



Annual Report

2017/18



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Our vision

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

Our mission

Provide high quality care through our excellent people.

Our 2017/18 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 portfolio of services in 2017/18 were provided from GP surgeries and health centres, community settings such as schools, children's centres and people's own homes, as well as from the following main sites:

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

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk
Adult services						
District nursing			●			
Specialist nurses/long term conditions			●			
Community matrons			●			
Neuro-rehabilitation	● (from 1/4/18)	●				
Outpatient clinics		● (until Sept 17)				
Dietetics					● (until Sept 17)	
Specialist services						
Community dental services and/or oral surgery		●			●	●
Musculoskeletal services		●			●	
Sexual health services	●	●		●	●	●
Children's services						
Acute services		●				
Health visiting	● (from 1/4/18)	●	●	●		
School nursing	● (from 1/4/18)	●	●	●		
Therapies	● (from 1/4/18)	●				
Community nursing	● (from 1/4/18)	●	●			
Audiology		●	●			
Community paediatricians	● (from 1/4/18)	●	●			
Family Nursing Partnership	● (from 1/4/18)	●	● (from 31/3/18)	●		
National Child Measurement Programme				●		
School immunisation programme		●		●	●	●
Emotional Health and Wellbeing service		●			●	



Through adversity comes legacy

The #hellomynameis campaign was founded by Dr Kate Granger and her husband Chris Pointon following Kate's diagnosis at the age of just 29 with terminal cancer.

Since Kate's untimely death at the age of 34, Chris kept the campaign alive by visiting the Trust during a global tour including Australia, New Zealand and Great Britain.

Chris said: "As a doctor Kate was shocked during treatment to find that many staff looking after her did not introduce themselves before delivering care. For Kate, this simple introduction wasn't just about common courtesy but about making a human connection.

"#hellomynameis was born from Kate's passion to help health workers connect with their patients, instantly helping to build trust in difficult circumstances. The NHS is amazing and I am so proud that my late wife's legacy continues to change the shape of global healthcare."

The Trust is proud to support the #hellomynameis campaign. Matthew Winn, Chief Executive said: "Few people have had such a profound impact on me as Kate had when I met her two years ago. Whilst facing her own illness with such courage, she and Chris launched the #hellomynameis campaign which has now reached every continent across the globe. Kate truly was inspirational and her legacy continues with the slogan #hellomynameis now synonymous across the NHS and beyond for compassionate care."

Julia Sirett, Chief Nurse added:

“ The #hellomynameis campaign is embedded within our quality improvement programme and, if each of us makes just a small difference, together we can achieve something phenomenal. ”

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Chair and Chief Executive's Welcome

Welcome to the 2017/18 annual report for Cambridgeshire Community Services NHS Trust.

Quality is at the heart of all we do and we are proud to provide high quality services that enable people to live healthier lives and receive care closer to home. During the year we launched 'Our Quality Way' and 'Our Improvement Way,' which set out our approach to quality and service improvement, empowering our committed staff to realise a range of innovative achievements in 2017/18. A few highlights include:

- Launching iCaSH Express Test in Bedfordshire, Norfolk and Suffolk where anyone aged over 16 with no symptoms, can test quickly and easily for sexually transmitted infections, using an online and postal service, without the need to visit a clinic.
- Introducing electronic patient records and the 'Order Comms' programme in our regional iCaSH service, enables patients to be notified of their results in a timely manner and test results to be imported directly into individual patient records from our pathology provider, reducing the potential for transcription errors.
- Successfully completing two 'Primary Care Home' projects in Luton in partnership with GPs to improve clinical outcomes. The first involved comprehensive medication reviews for patients over the age of 75 taking more than 10 medications. The second engaged diabetic patients, particularly of South East Asian origin, in structured education programmes.
- Introducing the Norfolk Just One Number single point of access and care co-ordination hub. This new approach enables parents and professionals to speedily access consistent and evidence based services, from the right healthcare professional within our Healthy Child Programme services.
- Redesigning, with partners, a new integrated community musculoskeletal (MSK) model,

which will bring together closely related MSK specialities - orthopaedic, pain management, rheumatology and spinal.

- Introducing Chathealth in Cambridgeshire, a text based service that allows young people to seek advice and guidance on a range of issues from local health professionals.
- Supporting staff at our Oliver Zangwill Centre for Neuropsychological Rehabilitation and within our iCaSH service, to complete the Health Education East Quality Improvement Fellows Programme. This will result in the design of a client evaluation system for neuro-rehabilitation patients and improve the wellbeing of people living with HIV through clinical psychologist-led support groups.

As a result of our commitment to ongoing quality improvements, we are proud to confirm that the Care Quality Commission rated our services 'Good' in all five key lines of enquiry areas, following its inspection visit in March and April 2018. This is testament to our fantastic staff, with particular congratulations to our community Dental Healthcare service who were rated 'Outstanding' for their 'Caring' approach.

On 1 April 2018 we welcomed to the Trust colleagues from Bedfordshire children's, oral health improvement, acquired brain injury and neuro-rehabilitation services. This is part of a new partnership with East London NHS Foundation Trust, which now means that between both organisations we provide all community health and mental health services across Bedfordshire and Luton.

We would like to take this opportunity to say a huge thank you to every member of staff for making the Trust such a fantastic place to work, as evidenced through our amazing staff survey results published in March 2018. Being rated best in the country when compared to our peers

in 19 out of the 32 areas rated (including staff recommendation of the Trust as a place to work or receive treatment), and better than average in 29 of the 32 areas is simply phenomenal. We know that an engaged and happy workforce is directly linked to the provision of good patient outcomes, so we were particularly pleased that our staff engagement score was the 9th highest nationally for all NHS provider organisations.

During the year, 33,501 service users provided feedback on our services. 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 (exceeding the national average).

The Trust has achieved the vast majority of its quality, financial and performance ambitions and targets in the last 12 months. 2017/18 has been another challenging year financially for the Trust but we successfully achieved an operating surplus of £937,000. As the Trust has managed its budget to the plan agreed at the beginning of the year, we have been awarded a one off financial sum (Sustainability and Transformation Fund) from NHS Improvement of £2.25 million. Therefore adding together our real surplus and the national System Transformation Fund creates an annual surplus figure for our accounts of £3,189,000.

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 Cambridgeshire outpatient services based at Dodington and Princess of Wales hospitals, who transferred to North West Anglia 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 will be to achieve our ambitious plans as outlined in our Five Year Plan and Operational Plan 2017-19. Central to this is working collaboratively with commissioners and partner organisations to develop seamless care, irrespective of organisational boundaries.

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.

Please enjoy reading our annual review and we look forward to another successful year in 2018/19.



NS

Nicola Scrivings
Chair

25 May 2018



MW

Matthew Winn
Chief Executive

25 May 2018

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 2017/18 was £113 million. As a result of winning procurements and services transferring out of the Trust (as outlined earlier) our annual budget will be £129 million for 2018/19.

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 growing population, increasing level of obesity and the complexity of need being managed within the community setting.

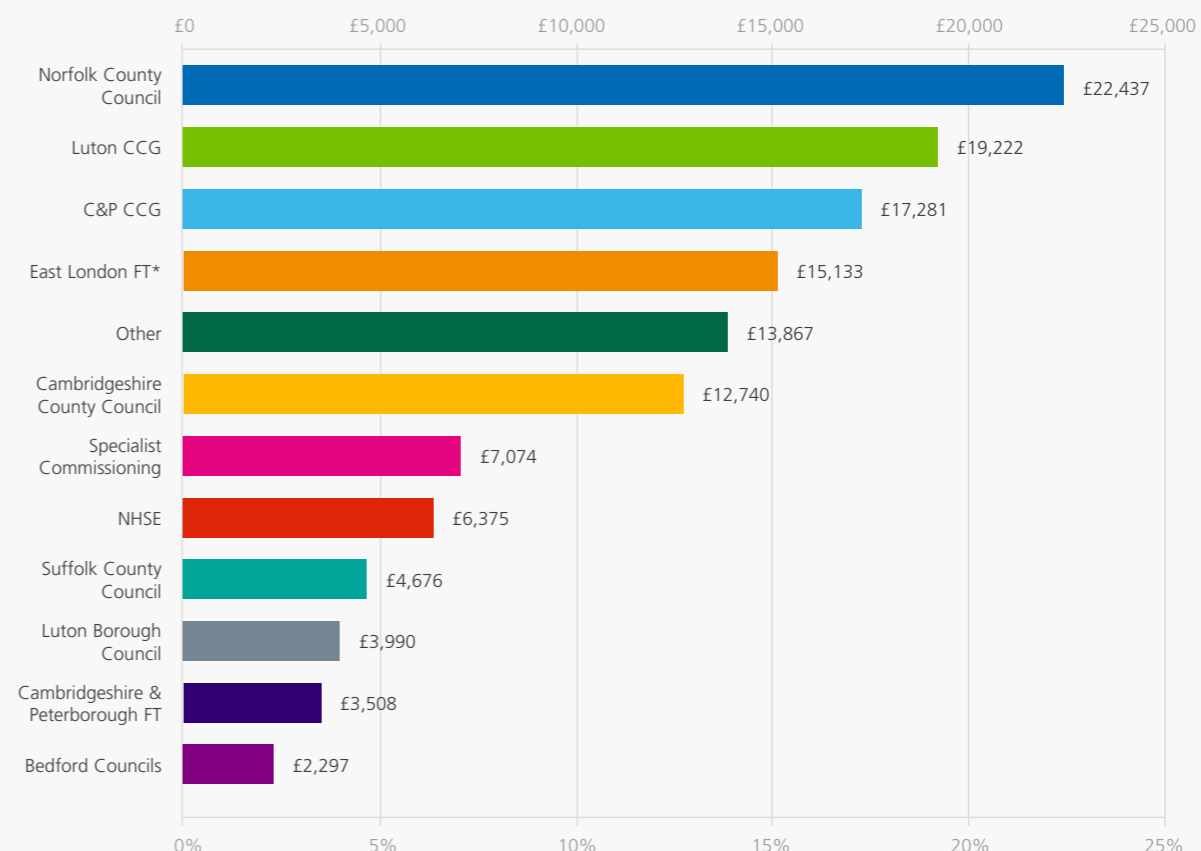
This report sets out our many achievements over the last 12 months, focusing on how we have successfully improved existing services and introduced innovative new ones, in line with our aim to deliver services that:

- are locally accessible - provided close to or in people's own homes
- are provided to the highest standard by skilled and compassionate staff
- promote good health and the prevention of ill health
- reduce inequalities and ensure equity of access, including through working with partner organisations
- are integrated across health and social care 'boundaries'
- 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 2017/18, which we expect to continue in 2018/19 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 2.3% efficiency saving in 2018/19, the equivalent of £3.0 million.

The following chart shows the Trust's £129 million income by percentage and type of commissioner for 2018/19.

2018/19 Revenue by Commissioner (£000's)



Note: * above refers to a new partnership with East London NHS Foundation Trust where between both organisations we provide all community health and mental health services across Bedfordshire and Luton.

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

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

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

Further information on risk management procedures is provided within the annual governance statement (page 79).

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

The Trust was pleased to host a team of Care Quality Commission (CQC) inspectors to the Trust in March and April 2018, as part of their planned programme of inspection visits. We are incredibly proud to report that the inspection team rated the Trust 'Good' in all areas inspected, as summarised below.

Overall rating for this trust	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

In addition, the inspection team rated our Dental Healthcare services 'Outstanding' for its 'Caring' approach.

These ratings reflect the innovation, hard work and commitment demonstrated by our staff on a daily basis.

We aspire to a rating of 'Outstanding' across all our services and are confident that we will achieve this rating next time round!

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.

2017/18 Performance (Mean) for harm free care delivered by services provided solely by CCS NHS Trust	%
Target	98.5
Actual	98.6

We have been coordinating a 'Thinking Differently about Pressure Ulcers' project relating to the patients that our Luton community adult services staff care for. A number of actions to improve prevention, early identification and management of pressure ulcers are underway including the following:

- a focus on education for staff, partner agencies and the public
- consistent use of assessment tools
- ensuring that appropriate pressure relieving equipment is in place
- audit and research
- collaboration with other organisations

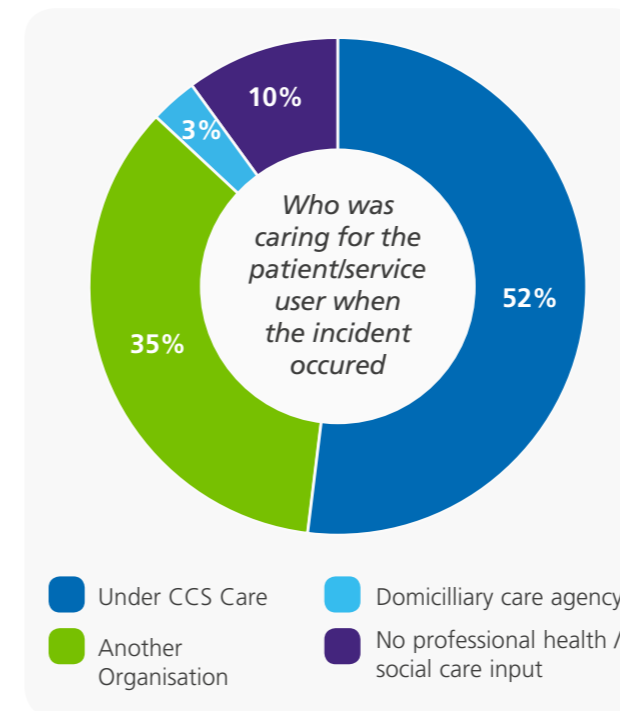
Patient safety incidents

During the previous 12 months, approximately 2,500 patient safety incidents and near miss incidents were reported via our web-based incident reporting system Datix. This is an increase over the previous 12 month period of approximately 25%. This level of reporting equates to approximately 0.25% of the almost one million contacts our staff have with service users each year. 96% of these incidents resulted in no or low harm, with the remaining 4% resulting in 'moderate' harm.

Staff are encouraged to record incidents:

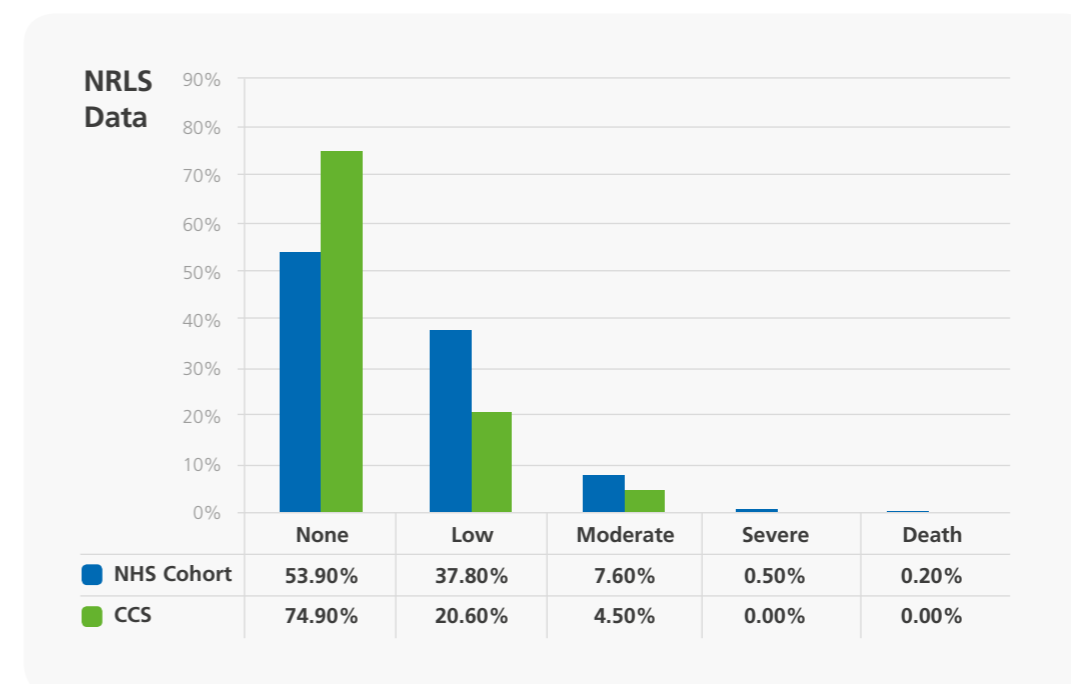
- that occur as a direct result of CCS care
- which originated whilst the patient was cared for by another organisation (i.e. an acute trust or domiciliary care agency), referred to as 'happened upon incidents'
- where there has been no professional health/social care input

The prevalence of all incidents is reflected in the breakdown below.



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

All patient safety incidents that occur as a direct result of care delivered by CCS are submitted to the National Reporting Learning System (NRLS). The graph below provides a summary of patient safety incidents by level of harm reported by the Trust, compared to other NHS community organisations. The latest information covers the period 1 April 2017 – 31 September 2017 and demonstrates that over 90% of all patient safety incidents result in no or low harm to patients.



Serious Incidents (SIs)

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

There were a total of eight serious incidents reported during 2017/18, which comprised of:

- 1 x pressure ulcer grade 3
- 2 x information governance incidents relating to breach of confidentiality
- 3 x failure to escalate concerns
- 1 x surgical issue (Dental Healthcare service)
- 1 x patient accident

The serious incident in the Dental Healthcare service mentioned above met the criteria of a never event. Never events are preventable patient safety incidents that should never occur if appropriate systems and checks are in place. This incident involved the extraction of a wrong tooth and was considered alongside two other never events reported earlier in 2016/17. An independent expert review was commissioned to ensure that appropriate actions were being undertaken. This review concluded that the service demonstrated an open and honest reporting culture for patient safety and that appropriate actions had been instigated.

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

Implementation of the Duty of Candour

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

The Trust has a well recognised open and honest incident reporting culture as detailed earlier. The Trust's policy supports staff to apologise when things go wrong. The policy is monitored through our web-based incident reporting system.

Infection Prevention and Control

The Trust continued to roll out an extensive infection prevention and control work programme. We are proud to report that there were zero cases of MRSA and Clostridium difficile across the Trust in 2017/18.

Safeguarding achievements 2017/18

- We achieved 91% compliance for safeguarding children supervision against a target of 95%. Supervision is a priority for the Trust and we will continue to focus on achieving compliance in 2018/19.
- We have standardised adult safeguarding information for our Luton based adult services.
- We have improved our oversight of all safeguarding cases where information was previously held at team level.
- Improvements have been made to our staff safeguarding intranet pages to enable staff to find relevant information quickly.
- Our safeguarding teams in each locality have contributed to multi agency audits as directed by Local Safeguarding Children and Adults Boards.
- We continue to work within Multi Agency Safeguarding Hubs alongside police and social care colleagues.
- Over 90 staff attended our successful safeguarding children and adults development day.

Key activities planned for 2018/19

- We will review and implement the new National Adult Safeguarding Competency requirements.
- With our multi agency partners we will update our staff training and awareness of the Prevent agenda and introduce named champions in our services.
- We will introduce improvements to our safeguarding adult reporting systems.
- A new model of supervision and training will be introduced in our integrated Contraception and Sexual Health (iCaSH) service.
- The Trust will focus on achieving all training targets in 2018/19 and in particular level 3 children's safeguarding training.

Safeguarding training (children and adults)

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

Information Governance

The Trust's Information Governance Toolkit Self-Assessment score for 2017/18 was 80% and hence was graded satisfactory.

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 22 standards and level 3 for 16 standards. One standard was considered not relevant to the Trust's portfolio.

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

The Trust achieved 92% compliance for information governance training, against our annual target of 95% compliance.

During 2017/18, there were four information governance incidents that 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.

Two of these information governance incidents were reported to the Information Commissioner's Office (ICO). In one instance, paper records were inappropriately sent in the post. The records were recovered and the actions taken by the Trust to prevent reoccurrence were acknowledged by the ICO. No further action was required by the Trust.

The second incident involved the use of a non 'safe-haven' fax to send patient records. Again the records were recovered. This incident was referred to the ICO and no further action was taken by the ICO. The ICO recommended a number of improvement actions; some of which were already in place and the remainder were in the process of being implemented at the point this report was finalised.

Emergency Planning, Resilience and Response

The Trust works closely with Bedfordshire and Luton and Cambridgeshire and Peterborough Local Health Resilience Partnerships (LHRPs) and with Norfolk and Suffolk LHRPs. It continues to meet its statutory duties and obligations for delivering an effective response to disruptions and emergencies.

Our colleagues assessed the Trust as substantially compliant on 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.

ChatHealth launched in Cambridgeshire

ChatHealth is a confidential text messaging service for young people aged 13-19.

This platform provides an alternative way for young people to engage with school nurses, on topics including relationship advice, healthy eating, smoking cessation, bullying and exam stress.

Fleur Seekins, Clinical Lead for the 0-19 Pathway said: "We're very excited to be using ChatHealth as it has been a huge success for our colleagues in Norfolk. Using text messaging opens a new line of communication to our young people in Cambridgeshire, and it makes our school nurses more accessible than ever before."

“It's important to stress that ChatHealth does not replace interventions with our school nurses, it compliments them so we can target our resources to really make a difference for young people.”

What is ChatHealth?

A CONFIDENTIAL TEXT MESSAGING SERVICE FOR YOUNG PEOPLE AGED 13-19 IN CAMBRIDGESHIRE

Clinical Effectiveness

Clinical Audit and Effectiveness

Clinical audit is a quality improvement process that seeks to demonstrate improvements in patient care. The Trust's programme of clinical audits was informed by national audits, those identified by the National Institute for Health and Care Excellence (NICE), CQC outcomes, service improvement activity, incidents and complaints.

The Trust participated in four national audits: the Unicef Breastfeeding Baby Friendly Initiative, Parkinson's UK and two sexual health national audits.

A sample of outcomes from these audits demonstrated improvements in the following areas:

- Children attending appropriate clinic settings.
- Development of a patient information leaflet regarding the link between depression and heart failure.
- Helping vulnerable adults by ensuring they receive the best care when attending dental services.
- Development of information for patients with urinary catheters to prevent infections, and

improved training for staff relating to use of a 'catheter record booklet.'

- Ensuring the right pressure relieving equipment is left at the patient's home.
- Various patient record-keeping audits focused on ensuring patient information is kept secure.

Trust Clinical Research, Innovation and Fellowships

We actively participate in clinical research and encourage all clinical areas to adopt appropriate national studies and develop their own research projects. The past year has been the most successful in our history and our staff should be congratulated on the amount and quality of research undertaken.

We participated in seven National Institute for Health Research (NIHR) portfolio studies and one non-portfolio study.

Over 400 participants were recruited into portfolio research studies in this period (excluding those studies still in the set up phase), exceeding the projected targets set for us by the Clinical Research Network (CRN) (Figure 1). The studies range from observational to interventional.

