60	49
Internal Audit Fees	62	56
Audit fees	78	80
Clinical negligence	321	295
Research and development (excluding staff costs)	4	17
Education and Training	804	941
Other	1,554	767
Total Operating expenses (excluding employee benefits)	39,602	37,639
Employee Benefits		
Employee benefits excluding Board members	72,704	70,239
Board members	602	572
Total Employee Benefits	73,306	70,811
Total Operating Expenses	112,908	108,450

External audit fees for 2016/17 were agreed as £66,462 excluding VAT (2015/16 £66,462 excluding VAT)

6. Operating Leases

The Trust operates from the following main properties:

- Unit 3, Meadow Lane, St Ives - AR Anderson
- Heron Court, Ida Darwin G3-43 - CPFT
- Masterlord Office Village- Longstop
- Unit 6 Riverside, Lowestoft - NWES
- The Windmill Surgery, London Road, Wymondham
- Lawson Road Health Centre, Norwich
- Breckland Business Centre - Breckland Council
- Vancouver House 2nd Flr Part of - Mapely
- Europa House - East Coast Community Healthcare
- Universal House - East Coast Community Healthcare
- Cringleford, Norwich - JJR Properties
- Units 1-4, Church Mews, Wisbech
- Chesterton East Wing-PROPDOC Limited
- Chesterton West Wing-PROPDOC Limited
- Kingsway Clinic - Camb City Council
- Oak Tree Centre - Huntingdonshire District Council
- Bottisham Medical Practice-S Clark
- New Horsefair Clinic- MedicX
- Soham Medical Centre - Medcentres
- Bluebell Centre, Soham - CCC
- The Riverside Practice, Parkview Clinic March - Medicx
- Dumbleton MC Chapman Way, Eynesbury - Mc & RL Banks & JA Clements
- Futures House, The Moakes, Luton - Marsh Farm Futures
- Randstad Court, Luton - Carlton House Developments Ltd
- The Poynt, Luton - NPV Dunstable
- 2-8 Cauldwell Street, Bedford - Future Connections Ltd
- Marsh Farm Childrens Centre, Redgrave children & Young Peoples Centre- Luton BC
- Ground Floor, Clody House - MIAH
- Respite House, 32 Studley Road Luton - JA Titmuss
- Unit 5 Midgate, Peterborough - Savills (UK) Ltd
- Kings Chambers, Peterborough - 1st & 2nd Floor - UNEX
- Rivergate Centre, Peterborough - NHS Property Services
- Rivergate Centre, Peterborough - Unex Investments
- Healthy Living Centre, Peterborough - Assura
- Orwell Clinic, Ipswich - Suffolk County Council
- Regent Road, Gt Yarmouth - ECCH
- Abbeyview, Bury St Edmunds - Suffolk County Council
- Breydon Clinic, Gt Yarmouth - Norfolk & Suffolk FT
- 1a Oak St, Norwich - LP Hedges
- Vancouver House Grd Flr Part of - Mapely

6.1 Cambridgeshire Community Services NHS Trust as lessee

	Buildings £000s	2016-17 Total £000s	2015-16 £000s
Payments recognised as an expense			
Minimum lease payments		2,904	2,739
Total		2,904	2,739
Payable:			
No later than one year	2,904	2,904	2,739
Between one and five years	9,175	9,175	8,405
After five years	6,820	6,820	3,627
Total	18,899	18,899	14,771

6.2 Cambridgeshire Community Services NHS Trust as lessor

	2016-17 £000s	2015-16 £000s
Recognised as revenue		
Rental revenue	3,547	5,147
Total	3,547	5,147
Receivable:		
No later than one year	3,140	3,007
Between one and five years	4,017	6,380
After five years	147	0
Total	7,304	9,387

7. Employee benefits

7.1 Employee benefits

	2016-17 Total £000s	2015-16 Total £000s
Employee Benefits - Gross Expenditure		
Salaries and wages	60,451	60,001
Social security costs	5,394	3,901
Employer Contributions to NHS BSA - Pensions Division	7,373	6,892
Other pension costs	0	0
Termination benefits	88	17
Total employee benefits	73,306	70,811
Employee costs capitalised	0	0
Gross Employee Benefits excluding capitalised costs	73,306	70,811

7.2 Retirements due to ill-health

	2016-17 Number	2015-16 Number
Number of persons retired early on ill health grounds	1	3
	£000s	£000s
Total additional pensions liabilities accrued in the year	0	0

8. 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. 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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017, is based on valuation data as 31 March 2016, updated to 31 March 2017 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension 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 their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

c) Local Government Pension Scheme

The Trust no longer operates a Local Government Pension Scheme (LGPS) as its last member left the Trust on 29th February 2016. Therefore, there are zero actuarial gains or losses during the year compared to prior years where these have been recognised in the Income and Expenditure reserve and reported as an item of other comprehensive income.