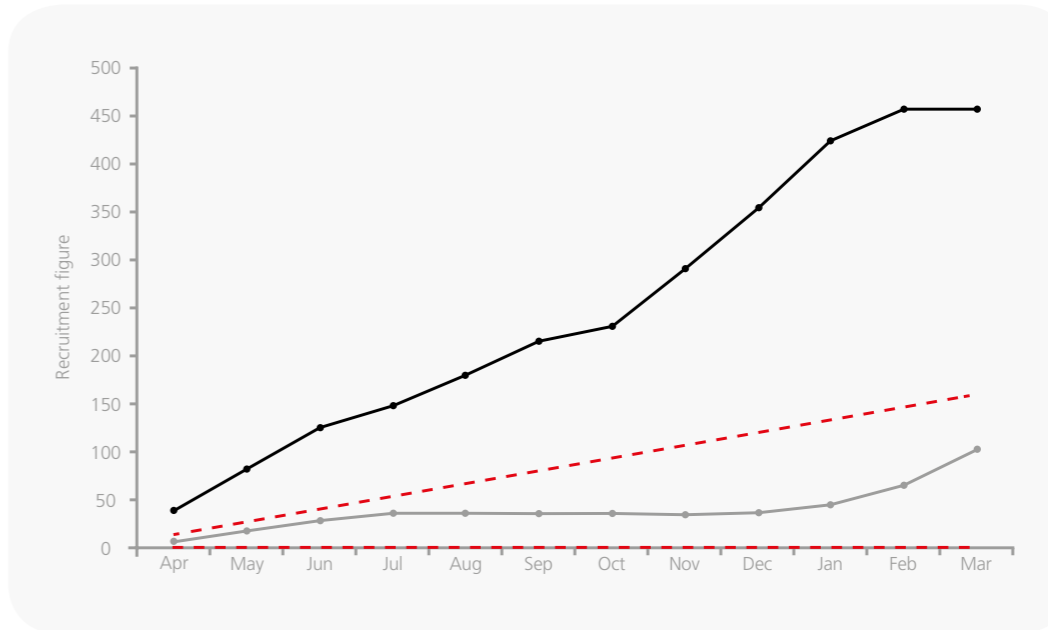
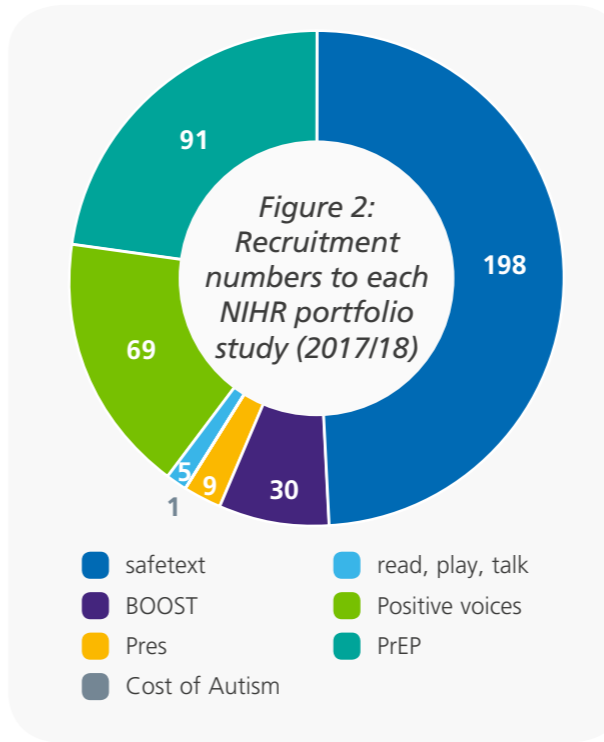


Figure 1: Shows projected annual recruitment (red dash line) and actual recruitment (solid black line).



The breakdown of recruitment to each study is shown in figure 2.

Our iCaSH service was particularly successful in its research activities, being responsible for 89% of the Trust participant recruitment. The recruitment into the Safetxt study (figure 3) resulted in the teams being within the top five recruiting Trusts nationally. The service also had success in the 'Positive Voices' survey (a survey of the lives, experiences, and healthcare needs of people living with HIV in the UK) and the rapid set up and recruitment of clients into the national Pre-exposure Prophylaxis in HIV (PrEP) study.



Figure 3: NIHR Portfolio Study: Safetxt Randomised Controlled Trial. Study is looking at the impact of text messages on behaviour change in 16-24 year olds.

The DynamicHealth (musculoskeletal physiotherapy service) was the first centre to successfully reach its recruitment targets to the BOOST study, led by the University of Oxford (Figure 4). This study is looking at two different approaches to the management of spinal stenosis in older adults - the usual care treatment approach compared to a gym based educational, Cognitive Behavioural Therapy (CBT) and exercise programme. The principal investigator is a physiotherapist in the service.

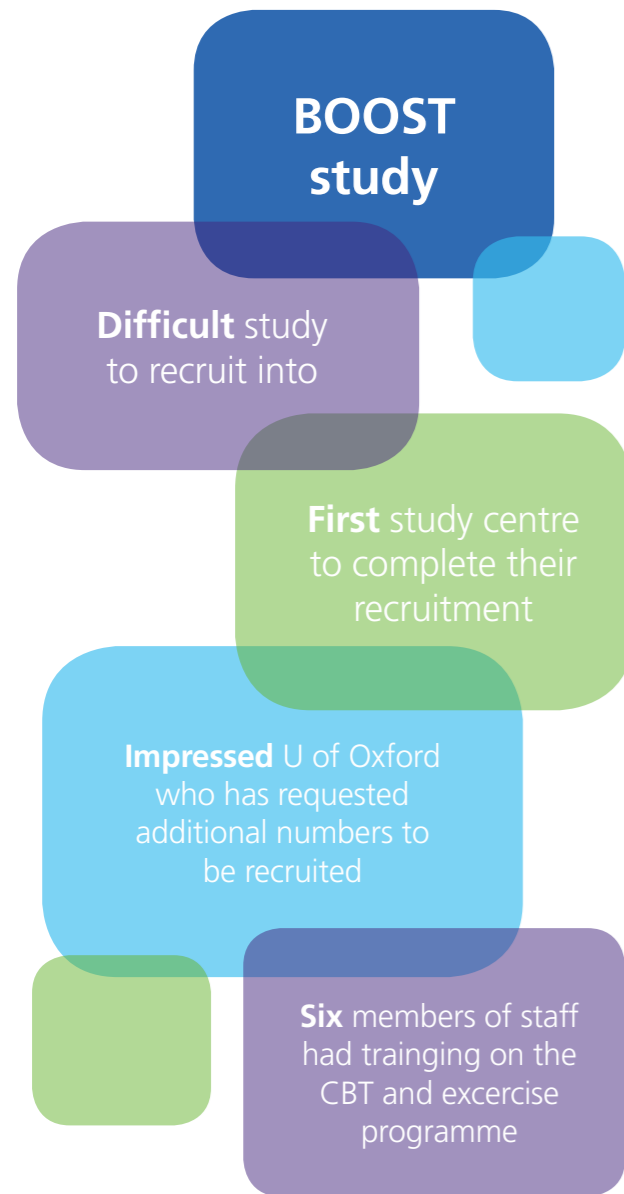


Figure 4: Highlights from the BOOST Study.

Fellowships, Internships and Awards

We actively encourage staff to apply for funded programmes that combine personal development opportunities with a clinically based project. We received funding for the development of staff research skills from the Health Education East of England NIHR Clinical Academic Internship Programme. Three allied health professionals, a health visitor and a nursery nurse were awarded fellowships, securing five out of a total of six fellowships available in the region.

A consultant paediatrician in Luton was awarded a prestigious CLAHRC Fellowship, looking at co-production of information for parents with children diagnosed with generalised global delay. The same consultant also obtained Greenshoots funding from CRN Eastern to encourage clinical staff to engage in portfolio research.

Two of our clinical psychologists have successfully completed their year long part-time Quality Improvement Fellowship. One was looking at how to empower clients with HIV within a supportive group setting. The other was looking at how to involve clients and their carers in the assessment results, how these could be communicated to others and how changes in their scores could be reflected in their rehabilitation programmes.

In the last year, seven peer-reviewed publications have resulted from research carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications related principally to neuro-rehabilitation including: music therapy following a stroke, computerised CBT after stroke, outcome measures, assistive telehealth, use of psychological formulations, hearing improvements in children and inclusive design in access to back pain care. Clinical staff also attended national and international conferences to present their work, either via oral presentations or academic posters.

Patient Experience

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

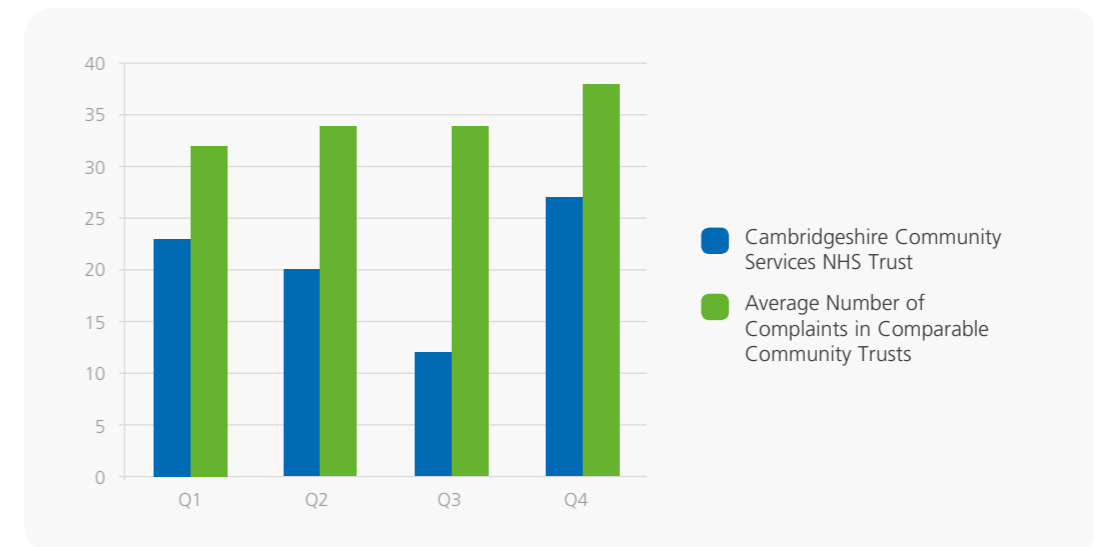
Complaints, Concerns and Patient Advice and Liaison Service (PALS) contacts

The table below summarises the total number of complaints, concerns and PALS enquiries received in 2017/18.

	2015/16	2016/17	2016/17
Formal Complaints	136	112	82
Concerns (for investigation)	135	131	190
PALS (inc comments & enquiries & signposting)	459	573	660

Complaints

The Trust received fewer complaints than the average received by comparable NHS community trusts (see graph below).

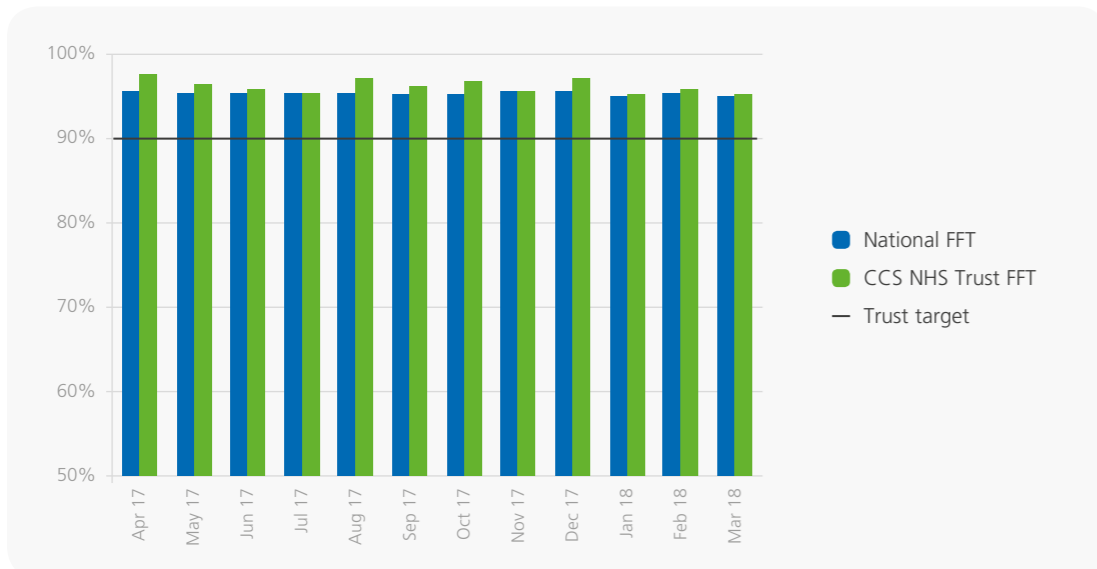


Parliamentary and Health Services Ombudsman (PHSO)

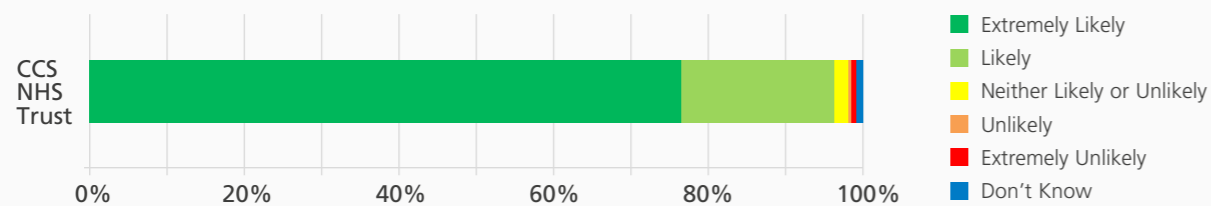
A complainant referred their concerns to the PHSO in 2017/18 about referral times and treatment in our DynamicHealth musculoskeletal physiotherapy service. The PHSO investigated the complaint and concluded that the referral time and treatment offered were in line with established good practice. The complaint was therefore not upheld by the PHSO.

Surveys

33,501 service users responded to local and national surveys seeking feedback on our services. 32,411 of these included the Friends and Family Test question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" Over 90% of respondents recommended our services every month and we achieved higher percentage scores than the national average for community trusts.



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



Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) received and satisfactorily resolved 660 contacts during the year as summarised below:

Enquiry/signposting	654
Comments and suggestions	6

Compliments

Over 29,000 positive comments and compliments were received by services during the year, which is an increase of over 14,000 compared to last year.



Luton trainers recognised for helping to protect neglected children

A specialist training team was recognised by the NSPCC for pioneering a programme to help protect children from neglect across Luton.

The professionals were among the first to receive the charity's Elephant Award in recognition of their work to train staff to use a unique assessment tool. The Graded Care Profile 2 (GCP2) helps professionals to measure the quality of care being given to a child by helping them identify anything that puts a child at risk of harm. This tool helps practitioners to identify parents' strengths, weaknesses and what needs to be changed so that they can get them the right support to improve the life of their children.

The NSPCC Elephant Award, which aims to acknowledge practitioners who have demonstrated focus and commitment to ensuring successful implementation of GCP2 was presented to: Debbie Brown (Early Help

Service), Salma Fazil (Luton Flying Start) and Alison Braniff (Luton Children's Community Health Services).

Since the implementation of the GCP 2 tool over 200 cases of neglect have been identified (from April to December 2017).

Alison Braniff Trainer and Health Visitor with Luton Children's Community Health Services said:

“Neglect can mean something to one person and a different thing to another. The Graded Care Profile is a common language across the UK to define what is neglect. We can work with the family to identify what they are doing well and where they need help. It's about empowering families to be involved.”



Improving services using patient feedback: You Said, We Did

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

Service Name	You said...	We did...
DynamicHealth Huntingdon	Improved access to supervised gym sessions.	The department now runs open gym sessions for current patients twice a week.
	More flexibility of appointments.	Saturday appointments are now available.
	Access to drinking water in the waiting area.	Drinking water dispensers are now available for patients.
Dental HealthCare Peterborough	Additional emergency appointments.	Funding was secured to provide additional emergency appointments from 1 October 2017 to the end of March 2018, with a view to requesting further funding for the following financial year.
Dental HealthCare Cambridge	Patients raised several concerns that they were finding it difficult to make an appointment.	The service has extended the opening hours of the minor oral surgery phone lines.
iCaSH Suffolk	More bookable appointments.	We changed our Monday walk-in clinic to appointments only.
iCaSH Bedfordshire Bedford	Drop in clinics for all age groups and not just for under 25's.	As of January 2018 there has been sit and wait sessions for all ages.
Luton Family Nurse Partnership	More places to meet rather than at home.	Offered alternatives to meet such as children's centre, TOKKO, community café.
	Less paper please.	Discussed learning styles and alternative resources to use to support learning.

Service Name	You said...	We did...
Luton Deep Vein Thrombosis (DVT) Service	We weren't sure how to find you – so found a map via google.	We have re-sent our information sheet, including information on how to find us, to GPs with a request that they share this information sheet with all patients they refer to us.
Luton Tissue Viability Service	An appointment card would be useful, and we would like more information on whether the ulcer is healing and how long it will take to get better.	We have introduced a new patient passport for people with venous leg ulcers which includes: <ul style="list-style-type: none"> • A page for appointment information. • In-depth, easy to read literature to support the whole patient journey from assessment, discharge to long term self management. • Information on the causes and treatment options and a section for the patient to write notes/questions in, to ask at their next appointment.
	I would have really appreciated it if anyone would have helped with breastfeeding – correct positioning, etc.	New link nurse for breastfeeding in the SCBU team has attended the BFI Breastfeeding Train the Trainer course. This will enable her to deliver breastfeeding training to SCBU and Holly staff, and in turn help more mums.
Special Care Baby Unit (SCBU), Cambs	We would like more information about antibiotic treatment.	We developed a leaflet providing information about tests required and antibiotic treatment.
	We would like more information regarding the use of dummies and premature babies.	We developed a leaflet, which outlines information and advice regarding the use of dummies.
Norfolk Healthy Child Programme (HCP)	No groups to go to with older preschool children and a new baby now that the one stop drop ins are for people with babies only.	Service reviewed the situation with the local children's centre and families with older preschool children are now able to attend.
	Parents requested more information and support on when to start weaning and early introduction to solid food for babies.	<ul style="list-style-type: none"> • Service has introduced a letter that is sent to all parents when child reaches 3/4 months with relevant information about introducing solids. • Introduction of weaning workshops across the county supported by Norfolk HCP staff who have been given updated training.
Norfolk HCP - FNP Great Yarmouth	We want our children to have healthy habits.	We served fruit at our Christmas party and the community dental service attended and gave advice, and free toothbrushes and toothpaste.
Norfolk HCP, Thorpe Hamlet CC Child Health Clinic	Parents fed back that they did not like having to wait in a queue.	Health visitors arranged for another room at the centre to be a waiting area, where parents can sit and wait to be called through to the clinic.

Patient Stories

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

Stories have included:

- The excellent care our Luton Macmillan specialist palliative care and district nurses provide and the impact their integrated care has on patients, family and friends.
- How social media is used within the Norfolk health visiting service as a way for patients, parents and carers to get in contact and make changes.
- How the little things can have a big impact on patient care, specifically the compassion shown by a dentist to a child with visual impairment.
- How the DynamicHealth team tailored a programme to a patient's individual need to support physical benefits but also mental wellbeing, following assessment by a senior clinician to determine diagnosis.
- How our community nursing services in Luton can work more cohesively with social care services, to improve the care provided to service users, including through understanding the psychology of communication and emotional intelligence and the signals that carers may demonstrate when struggling to cope.
- The collaborative work carried out between the Trust, Norfolk and Norwich University Hospitals NHS Foundation Trust and the local authority, to form the Nurture Group, which has directly benefited a family.

Patient and Public Engagement

Our teams regularly seek service user feedback in different ways and make adjustments to their practice and ways of working. The changes teams make are reported to the Trust's Clinical Operational Boards.

Activities included:

Luton:

- The TB and respiratory services team worked with health and social care organisations across Luton to stage the borough's first TB Conference in November.
- The children's epilepsy team have worked with children and young people to introduce a Skype-style software, to enable teenagers to attend their appointment via a virtual clinic from home if they wish.

Bedfordshire:

- A letter was received from a patient stating how impressed they were with the iCaSH service. However, during their consultation they were asked a question about domestic abuse, which took them completely by surprise. They suggested that a note be included on the patient information sheet that this question may be asked during their consultation, so that they can prepare themselves and respond appropriately. This suggestion has been discussed and implemented within the service.

Cambridgeshire:

- The Evelyn Community Head Injury Service (ECHIS) hold a user group called Patient Café, where people are asked to review and influence the service's development
- DynamicHealth has introduced separate changing facilities for the patients attending the gym sessions. This change came directly from recommendations made by a patient during their story presented to the Trust Board.
- The Peterborough school immunisation service is working with the Muslim Council of Peterborough and Peterborough City Council to encourage parents to accept the nasal flu vaccination for primary school children. Owing to porcine gelatine in the vaccine, Muslim communities in Peterborough have been reluctant to consent to the vaccine.
- Following feedback from parents, a new link nurse for breastfeeding in the Special Care Baby Unit has attended the Breastfeeding Train the Trainer course.
- Engagement with a local school resulted in students designing and producing peacock feathers to be displayed around the new Peacock Centre in Cambridge.

Norfolk Children and Young People's Health Services

- Staff attended several events to promote Chathealth (a confidential texting service for young people) including the Royal Norfolk Show, South Norfolk Show and Norwich Pride Day. The latter was also attended by Terrence Higgins Trust enabling promotional messages around contraception, sexual health and Chathealth to attendees throughout the day.
- A Chathealth focus group, involving students from City College Norwich, has considered how to capture and measure service user feedback. A text message seeking feedback using face emojis will be sent to the young person at the end of each conversation, with data then input on to Friends and Family Test.
- A stakeholder event was held to support teenage mothers and young fathers and seek their input into the redesign of Healthy Child Programme services.

Patient Outcomes

Our priority is to deliver high quality care and ensure the best outcomes for those who use our services. Here are just a few examples of patient outcomes:

- Acute paediatric diabetic services nationally were assessed using the Royal College of Paediatrics Clinical Services Quality Measures. Results identified our service as one of only two providers from 17 in the East of England, which were rated 'Good' in all three areas assessed.
- iCaSH Peterborough undertakes regular Patient Reported Outcome Measure (PROM) surveys, including seven questions about whether advice delivered would alter future behaviour. 148 responses were received in December 2017 with planned improvements reported by patients in all seven areas.
- An audit of 1000 randomly selected call logs from our Physio Direct telephone assessment service, identified 55% of patients were able to self-manage their condition following telephone assessment, demonstrating effective use of resources and patient empowerment.
- Our DynamicHealth service has successfully used the EQ5D patient reported outcome tool historically, demonstrating positive outcomes against health related quality of life (QOL)

indicators, measured at referral and post care. A new validated outcome tool; the MSK-HQ has been introduced. Follow up assessment data from 270 patients (May - August 2017) detected a meaningful increase in self-reported improvements to QOL (scores rising from 28 to 35). We will further improve data capture, routine analysis and reporting for MSK services, and dissemination of findings.

- A goal based outcomes approach utilising strengths and difficulties questionnaires is used in our Norfolk Healthy Child Programme services for all interventions with 5-19 year olds. Routine data collection and analysis ensure we are able to identify and address variations in outcomes and share good practice. Twice yearly reports are provided to commissioners.

Diversity and Inclusion

We are committed to providing personal, fair and accessible services to our diverse communities, and 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.

Trust Demographic Profile

Our Communities

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

Our Workforce

Charts showing the demographic profile of our workforce as at 31 March 2018 are included in the Staff Report on page 98.

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

Objective 1

Achieve an improvement in the percentage of service users who report that they are able to access the Trust services they require.

Objective 2

Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups.

Objective 3

Using the national 'A Call to Action on Bullying and Aggression' internally, to promote our zero tolerance policy and address bullying and aggression when it occurs.

Objective 4

Ensure that the Workforce Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified. In particular, we will seek innovative methods to have co-opted representation on the Trust Board from more diverse backgrounds.

Service users

The Trust is deeply committed to improving the access, experiences, health outcomes and quality of care for all our service users, in the diverse communities we serve.

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

- Our community matrons, in partnership with a local GP practice and the Noah Welfare Centre, delivered the flu vaccination and 'mini health check' to the homeless population in Luton.
- Our Luton based children's epilepsy service has introduced skype based appointments for young people, enabling the delivery of accessible services at times and settings that meet the needs of these young people.
- A programme of diabetic self-care programmes in our Luton based adult services, particularly those of South East Asian origin, supported self-care through high quality advice and resources.
- A Bengali interpreter in our Luton service is offering excellent support for families within this community managing a diagnosis of epilepsy, encouraging parents to access a South Asian parent group and education sessions to broaden understanding of this condition.
- Our dental service's oral health promoters delivered training to health visitors in Peterborough to ensure consistent oral health messages. This is linked to a programme that funded a toothbrush and toothpaste for every child having their yearly check.
- Our dental service also reached out to ensure that diverse groups are able to access the service. In particular, they have worked with: special needs schools, traveller communities, Milton Hospice, Asian women's support groups, nursing and care homes, learning disabilities groups, Ida Darwin Nursery and the brain injury unit in Ely.

This year, our internal auditors conducted an audit of the Trust's Accessible Information Standard and achieved a 'reasonable reassurance' assessment. Recommendations will be implemented in line with the agreed timelines. This will be overseen by the Patients and Service Users' Sub-Group, with assurance provided to the Board via the People Participation Committee to be launched in April 2018.

Over the last year, the Patient and Service Users' Sub Group have:

- Provided oversight of the Trust's translation services.
- Reviewed the 'Safeguarding and Community Inclusion Report,' jointly produced by the Cambridgeshire, Peterborough and Norfolk Local Safeguarding Children Boards.
- Raised awareness and provided guidance for staff to effectively support service users on faith at end of life.
- Used DisabledGo surveys to produce site accessibility guides.

Workforce

To support the two workforce Equality Delivery System (EDS) objectives and to take action in line with the Workforce Race Equality Standards, the Trust has introduced unconscious bias training and awareness raising. 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 part of our recruitment and selection training for anyone taking part in recruitment. The Trust has also rolled out our e-learning package to deliver unconscious bias training to all staff.

The Trust supported the formation of a 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 partnership with the Royal College of Nursing, we introduced the role of Cultural Ambassadors and continue to embed this role across the Trust. Our Cultural Ambassadors are 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, decision making and advise the panels.

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 2018.

We held 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 2018/19.

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. The Trust introduced a People Participation Committee in April 2018. The Diversity and Inclusion Steering Group will now report to the Board through this committee.

Providing outstanding care: Looking forward to 2018/19

Our Quality and Clinical Strategy has been refreshed to focus on improving the quality of the services we deliver through a series of four priorities:

Priority 1: Safety

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

Priority 2: Evidence Based & Innovative Practice

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

Priority 3: People Participation

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

Priority 4: Learning and Continuous Improvement

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

These priorities build on our overarching programme 'Our Quality Way,' launched in 2017, which helps staff to understand their role in delivering high quality care. The annual implementation plans for the strategy will be based on Trust-wide programmes of work.

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 include:

- Leading the leadership and development programmes in Bedfordshire, Luton and Milton Keynes, and the Cambridgeshire and Peterborough Sustainability and Transformation Partnerships.
- We have worked closely with commissioners in Norfolk and Suffolk to align with local plans and contribute to local health priorities, in line with our public health commissioned services.
- Continuing to work with Health Service Laboratories (a venture between two NHS organisations and a private sector partner) to introduce and deliver at home testing iCaSH services in Bedfordshire, Suffolk and Norfolk.
- Continuing to work with the Terence Higgins Trust to provide contraception and sexual health services in Bedfordshire, Cambridgeshire, Norfolk and Suffolk. We also continue to work with Brook in Bedfordshire.
- A 'joint venture' is underway between ourselves and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to ensure services for children and young people in Cambridgeshire and Peterborough, are delivered to the same high standard through patient centred, integrated care delivery.
- Together with CPFT we have launched an Emotional Health and Wellbeing service across Cambridgeshire and Peterborough, which will support professional to access services and help schools improve the emotional health and wellbeing of pupils.
- We have introduced orthopaedic clinics in Cambridgeshire for children and young people with complex physical disabilities, bringing together a paediatric physiotherapist, acute hospital orthopaedic consultant and community paediatrician, to make holistic decisions about service users' surgical, medical and physiotherapy care needs.
- Pathway to Parenting Courses are taking place across Norfolk involving CCS staff, children's centres staff and acute hospital midwives.
- Joint musculo-skeletal virtual clinics are being held with three hospitals across Cambridgeshire and Peterborough for patients with complex neurosurgical (spinal) and orthopaedic conditions, ensuring appropriate patients are referred to the right service.
- Our regional iCaSH services are working with acute trusts to deliver universal care for HIV patients who present with complex needs in the hospital setting.
- Community and hospital dental service colleagues in Cambridgeshire are delivering joint appointments for patients who would otherwise undergo multiple anaesthesia.
- Our South Bedfordshire/Luton end of life services are further improving multi-disciplinary team (MDT) working across the acute, hospice and community settings.
- Community paediatricians and psychiatrists in Cambridgeshire are holding joint clinics to support the delivery of accessible services, for children with ADHD diagnoses and co-morbidity.
- We are proactively developing, with partners in Cambridgeshire and Peterborough, proposals for a single point of clinical triage within MSK services to avoid the need for initial referrals to acute hospital consultants.
- As the co-ordinating partner, we continued to work with East London NHS Foundation Trust, Luton Borough Council, Virgin, and Luton & Dunstable Hospital to introduce the Adult At Home First model, where health and social care partners are collaboratively maintaining patients' independence and avoiding hospital admissions.
- We have developed a new partnership with East London NHS Foundation Trust to successfully bid and win the contract to deliver children and adults community health services across Bedfordshire from April 2018.

STRATEGIC OBJECTIVE 3

Be an excellent employer

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

Staff survey

For the fifth year running staff rated working for the Trust incredibly positively, reflecting the fantastic culture and behaviours our staff helped to create. The results from the 2017 staff survey, which was sent electronically to all staff, were published nationally in March 2018.

Being rated best in the country when compared to our peers in 19 out of the 32 areas rated (including staff recommendation of the Trust as a place to work or receive treatment), and better than average in 29 of the 32 areas is simply phenomenal. In 2016, these figures were 9 out of 32 and 27 out of 32 respectively.

In 29 out of the 32 key findings (KFs) the Trust scored 'better than average' when compared to other community trusts nationally. The Trust's top ranking scores were:

- Effective use of patient/service user feedback
- Effective team working
- Recognition and value of staff by managers and the organisation
- Support from immediate managers
- Percentage of staff attending work in the last three months, despite feeling unwell because their felt pressure from their manager, colleagues or themselves

We know that an engaged and happy workforce is directly linked to the provision of good patient outcomes, so we were particularly pleased that our staff engagement score was 9th highest nationally for all NHS provider organisations, and the highest score compared to all community trusts.

The full list of areas where we scored better than average is:

- **KF13** - Quality of non-mandatory training, learning or development
- **KF20** - Percentage of staff experiencing discrimination at work in the last 12 months
- **KF21** - Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
- **KF30** - Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- **KF31** - Staff confidence and security in reporting unsafe clinical practice
- **KF18** - Percentage of staff attending work in the last three months despite feeling unwell, because they felt pressure from this manager, colleagues or themselves
- **KF19** - Organisation and management interest in and action on health and wellbeing
- **KF15** - Percentage of staff satisfied with the opportunities for flexible working
- **KF1** - Staff recommendation of the organisation as a place to work or receive treatment
- **KF4** - Staff motivation at work
- **KF7** - Percentage of staff able to contribute towards improvements at work
- **KF8** - Staff satisfaction with level of responsibility and involvement
- **KF9** - Effective team working
- **KF5** - Recognition and value of staff by managers and the organisation
- **KF6** - Percentage of staff reporting good communication between senior management and staff
- **KF10** - Support from immediate managers
- **KF32** - Effective use of patient/service user feedback
- **KF23** - Percentage of staff experiencing physical violence from staff in last 12 months
- **KF25** - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

There were no key findings where the Trust scored 'worse than average' (in 2016 there were three areas).

Eight key findings have improved from 2016 results and two have deteriorated. The key findings that have improved are:

- **KF11** - Percentage appraised in last 12 months
- **KF30** - Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- **KF19** - Organisation and management interest in and action on health and wellbeing
- **KF1** - Staff recommendation of the organisation as a place to work or receive treatment
- **KF14** - Staff satisfaction with resourcing and support
- **KF5** - Recognition and value of staff by managers and the organisation

- **KF10** - Support from immediate managers
- **KF32** - Effective use of patient/service user feedback

The two key findings that have deteriorated are:

- **KF28** - Percentage witnessing potentially harmful errors, near misses or incidents in last months
- **KF22** - Percentage experiencing physical violence from patients, relatives or the public in last 12 months

In response to the 2016 results the Trust developed an improvement plan, which focused on five key findings. An improvement in ranking has been achieved in four out of those five, with the fifth remaining the same. A summary of progress on these findings is detailed below:

Key Finding	Change – from 2016 to 2017	Ranking in 2017
KF27 - Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	↑ Increase	Average (ranking in 2016 below (worse than) average)
KF24 - Percentage of staff/colleagues reporting most recent experience of violence	↔ No change	Above (better than) average (ranking in 2016 below (worse than) average)
KF11 - Percentage appraised in last 12 months	↑ Increase	Average (ranking in 2016 below (worse than) average)
KF16 - Percentage of staff working extra hours	↔ No change	Average (ranking in 2016 average)
KF23 - Percentage of staff experiencing physical violence from staff in last 12 months	↔ No change	Below (better than) average (ranking in 2016 average)



Gender Pay Gap Report

The Trust published a Gender Pay Gap Report in March 2018. The gender pay gap shows the difference in the average pay between all men and women in a workforce. The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value.

This report shows that for pay bands up to and including Agenda for Change (AfC) band 8d, there is no gender pay gap, with the exception of 287 staff in band 7 where the gender pay gap is in favour of female staff.

The Trust's overall mean gender pay gap is 30.04% which includes a relatively small gender pay gap within a higher paid staff group. It is important to remember that this is about the gender pay gap not the equal pay gap. On face value, the staff group/banding analysis is reassuring in respect of pay. However, analysis shows that the gender pay gap is mainly attributed to executive level (Band 9 roles) and medical consultant roles, typically the highest earning roles within the Trust. In these roles, there are disproportionately more men than women. Such is the disproportionality, relative to the pay rates for all staff groups, the gender pay gap is enhanced. We are taking forward an action plan to increase the number of male employees overall within the Trust and in particular in lower paid bands, and to ensure career progression for our female employees and increase the number of females externally recruited into higher banded roles.

Supporting staff and staff engagement

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 to meet the needs of new staff.
- Supported services and staff transferring out of the Trust, with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward.
- Supported strategic service redesign programmes enabling staff and services to review and implement plans to meet patient needs.
- Provided bespoke team development, support and skills training for teams leading service redesign programmes.
- Provided coaching and mentoring support to team leaders, supporting services and staff implementing change and transition. Implemented a Mentoring Programme for BME staff.
- Continued to implement action plans based on staff feedback.
- Reviewed Trust-wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver high quality services.
- Promoted the benefits of effective appraisals and achieved 91% compliance.

- Launched a new appraisal career and personal development planning process.
- Revised and embedded our leadership behaviours.
- Offered flexible working and family friendly arrangements, a carer's and special leave policy and a zero tolerance approach to violence in the workplace.
- Continued to offer mindfulness and personal resilience training programme to enhance the already successful training for personal welfare, which supports our Live Life Well programme.
- Continued to chair the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to exchange information, harmonise human resources policies and processes, following the transfer in of staff and to consult and negotiate on employment matters.

- Implemented a confidential line for informal support to staff experiencing bullying or harassment.

Mandatory training

The Trust:

- Continued to improve access to e-learning for mandatory training subjects and supported staff to access via a telephone helpdesk.
- Continuously reviewed and amended our Trust induction based on staff feedback and Trust requirements.
- Rolled out unconscious bias training as part of e-learning for all those involved in recruitment.

In response to the 2016 NHS Staff Survey, we engaged with our staff to complete actions addressing areas requiring improvement.

Issue raised	Action taken
Staff/colleagues reporting most recent experience of harassment, bullying or abuse.	<p>Introduced unconscious bias training at induction and embedding it into all training and leadership programmes.</p> <p>Developed new role of Cultural Ambassadors, mentoring and support to staff and ensuring good uptake on national development programmes for our BME workforce.</p> <p>Our Chair of Staffside made herself available to staff on a confidential basis, to discuss their experiences and advise on possible actions.</p>
Staff/colleagues reporting most recent experience of violence	We reviewed and revised our approach to bullying and harassment. This has included updating our policy, introduction of staff leaflet to raise awareness, training and further efforts to enforce a zero policy on any bullying instances.
Staff appraised in the last 12 months	Appraisal training has been provided since the 2016 survey and uptake of appraisal reached 91% compliance in 2017/18 against a target of 90%
Staff working extra hours	The implementation of "Let's Collaborate", the Trust's new online forum, aims to prevent staff from having to travel and use up "working time," as discussions can take place online. The Trust has also encouraged increased use of the BT Meet Me facility.
Staff experiencing physical violence in last 12 months	A review of our conflict resolution training and many facilitated team sessions for staff who had experienced abuse from patients/the public. "On your side" leaflets have been produced to support staff in their response to abuse and violence.

Our award winning staff and national recognition

- Debbie Brown (Early Help Service), Salma Fazil (Luton Flying Start) and Alison Braniff (Luton Children's Community Health Services) received the Elephant Award from the NSPCC, for pioneering a programme to help protect children from neglect across Luton.
- The Trust was presented with the international Green Apple Award for collaborative work with Cambridgeshire and Peterborough NHS Foundation Trust and Serco, for an innovative waste management/recycling project.
- Our Luton GP Liaison Service was shortlisted for two Health Service Journal Value Awards for an urgent care project it runs with Luton Clinical Commissioning Group, Luton and Dunstable Hospital and Consultant Connect, which provides the mobile communications for the service, which seeks to support patients to remain in their own home and avoid hospital admission.
- The following Trust services were nominated by local MPs for the NHS 70th Parliamentary Awards. Following a regional assessment process, both were identified as the Regional Winners for the NHS Midlands and East area.

Nomination	Category	Supported by which MP
Norfolk Just One Number	Person Centred Care	Chloe Smith (Norwich North) Sir Henry Bellingham (North West Norfolk)
Professor Barbara Wilson	Lifetime Achievement (for dedicating over 40 years of her life to brain injury rehabilitation)	Jo Churchill (Bury St Edmunds)

- We have submitted two case studies, together with our Norfolk County Council commissioners, to highlight innovation/service redesign in our Norfolk Just One Number service and our 5-19 service pathway, to the Public Health England Annual Conference being held on 11-12 September 2018.
- A case study from our regional iCaSH services was showcased in the NHS Providers State of the Provider Sector publication entitled 'Community Services: Taking Centre Stage.'
- Our Norfolk Just One Number service was cited as an example of good practice in the Royal College of Paediatrics and Child Health document 'Facing the Future: Standards for Children with Ongoing Health Needs.' The publication provides a vision of how paediatric care can be delivered to provide a high quality service that meets the needs of infants, children and young people with ongoing health needs.
- Our HR Team was one of three teams, which were shortlisted in the HPMA awards for the 'Best use of the Electronic Staff Record system to support their business objectives and deliver service improvements.'
- The Food First Team for Luton, Bedfordshire and Hertfordshire Valleys attended the Advancing Healthcare Awards, and were finalists in the Scottish Government's Award for Improving Quality: Measuring and Demonstrating Impact, for their shared leadership approach to tackling malnutrition in care homes. In addition, two of the team's dietitians, Francesca Brown and Catie Blanchard, were both awarded the AHA Rising Star Award for showing an exceptional level of initiative, skill and commitment. This initiative was also one of three finalists in the NICE Shared Learning Awards held in June 2018.
- Our annual excellence awards celebrated the outstanding achievements of our staff, day in day out, which make a real difference to people's lives. On 19 September 2017 the ceremony saw eight awards presented:
 - » Chairman's Innovation Award: awarded to the Norfolk Healthy Child Programme service
 - » Shine a Light Annual Award: Winner - Jan Wilkins, Family Support Practitioner
 - » Kate Granger Person Centred Care Award: Winner - Alice Hill, Speech and Language Therapist, Huntingdon Children and Young People's Service



- » Rising Star Award: Winner - Fiona Hammond, Deputy Sister Special Care Baby Unit (SCBU)
- » Supporting our Services to Excel: Winner - Pina Hoque, Linkworker, Luton children's services

There were three team-based awards for an initiative, service or development which demonstrated improvements to clinical or patient report outcomes:

- » Ambulatory services: Winner - Outreach team iCaSH Peterborough
- » Children & Young People's services: Winner - Cambridgeshire Paediatric Speech and Language Therapy team
- » Luton Children and Adults' community health services: Winner - Special Needs School Nursing service

- We continued to recognise teams and individuals through our monthly Shine a Light awards.

Attracting and retaining a quality workforce: Looking forward to 2018/19

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 partners across local Sustainability and Transformation Partnerships (STPs) to implement the nursing associate role.
- Continue to expand the opportunities for apprenticeships across our workforce, following implementation of the Apprenticeship Levy and further higher apprenticeships becoming available for our clinical and non-clinical workforce.
- Roll out the preceptorship training programme, currently being developed and finalised by HEE, to all our preceptors.
- Continue to offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes, which support team development in services.
- Introduce, in our Cambridgeshire and Peterborough locality, the Mary Seacole leadership development programme to develop knowledge and skills in leadership and management.
- 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 in the Electronic Staff Record (ESR) and developments that support services to record and report staff compliance.
- Continue to implement our 2016-21 workforce, organisational development and service redesign strategy, focussing on the following five programmes of work:
 - » a highly engaged workforce
 - » an appropriately trained workforce
 - » a healthy and well workforce
 - » diversity and inclusion for all
 - » an organisational culture of continuous improvement.

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 2017/18 (not subject to audit) set out below.

Sustainability Report

As an NHS organisation, and a recipient of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the efficient using of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term, even in the context of the rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the Trust meets the legal requirements set out in the Public Services (Social Value) Act (2012).

In order to fulfil our responsibilities for the role we play, the Trust has the following sustainability mission statement located in our sustainable development management plan (SDMP):

"The Trust's "Objective 4: Be a sustainable organisation", includes a commitment to be a good corporate citizen, and focus on carbon reduction and transport and travel policies, procurement processes, energy efficient properties, waste management and recycling, community engagement and workforce issues

including diversity and inclusion.."

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is the Trust's aim to exceed this target by reducing our carbon emissions 28% by 2020/21 using 2012/13 as the baseline year.

Policies

In order to embed sustainability within our business, it is important to explain where in our process and procedures sustainability features.

Area	Is sustainability considered?
Travel	Yes
Business Cases	Yes
Procurement (environmental)	Yes
Procurement (social impact)	Yes
Suppliers' impact	Yes

One of the ways in which an organisation can embed sustainability is through the use of an SDMP. The Board approved our SDMP in the last 12 months so our plans for a sustainable future are well known within the organisation and clearly laid out.

Our organisation evaluates the environmental and socio-economic opportunities during our procurement process in the following ways:

- During the tendering process we try to evaluate environmental and socio-economic opportunities by including sustainability and added value social outcomes, as part of the agreed evaluation criteria and by asking contract specific questions. For example, two of our questions for the draft waste invitation to tender are:
 - » "Please detail your methodologies for reducing the carbon footprint, maximising

innovation and delivering a sustainable solution across the contract.”

- » “Please detail how you will bring additional social, environmental and economic value to the geographies in which the Contracting Authority delivers services and how this will be measured and evaluated.”
- Supply Chain: endeavouring to use local suppliers for practical and FM work and commit to paying them under the NHS prompt payment scheme.
- Local Recruitment: through focussing on local recruitment and fully linking into apprenticeship schemes and non-qualified staff.

One of the ways in which we measure our impact as an organisation on corporate social responsibility is through the use of the Sustainable Development Assessment Tool (SDAT). The last time we used the SDAT was in April 2017, scoring 8%. As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

We have not fully assessed the social and environmental impacts of the Trust; however the Trust has adopted the following:

- Work Experience: by offering a wide range of work experience opportunities and fully recognising the need to attract and train the ‘workforce of tomorrow.’
- Volunteering: the Trust’s ‘Live Life Well’ action plan will create support mechanisms for those staff wishing to volunteer to support local groups.

Our statement on Modern Slavery is available at: <http://www.cambscommunityservices.nhs.uk/about-us/priorities-and-how-we-are-doing/slavery-and-human-trafficking-statement-for-2017/18>

Adaptation

Climate change brings new challenges to our business both in direct effects to the healthcare estates, but also to patient health. Examples from recent years include: the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc. The organisation has identified the need for the development of a Board approved plan for future climate change risks affecting our area.

Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population during such events, we have developed and implemented a number of policies and protocols in partnership with other local agencies.

We understand the potential impacts of climate change and are including these impacts, such as heat waves and flooding, in our emergency planning strategy.

Green space and biodiversity

The Trust has not developed an overarching policy, however, as part of the sustainability and Live Life Well agendas the following initiatives have been implemented:

- The creation of an outdoor garden area (from an abandoned overgrown piece of land) for staff to meet, eat and support the upkeep.
- The installation of electric vehicle charging points.
- Installing ‘smart’ meters across the Trust’s estate.
- Initiating the use of solar/LED street lighting with intelligent power management (light output reduction to 30% when no activity detected).
- The refurbishment of a former palliative care unit to a children’s unit with sensory garden for the children (service users) and their families.

Partnerships

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

We have not currently established any strategic sustainability partnerships. For commissioned services here is the sustainability comparator for our CCGs:

CCG Name	SDMP	GCC	SD Reporting score
NHS Cambridgeshire and Peterborough	Yes	No	Good
NHS Luton	No	No	Minimum
NHS Bedfordshire	Yes	No	Good

More information on these measures is available here:

www.sduhealth.org.uk/policy-strategy/reporting/organisational-summaries.aspx

Performance

Organisation

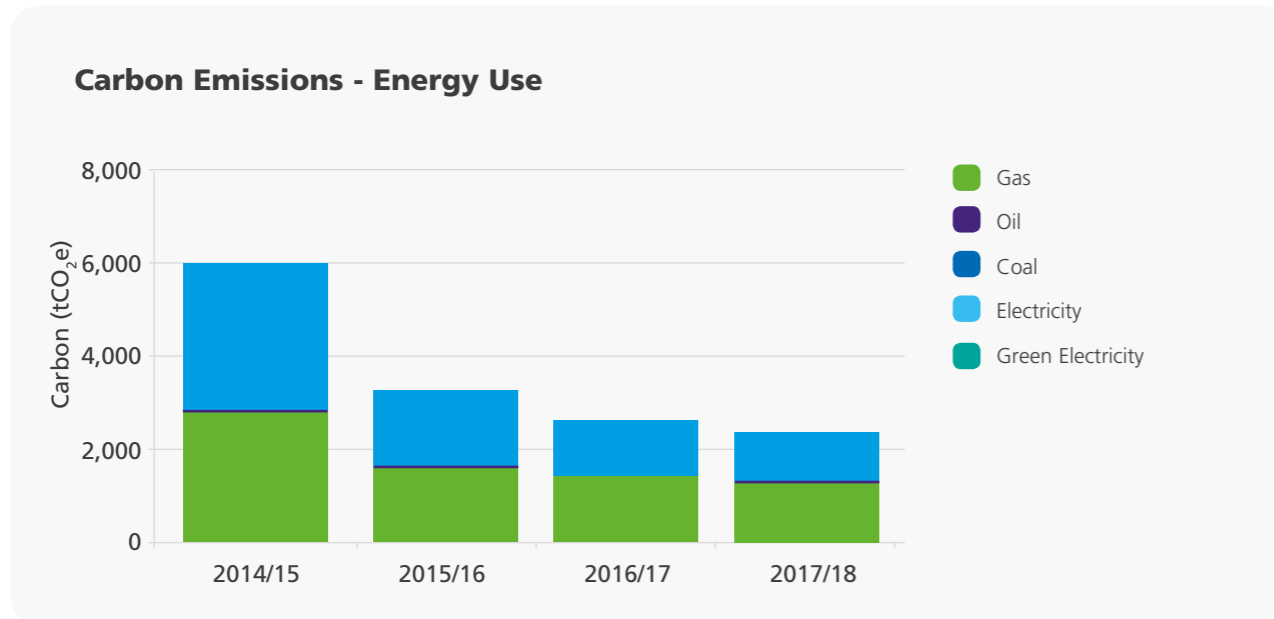
Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still ongoing. Therefore in order to provide some organisational context, the following table may help explain how both the organisation and its performance on sustainability has changed over time.