9. Better Payment Practice Code

9.1 Measure of compliance

	2016-17 Number	2016-17 £000s	2015-16 Number	2015-16 £000s
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	19,667	52,564	22,996	40,962
Total Non-NHS Trade Invoices Paid Within Target	17,153	48,014	19,910	36,354
Percentage of NHS Trade Invoices Paid Within Target	87.22%	91.34%	86.58%	88.75%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,446	8,559	1,358	9,938
Total NHS Trade Invoices Paid Within Target	1,098	6,829	1,128	8,790
Percentage of NHS Trade Invoices Paid Within Target	75.93%	79.79%	83.06%	88.45%

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 a valid invoice, whichever is later.

9.2 The Late Payment of Commercial Debts (Interest) Act 1998

During 2016/17 there was no cost incurred by the Trust as a result of Late Payment of Commercial Debts (2015/16, nil)

10. Finance Costs

10.1 Other auditor remuneration

	2016-17 £000s	2015-16 £000s
Other auditor remuneration:		
1. Audit of accounts of any associate of the trust	4	6
5. Internal audit services	62	56
Total	66	62

10.2 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2016/17 or 2015/16.

11.

11.1 Property, plant and equipment

2016-17	Land £000's	Buildings excluding dwellings £000's	Plant & machinery £000's	Transport equipment £000's	Information technology £000's	Furniture & fittings £000's	Total £000's
Cost or valuation:							
At 1 April 2016	11,709	40,176	1,239	1	798	332	54,255
Additions Purchased	0	2,708	0	0	783	199	3,690
At 31 March 2017	11,709	42,884	1,239	1	1,581	531	57,945
Depreciation							
At 1 April 2016	0	4,131	718	0	334	96	5,279
Charged During the Year	0	1,815	65	0	218	36	2,134
At 31 March 2017	0	5,946	783	0	552	132	7,413
Net Book Value at 31 March 2017	11,709	36,938	456	1	1,029	399	50,532
Asset financing:							
Owned - Purchased	11,709	36,938	456	1	1,029	399	50,532
Total at 31 March 2017	11,709	36,938	456	1	1,029	399	50,532

Revaluation Reserve Balance for Property, Plant & Equipment

	Land £000's	Buildings excluding dwellings £000's	Plant & machinery £000's	Transport equipment £000's	Information technology £000's	Furniture & fittings £000's	Total £000's
At 1 April 2016	5,009	12,274	0	0	0	0	17,283
At 31 March 2017	5,009	12,274	0	0	0	0	17,283

In accordance with the requirements of the Group Accounting Manual 2016/17, the Trust's freehold land and buildings were valued in 2014/15 by external valuers Boshiers and Company, Chartered Surveyors, in accordance with the requirements of the RICS Valuation Standards and the International Accounting Standards. In March 2017 Boshiers reviewed the Trust freehold operational assets valuation and concluded that there had been no material change in the value in the preceding 12 months. The valuation represents the Trust's Quinquennial valuation, and reflects values at 31st March 2015.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would

be determined at the Statement of Financial Position date. In practice the Trust will ensure there is a full quinquennial valuation and an interim valuation in the third year of each quinquennial cycle. In any intervening year the Trust will carry out a review of movements in appropriate land and building indices and where material fluctuations occur, will engage the services of a professional valuer to determine appropriate adjustments to the valuations of assets to ensure that book values reflect fair values. Fair values are determined as follows:

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

- The Valuer's opinion of the market value was primarily derived using comparable recent market transactions on arm's length terms
- The depreciated replacement cost method of valuation as the specialised nature of

the asset means that there is no market transactions of this type of asset except as part of the enterprise in occupation and is subject to the prospect and viability of the continued occupation and use.