Context info	2014/15	2015/16	2016/17	2017/18
Floor Space (m2)	56,451	40,404	27,375	34,944
Number of Staff	2,719	1,667	1,757	1,717

In 2014 the Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS as a system by 28% (from a 2013 baseline) by 2020. We have supported this ambition in the following ways.

Energy

The Trust has spent £392,775 on energy in 2017/18, which is a 1.8% increase on energy spend from last year.



The Trust has continued to achieve a reduction in carbon emissions associated with energy usage and is well on target to achieve a 28% reduction by 2020 on a 2012/13 baseline. However, the Trust was fully reliant on Grid electricity and did not generate any electricity from renewable sources in 2017/18.

The Trust is looking to make a substantial investment in the energy infrastructure at North Cambridgeshire Hospital.

This will include: replacing the district heating system, installing modern CHP plant and replacing the sites generator. We will also be looking into the potential installation of Solar PV and will include LED lighting as standard for all refurbishment work. It is unlikely that this work will be completed in time to affect the 2020 carbon reduction target however, it will help the Trust to proceed toward meeting the next target in 2030.



Re-use

The re-use of goods and community equipment in the NHS has several key co-benefits, reducing cost to the NHS. It also reduces emissions from procuring and delivery of new goods and can provide social value when items are re-used in the community.

Category		2014/15	2015/16	2016/17	2017/18
Internal reuse of durable goods	£	0	0	0	0
External reuse of durable goods	£	0	0	0	0

The Trust has not been monitoring the re-use of durable goods over the past five years however, during 2017/18 there have been a number of active re-use incentives, including:

- Motorcycle parking rack lifted and reused to create safety barrier for new built storage room and remainder used to create barrier against cars impacting new security gate.
- 10 out of specification operator chairs and 10 large meeting tables reused in a different service saving c. £3,000.
- Re-use of a surplus temperature control cabinet by clinical team and similarly with a staff room fridge.
- Initiation of a post share scheme between the resident services producing a saving of £300-400 in a shared building.

- Further re-use of surplus meeting tables and chairs from one site to create a staff break out area in another site, in a different county.
- Recovery and re-use of circa 30 locker units.
- The salvage furniture (purchased circa 18 months previously) to the value of £27,000 from a site closure to re-fit an entire newly acquired office/hub at almost zero cost.
- Three surplus medical plinths taken from one service to another, including the ethical disposal of the aged stock that was replaced.
- Over purchased chairs from one service reallocated to another with unsuitable chairs, via staff cars.

Paper

The move to a paperless NHS can be supported by staff reducing the use of paper at all levels. This reduces the environmental impact of paper, reducing cost of paper to the NHS and can help improve data security:

Paper		2014/15	2015/16	2016/17	2017/18
Volume used	Tonnes	0	0	0	0
Carbon emissions	tCO ₂ e	0	0	0	0

The Trust has not been monitoring paper usage separately over the past five years however, we will be looking at initiatives associated with promoting a paperless environment and these will be included in the next review of our Sustainable Development Management Plan.

Travel

We can improve local air quality and improve the health of our communities by promoting active travel – to our staff and the patients and public that use our services.

Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO₂e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness. Air pollution,

accidents and noise all cause health problems for our local population, patients, staff and visitors and are caused by cars, as well as other forms of transport.

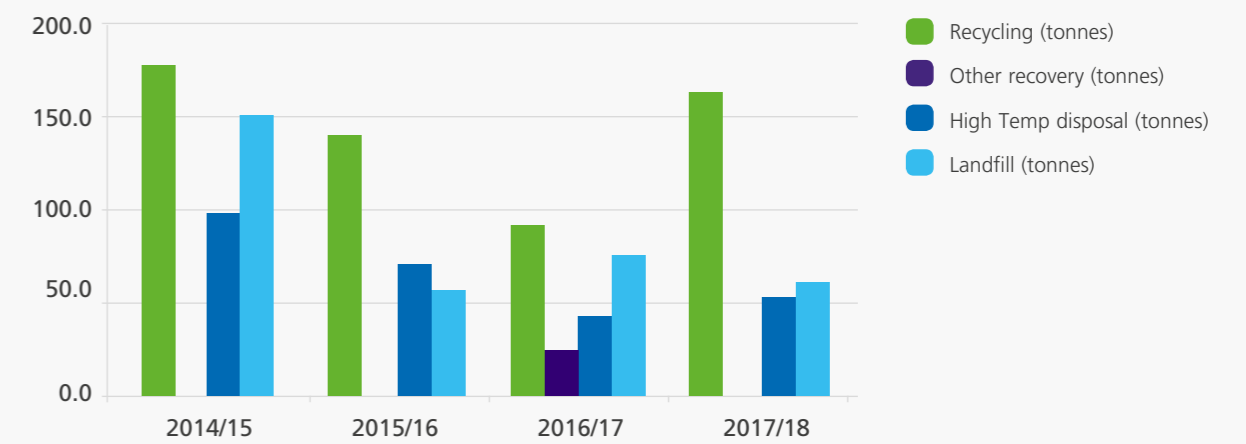
Around 5% of travel and transport in England is due to NHS services, so we have quantified the impacts on health. In 2017/18 travel and transport related to our services reduced the local population health by 0.0 Quality Adjusted Life Years (QALYs), as an organisation we aim to minimise our impact.

Category	Mode	2014/15	2015/16	2016/17	2017/18
Patient and visitor own travel	km	0	0	0	0
	tCO ₂ e	0.00	0.00	0.00	0.00
Staff commute	km	4,203,476	2,577,122	1,688,477	2,654,420
	tCO ₂ e	959.70	579.11	379.18	587.72
Business travel and fleet	km	1,584,173	3,034,538	3,709,214	3,004,914
	tCO ₂ e	361.68	681.89	832.98	665.32
Active & public transport	km	2,851	5,754	7,168	5,108
	tCO ₂ e	0.00	0.00	0.00	0.00
Owned Electric and PHEV mileage	km	0	0	0	0
	tCO ₂ e	0.00	0.00	0.00	0.00
Total cost of business travel	£	0.00	0.00	0.00	1,474,928.00

While there has been a noticeable increase in staff commute, there has been a substantial reduction in business travel from the previous year. We understand that this is due, in part, to the increase in the geographical area that the Trust provides services for. We are looking to increase electric car charging infrastructure at Trust locations.

Waste

Waste Breakdown



The Trust is continuing to reduce the amount of waste the Trust sends to landfill, while substantially increasing the volume of recycled waste. The Trust is on target to achieve the Sustainable Operation in the Government Estates' target of a 75% recycling rate by 2020.

In 2017/18 we have been decreasing the number of office bins to help increase recycling rates further, as well as working to improve clinical waste segregation.

The Trust was presented with the international Green Apple (bronze) award for collaborative work with Cambridgeshire and Peterborough NHS Foundation Trust and Serco for an innovative waste management/recycling project. The project was also presented at the Infection Prevention Society's Annual Conference.

The second phase of this project has recently been initiated with the introduction of "tiger waste bags" to facilitate the minimisation of "orange waste bags" in Trust clinical settings.

Finite resource use – Water

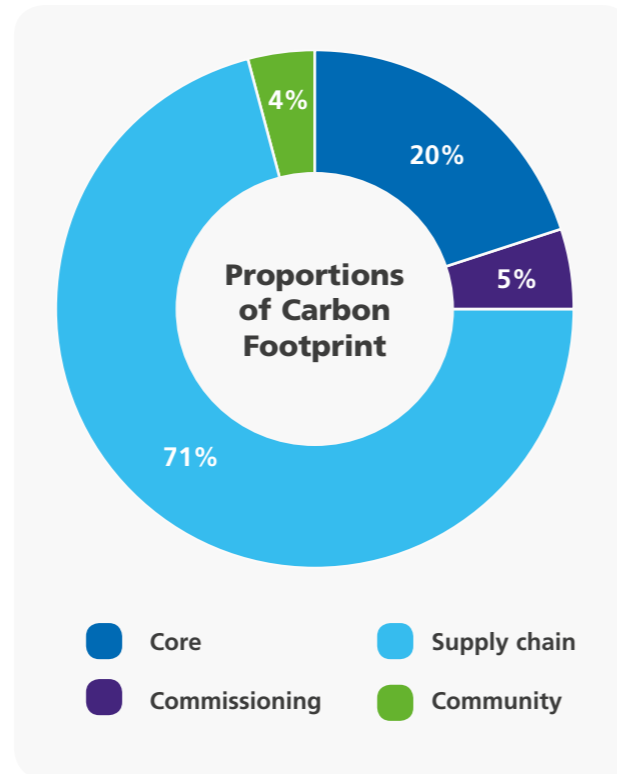
Water		2014/15	2015/16	2016/17	2017/18
Mains Water	m ³	34,005	23,338	35,730	15,062
	tCO ₂ e	31	21	33	14
Water & Sewage Spend	£	127,579	59,971	82,270	41,109

Water consumption has decreased from the previous year.

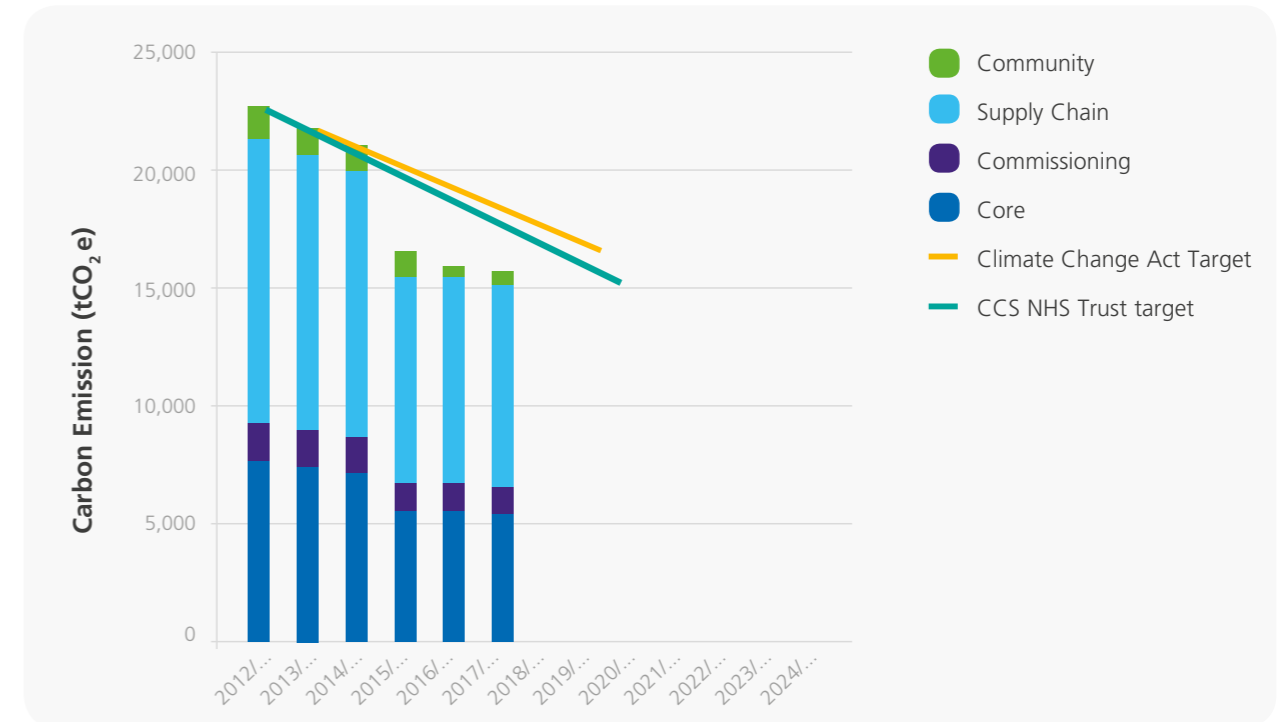
We have recently changed our water supplier and will be working closely with our new supplier to identify potential water saving initiatives.

Modelled Carbon Footprint

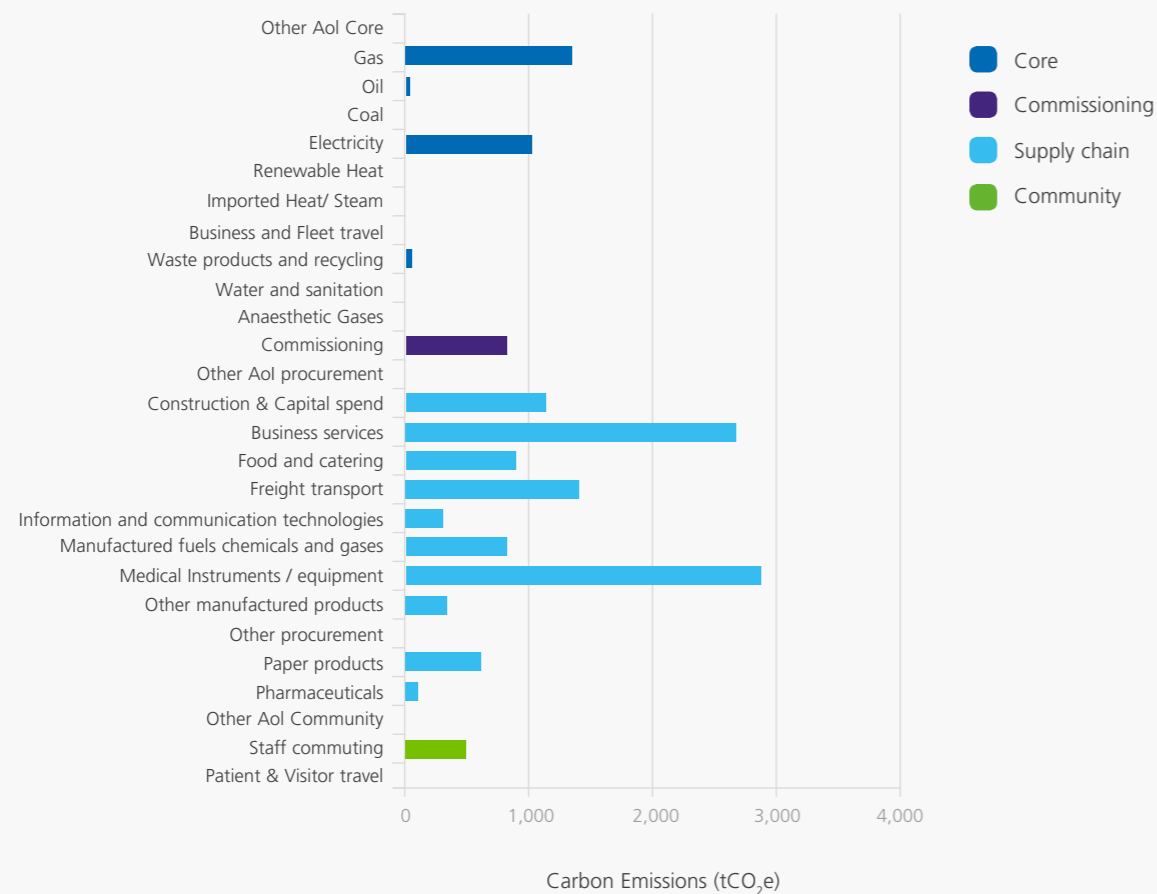
The Trust has an estimated carbon footprint of 15,573 tonnes of carbon dioxide equivalent emissions (tCO₂e) and a carbon intensity of 132 grams of carbon dioxide equivalent emissions per pound of operating expenditure (gCO₂e/£). This compares favourably to the national benchmark for community services which is 160 gCO₂e/£



Climate Change Act target

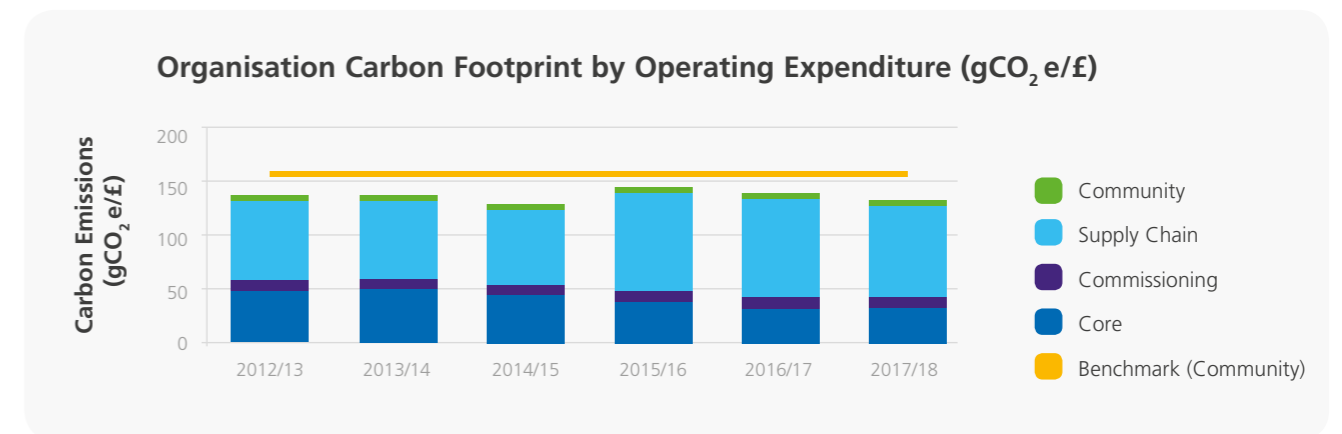


Breakdown of 2017/18 emissions (tCO₂e)



The Trust can clearly demonstrate that it is contributing to the NHS and Government's commitment to meet the 2020 Climate Change Act target.

Benchmarking



There has been a marginal increase in the carbon footprint when measured by operating expenditure after a steep decline over the past three years.

Sustainable Development Assessment Tool (SDAT)

One of the ways in which we measure our impact as an organisation on corporate social responsibility is through the use of the Sustainable Development Assessment Tool (SDAT). The tool replaces the Good Corporate Citizenship Sustainability Assessment Tool and will be used by the Trust on an annual basis, to measure performance across a comprehensive range of sustainability metrics.

Business Development

The Trust established a new partnership with East London NHS Foundation Trust (ELFT) to tender and win the community health services contract in Bedfordshire. Since 1 April 2018 the Trust has provided children's services, together with some specialist adults' services including the Acquired Brain Injury service, as a sub-contractor to ELFT, which holds the main contract with commissioners. In addition, the Trust has been awarded a contract for therapy services in Luton, which it will provide through the teams who transferred to the Trust following the Bedfordshire tender. These awards represent a significant addition to the Trust's portfolio.

In addition, we successfully bid to retain the contracts to deliver minor oral surgery in Cambridgeshire and West Suffolk and to expand delivery of these services in Peterborough and West Norfolk.

The Board agreed to serve notice to commissioners for the provision of children's acute services delivered from Hinchingsbrooke Hospital in Huntingdon. Since Hinchingsbrooke Hospital and Peterborough and Stamford Hospitals merged into one organisation, the Board concluded that the new hospital Trust (North West Anglia NHS Foundation Trust) was better placed to run the services going forward. The decision was also consistent with the Cambridgeshire and Peterborough Sustainability and Transformation Plan. It is anticipated the services will transfer out of our Trust on 31 October 2018.

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

As a result of new services won and services transferring out of the Trust, we will commence 2018/19 with an annual budget of £129 million.

The future will be characterised by participating in 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

2017/18 has been another challenging year financially for the Trust but we successfully achieved an operating surplus of £937,000. Because the Trust has managed its budget to the plan agreed at the beginning of the year, we have been awarded a one off financial sum (Sustainability and Transformation Fund) from NHS Improvement of £2.25 million. Therefore adding together our real surplus and the national Sustainability and Transformation Fund creates an annual surplus figure for our accounts of £3,189,000.

Key messages for the year are set out below:

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

Better Payment Practice Code (30 day target)	2017/18	
	Number	£'000
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	15,747	48,044
Total Non-NHS Trade Invoices Paid Within Target	14,120	45,246
Percentage of Non-NHS Trade Invoices Paid Within Target	89.67%	94.18%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	1,283	10,652
Total NHS Trade Invoices Paid Within Target	1,073	8,975
Percentage of NHS Trade Invoices Paid Within Target	83.63%	84.26%

- The Trust's 2017/18 accounts have been externally audited by Grant Thornton UK LLP. External audit fees for 2017/18 were agreed as £42,300 excluding VAT (2016/17 fees with BDO LLP £66,462 excluding VAT), where the fee was agreed in a tender process.
- The Trust is a member of the NHS Pension Scheme. The scheme is unfunded with defined benefits. Full details of the treatment of the Trust's Pension Policy can be found in note 8 of the annual accounts. The Remuneration and Staff Report on page 88 shows the salary and pension entitlements of the directors of the Trust.
- There have been no accounting policy changes during 2017/18. Critical accounting judgements and key sources of estimation of uncertainty are shown in note 1.2 and 1.2.1 of the accounts.
- The Trust has spent £5.94 million in 2017/18 (2016/17 £5.74 million) on items that come within the NHS management costs definition. This represents 5.2% (2016/17 4.9%) of total turnover for the financial year.
- All Trusts were set caps relating to agency expenditure during 2017/18. The Trust had a cap of £3.332 million and remained within this, with year end spend on agency of £2.301 million. The Trust will continue our robust programme of work to reduce expenditure in this area in 2018/19.
- 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 2018/19 will be financially challenging with a savings target in excess of £3 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

Young people from Norfolk featured in radio DJ's health podcasts for teens



Presenter Cel Spellman, who hosts the Sunday afternoon slot on BBC Radio One and stars in ITV drama Cold Feet said: "I feel pretty privileged to have heard such honest and touching personal stories, Young people today have to deal with all the classic teenage worries and troubles, but it doesn't end there. With social media, current affairs and online, this digital generation have much more to deal with. Sometimes these sort of problems can be misunderstood by our peers who say we've never had it so easy, so get on with it."

The podcasts are designed for people who like to listen through headphones whilst on the move, users can also stream the podcasts directly from our website using: <http://bit.ly/norfolk-healthuncovered>

Sian Larrington, Head of Service, Norfolk Children and Young People's Services has expressed her delight with the outcome. She said:

“To communicate effectively with our young people in the Norfolk community, we have to speak their language and communicate using formats they find easy and accessible, this selection of podcasts does just that.”

Young people our Children and Young People's Health Services in Norfolk featured in a series of podcasts hosted by BBC Radio One presenter and actor Cel Spellman.