11.2 Property, plant and equipment prior-year

	Land £000's	Buildings excluding dwellings £000's	Plant & machinery £000's	Transport equipment £000's	Information technology £000's	Furniture & fittings £000's	Total £000's
2015-16							
Cost or valuation:							
At 1 April 2015	11,709	36,432	1,492	1	798	332	50,764
Additions Purchased	0	3,744	0	0	0	0	3,744
Disposals other than for sale	0	0	(253)	0	0	0	(253)
At 31 March 2016	11,709	40,176	1,239	1	798	332	54,255
Depreciation							
At 1 April 2015	0	2,532	612	0	175	60	3,379
Disposals other than for sale	0	0	(83)	0	0	0	(83)
Charged During the Year	0	1,599	189	0	159	36	1,983
At 31 March 2016	0	4,131	718	0	334	96	5,279
Net Book Value at 31 March 2016	11,709	36,045	521	1	464	236	48,976
Asset financing:							
Owned – Purchased	11,709	36,045	521	1	464	236	48,976
Total at 31 March 2016	11,709	36,045	521	1	464	236	48,976

11.3 Economic life of Property, plant and equipment

	Min life Years	Max life Years
Land	-	-
Buildings	3	25
Plant & Machinery	3	10
Information technology	5	5
Furniture & fittings	5	10

12. Commitments

The Trust did not have any material contracted capital or other financial commitments at 31st March 2017 (2016, nil), other than those recognised in the Trust's Statement of Financial Position.

13.

13.1 Trade and other receivables

	Current	
	31 March 2017 £000s	31 March 2016 £000s
NHS receivables – revenue	3,486	4,559
NHS receivables – capital	0	0
NHS prepayments and accrued income	1,520	0
Non-NHS receivables - revenue	5,124	7,148
Non-NHS receivables - capital	0	0
Non-NHS prepayments and accrued income	2,324	2,480
PDC Dividend prepaid to DH	0	0
Provision for the impairment of receivables	(437)	(336)
VAT	141	470
Total	12,158	14,321
Total current and non current	12,158	14,321

The great majority of trade is with NHS bodies and Local Authorities. As these are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

13.2 Receivables past their due date but not impaired

	31 March 2017 £000s	31 March 2016 £000s
By up to three months	1,413	3,382
By three to six months	728	748
By more than six months	1,656	1,531
Total	3,797	5,661

14. Cash and Cash Equivalents

	31 March 2017 £000s	31 March 2016 £000s
Opening balance	5,683	15,744
Net change in year	2,092	(10,061)
Closing balance	7,775	5,683
Made up of		
Cash with Government Banking Service	7,770	5,676
Cash in hand	5	7
Cash and cash equivalents as in statement of financial position	7,775	5,683
Cash and cash equivalents as in statement of cash flows	7,775	5,683

15. Trade and other payables

	Current		Non-current	
	31 March 2017 £000s	31 March 2016 £000s	31 March 2017 £000s	31 March 2016 £000s
NHS payables - revenue	3,337	4,210	0	0
NHS accruals and deferred income	594	826	0	0
Non-NHS payables - revenue	2,847	4,336	0	0
Non-NHS payables - capital	162	0	0	0
Non-NHS accruals and deferred income	6,533	5,183	0	241
PDC Dividend payable to DH	196	0	0	0
Tax	1,357	1,211	0	0
Other	0	0	1,045	1,045
Total	15,026	15,766	1,045	1,286
Total payables (current and non-current)	16,071	17,052		
Included above:				
Outstanding Pension Contributions at the year end	618	623		

16. Provisions

	Total £000s	Legal Claims £000s	Other £000s
Balance at 1 April 2016	1,511	30	1,481
Arising during the year	676	0	676
Utilised during the year	(9)	(1)	(8)
Reversed unused	(177)	(29)	(148)
Balance at 31 March 2017	2,001	0	2,001
Expected Timing of Cash Flows:			
No Later than One Year	443	0	443
Later than One Year and not later than Five Years	1,146	0	1,146
Later than Five Years	412	0	412
Amount Included in the Provisions of the NHS Litigation Authority in Respect of Clinical Negligence Liabilities:			
As at 31 March 2017	675		
As at 31 March 2016	882		

Other: Dilapidations

The Trust occupies a number of properties on short term leasehold agreements (see note 6). 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.

NHSLA

The Trust received a statement from the Litigation Authority which advised the Trust to provide against 5 cases being assessed under the Liability to Third Parties Scheme.

17. Financial Instruments

17.1 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 (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 2017 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.