The series aimed to get more young people in tune with their health and wellbeing by sharing a variety of candid discussion programmes. The two episodes our teams were involved in were episode 3 "mental health - me and my emotions" and episode 4 "sexual health - are you ready?"

Performance against contractual targets in 2017/18

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

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

During 2017/18 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 2018 performance is currently on-track to achieve the end-of-year target.

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

Commissioner – Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

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

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
Children's Specialist Services				
Percentage of service users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	98%	93%	99%
Percentage of service users waiting 6 weeks or more from referral for a diagnostic test	< 1%	0	0	0
Zero tolerance MRSA	0	0	0	0
Minimise rates of Clostridium Difficile	0	0	0	0
Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	0
SEND – number of requests completed and returned within timeframe (6 weeks from receipt of request)	Baseline	N/A	N/A	99%
Children Looked After - Initial health assessments completed within 20 working days	100%	100%	100%	100%
Children Looked After - Initial Health assessments undertaken by medical practitioner	100%	100%	100%	100%
Children Looked After - Review assessments completed in 15 working days	100%	100%	100%	100%

Ambulatory Services

Percentage of service users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	93%	92%	100%
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%
Out-patient appointments delivered by the provider shall be available via NHS e-referral as a directly bookable service (subject to any exclusions)	100%	100%	100%	100%

Commissioner – NHS England

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

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
School Aged Immunisations Service				
HPV vaccination by end of school year nine dose 1	90% (5% tolerance)	84%	88%	On-track
HPV vaccination by end of school year nine dose 2	90% (5% tolerance)	86%	84%	On-track
School leaver booster (Td/IPV) by end of school year 9 dose 1	80% (5% tolerance)	100%	85%	87%
Men ACWY by end of school year 9	80% (5% tolerance)	81%	86%	88%
Childhood Flu vaccination school years R, 1, 2, 3 and 4	60% (5% tolerance)	59%	60%	66%
Schools participating in the programme	100% (5% tolerance)	99%	99%	100%
Vaccine administration training	100%	100%	100%	100%
Patient/ service user satisfaction	85%	88%	92%	100%
Dental Services				
Percentage non admitted patients starting treatment within a maximum 18 weeks from referral	95%	99%	99%	99%
Percentage of patients on incomplete, non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	99%	99%	99%
Zero tolerance RTT waits over 52 weeks	0	0	0	0
RTT (Median Wait in weeks) - non admitted completed pathways	Decreasing trend	Compliant	Compliant	Compliant
RTT (Median Wait in weeks) - non admitted incomplete pathways	Decreasing trend	Compliant	Compliant	Compliant

Note: references to 'on-track' refers to performance indicators, which are being measured over a reporting period that does not align with the April-March financial year. In these cases at March 2018 performance is currently on-track to achieve the end-of-year target.

Commissioner - Luton Clinical Commissioning Group (CCG)

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

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
Percentage of patients on incomplete, non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	100%	100%	99%
Diagnostic Tests - Percentage waiting no longer than six weeks from referral	99%	100%	100%	79%
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
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 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%	72%	79%	78%
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	98%	99%
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	90%	87%
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	66	5	75
Number of adults with a BMI ≥ 30 referred to the Live Well Luton service	120 in year	38	53	84
Deliver the National Child Measurement Programme to eligible school children in Reception and Year Six	90%	99%	99%	95%

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
Percentage of non-admitted patients starting treatment within 18 weeks from referral - non consultant led	95%	99%	100%	99%
Percentage of patients on incomplete non-emergency pathway waiting no longer than 18 weeks - non consultant led	92%	100%	100%	99%
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	3880	4008	5164
Number of patient surveys collected	600	1209	3271	5496
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%	92%	100%	64%
All Looked After Children coming into care and placed outside of Luton or the agreed healthcare area, will have an Initial Health Assessment completed by a paediatrician or medical practitioner	100%	80%	100%	42%
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%	34%	100%	70%
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	10%	100%	45%
All care leavers are given a copy of their health history	100%	N/A	100%	94%
All care leavers are offered a healthcare leaving service	100%	N/A	100%	96%
Number of avoidable pressure ulcers grade 3	0 avoidable	6	0	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%

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
CCS answer rate for Urgent Connect	80%	N/A	94%	97%
Immunisation rate for all children who have received a TB vaccination within 90 days of birth – rolling year	90%	87%	26%	75%
Percentage of GP letters following 1st outpatient (community paediatric) attendance sent within 5 working days.	Q1 – 60% Q2 – 70% Q3 – 80% Q4 – 90%	N/A	55%	70%
Percentage of follow-up reports sent (6 weeks in arrears)	90%	N/A	79%	90%

First tuberculosis (TB) conference a success



Our TB and Respiratory Services team worked with health and social care organisations across Luton to stage the borough's first TB Conference.

The event, in partnership with Luton Clinical Commissioning Group, the Luton and Dunstable Hospital, Luton Borough Council and Public Health England drew a maximum capacity crowd of 100 people. It brought together experts in the field including our TB Clinical Nurse Specialist, Mike McMahon, to give GPs and those working in primary care information about the national NHS TB strategy and the extent of TB prevalence in Luton.

Mike said:

“ In Luton we have begun Latent TB intervention to reduce the prevalence locally. In the last three or four years we have successfully reduced the incidence of TB by 10 per cent a year. ”

Commissioner – Suffolk Integrated Healthcare

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

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 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	0.7	0.7	0.9
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	0.8	0.8	0.6
Percentage of first time service users (of clinical based service users offered a HIV test (excluding those already diagnosed HIV positive)	100%	100%	100%	100%
Percentage of first time service users (of clinical based service users accepting a HIV test (excluding those already diagnosed HIV positive)	80%	87%	85%	84%
Percentage of positive chlamydia screens by iCaSH Suffolk	5-12%	8%	8%	10%
Percentage of all chlamydia screens for all attendances at iCaSH Suffolk under 25 years	Trajectory 51-75%	75%	75%	75%
Percentage of those with positive chlamydia result treated within six weeks of test date	95%	96%	97%	100%



Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
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%	99%	100%	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%	89%	93%	93%
Percentage of users experiencing waiting times in clinics of over 2 hours	Baseline	0%	0%	1%
Percentage of people having STI tests (chlamydia, HIV, syphilis, gonorrhoea) who can access their results via text (both positive and negative) within ten working days of the date of the sample (excluding those requiring supplementary tests)	95%	84%	100%	100%
Percentage LARCs (injections, IUDs, IUSs, implants separately) prescribed by iCaSH Suffolk as a percentage of all prescribed contraceptives	baseline of 47%-55%	51%	53%	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	100%	100%
Percentage LARCs offered as percentage of all first contacts attended services for contraception purpose	90%	N/A	95%	100%
% of patients accessing psychosexual counselling within 18 weeks	100%	100%	100%	100%

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

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
iCaSH Service				
Percentage of people offered an appointment or walk-in, within 48 hours of contacting a provider	98%	98%	98%	100%
Percentage of clients accessing service to be seen within 48 hours of contacting the service	80%	89%	93%	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%	86%	86%	87%
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	0.6	0.6	0.6
Percentage of patients receiving positive/negative results within 10 working days of sample date	95%	100%	100%	100%
Percentage of all under 25 year olds screened for chlamydia	75%	91%	86%	100%
Percentage of positive patients who received treatment within six weeks of test dates	95%	100%	100%	100%
Number of outreach sessions and attendance conducted in areas of high deprivation or aimed at vulnerable groups, including prison	70%	70%	81%	63%

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
Percentage of users experiencing waiting times in clinics of under 2 hours	30 minute threshold	100%	100%	100%
Increase in the number of men accessing services	increase	N/A	compliant	+8%
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%	100%	100%	100%
Percentage of women who have access to LARC method of choice within five working days of contacting service	90%	90%	54%	56%
Percentage of individuals accessing services who have sexual history and STI/HIV risk assessment undertaken	100%	100%	100%	100%
People who have a new diagnosis of HIV and have symptoms and/or signs potentially attributable to HIV infection (including those of primary infection) must be referred for urgent (within 24 hours) specialist assessment	100%	100%	100%	100%
Percentage of routine STI laboratory reports of results (or preliminary reports), which are received by clinicians within seven working days of a specimen being taken	100%	100%	100%	100%
Ratio of all reported contacts of index gonorrhoea who attend the service	0.6	0.6	0.6	0.9
Ratio of all reported contacts of index chlamydia who attend the service	0.6	0.6	0.7	0.6
Percentage of nurses dual trained to deliver contraceptive (including LARC methods) and GUM Services	75%	N/A	N/A	93%
Monitor percentage of LARCs prescribed as a proportion of all contraceptives by age	Benchmark	44%	51%	59%
Maintain/achieve <i>You're Welcome</i> accreditation/standards	100%	N/A	N/A	100%
Percentage of service user feedback on surveys that rates satisfaction as good or excellent	70%	N/A	N/A	98%
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%

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
The proportion of people with known HIV infection who have accessed HIV clinical services within the past 12 months	95%	100%	99%	100%
For 95% of MSM living with a diagnosed HIV infection to have a suppressed viral load	95%	80%	95%	100%

Healthy Child Programme

Percentage Antenatal contact	50%	N/A	N/A	24%
Percentage New Birth Visits within 14 days	90%	N/A	N/A	96%
Percentage New Birth Visits	90%	N/A	N/A	98%
Percentage New Birth Visits advice given about registering with Children's Centres	90%	N/A	N/A	100%
Percentage 6-8 week review	90%	N/A	N/A	85%
Percentage 12 month review by 12 months	90%	N/A	N/A	95%
Percentage 12 month review by 15 months	95%	N/A	N/A	96%
Percentage 2-2.5 yr. review with ASQ	90%	N/A	N/A	94%
Percentage Breastfeeding status recorded at 6-8 week	90%	N/A	N/A	85%
Percentage Breastfeeding prevalence 6-8 week (fully/partial)	56%	N/A	N/A	53%
Percentage Mothers who smoke referred to stop smoking service	95%	N/A	N/A	100%
Percentage schools having a named school nurse	100%	N/A	N/A	100%

Note: The Trust provided the Cambridgeshire Healthy Child Programme in 2016/17. References to N/A in the relevant column above reflect that performance monitoring for this service was suspended mid 2016/17, pending development of a new performance specification for 2017/18.

Commissioner – Peterborough City Council

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

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
iCaSH Service				
Percentage of people with STI needs offered appointment or walk in within two working days of first contact	98%	86%	94%	80%
Percentage people with STI needs seen or assessed by healthcare professional within two working days of first contact	80%	84%	93%	79%
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%	99%	100%	100%
Percentage of people with STI needs with record of HIV test at first attendance (excl. as above)	80%	87%	90%	87%
Percentage of reports issued by lab within 5 working days of specimen being received by lab	97%	N/A	N/A	97%
Percentage of final reports on supplementary testing or following referral to reference lab issued by lab within 10 working days of specimen being received by lab	97%	N/A	N/A	100%
Percentage of people accessing STI test results within 10 working days of sample taken (excl. supplementary tests)	95%	95%	99%	100%
Percentage of all contacts of index cases of gonorrhoea attending STI service within four weeks of first PN discussion	0.6 contacts per index	78%	100%	0%
Percentage of all contacts of index cases of chlamydia attending STI service within four weeks of first PN discussion	0.6 contacts per index	83%	90%	14%
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%	96%	87%	56%
Percentage of people experiencing waiting times of less than two hours in walk in services	>75%	100%	100%	100%



FREE, CONFIDENTIAL STI TESTING - DELIVERED TO YOUR DOOR!

Introducing iCaSH

Express Test

Population needs are changing and our focus is on modernising our services to meet them; so we introduced iCaSH Express Test.

Developed by iCaSH Norfolk, Express Test is an alternative to a clinic appointment for service users who have no symptoms, are aged 16 and over and want to test for STI's without coming into clinic.

Ellen Ballantyne, service manager for iCaSH Norfolk said:

“ We are always looking for innovative ways to meet the needs of patients. iCaSH Express Test is free, quick and easy to use. Once registered, service users receive a free kit through the post, which contains individually packaged tests and instructions. The kit is discreetly wrapped in plain packaging. Once the tests have been completed, they simply attach the freepost label to the front of the kit and pop it into the nearest post box. ”

Express Test launched in Norfolk in July 2017, Bedfordshire in October 2017, Suffolk in February 2018 and most recently Cambridgeshire in April/ May 2018.

Service users can test for Chlamydia, Gonorrhoea, Syphilis and HIV. We are also offering Hepatitis B and C testing for those who are assessed as at risk from assessment questions, during the registration process. Any service users with positive results are invited into clinic for their treatment.

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
Percentage of women offered access to LARC method of choice within 10 working days/ two calendar weeks of first contact (where medically appropriate)	90%	100%	96%	91%
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%	100%	98%	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%

Commissioner – Norfolk County Council

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

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 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%	80%	58%	91%
Percentage of women receiving a face to face New Baby Review by a HV SCPHN within 14 days	90%	93%	90%	95%
Percentage of infants aged six - eight weeks that received a six - eight week assessment from the HV SCPHN	90%	94%	90%	99%
Percentage of all infants at six - eight week check that are totally or partially breastfed	47.5%	46%	49%	46%
Percentage of infants receiving the Bookstart Baby Pack at the six - eight week check	90%	98%	100%	100%
Percentage of mothers who received a Maternal Mood review when the child is aged 9-12 months	95%	N/A	88%	99%
Percentage of children who received a one year assessment/12 month review by the time they turned 12 months	85%	N/A	68%	96%
Percentage of children who received a one year assessment/12 month review by the time they turned 15 months	95%	88%	81%	98%
Percentage of children that received a developmental review by the age of 2.5 years (which must include the ASQ™3 assessment)	90%	85%	76%	91%
Population vaccination coverage - MMR for two doses (5 years old)	90%	N/A	92%	93%
Percentage coverage of hearing screening in children in the Reception class cohort	95%	N/A	95%	On-track
Percentage coverage of vision screening in children in the Reception class cohort	95%	N/A	95%	On-track
Percentage of eligible children in Reception class that were weighed and measured as part of the NCMP	95%	N/A	95%	On-track

Note: references to 'on-track' refers to performance indicators, which are being measured over a reporting period that does not align with the April-March financial year. In these cases at March 2018 performance is currently on-track to achieve the end-of-year target.

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
Percentage of eligible children in Year 6 that were weighed and measured as part of the NCMP	95%	N/A	95%	On-track
Percentage of Looked After Children (LAC) Review Health Assessments (RHA) requested that have been completed within timescales	100%	100%	100%	100%
Percentage of Looked After Children (LAC) aged 0-4yrs with an up to date RHA	100%	N/A	100%	100%
Percentage Looked After Children (LAC) aged 0-5yrs with up-to-date immunisations	100%	100%	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%	100%	100%	100%
Percentage of referrals from whatever source (including families transferring in) where a) a response was made to the referrer within 5 working days and b) contact was made with the family within 10 working days	100%	N/A	100%	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%	76%	95%	94%
Percentage of transfers to another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team	100%	100%	100%	100%
Percentage of transfers from another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team	100%	100%	100%	100%
Percentage of transfers from another Healthy Child Programme (i.e. another county) where records are requested within two weeks of being notified of the new child	100%	N/A	100%	100%
Percentage of transfers to another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team.]	100%	N/A	100%	100%
Percentage of data completeness of all minimum data Set fields	90%	N/A	98%	98%
Percentage FNP nurse caseload maintained per quarter	80%	91%	96%	92%

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
Percentage of new FNP service users enrolled before 16 weeks pregnant	60%	N/A	21%	100%
Percentage of FNP breastfeeding prevalence at 6-8 weeks	22%	N/A	22%	20%
Percentage of FNP service users who smoke less at 36 weeks pregnant, than when they joined the programme	60%	N/A	60%	67%
Percentage of FNP Infants with up-to-date immunisations at 24 months infancy	100%	N/A	95%	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	100%	100%
Percentage of service users who would recommend the service (friends and family test or equivalent)	75%	97%	100%	88%

iCaSH Service

Percentage of individuals accessing STI services who have a sexual history and STI/HIV risk/contraception assessment undertaken	100%	100%	100%	100%
Max. Female rate of repeat infections within one year.	7.2%	N/A	N/A	5.9%
Max. Male rate of repeat infections within one year.	8.5%	N/A	N/A	4.4%
Percentage of first time service users (of clinical based services) offered a HIV Test via Hub	100%	100%	100%	100%
Percentage of first time service users (of clinical based services) accepted a HIV Test via Hub	80%	81%	85%	85%
Percentage of first time MSM service user (of clinical based services) offered a HIV test via Hub	100%	100%	100%	100%
Percentage of first time MSM service user (of clinical based services) accepting a HIV test via Hub	90%	80%	90%	95%
Percentage of contacts for all gonorrhoea index cases documented within 4 weeks of the date of the first PN discussion (>0.6 contacts per index case)	60%	N/A	N/A	71%
Max. percentage of HIV late diagnoses (i.e. count below 350)	50%	0%	0%	0%
Percentage of service users who receive results within two weeks from consultation date	95%	100%	100%	99%

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
Percentage of results given to the client within 10 working days of test taken -screening programme only	95%	99%	100%	99%
Percentage of patients receiving a positive test offered treatment within six weeks of test date (date on the test form)	95%	97%	99%	98%
Percentage of chlamydia index cases documented as offered ≥ 1 PN discussion (including telephone discussion) with a HCW with the appropriate documented competence	97%	99%	99%	99%
Percentage of chlamydia index cases for whom all their contacts have a documented action(s) or decision (not to contact).	97%	96%	99%	99%
Percentage of all contacts that were notified through the PN scheme and attended the service, at either Level 1, 2 or 3, as reported by index case or HCW within four weeks of first PN Discussion	60%	77%	99%	93%
Percentage of women having access to the and availability of the full range of contraceptive method (including choice within products)	100%	100%	100%	100%
Percentage LARCs offered as a percentage of all eligible contacts attending services for contraception purposes	90%	100%	100%	100%
Percentage LARCs (Injections, IUDs, IUSs, implants separately) prescribed by contraceptive services as a percentage of all contraceptives by age (5 year age bands)	Total > 40%	47%	54%	59%
Percentage of people receiving EHC who received it within 24 hours of requesting it (exceptional reporting required)	100%	100%	100%	100%
Percentage of people accessing EHC and leaving with a plan of ongoing contraception	100%	100%	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	15%	12%	35%	25%
Percentage of people offered an appointment, or walk-in, within 48 hours of contacting service	100%	100%	100%	100%
Percentage of clients accessing service to be seen within 48 hours of contacting service	70%	96%	96%	96%
Percentage of people experiencing waiting times of less than two hours in walk in services	90%	99%	99%	99%

Indicator	2017/18 target	2015/16 actual	2016/17 actual	2017/18 actual
Percentage of specialist SRH referrals from general practice seen within 18 weeks of referral	Baseline to be assessed after 1 year	100%	100%	100%
Percentage of staff delivering contraceptive and STI services who have successfully completed nationally accredited training, according to their scope of practice, and fulfilled relevant update requirements	100%	100%	100%	100%
Percentage of clinical staff (doctors and nurses) dually trained to deliver contraceptive and STI/HIV services	60%	42%	81%	77%
Percentage of clinical staff trained to deliver drug and alcohol brief interventions to the patients in line with the national guidelines	60%	63%	96%	93%
Percentage of staff received training on domestic violence within 6 months of commencement of contract award. All new staff to receive training within 6 months	100%	97%	100%	100%
% of service user feedback on surveys that rates satisfaction with the service as good or excellent via a natural medium	70%	97%	95%	96%



Commissioner – Bedfordshire Borough and Central Bedfordshire

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

Indicator	2017/18 target	2017/18 actual
iCaSH Service		
Percentage of people who have a relevant sexual history taken (as per BASHH guidance)	97%	100%
Percentage of people with STI needs offered HIV test at first attendance (exc. those already diagnosed with HIV)	97%	100%
STI testing: percentage uptake of HIV testing for people having a first STI check (screen)	80%	88%
Percentage of people who can access STI test results within 10 working days of sample taken (exc. supplementary tests)	95%	100%
Percentage of LARC prescribed as a proportion of all contraception (excluding condoms)	40%	41%
Percentage of women who have access to urgent contraceptive advice and services (inc. emergency contraception) within 72 hours of contacting service	100%	100%
Percentage of women having access to and availability of full range of contraceptive method (and choice within products)	100%	100%
Ratio of contacts per gonorrhoea index case treated in the integrated sexual health service or confirmed treated elsewhere within four weeks of the date of the first PN discussion	0.6	0.3
Percentage of routine STI laboratory reports of results (Routine = GC, Chlamydia, syphilis & HIV) (or preliminary reports) which are received by clinicians within seven working days of a specimen being taken	100%	100%
Percentage of first time sexually active (clinical based) service users in high risk groups - MSM offered an HIV Test	80%	100%
Point of Care HIV testing	120	325
Chlamydia screening 100% offered MSM	100%	100%
Chlamydia screening 75% accepting MSM	75%	66%
Clients receive a letter with an appointment date within 28 days of opting into the service.	100%	100%
Clients presenting with a sexual dysfunction report improvement in their condition on exiting	60%	83%
Percentage of psychosexual clients seen for initial assessment within 18 weeks of referral	100%	100%
Percentage of people with STI needs offered appointment or walk in within 2 working days of first contact	98%	68%
Percentage of people with STI needs seen or assessed by healthcare professional within 2 working days of first contact	80%	66%
Percentage of people with contraceptive needs offered appointment to be seen within 2 working days of first contact	80%	78%

Indicator	2017/18 target	2017/18 actual
Percentage of women offered access to LARC method of choice within 10 working days/ 2 calendar weeks of first contact (where medically appropriate)	80%	66%
Year on year increase in the number of young men accessing services	10%	34%
Percentage of users experiencing waiting times for walk-in clinics of < 2 hours	95%	99%
Percentage of nurses dual trained to deliver contraceptive (including where appropriate LARC methods) and Sexual Health services	40%	71%
Percentage of staff delivering STI services who have successfully completed accredited competency based training, according to their scope of practice and fulfilled relevant update requirements in accordance with FSRH and BASHH	85%	100%
Percentage of patients notified of chlamydia screen result (positive and negative) within ten working days from date of test	90%	100% (Borough and Central Beds)
Number of contacts per index case who have attended a healthcare site for testing and epidemiological treatment within four weeks of the first PN discussion	0.6	0.5 Borough and 0.3 Central Beds
Percentage of index cases documented as offered PN discussion with a healthcare worker with the appropriate documented competency.'	97%	67% Borough and 51% Central Beds
Percentage of index patients receiving treatment within 6 weeks of test date	95%	100% (Borough and Central Beds)
Percentage of positive people treated within 14 days from the date of specimen collection	75%	96%
Percentage of positive people treated within 30 days from the date of specimen collection	90%	100%
Percentage of 15-24-year olds tested within the ISH service	90%	80%
Number of C-Card Registrations (average monthly)	50	82
Proportion of young people (under 18) assessed using CSE checklist (first attendance)	100%	100%
All new or first in year attendance clients to be asked smoking status and recorded. All smokers to be given brief advice and signposted to Stop Smoking Services.	100%	100%
Percentage of people screened for domestic violence	100%	100%
All new and first in year attendances assessed for FGM. Any identified, recorded and referred to specialist care.	100%	100%
All new and first in year attendances assessed for drugs and alcohol use.		
Recording and referral for specialist advice and care.	100%	100%
All appropriate new and first in year attendances BMI rates assessed and recorded (patients attending for contraception)	100%	100%
Representation at the quarterly SARC Operational Group	100%	100%

Looking to the future

Our objectives for 2018/19 are to:

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

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

Work stream 1: Service Development Plans

- Cambridgeshire Children and Young People's Services service redesign (including joint venture with Cambridgeshire & Peterborough NHS Foundation Trust)
- Norfolk Children and Young People's service redesign
- Luton 0-19 Healthy Child Programme service redesign
- Luton adult community Health services
- Cambridgeshire and Peterborough DynamicHealth service development programme

Work stream 2: Improving Organisational Capability

- Infrastructure programme, focussing on estates and information communication and technology support, provided and managed services to improve responsiveness to changes in clinical services.
- Corporate contract procurement and re-provision for ICT, financial services, estates, procurements and contracts.