17.2 Financial Assets

	Loans and receivables £000s	Total £000s
Receivables - NHS	5,006	5,006
Receivables - non-NHS	5,124	5,124
Cash at bank and in hand	7,775	7,775
Total at 31 March 2017	17,905	17,905
Receivables - NHS	4,559	4,559
Receivables - non-NHS	7,148	7,148
Cash at bank and in hand	5,683	5,683
Total at 31 March 2016	17,390	17,390

17.3 Financial Liabilities

	Other £000s	Total £000s
NHS payables	3,918	3,918
Non-NHS payables	9,555	9,555
Total at 31 March 2017	13,473	13,473
NHS payables	5,036	5,036
Non-NHS payables	9,519	9,519
Total at 31 March 2016	14,555	14,555

18. Events after the end of the reporting period

After the accounting date of 31st March 2017 the Trust ceased responsibility for the provision of the Luton Drugs service (£3.0m), Child Health information (CHIS) in Cambridgeshire and Luton (£0.45m) and Dietetics in Peterborough (£0.09m). The Trust was unsuccessful in the Luton Drug Service tender and this service has transferred to Change, Grow, Live (CGL). The CHIS and Dietetics transferred as the Trust decided not to partake in the service tenders as it was determined they did not fit with the Trust portfolio of service and strategic direction. On 1st April 2017 the Trust became the provider of HIV services and drugs within Bedfordshire which equated to £2.0m income.

19. Related party transactions

The Department of Health is 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 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 £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Bedfordshire CCG	0	1,354	0	90
Cambridgeshire and Peterborough CCG	39	21,370	27	626
Luton CCG	137	16,522	68	96
West Norfolk CCG	0	138	0	99
NHS England Core	0	1,586	0	776
Local Area Teams - East Local Office	0	2,187	0	260
Local Area Teams - Central Midlands Local Team	0	38	0	3
Specialist Commissioning - East Commissioning Hub	33	5,572	33	54
Bedford Hospital NHS Trust	134	152	93	37
Hinchingbrooke Health Care NHS Trust	3,129	763	742	63
Ipswich Hospital NHS Trust	136	0	128	0
Norfolk Community Health and Care NHS Trust	329	0	24	0
Cambridge University Hospitals NHS Foundation Trust	933	459	890	382
Cambridgeshire and Peterborough NHS Foundation Trust	337	4,105	277	1,247
James Paget University Hospitals NHS Foundation Trust	169	0	18	0
Luton and Dunstable University Hospital NHS Foundation Trust	139	222	257	403
Norfolk and Norwich University Hospital NHS Foundation Trust	323	45	124	0
Peterborough and Stamford NHS Foundation Trust	2,930	78	398	0
Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust	305	554	244	554
South Essex Partnership University NHS Foundation Trust	417	(46)	28	2
West Suffolk NHS Foundation Trust	232	6	147	6
Bedford Unitary Authority	20	1,021	0	213
Cambridgeshire County Council	23	13,614	0	923
Huntingdonshire District Council	1,098	0	0	0
Lincolnshire County Council	0	362	0	246
Luton Borough Council	226	7,226	1	259
Norfolk County Council	5	23,170	0	2,324
Peterborough City Council	153	1,535	29	138
Suffolk County Council	96	5,259	0	0
Health Education England	11	1,814	0	63
NHS Property Services	801	2	397	1
HM Revenue and Customs	5,394	0	1,357	0
NHS Pension Scheme	7,373	0	0	0

The NHS Pension Scheme and the Cambridgeshire County Council Local Government Pension scheme are also related parties 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 a Board member of the local Education and Training board and Chair of the Cambridgeshire and Peterborough workforce partnership, both

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. This has not been consolidated within the Trust's accounts on the grounds of materiality, with the unaudited results for 2016/17 being £64k of income generation, revaluation gains of £91k, a consolidated opening balance adjustment of £51k, resources expended of £81k and a closing fund balance of £1,018k.

Pension Schemes

The NHS Pension Scheme and the Cambridgeshire County Council Local Government Pension scheme are also related parties 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.

Transactions with the Cambridgeshire County Council Local Government Pension scheme comprise the employer contributions disclosed in note 8. No contributions were owed at the beginning or end of the financial year

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 a Board member of the local Education and Training board and Chair of the Cambridgeshire and Peterborough workforce partnership, both 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. This has not been consolidated within the Trust's accounts on the grounds on materiality, with the unaudited results for 2015/16 being £91k of income generation and a closing fund balance of £893k.