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 aligned to our existing service localities.

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

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

specialties and their importance to our service portfolio.

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

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.

Contracts for services

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

Financial outlook

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

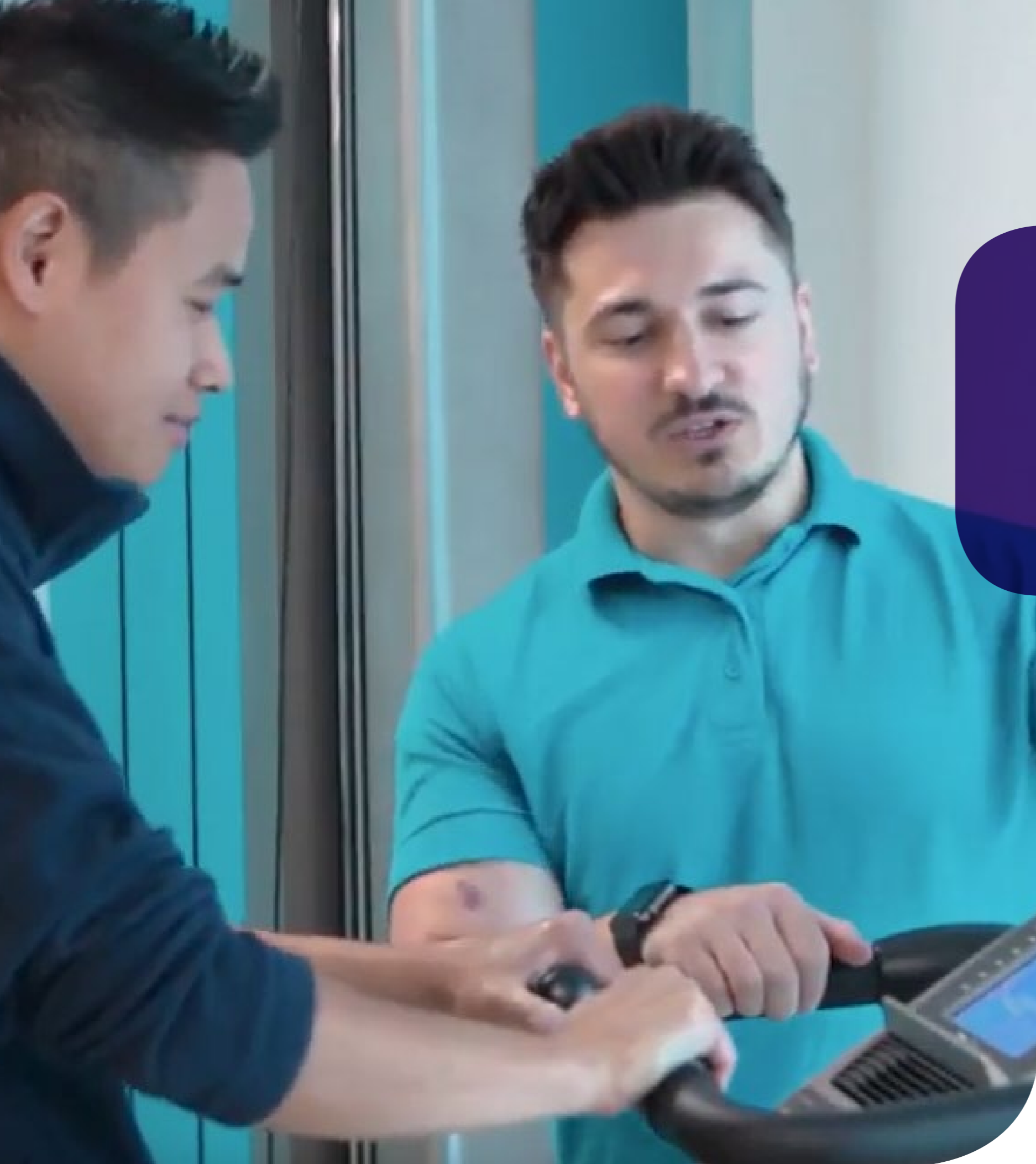
The financial plan for 2018/19 assumes the following:

- The Trust has a planned turnover of £129 million for 2018/19 and plans to deliver a 1.6% surplus equating to £2.1 million.
- A £17.5 million increase in revenue as a result of the successful new partnership with East London NHS Foundation Trust to provide children's services in Bedfordshire.
- The Trust has applied cost and income uplifts in line with national planning assumptions to produce a robust 2018/19 financial plan.
- To deliver the planned surplus, the Trust has a cost improvement target of £3 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 for 2018/19, which includes major investment in its estate and the provision for information technology infrastructure.

Signed:

Matthew Winn,
Chief Executive

25 May 2018



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Directors' Report 2017/18

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 73), 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 15).

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.
- 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**

25 May 2018

Statement of Directors' Responsibilities in Respect of the Accounts

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

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

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

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

By order of the Board

Signed:



**Matthew Winn,
Chief Executive**

25 May 2018

Signed:



**Mark Robbins
Director of Finance**

25 May 2018



Team effort to help young hear

A new device being developed could bring relief to children suffering from the frustration of glue ear.

Dr Brown said:

“ Watchful waiting is a very sensible approach, but it can be a long and frustrating time for children and impact on language development. We wanted to find a solution to that. Collaborating with the clinical engineering department was a great success and, with the help of other organisations, we have innovated with what we believe is a really practical and cost-effective solution. ”

The development work was funded through Cambridge University Health Partners and a pilot study is being carried out with support from Cambridge Hearing Trust, Health Enterprise East, the British Society of Audiology, BAPA and Health Education East of England. The pilot study, involving about 20 youngsters will report in Spring 2018 and support submission for classification as a Medical Device. The headset will hopefully be launched late in 2018.

The team has set up a website about their work at <https://hearglueear.wordpress.com/>

Experts from the Trust and Cambridge University Hospitals (CUH) NHS Trusts pooled their expertise to adapt an existing brand of sports headphone so it helps young sufferers to hear.

Instead of fitting over blocked ears, the headphones sit on the cheek bones and contain a tiny mechanism that vibrates when it picks up a signal from a remote microphone. The vibrations travel along the cheekbone before arriving in the inner ear where they are interpreted as sound. It's known as "bone conduction".

The development follows collaboration between CCS's community paediatrician, Dr Tamsin Brown, medical engineer, Cara Cooper, from the CUH's Clinical Engineering Department, and other academic and health colleagues locally.

Governance Statement

Scope of responsibility

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

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

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

The governance framework of the organisation

The Trust conducted a self-assessment against the Well Led Framework in 2017/18 and developed an improvement plan, which is now being implemented. The self-assessment was based on input from the wider executive team and discussions by the Board.

The last external review of the Trust's governance arrangements against the Well Led Framework was completed in 2014. The Trust has commissioned another independent governance

review to be conducted by Deloitte, with a final report expected to be issued in May 2018. A timeline for implementation of improvement actions identified will be presented to the Board for approval once the review has been completed.

In 2017/18, the Trust undertook an annual review of the Board and sub-committee terms of reference to improve governance processes within the Trust. The updated terms of reference were implemented in 2017/18.

The Board approved a refreshed quality and clinical strategy. The strategy centres on four priorities:

- Safety
- Evidence based and innovative practice
- People involvement
- Learning and continuous improvement

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

Implementation of the quality and clinical strategy and other Trust-wide clinical governance arrangements, are overseen by the quality improvement and safety committee. The following key areas underpin the Trust's clinical governance framework:

- Clinical audit and effectiveness
- Incidents and complaints
- Professional practice
- Patient experience
- Quality performance
- Safeguarding
- Resilience

The effectiveness of our clinical governance is assessed using internal systems, including peer reviews, clinical audit, early warning trigger tool and oversight by non-executive directors through the Board and its sub-committees. The Trust also utilises independent reviews to provide assurance including internal audit.

During the past twelve months, the Trust has reviewed and implemented fundamental changes to its Board Assurance Framework. This has been agreed by the Board and is now implemented. The new approach includes assurance maps providing information flow, which allows the Board to be assured of the activities across the whole organisation and is available in the Chief Executive's report in public board papers.

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 on best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the Trust.

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

- Operating as a unitary board.
- Continuously working on improving Board and sub-committee effectiveness through periodically reviewing and refreshing the skills on our Board, annual effectiveness reviews and implementation of the Well Led improvement plan.
- Openly assessing Trust performance and risk in public meetings.
- Having a formal and transparent process for developing Trust policy on executive remuneration, in line with national guidance, which is overseen by an independent remuneration committee.
- And effectively managing relationships with key stakeholders.

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

Trust Board

The Board comprises of the Chair and five other independent members (non-executive directors), the Chief Executive and four executive directors. One non-executive director came to the end of her term on 31 December 2017. Two new non-executive directors joined the Board on 1 May 2017 and 1 October 2017 respectively. The Trust also appointed a new Chief Nurse following the retirement of the previous post holder. The Chief Nurse was formally appointed to post on 1 April 2018, although the successful individual had been acting up in to this role since 1 May 2017.

The Trust Board met six times in public this financial year. All Board meetings in 2017/18 were appropriately constituted and were quorate. Agendas and minutes of the meetings are available to the public via the Trust's website. The table shown in Annex 1 (page 84) of this Governance Statement sets out attendance levels by each director, for all Trust Board sub-committee meetings.

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 four strategic objectives throughout the year.

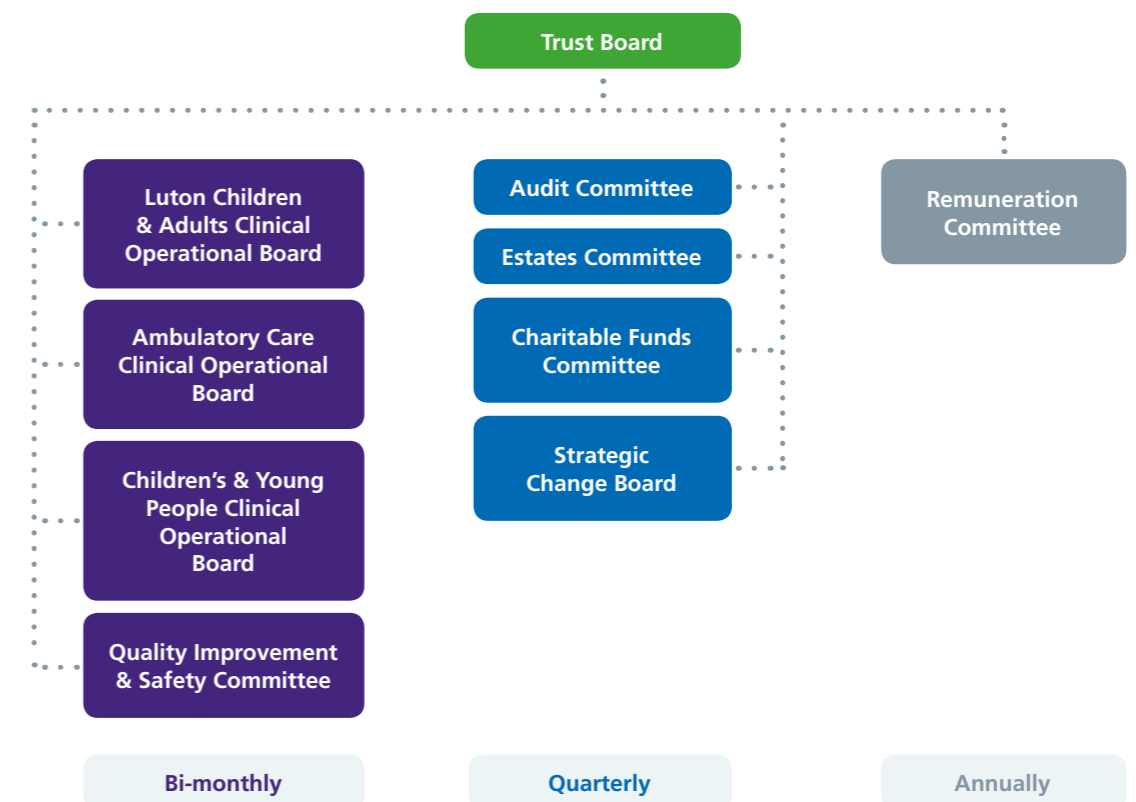
Board Development Programme

The Board Development Programme for 2017/18 covered the following areas:

Theme	Areas of focus
Patient experience and engagement	<ul style="list-style-type: none"> • Unconscious bias training
Staff experience and engagement	<ul style="list-style-type: none"> • Unconscious bias training
Development of the board collectively and individually	<ul style="list-style-type: none"> • General Data Protection Regulation (GDPR) • Self-Assessment against the Well Led Framework • Session to get to know each other better and to understand our preferred ways of working
Strategic issues	<ul style="list-style-type: none"> • Refresh of the Trust's five year Business Plan • Engagement with Sustainability and Transformation Plans • A review of the Trust's approach to research • Collaborating with other organisations • The Board's role in developing a healthy culture across the Trust • Review of strategic risks • Use of resources self-assessment

The Board has established nine standing sub-committees, all chaired by non-executive directors, which have key roles in relation to the system of governance and an integrated review and analysis of quality, workforce, finance, performance and risks. All Board committees present a report to the

Board after every sub-committee meeting, covering key issues and escalation points. Additionally, all Board members have access to papers of all Board committees. From April 2018, the Board is introducing a new people participation committee.



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 2018, 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 2017/18 accounts, the development of internal and external audit plans and the risk management and internal control processes, including control processes around counter fraud.

During 2017/18, the committee met five times and in addition to the above, the committee reviewed all reports from completed internal audit assignments for the 2017/18 work plan, which had been agreed by the committee at the start of the year.

Head of internal audit opinion 2017/18

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

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

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

Review Title	Internal Audit Assurance Opinion
Risk Management and Assurance	Reasonable assurance
Accessible Information Standards	Reasonable assurance
Key Financial Controls	Reasonable assurance
Financial Planning and Delivery	Reasonable assurance
Pre-Employment Checks	Reasonable assurance
Contract Management – Services to Support Clinical Delivery	Reasonable assurance
Management of Agency Cap	Partial Assurance
Safeguarding Supervision	Partial Assurance
Estates Tendering and Project Management – Brookfields MSK and iCaSH Projects	Partial Assurance
Information Governance	Advisory
GDPR Governance	Advisory

The Trust's management team has agreed actions to address the findings reported by internal audit during 2017/18. These actions will be implemented in 2018/19 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 implemented the recommendations from the audit. A follow-up report was submitted to the Information Commissioner's Office in March 2018 providing evidence of implementation of the action plan.

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 2017/18, the committee met four times.

The issues considered by the committee during the year included:

- Assurance on estates management services compliance
- Implementation of the estates strategy
- Estates developments
- Trust's annual capital plan
- Estates related cost improvement plans
- Sustainability
- Estates risks
- Key issues and escalations from the sub groups.

Clinical Operational Boards

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

- Quality standards (patient safety, patient experience and clinical effectiveness).
- Financial strategy and budget setting including Cost Improvement Plans.
- Workforce issues.
- Investment proposals and activity information to support the income of the Trust and achievement of Trust performance objectives.
- Key performance indicators (KPIs).
- Efficiency and economy, effectiveness and efficacy. Progress on the tendering, negotiation and finalisation of contracts with commissioners and suppliers.

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 2017/18 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

Quality Improvement and Safety Committee

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

- Ensure patient safety is at the heart of the delivery of services in the Trust and to provide assurance, that the Trust meets all its duties and responsibilities to its patients, users and staff.
- Ensure that there are effective structures and systems in place to support the continuous improvement of quality services, and safeguard high standards of patient care and to advise the Board on quality standards, research governance and associated clinical risk

management.

- Advise the Board on Trust compliance with quality standards, regulatory requirements and accreditation.
- Review and approve an annual clinical audit programme and advise the Board on learning from the outcomes.

The committee met six times during 2017/18 and considered a range of themes as illustrated below:



Remuneration Committee

The remuneration committee supports the Board to ensure fairness, equity and consistency in remuneration practices and undertake succession planning for the executive tier. The committee met once during the year to determine clinical excellence awards and executive level remuneration. The committee also received assurance that fit and proper persons test checks had been completed for all directors.

Strategic Change Board

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

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



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 three times during 2017/18.

Executive directors and their managers are responsible for maintaining effective systems of control on a day-to-day basis. A full governance framework has been developed providing terms of reference and escalation policies for all sub-committees and the Board, together with standing items, which are in turn encapsulated into cycles of business for each committee and 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 2018 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 2018 include:

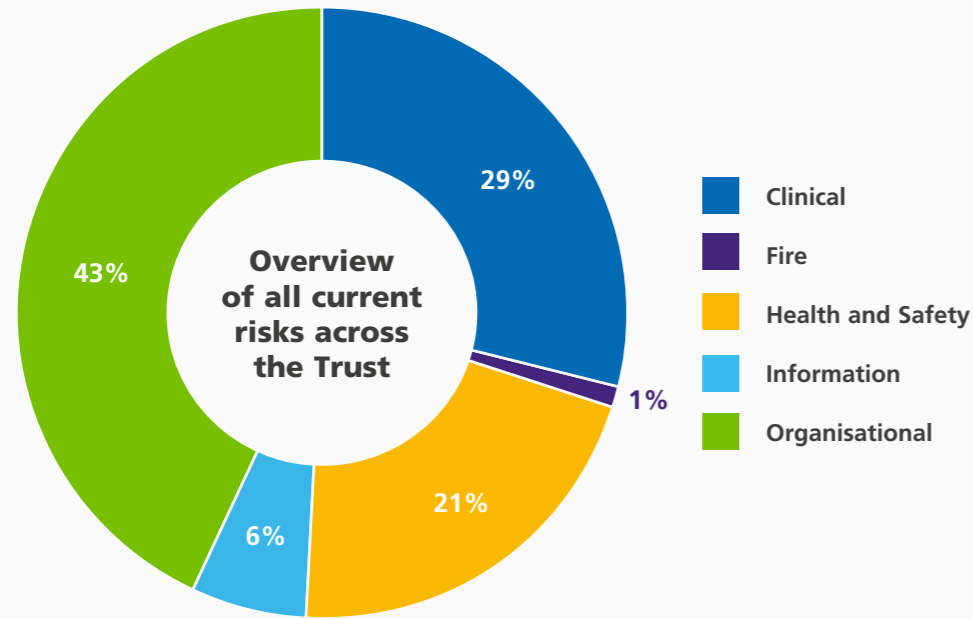
Risk ID	Description	Risk Score
2610	There is a risk that the Trust doesn't fully identify plans to recurrently deliver the £3m savings target for 2018/19, and the result could be that this could contribute to the Trust being financially unsustainable in the future.	12
2257**	There is a risk that the Trust becomes financially unsustainable through a combination of events such as: <ul style="list-style-type: none"> • Failure to secure contract extensions • Failure to secure new business opportunities • Loss of business through procurement • Decommissioning of services • Unable to mitigate amber and red rated risk schemes • The impact of the Public Health grant cuts without a corresponding change in contracted activity levels • Need to identify efficiencies and CIP's for 2017/18 	6
2636	There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.	6
2730	There is a risk that due to the potential ambiguity of partnership arrangements with other organisations, responsibility and accountability for the delivery of services may be unclear.	12
1320**	There is a risk that services fail to remain compliant with the CQC Fundamental Standards Framework, leading to patient safety incidents, regulatory enforcement action and reduction in confidence from the public and commissioners in specific services.	8

** Highlights risks carried over from prior periods.

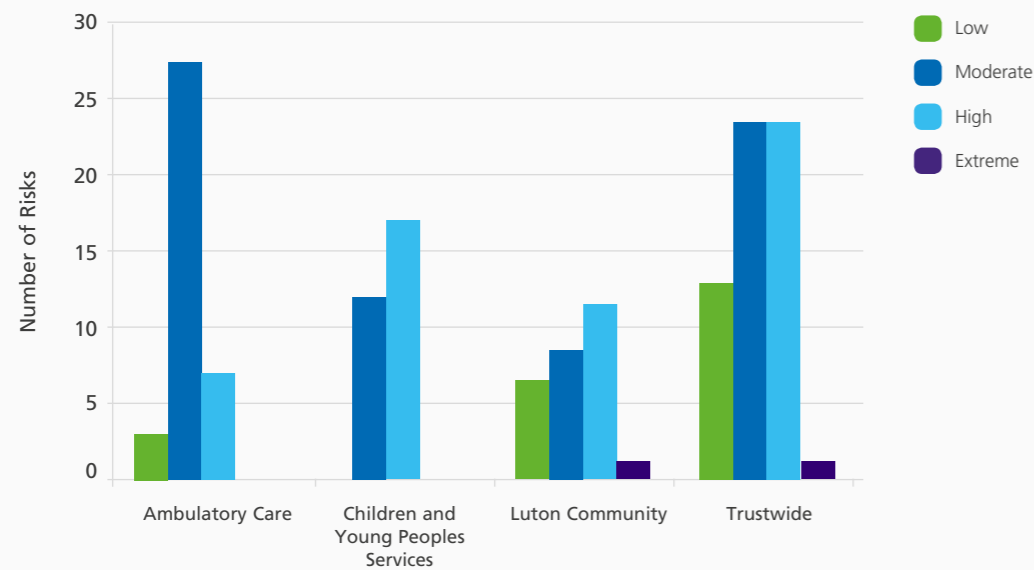
Risks 2610, 2636 and 2730 were newly identified in financial year 2017/18. All other risks were carried over from prior periods.

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 31 March 2018, the Trust has 161 open risks. The chart below presents an overview of all open risks



All current risks by directorate



The following two risks were scoring 15 or above as at 31 March 2018:

- Risk 2731 - There is a risk that removal of consent override in System1 at the end of March will negatively impact on the sharing of safeguarding information to protect children.
- Risk 2456 - There is a risk that the safeguarding teams, which currently operate to capacity, are unable to meet any additional demands placed on their service and with reduced capacity within HCP the ability to back fill or support the service, as a short term, is not possible. This places pressure on the safeguarding team, which could lead to staff sickness or an inability to meet expected safeguarding targets.

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

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

- Service related schemes via clinical operational boards.
- Corporate support functions schemes via the Trust Board.
- Transformation and service redesign schemes via the strategic change board.
- Estates schemes via the estates committee.

The Trust's information governance toolkit self-assessment score for 2017/18 was 80% and hence was graded satisfactory.

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 22 standards and level 3 for 16 standards. One standard was considered not relevant to the Trust's portfolio.

This assessment provides assurance that the Trust is meeting its obligations in relation to information governance. Action plans for improvement were monitored by the Trust's information governance steering group, with progress reports presented quarterly to the quality improvement and safety committee.

During 2017/18, there were four information governance incidents that 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.

Two of these information governance incidents were reported to the Information Commissioner's Office (ICO). In one instance, paper records were inappropriately sent in the post. The records were recovered and the actions taken by the Trust to prevent reoccurrence were acknowledged by the ICO. No further action was required by the Trust. The second incident involved the use of a non 'safe-haven' fax to send patient records. Again the records were recovered. This incident was referred to the ICO's office and no further action was taken by the ICO. The ICO recommended a number of improvement actions; some of which were already in place and the remainder were in the process of being implemented at the point this report was finalised.