Prior year 2015/16

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Local Area Teams - East Local Office	0	5,562	0	122
Local Area Teams - Central Midlands Local Team	0	2,055	0	500
Specialist Commissioning - East Commissioning Hub	0	4,516	0	1,171
Bedfordshire CCG	0	1,364	0	29
Cambridgeshire and Peterborough CCG	127	22,751	107	464
Luton CCG	304	16,129	119	505
Cambridgeshire and Peterborough NHS Foundation Trust	346	5,264	193	169
Hinchingbrooke Health Care NHS Trust	3,181	687	833	0
Ipswich Hospital NHS Trust	584	0	448	0
Cambridge University Hospitals NHS Foundation Trust	1,089	560	854	425
Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust	227	1,385	61	292
Peterborough and Stamford NHS Foundation Trust	2,692	65	1,127	15
Norfolk and Norwich University Hospital NHS Foundation Trust	397	32	152	0
Luton and Dunstable University Hospital NHS Foundation Trust	286	216	214	80
West Suffolk NHS Foundation Trust	444	0	133	0
Luton Borough Council	119	6,181	2	962
Suffolk County Council	129	5,686	7	78
Peterborough City Council	11	1,659	0	537
Cambridgeshire County Council	104	9,638	44	1,676
Norfolk County Council	2	14,179	1	3,033
Huntingdonshire District Council	1,124	0	1	0
Health Education England	24	2,067	21	365
NHS Property Services	2,410	8	487	0
HM Revenue and Customs	3,901	0	1,211	0
NHS Pension Scheme	6,892	0	0	0



20. Financial performance targets

The Trust was established as an independent NHS Trust on 1st April 2010 and can therefore only provide 7 years of historic performance.

20.1 Breakeven performance

	2010-11 £000s	2011-12 £000s	2012-13 £000s	2013-14 £000s	2014-15 £000s	2015-16 £000s	2016-17 £000s
Turnover	102,793	158,331	161,921	157,589	160,501	110,365	116,570
Retained surplus/(deficit) for the year	513	681	1,632	777	766	576	2,098
Adjustment for:							
Adjustments for impairments	531	0	0	0	0	0	0
Other agreed adjustments	(531)	0	0	0	0	0	0
Break-even in-year position	513	681	1,632	777	766	576	2,098
Break-even cumulative position	513	1,194	2,826	3,603	4,369	4,945	7,043

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.

	2010-11 %	2011-12 %	2012-13 %	2013-14 %	2014-15 %	2015-16 %	2016-17 %
Materiality test (i.e. is it equal to or less than 0.5%):							
Break-even in-year position as a percentage of turnover	0.50	0.43	1.01	0.49	0.48	0.52	1.80
Break-even cumulative position as a percentage of turnover	0.50	0.75	1.75	2.29	2.72	4.48	6.04

20.2 Capital cost absorption rate

The dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets based on the pre audited accounts and therefore the actual capital cost absorption rate is automatically 3.5%.

20.3 External financing

The Trust is given an external financing limit which it is permitted to undershoot.

	2016-17 £000s	2015-16 £000s
External financing limit (EFL)	(1,292)	10,061
Cash flow financing	(2,092)	10,061
External financing requirement	(2,092)	10,061
Under/(over) spend against EFL	800	0

The Trust had a negative EFL as it was able to internally finance its requirements. The year end position was better than planned due to improved working capital balances and an underspend against the capital plan, giving an underspend against EFL.

20.4 Capital resource limit

The Trust is given a capital resource limit which it is not permitted to exceed.

	2016-17 £000s	2015-16 £000s
Gross capital expenditure	3,872	3,744
Less: book value of assets disposed of	0	(170)
Charge against the capital resource limit	3,872	3,574
Capital resource limit	4,144	3,750
(Over)/underspend against the capital resource limit	272	176

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 child 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
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
CPD	Continuing Professional Development
Deduction Lists	When a patient cancels their registration at a practice or medical service
DNA	Did not attend appointment

Term	Definition
Duty of Candour	The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.
EHC	Emergency Hormone Contraception
GUM	Genito urinary medicine
HCW	Healthcare worker
HPV Immunisations	Human Papilloma Virus, a vaccine for cervical cancer
iCaSH	Integrated Contraception and Sexual Health
IUD	Intrauterine device or coil (Contraceptive)
IUS	The IUS (intrauterine system), a hormonal contraceptive
LAC	Looked After Children and Young People
LARCs	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
NBV	New Birth Visit
NCMP	National Child Measurement Programme
NHSE	NHS England
OT	Occupational Therapy
PN Discussion	Post Natal
RTT Waits	Referral to Treatment Waiting Times
SCPHN	Specialist community public health nursing
SRH	Sexual and reproductive health
STI	Sexually transmitted infection



If you require this information in a different format such as in large print or on audio tape, or in a different language, please contact the Trust's communications team on 01480 308216 or email ccs.communications@nhs.net

Produced by Cambridgeshire Community Services NHS Trust
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August 2017
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