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

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

As an employer with staff entitled to membership of the NHS pension scheme, the Trust is compliant with NHS Pension Scheme Regulations. Control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments 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 2017, the Board revised the risk management policy including drafting a Risk Appetite Statement for the Trust.

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 sub-committees.

Review of the effectiveness of risk management and internal control

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

The head of internal audit's opinion is that "the organisation has an adequate and effective framework for risk management, governance

and internal control" 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 2018/19.

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.

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. The Trust refreshed its Five Year Business Plan in November 2017. Trust objectives for 2017/18 were agreed as part of that 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 and Innovation (CQUIN) framework have been incorporated where appropriate, along with other measures agreed with executive directors.

Significant Issues

The following audits were undertaken for which a partial assurance opinion was provided:

- Management of Agency Cap
- Safeguarding Supervision
- Estates Tendering and Project Management – Brookfields MSK and iCaSH Projects

Action plans have been established and are being implemented to address these.

Conclusion

There has been no evidence presented to myself or the Board to suggest that at any time during 2017/18, 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

25 May 2018

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

The table below sets out the number of meetings attended by each Board member during 2017/18.

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)	5(6)			1(1)	3(3)	3(4)	5(5)	2(2)		6(6)
Trish Davies (NED) retired (31 December 2017)	5(5)	2(4)	4(4)						5(6)	
Dr Anne McConville (NED)	5(6)	1(1)	6(6)		2(3)			5(6)		
Gill Thomas (NED)	5(6)	1(1)		1(1)		4(4)	4(5)		6(6)	
Geoff Lambert (NED)	5(6)	5(5)		1(1)	3(3)	4(4)				6(6)
Richard Cooper (NED) effective (1 May 2017)	5(6)	1(1)					3(4)	5(6)		
Oliver Judges (NED) effective (1 October 2017)	3(4)		1(1)			2(2)			1(1)	
Matthew Winn (Chief Executive)	6(6)	1(1)		1(1)			4(5)	5(6)		
Anita Pisani (Deputy Chief Executive and Director of Workforce and Service Re-Design)	6(6)		5(6)	1(1)	2(3)		4(5)			6(6)
Dr David Vickers (Medical Director)	6(6)		6(6)					4(6)		4(6)
Mark Robbins (Director of Finance and Resources)	6(6)	5(5)			3(3)	4(4)	5(5)		4(6)	
Mandy Renton (Chief Nurse) retired (30 April 2017)			1(1)						1(1)	
Julia Sirett (Chief Nurse) effective (1 May 2017)	6(6)	1(1)	5(5)			2(2)	2(2)		4(6)	

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

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

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



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Remuneration and Staff Report 2017/18

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 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 2018. No payments were made to co-opted members and no payments were made for golden hellos. The Trust does not have any staff members on performance related pay systems.

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

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

Policy on performance conditions

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

Policy on duration of contracts, notice periods and termination payments

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

Service Contracts (not subject to audit)

Details of remuneration payable to the senior managers of Cambridgeshire Community Services NHS Trust in respect of their services for the year ended 31 March 2018 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 (to 30th April 2017)	23/01/2012	N/A	N/A	3 months
Julia Sirett	Chief Nurse (interim 1st May 2017)	01/04/2018	N/A	N/A	3 months

Remuneration 2017/18 (subject to audit)

Name	Position	2017/18				
		Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Bonus Payments (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Nicola Scrivings	Chair	20-25	0	0	0	20-25
Trish Davies	Non Executive Director (to 31st January 2018)	0-5	0	0	0	0-5
Gillian Thomas	Non Executive Director	5-10	0	0	0	5-10
Anne McConville	Non Executive Director	5-10	0	0	0	5-10
Geoffrey Lambert	Non Executive Director	5-10	0	0	0	5-10
Richard Cooper	Non Executive Director (from 1st May 2017)	5-10	0	0	0	5-10
Oliver Judges	Non Executive Director (from 1st October 2017)	0-5	0	0	0	0-5
Matthew Winn	Chief Executive	140-145	0	0	0	140-145
David Vickers	Medical Director *	125-130	0	5-10	15-20	150-155
Mark Robbins	Director of Finance and Resources	90-95	0	0	0	90-95
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	110-115	0	0	55-60	170-175
Mandy Renton	Chief Nurse (to 30th April 2017)	5-10	0	0	0	5-10
Julia Sirett	Chief Nurse (from 1st May 2017)	70-75	0	0	0	70-75
		2016/17				
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

* 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 2017/18 was £140,622 (2016/17 comparator £144,914). This was 4.89 times the median remuneration of the workforce (subject to audit), which was £28,746 (2016/17 comparator was 5.09 times the median remuneration of the workforce which was £28,462). Remuneration ranged from £7,300 to £140,622. 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 2018, sorted by full time equivalent salary value and then taking the middle employee from this list.

In 2017/18, 0 employees (2016/17 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 2018, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2018	1
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

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

For all new off-payroll engagements or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	0
<i>Of which:</i>	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	0
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	1
Number of engagements that saw a change to IR35 status following the consistency review	0

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

The Trust has had three exit packages in 2017/18 (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	1	3,430			1	3,430		
£10,000 - £25,000	1	12,254			1	12,254		
£25,001 - £50,000	1	33,258			1	33,258		
£50,001 - £100,000					0	0		
£100,001 - £150,000					0	0		
£150,001 - £200,000					0	0		
> £200,000					0	0		
Total	3	48,942	0	0	3	48,942	0	0

Signed:



Matthew Winn
Chief Executive

25 May 2018



Pension Benefits - 2017/18 (subject to audit)

Name	Position	2017/18							
		Real Increase in pension at age 60 (bands of £2,500) £'000	Real Increase in lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2018 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2018 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2018 £'000	Cash Equivalent Transfer Value at 1 April 2017 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	0-2.5	0-2.5	25-30	75-80	438	401	37	N/A
David Vickers	Medical Director	0-2.5	2.5-5	45-50	145-150	1,140	1,066	74	N/A
Anita Pisani	Director of Workforce and Transformation	2.5-5	7.5-10	30-35	90-95	542	451	91	N/A
Mandy Renton*	Chief Nurse (to 30th April 2017)	0	0	0	0	0	711	-711	N/A
Julia Sirett**	Chief Nurse (from 1st May 2017)	17.5-20	52.5-55	15-20	50-55	360	0	360	N/A
Mark Robbins	Director of Finance	0-2.5	0-2.5	20-25	70-75	440	408	32	N/A

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

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

Prior Year - Pension Benefits - 2016/17

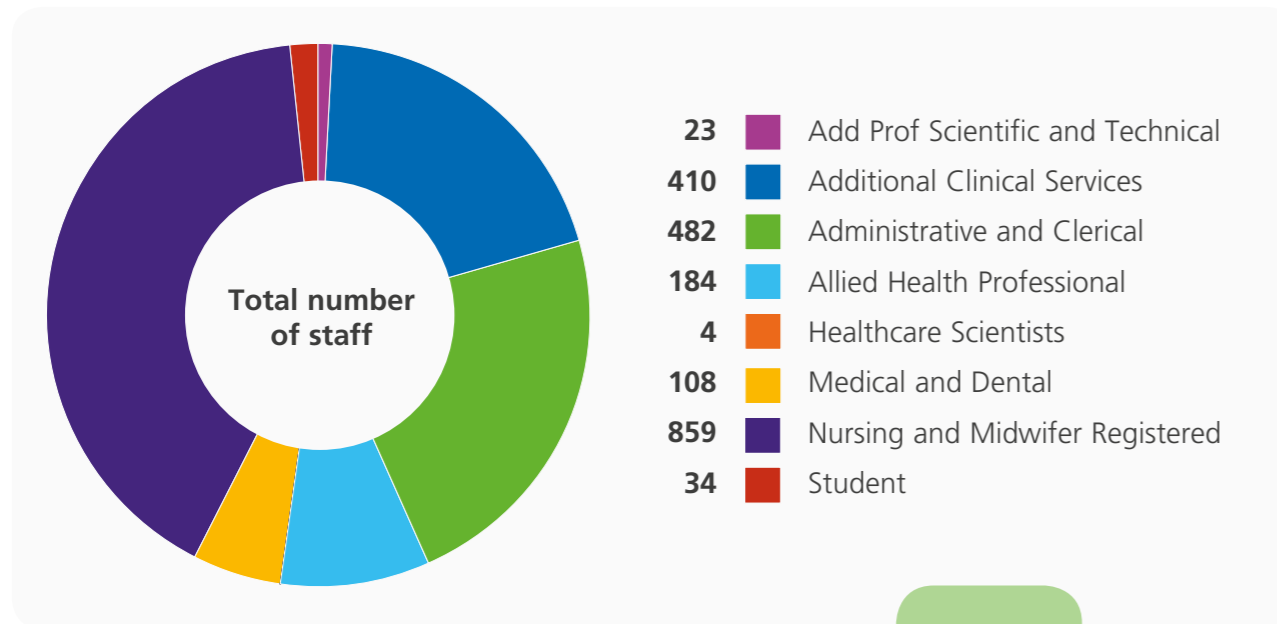
Name	Position	2016/17							
		Real Increase in pension at age 60 (bands of £2,500) £'000	Real Increase in lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2017 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2017 (bands of £5,000) £'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

Staff Report

(subject to audit)

As at 31 March 2018, the Trust employed 2104 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 2017/18 and 2016/17 for the prior year.

Average Staff Numbers	Total Current Year	Permanently Employed	Other	Total Prior Year	Permanently Employed	Other
Medical and dental	82	64	18	87	66	21
Ambulance staff	0	0	0	0	0	0
Administration and estates	410	377	33	422	389	33
Healthcare assistants and other support staff	305	298	8	305	298	7
Nursing, midwifery and health visiting staff	712	699	12	732	709	23
Nursing, midwifery and health visiting learners	29	2	27	38	3	35
Scientific, therapeutic and technical staff	160	157	3	173	166	7
Healthcare Science Staff	4	4	0	0	0	0
Bank Staff	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total average numbers	1703	1601	102	1757	1631	126
Staff engaged on capital projects (included above)	0	0	0	0	0	0

The following table shows an analysis of pay costs for 2017/18 split between permanently employed and other.

Employee Benefits Current Year - Gross Expenditure	2017/18		
	Total £000s	Permanently Employed £000s	Other £000s
Salaries and wages	58,235	54,838	3,397
Social security costs	5,342	5,342	0
Apprenticeship levy	265	265	0
Employer Contributions to NHS BSA - Pensions Division	7,249	7,249	0
Other pension costs	0	0	0
Termination benefits	49	49	0
Total employee benefits	71,140	67,743	3,397

Find us online

The DynamicHealth musculoskeletal physiotherapy and specialist team launched a website, which leads the way in sharing information on innovative and evidenced based models of care.

Anyone interested in our service will benefit from this fantastic resource created by our staff, trained to provide expert professional advice and care to meet the needs of patients. The team has a proven track record of providing modern, high quality and responsive care, as evidenced by the Trust's good rating awarded by the Care Quality Commission.

Information on what services we offer, who is eligible and how to refer them to our services, is easily accessible. You may even find information on services you didn't realise we provided such as occupational health and pelvic health physiotherapy.

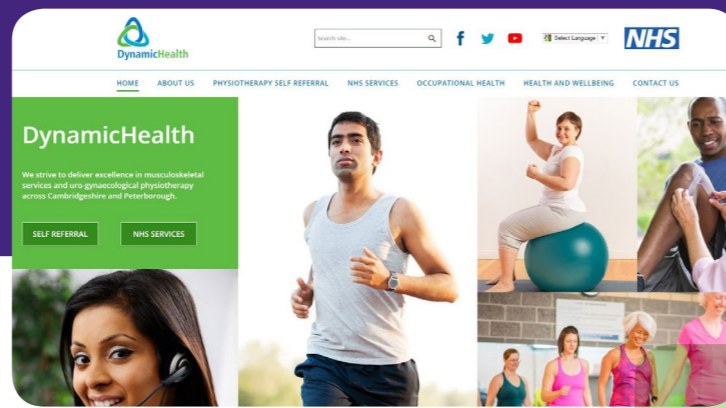
We are a frontrunner in supporting the national shift towards empowering patients to self-care and stay well. Our patients will find resources on our website or through our Facebook page to enable them to manage their musculoskeletal conditions themselves (where it's clinically appropriate).

To find out more please visit:

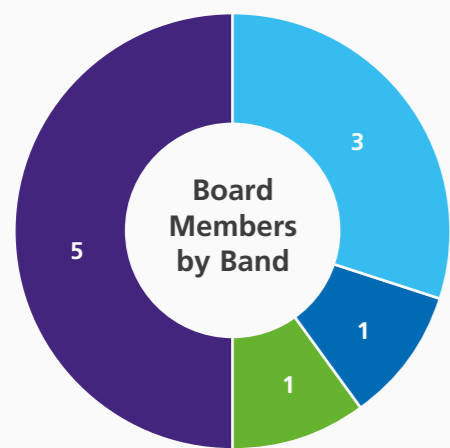
Website: www.eoemskservice.nhs.uk

Facebook: www.facebook.com/DynamicHealthMSK

Twitter: twitter.com/CCSMK

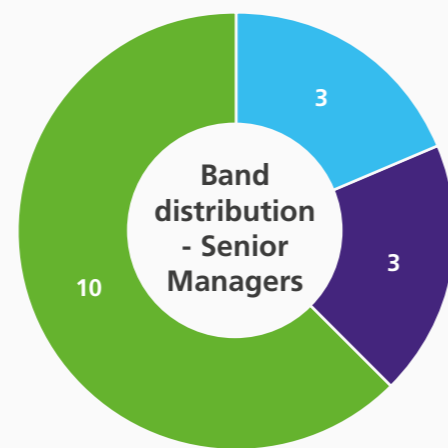


The following chart provides an analysis of the number of Board members within the Trust, by band.



- Executive directors - Band 9
- Executive directors - Non AFC Banding
- Non-executive directors - Chair
- Non-executive directors

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



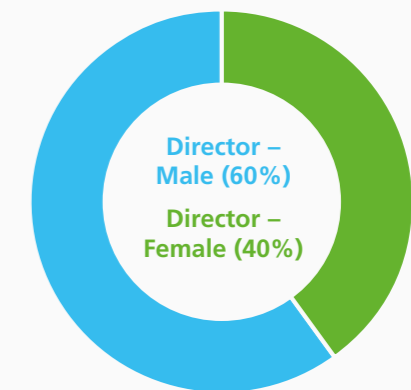
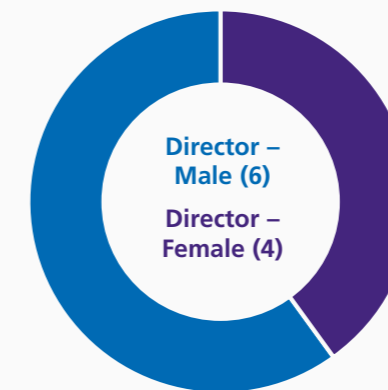
- Band 8b
- Band 8c
- Band 8d

excluding Directors

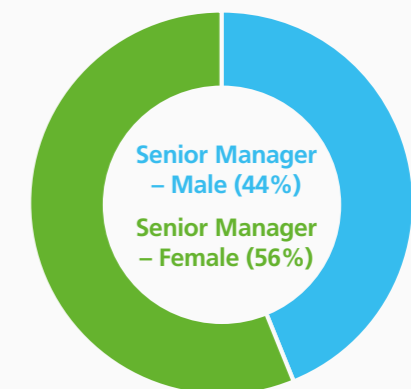
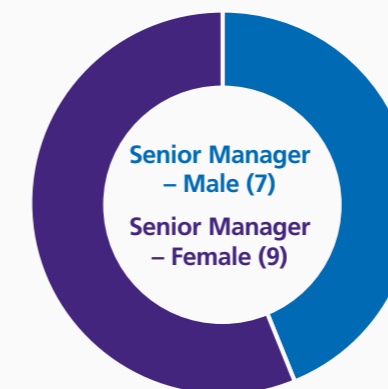
Analysis of gender distribution within our workforce

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

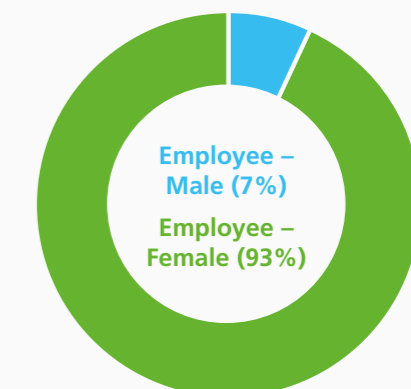
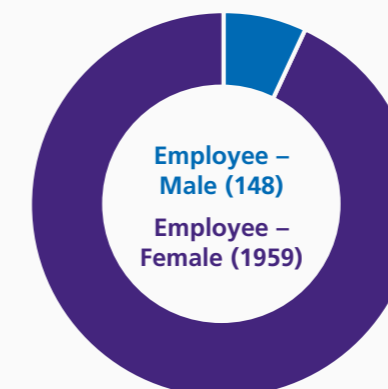
Gender distribution – Directors (including Executive & Non-executive Directors)



Gender distribution – Senior Managers (excluding Directors)



Gender distribution – Employees



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

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

Currently we do not collect data relating to gender reassignment and will be reviewing this issue during 2018/19.

Health and wellbeing and sickness absence reduction

Live Life Well

We continued to support staff to be as well as they can be, as part of our Live Life Well initiatives. This included promoting the use of charitable funds for team events.

We trialled the use of activity trackers to promote physical activity for desk based staff. We also researched and published advice to staff on the effects of the menopause, with the aim to support staff and reduce stigma.

We also shone a spotlight on mental wellbeing to coincide with the national awareness campaign in May 2017 and Time to Talk Day in February 2018, reminding staff what support is available. This focus was then built upon in May 2018. Appreciation was also shown to our

admin teams through our internal celebration - love your admin week. We continue to promote and offer resilience training and have added mindfulness techniques to this portfolio. We now offer workshops for managers on managing mental health too.

We have supported Live Life Well through a series of articles in our weekly staff briefing (Comms Cascade) and Live Life Well newsletter. The latter having increased its frequency based on positive staff feedback and great stories.

We also continued to offer our rapid access to musculoskeletal (MSK) service for staff who are off sick (or at risk of going off sick) as a result of an MSK condition for which they are awaiting investigation, treatment or surgery.

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

Data category	2014/15	2015/16	2016/17	2017/18
Average WTE*	2854	1952.79	1762.79	1713.34
Average monthly sickness rate	4.73%	4.38%	4.67%	4.45%
WTE days lost	49,993	31,427	30,111	20,795
WTE days available	1,042,141	700,107.26	645,165.81	466,911.36
Cumulative sickness rate - based on yearly totals	4.80%	4.49%	4.67%	4.59%

*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 2017/18, the Trust continued to receive accreditation to use the Disability Confident Scheme 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 2017/18 was £183,531.

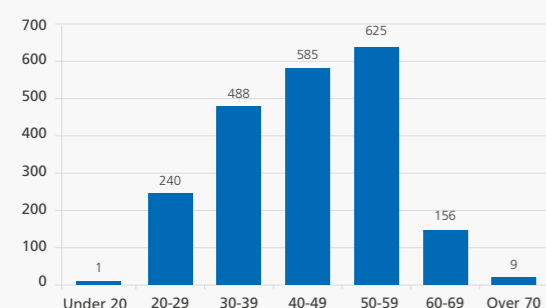
Off payroll arrangements

The Trust had one off payroll engagement during 2017/18.

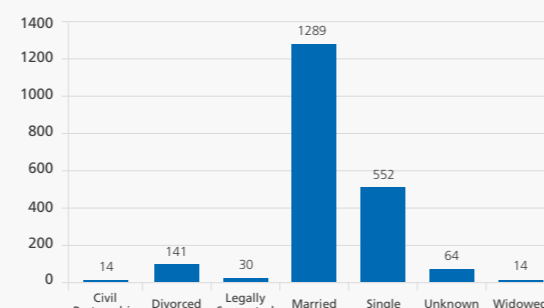
Exit packages

The Trust made three exit packages in 2017/18 (subject to audit).

Age of staff

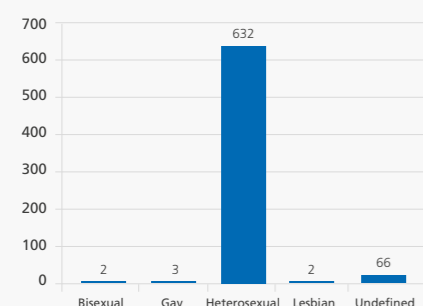


Marriage & Civil Partnership



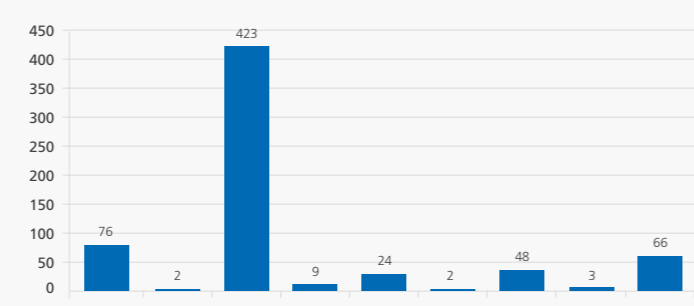
Sexual Orientation/ LGBT

Does not include staff who did not wish to disclose

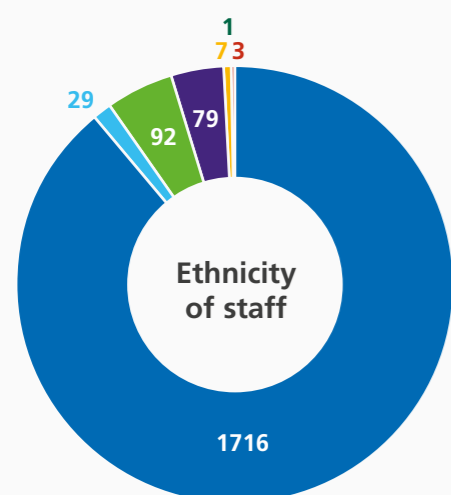


Religion and Belief

Does not include staff who did not wish to disclose



Ethnicity of staff



- White (British, Irish, Any other White background)
- Mixed (White & Black Caribbean, White & Asian, Any other mixed)
- Asian or Asian British (Indian, Pakistani, Bangladeshi, Any other Asian)
- Black or Black British (Caribbean, African, Any other Black)
- Any Other Ethnic Group
- Chinese
- Filipino

Total staff headcount - as at 31st March 2018	2104
Disability - number of staff recorded in ESR (Electronic Staff Record) system as disabled	28
Maternity & Adoption leave - number of staff identified as on Maternity or Adoption leave	64

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

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Cambridgeshire Community Services NHS Trust (the 'Trust') for the year ended 31 March 2018, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity for the year ended 31 March 2018, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and the Department of Health and Social Care Group Accounting Manual 2017/18 and the requirements of the National Health Service Act 2006.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2018 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2017/18; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the

financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Who we are reporting to

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

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

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report set out on pages 1 to 91 other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of our work, including that gained through work in relation to the Trust's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resource or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information we are required to report that fact.

We have nothing to report in this regard.

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

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS Improvement, or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2017/18 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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

- we have reported a matter in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we had reason to believe that the Trust, or an officer of the Trust, was about to make, or had made, a decision which involved or would involve the body incurring unlawful expenditure, or was about to take, or had 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 have made a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

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

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

As explained more fully in the Statement of Director's Responsibilities set out on page 71, the Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trust lacks funding for its continued existence, or when policy decisions have been made that affect the services provided by the Trust.

The Audit Committee is Those Charged with Governance.

Auditor's responsibilities for the audit of the financial statements

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

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

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

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

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

We are required under Section 21(3)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that, the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.


We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued

by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice, in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018, and to report by exception where we are not satisfied.

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

Report on other legal and regulatory requirements – Certificate

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



Ciaran McLaughlin
Director

for and on behalf of Grant Thornton UK LLP
Grant Thornton UK LLP
30 Finsbury Square
London
EC2P 2YU

29 May 2018



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Statement of Comprehensive Income

	NOTE	2017/18 £000s	2016/17 £000s
Operating income from patient care activities	3	110,348	110,650
Other operating income	4	6,192	5,920
Operating expenses	5	(111,742)	(112,908)
Operating surplus/(deficit) from continuing operations		4,798	3,662
PDC dividends payable		(1,609)	(1,564)
Surplus / (deficit) for the year		3,189	2,098
Other Comprehensive Income			
Will not be reclassified to income and expenditure:			
Impairments	6	(53)	-
Revaluations	12	1,542	-
Total comprehensive income / (expense) for the period		4,678	2,098

The notes on pages 110 to 135 form part of this account.

Statement of Financial Position

	NOTE	31 March 2018 £000s	31 March 2017 £000s
Non-current assets			
Intangible assets	10	185	280
Property, plant and equipment	11	51,506	50,532
Total non-current assets		51,691	50,812
Current assets			
Inventories	13	41	41
Trade and other receivables	14	12,767	12,158
Cash and cash equivalents	15	8,698	7,775
Total current assets		21,506	19,974
Current liabilities			
Trade and other payables	16	(12,080)	(14,352)
Provisions	18	(449)	(443)
Other liabilities	17	(428)	(674)
Total current liabilities		(12,957)	(15,469)
Total assets less current liabilities		60,240	55,317
Non-current liabilities			
Trade and other payables	16	(1,045)	(1,045)
Provisions	17	(1,803)	(1,558)
Total non-current liabilities		(2,848)	(2,603)
Total assets employed		57,392	52,714
FINANCED BY:			
Public dividend capital		2,107	2,107
Revaluation reserve		18,772	17,283
Other reserves		46	46
Income and expenditure reserve		36,467	33,278
Total taxpayers' equity		57,392	52,714

The notes on pages 110 to 135 form part of this account.

Chief Executive:



Matthew Winn

Date: 31 May 2018

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

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

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital £000s	Revaluation reserve £000s	Other reserves £000s	Income and expenditure reserve £000s	Total £000s
Taxpayers' equity at 1 April 2016 - brought forward	2,107	17,283	46	31,180	50,616
Surplus/(deficit) for the year	-	-	-	2,098	2,098
Taxpayers' equity at 31 March 2017	2,107	17,283	46	33,278	52,714

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Available-for-sale investment reserve

This reserve comprises changes in the fair value of available-for-sale financial instruments. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure.

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.

Income and expenditure reserve

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

Statement of Cash Flows

	NOTE	2017/18 £000s	2016/17 £000s
Cash flows from operating activities			
Operating surplus / (deficit)		4,798	3,662
Non-cash income and expense:			
Depreciation and amortisation	11	2,616	2,194
(Increase) / decrease in receivables and other assets	14	(609)	2,163
Increase / (decrease) in payables and other liabilities	16	(2,285)	(1,339)
Increase / (decrease) in provisions	18	251	490
Net cash generated from / (used in) operating activities		4,771	7,170
Cash flows from investing activities			
Purchase of intangible assets		-	(182)
Purchase of property, plant, equipment and investment property		(2,066)	(3,528)
Net cash generated from / (used in) investing activities		(2,066)	(3,710)
Cash flows from financing activities			
PDC dividend (paid) / refunded		(1,782)	(1,368)
Net cash generated from / (used in) financing activities		(1,782)	(1,368)
Increase / (decrease) in cash and cash equivalents		923	2,092
Cash and cash equivalents at 1 April - brought forward		7,775	5,683
Cash and cash equivalents at 31 March	15	8,698	7,775

Notes to the Accounts

1. Accounting policies and other information

1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

1.1.1 Accounting convention

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

1.1.2 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 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. 63% of the Trust's expenditure is in relation to staff costs that are paid in the month the costs are incurred.

1.2.1 Sources of estimation uncertainty

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

The Trust's provision for the impairment of receivables

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

Accruals and provisions

In line with the framework set out by International Financial Reporting Standards, the Trust has made expenditure accruals and provisions for transactions (and other events) that relate to 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.

1.3 Income

Income 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 income for the trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in a subsequent financial 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.

Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.4 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. There, the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

1.5 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.6 Property, plant and equipment

1.6.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

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

1.6.2 Measurement

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.

Depreciation

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

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

Revaluation gains and losses

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

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent

that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

1.6.3 Useful economic lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	25	25
Dwellings	-	-
Plant & machinery	5	10
Transport equipment	-	-
Information technology	5	5
Furniture & fittings	5	10

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

1.7 Inventories

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

1.8 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.

1.9 Financial instruments and financial liabilities

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

Financial assets are initially recognised at fair value.

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

Loans and receivables

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

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

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

amount of the asset is reduced directly/through a provision for impairment of receivables.

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

Financial liabilities

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

Other financial liabilities

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

1.10 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.

1.10.1 The trust as lessee

Operating leases

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

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

Leases of land and buildings

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

1.10.2 The trust as lessor

Operating leases

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

1.11 Provisions

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

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS resolution on behalf of the trust is disclosed at note 18.2 but is not recognised in the trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual

membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.12 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

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

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.13 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.

1.14 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.15 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

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

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2017-18. 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 Bedfordshire, Cambridgeshire, Luton, Suffolk and Norfolk. Expenditure is reported to the Board on a regular basis by Division.

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

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

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

	2017-18 £000	2016-17 £000
Revenue from patient care activities	110,348	110,650
Other operating revenue	6,192	5,920
Operating expenses	(111,742)	(112,908)
Operating surplus	4,798	3,662
Public dividend capital dividends payable	(1,609)	(1,564)
Retained Surplus for the financial year	3,189	2,098

3. Operating income from patient care activities

3.1 Income from patient care activities (by nature)	2017/18 £000s	2016/17 £000s
Community services		
Community services income from CCGs and NHS England	48,716	47,619
Income from other sources (e.g. local authorities)	55,636	57,550
All services		
Private patient income	139	177
Other clinical income	5,857	5,304
Total income from activities	110,348	110,650

3.2 Income from patient care activities (by source)	2017/18 £000s	2016/17 £000s
Income from patient care activities received from:		
NHS England	10,001	7,797
Clinical commissioning groups	38,715	39,822
Department of Health and Social Care	81	8
Other NHS providers	3,369	3,173
NHS other	2,805	1,770
Local authorities	49,381	52,599
Non-NHS: private patients	139	177
NHS injury scheme	2	13
Non NHS: other	5,855	5,291
Total income from activities	110,348	110,650
Of which:		
Related to continuing operations	110,348	110,650

4. Other operating income

	2017/18 £000s	2016/17 £000s
Education and training	159	137
Charitable and other contributions to expenditure	44	51
Sustainability and transformation fund income	2,252	1,586
Rental revenue from operating leases	2,998	3,547
Income in respect of staff costs where accounted on gross basis	80	121
Other income	659	478
Total other operating income	6,192	5,920
Of which:		
Related to continuing operations	6,192	5,920

5.

5.1 Operating Expenditure

	2017/18 £000s	2016/17 £000s
Purchase of healthcare from NHS and DHSC bodies	6,585	7,808
Purchase of healthcare from non-NHS and non-DHSC bodies	2,853	2,466
Staff and executive directors costs	71,091	73,306
Remuneration of non-executive directors	57	50
Supplies and services - clinical (excluding drugs costs)	2,233	2,440
Supplies and services - general	4,154	3,990
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	6,247	4,154
Consultancy costs	184	143
Establishment	1,824	2,019
Premises	6,089	6,697
Transport (including patient travel)	1,973	1,813
Depreciation on property, plant and equipment	2,521	2,134
Amortisation on intangible assets	95	60
Increase/(decrease) in provision for impairment of receivables	169	101
Increase/(decrease) in other provisions	97	-
Change in provisions discount rate(s)	154	-
Audit fees payable to the external auditor		
audit services- statutory audit	48	78
Internal audit costs	66	62
Clinical negligence	373	321
Research and development	-	4
Education and training	815	804
Rentals under operating leases	3,320	2,904
Redundancy	49	-
Other	745	1,554
Total	111,742	112,908
Of which:		
Related to continuing operations	111,742	112,908

5.2 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2017/18 or 2016/17.

6. Impairment of assets

	2017/18 £000s	2016/17 £000s
Total net impairments charged to operating surplus / deficit	-	-
Impairments charged to the revaluation reserve	53	-
Total net impairments	53	-

7. Employee benefits

	2017/18 Total £000s	2016/17 Total £000s
Salaries and wages	54,887	56,766
Social security costs	5,342	5,394
Apprenticeship levy	265	-
Employer's contributions to NHS pensions	7,249	7,373
Termination benefits	-	88
Temporary staff (including agency)	3,397	3,685
Total staff costs	71,140	73,306

Note 7.1 Retirements due to ill-health

During 2017/18 there were 4 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is ££249k (£225k in 2016/17).

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

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 is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The 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 employee and employer representatives as deemed appropriate.

9. Operating leases

9.1 Cambridgeshire Community Services NHS Trust as a lessor

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

	2017/18 £000s	2016/17 £000s
Operating lease revenue		
Minimum lease receipts	2,998	3,547
Total	2,998	3,547

	31 March 2018 £000s	31 March 2017 £000s
Future minimum lease receipts due:		
- not later than one year;	2,973	3,140
- later than one year and not later than five years;	1,906	4,017
- later than five years.	107	147
Total	4,986	7,304

9.2 Cambridgeshire Community Services NHS Trust as a lessee

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

	2017/18 £000s	2016/17 £000s
Operating lease expense		
Minimum lease payments	3,320	2,904
Total	3,320	2,904

	31 March 2018 £000s	31 March 2017 £000s
Future minimum lease payments due:		
- not later than one year;	3,082	2,904
- later than one year and not later than five years;	8,501	9,175
- later than five years.	5,962	6,820
Total	17,545	18,899

10.

10.1 Intangible assets - 2017/18

	Software licences £000s	Development expenditure £000s	Total £000s
Valuation / gross cost at 1 April 2017 - brought forward	211	245	456
Gross cost at 31 March 2018	211	245	456
Amortisation at 1 April 2017 - brought forward	40	136	176
Provided during the year	46	49	95
Amortisation at 31 March 2018	86	185	271
Net book value at 31 March 2018	125	60	185
Net book value at 1 April 2017	171	109	280

10.2 Intangible assets - 2016/17

	Software licences £000s	Development expenditure £000s	Total £000s
Valuation / gross cost at 1 April 2016 - as previously stated	29	245	274
Valuation / gross cost at 1 April 2016 - restated	29	245	274
Additions	182	-	182
Valuation / gross cost at 31 March 2017	211	245	456
Amortisation at 1 April 2016 - as previously stated	29	87	116
Amortisation at 1 April 2016 - restated	29	87	116
Provided during the year	11	49	60
Amortisation at 31 March 2017	40	136	176
Net book value at 31 March 2017	171	109	280
Net book value at 1 April 2016	-	158	158

11.

11.1 Property, plant and equipment - 2017/18

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

11.2 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
Valuation / gross cost at 1 April 2016 - as previously stated	11,709	40,176	1,239	1	798	332	54,255
Additions	-	2,708	-	-	783	199	3,690
Valuation/gross cost at 31 March 2017	11,709	42,884	1,239	1	1,581	531	57,945
Accumulated depreciation at 1 April 2016 - as previously stated	-	4,131	718	-	334	96	5,279
Provided during the year	-	1,815	65	-	218	36	2,134
Accumulated depreciation at 31 March 2017	-	5,946	783	-	552	132	7,413
Net book value at 31 March 2017	11,709	36,938	456	1	1,029	399	50,532
Net book value at 1 April 2016	11,709	36,045	521	1	464	236	48,976

11.3 Property, plant and equipment financing - 2017/18

	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
Net book value at 31 March 2018							
Owned - purchased	11,709	37,905	509	1	790	592	51,506
NBV total at 31 March 2018	11,709	37,905	509	1	790	592	51,506

11.4 Property, plant and equipment financing - 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
Net book value at 31 March 2017							
Owned - purchased	11,709	36,938	456	1	1,029	399	50,532
NBV total at 31 March 2017	11,709	36,938	456	1	1,029	399	50,532

12. Revaluations of property, plant and equipment

In accordance with the requirements of the Group Accounting Manual 2017/18, 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 International Accounting Standards. In March 2018 Boshiers reviewed the Trust freehold operational assets valuation and concluded that there had been an increase in value of £1.489m which has been reflected in the PPE valuation.

In March 2018 Boshiers also reviewed the asset lives of the Trusts freehold operational assets and determined revised asset lives up to a maximum of 37 years, which will be applied from 2018/19.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the Statement to Financial Position date. In practice the Trust will ensure there is

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

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

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

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

13. Inventories

	31 March 2018 £000s	31 March 2017 £000s
Consumables	41	41
Total inventories	41	41
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £0k (2016/17: £0k). Write-down of inventories recognised as expenses for the year were £0k (2016/17: £0k).

14.

14.1 Trade receivables and other receivables

	31 March 2018 £000s	31 March 2017 £000s
Current		
Trade receivables	11,284	8,610
Accrued income	724	2,556
Provision for impaired receivables	(606)	(437)
Prepayments (non-PFI)	1,200	1,288
VAT receivable	165	141
Total current trade and other receivables	12,767	12,158
Of which receivables from NHS and DHSC group bodies:		
Current	5,510	5,006

14.2 Provision for impairment of receivables

	31 March 2018 £000s	31 March 2017 £000s
At 1 April as previously stated	437	336
Prior period adjustments	-	-
At 1 April - restated	437	336
Increase in provision	265	67
Unused amounts reversed	(96)	34
At 31 March	606	437

The great majority of trade 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.

14.3 Credit quality of financial assets

	31 March 2018 Trade and other receivables £000s	31 March 2017 Trade and other receivables £000s
Ageing of impaired financial assets		
0 - 30 days	21	75
30-60 Days	24	9
60-90 days	47	15
90- 180 days	138	33
Over 180 days	376	305
Total	606	437
Ageing of non-impaired financial assets past their due date		
0 - 30 days	4,243	297
30-60 Days	494	665
60-90 days	334	317
90- 180 days	781	751
Over 180 days	1,922	1,767
Total	7,774	3,797

15. Cash and cash equivalents movements

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

	2017/18 £000s	2016/17 £000s
At 1 April	7,775	5,683
Prior period adjustments	-	-
At 1 April (restated)	7,775	5,683
Net change in year	923	2,092
At 31 March	8,698	7,775
Broken down into:		
Cash at commercial banks and in hand	4	5
Cash with the Government Banking Service	8,694	7,770
Total cash and cash equivalents as in SoCF	8,698	7,775

16.

16.1 Trade and other payables

	31 March 2018 £000s	31 March 2017 £000s
Current		
Trade payables	6,113	6,184
Capital payables	102	162
Accruals	4,776	6,453
Other taxes payable	1,066	1,357
PDC dividend payable	23	196
Total current trade and other payables	12,080	14,352
Non-current		
Other payables	1,045	1,045
Total non-current trade and other payables	1,045	1,045
Of which payables from NHS and DHSC group bodies:		
Current	3,078	4,127
Non-current	-	-

16.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2018 £000s	31 March 2017 £000s
- to buy out the liability for early retirements over 5 years	-	-
- number of cases involved		
- outstanding pension contributions	607	618

17. Other liabilities

	31 March 2018 £000s	31 March 2017 £000s
Current		
Deferred income	428	674
Total other current liabilities	428	674

18.

18.1 Provisions for liabilities and charges analysis

	Other £000s	Total £000s
At 1 April 2017	2,001	2,001
Change in the discount rate	154	154
Arising during the year	201	201
Reversed unused	(104)	(104)
At 31 March 2018	2,252	2,252
Expected timing of cash flows:		
- not later than one year;	449	449
- later than one year and not later than five years;	1,571	1,571
- later than five years.	232	232
Total	2,252	2,252

Other: Dilapidations

The Trust occupies a number of properties on short term leasehold agreements (see note 9.2). There are a number of lease covenants requiring that during and on expiry of the leases, the properties need to be maintained

in a good condition and state of repair, which usually requires a level of reinstatement, repair or decoration. As such, it is deemed appropriate to create a provision to ensure that leased properties can be maintained and vacated in correct condition. Sweett UK Limited were appointed by the Trust to advise on this.

18.2 Clinical negligence liabilities

At 31 March 2018, £786k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Cambridgeshire Community Services NHS Trust (31 March 2017: £675k).

19. Contractual capital commitments

	31 March 2018 £000s	31 March 2017 £000s
Property, plant and equipment	102	162
Total	102	162

19. Financial instruments

Note 19.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners

are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

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

Currency risk

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

Interest rate risk

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

The Trust may also borrow from government for revenue financing subject to approval by NHS

Improvement. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

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

19.2 Carrying values of financial assets

	Loans and receivables £000s	Total book value £000s
Assets as per SoFP as at 31 March 2018		
Trade and other receivables excluding non financial assets	11,275	11,275
Cash and cash equivalents at bank and in hand	8,698	8,698
Total at 31 March 2018	19,973	19,973

	Loans and receivables £000s	Total book value £000s
Assets as per SoFP as at 31 March 2017		
Trade and other receivables excluding non financial assets	10,130	10,130
Cash and cash equivalents at bank and in hand	7,775	7,775
Total at 31 March 2017	17,905	17,905

19.3 Carrying value of financial liabilities

	Other financial liabilities £000s	Total book value £000s
Liabilities as per SoFP as at 31 March 2018		
Trade and other payables excluding non financial liabilities	10,887	10,887
Total at 31 March 2018	10,887	10,887

	Other financial liabilities £000s	Total book value £000s
Liabilities as per SoFP as at 31 March 2017		
Trade and other payables excluding non financial liabilities	13,473	13,473
Total at 31 March 2017	13,473	13,473

19.4 Maturity of financial liabilities

	31 March 2018 £000s	31 March 2017 £000s
In one year or less	10,887	13,473
Total	10,887	13,473

20. Losses and special payments

	2017/18		2016/17	
	Total number of cases Number	Total value of cases £000s	Total number of cases Number	Total value of cases £000s
Losses				
Cash losses	1	1	-	-
Total losses	1	1	-	-
Special payments				
Ex-gratia payments	3	1	-	-
Total special payments	3	1	-	-
Total losses and special payments	4	2	-	-
Compensation payments received		-		-

21. Related parties

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	1,372	0	180
Cambridgeshire and Peterborough CCG	18	20,112	6	533
Luton CCG	0	16,596	0	401
West Norfolk CCG	0	96	0	162
NHS England Core	87	2,252	32	1,555
Local Area Teams - East Local Office	0	2,093	0	338
Specialist Commissioning - East Commissioning Hub	0	7,908	0	810
Bedford Hospital NHS Trust	1,540	131	273	65
Ipswich Hospital NHS Trust	117	0	38	0
Norfolk Community Health and Care NHS Trust	137	0	22	0
St Helens and Knowsley Hospital Services NHS Trust	174	0	16	0
Cambridge University Hospitals NHS Foundation Trust	585	556	291	464
Cambridgeshire and Peterborough NHS Foundation Trust	684	3,525	568	249
Essex Partnership University NHS Foundation Trust	407	1	196	2
James Paget University Hospitals NHS Foundation Trust	37	0	1	0
Luton and Dunstable University Hospital NHS Foundation Trust	100	255	54	172
Norfolk and Norwich University Hospital NHS Foundation Trust	373	79	64	23
North West Anglia NHS Foundation Trust	5,492	1,161	1,220	137
Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust	281	544	84	144
West Suffolk NHS Foundation Trust	129	0	29	0
Bedford Unitary Authority	4	2,348	0	0
Cambridgeshire County Council	24	13,224	0	0
Huntingdonshire District Council	1,348	0	0	0
Lincolnshire County Council	0	187	0	0
Luton Borough Council	181	4,159	0	0
Norfolk County Council	7	22,585	0	0
Peterborough City Council	7	1,450	0	0
Suffolk County Council	136	5,047	0	0
Health Education England	0	2,937	3	0
NHS Resolution	372	4	0	0
Care Quality Commission	202	0	0	0
NHS Property Services	340	0	145	7
HM Revenue and Customs	5,607	0	1,066	0
NHS Pension Scheme	7,249	0	0	0

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

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

There have been transactions in the ordinary course of the Trust's business with an organisation with which Directors of the Trust are connected. The Chief Executive is Chair of both the Cambridgeshire and Peterborough and Bedfordshire/Luton and Milton Keynes Local Workforce Action Boards, both hosted by Health Education England. The Chairman is the Chair of Cambridge Housing Society. The Medical Director is Trustee for East Anglia's 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 2017/18 being £108k of income generation, revaluation gains of £35k, a consolidated opening balance adjustment of £-6k, resources expended of £116k and a closing fund balance of £1,039k.

Prior Year 2016/17

	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
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

22. Events after the reporting date

On the 1st April 2018 the Trust became the provider of Childrens Community Health Services in Bedfordshire which equated to £17.65m. This included providing services to Beds CCG, Central Beds and Beds Borough Councils and Luton CCG.

23. Better Payment Practice code

	2017/18 Number	2017/18 £000s	2016/17 Number	2016/17 £000s
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	15,747	48,044	19,667	52,564
Total non-NHS trade invoices paid within target	14,120	45,246	17,153	48,014
Percentage of non-NHS trade invoices paid within target	89.67%	94.18%	87.22%	91.34%
NHS Payables				
Total NHS trade invoices paid in the year	1,283	10,652	1,446	8,559
Total NHS trade invoices paid within target	1,073	8,975	1,098	6,829
Percentage of NHS trade invoices paid within target	83.63%	84.26%	75.93%	79.79%

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

24. External financing

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

	2017/18 £000s	2016/17 £000s
Cash flow financing	(923)	(2,092)
External financing requirement	(923)	(2,092)
External financing limit (EFL)	-	(1,292)
Under / (over) spend against EFL	923	800

25. Capital Resource Limit

	2017/18 £000s	2016/17 £000s
Gross capital expenditure	2,006	3,872
Charge against Capital Resource Limit	2,006	3,872
Capital Resource Limit	3,000	4,144
Under / (over) spend against CRL	994	272

26. Breakeven duty financial performance

	2017/18 £000s
Adjusted financial performance surplus / (deficit) (control total basis)	3,189
Breakeven duty financial performance surplus / (deficit)	3,189

27. Breakeven duty rolling assessment

	2010/11 £000s	2011/12 £000s	2012/13 £000s	2013/14 £000s	2014/15 £000s	2015/16 £000s	2016/17 £000s	2017/18 £000s
Breakeven duty in-year financial performance	513	681	1,632	777	766	576	2,098	3,189
Breakeven duty cumulative position	513	1,194	2,826	3,603	4,369	4,945	7,043	10,232
Operating income	102,793	158,331	161,921	157,589	160,501	110,365	116,570	116,540
Cumulative breakeven position as a percentage of operating income	0.50%	0.75%	1.75%	2.29%	2.72%	4.48%	6.04%	8.78%

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

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure

resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

Glossary

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

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



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

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